INTENSIVE PATIENT CARE AS NURSES VIEW IT

Preliminary Results

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The traditional structure of health institutions is going through considerable changes. The increasing demand for hospital care, the introduction of new means of diagnosis and therapy, the need for higher quality of care, the efforts to make the function of hospitals more economical made the revision of traditional forms of care necessary.

All these have resulted in the development of *Progressive Patient Care.* PPC implies the form in which patients admitted to hospitals are grouped according to their condition and the level of care they need, and both personal and instrumental conditions are given in a optimal way in the interest of the patients' recovery [1].

Haldeman differentiated six elements of PPC [2]:

1. Intensive care.
2. Intermediate care.
3. Self-care.
4. Long-term care.
5. Home care.
6. Out-patient care.

In our country, two elements of PPC have been formed, namely intensive care and normal care. (The latter one includes the intermediate and self-care elements.)

The introduction of intensive patient care has brought significant changes in the technology of nursing. It has not only transformed and intensified the traditional components of nursing, but is has come together with the penetration of techniques into the work of nurses to a considerable degree. The independent use of technical means of observation and therapy and/or their collaborative application with the doctor, have become a necessary part of nursing.

Our knowledge of the social and human effects and the organizational consequences of these changes is rather limited. The medical literature dealing with intensive patient care is primarily concentrated on the personal and instrumental conditions of this form of care and on its rational organization and applied care procedures.

As for the human side of this form of care, attention is mainly focused on its specific psychological atmosphere, how it affects the patient, on the one hand, and personnel, on the other. The question arises, however, as to what kind of changes the introduction of intensive care induces in the organization of the hospital, especially how it changes the role and the organizational position of professional groups and their relationships to each other. It is not a less important question either how intensive care influences the work and behaviour of the nurse, who is filling a main role in this situation.

Research Aim. Theoretical Schema and Range of Variables.

The research was aimed at the exploration of those effects which are evoked by intensive care in the content of nurses' work, in working conditions and in the attitudes of nurses. Accordingly, the theoretical schema of the investigation is quite simple : the attitudes of nurses ; working conditions and content of work are considered as *dependent* variables. These are actually derived from intensive care (as the *main variable*) ; we naturally bear in mind the role of certain intervening control variables too. Among the latter ones, the features of university and clinical organization, system of management, turnover of patients, nurse-management relationships, characteristics of availability of nurses, clinical profiles, party and union activities, and personal characteristics of the nurse (age, experience, education, skill, marital status, residence, housing situation) were considered.

The dependent variables were the following :

a) *Content of work* : Physical and mental requirements, structure of skills, system of supervision, character of work.

b) *Working conditions* : Physical conditions, physical and psychic risks (stress situations), accumulation of work, system of earnings and wages, work interaction, social interaction, autonomy, job security.

c) *Attitudes of the nurse* : General satisfaction with the work, satisfaction with the content of the work, with the working group, with superiors, with the clinic, with wages, with working conditions, with possibilities for advancement, acceptability of changes in nursing technology, perception of social distances, perception of the possibility of participation in decision making, willingness to take part in it, perception of communication in the working place, feeling of job security, expectation and satisfaction toward and with the activity of the union.

The Variable of Intensive Patient Care.

Intensive care refers to procedures which are applied when the vital functions of the human organism become inadequate through sickness or trauma or when there is an immediate danger of such inadequacy. In this stage the patient in critical condition is placed under special nursing care and intensified observation, *intensive nursing and observation,* — gene-

rally in units specially created for this purpose — and in case of need, without delay, these units aid or substitute, often with the help of technical means, respiration, circulation, metabolism, excretion, temperature and other functions — *intensive treatment.*

In medical literature the levels of intensive and subintensive care are usually distinguished. The *intensive level* is represented by the Intensive Care Ward which operates as a separated organizational entity and provides interdisciplinary care. The *subintensive level* implies the Intensive Care Unit. ICUs have been formed in certain medical branches. Accordingly they are part of given clinical organizations. The subintensive level usually includes — on the basis of organizational considerations — a coronary care unit, a unit of intoxication, a burns department, a dialysis center and a premature birth unit. However, practically all these provide intensive care too [3]. Therefore, we decided — independently from organizational viewpoints — to include in our study every care unit of which the main characteristics fit into the criteria of intensive care or approximate them. This also means not to take into consideration the concrete forms of care procedures which can be quite different in respect to the functions of a given unit. It is evident, for example, that on the basis of concrete procedures, the premature birth department cannot be viewed the same way as, let us say, the intensive unit of surgery. The situation is different if the *general aspects of the technology of care* are considered [4]. In both cases the fact is that « the patient material » can less be dealt with in a standardized way. The patient's condition can change fast. In this sense the variability of patient material needs continuous adaptation during which the routine and nonroutine components of care must be permanently coordinated. Thus, the main characteristics of the intensive care situation will permanently oscillate between routine and nonroutine activities. The intensive unit seeks to achieve stability, but it never does due to its own nature.

Field of Study.

Two criteria have influenced us in choosing our field of study :

— the field should be one which is heterogeneous in respect to the main variable, that is, to include the levels of intensive and non-intensive care,
— homogeneous parts concerning the main variable should be heterogeneous with regard to intervening control variables.

Accordingly, our study includes each clinic of the Medical University of Pécs, where intensive units operate, as well as those clinics which are in functional connection with the Central Intensive Ward.

Methods.

In developing our research tools, we have used the research instruments of an international comparative study « Automatization and Industrial Workers » [5].

In exploring the attitudes of nurses, we worked out a questionnaire after several revisions and pilot studies.

The survey took place in July of 1975. The survey attempted to include all nurses working at our university clinics with the exception of those on sick leave or vacation.

The number of interviewed nurses was 299. The interviewers were medical students and nurses, who had received a training in interview techniques.

Table 1 shows the distribution of respondents (Table 1).

Table 1

DISTRIBUTION OF RESPONDENTS

Organizational Unit	Level of Care		
	Normal	Intensive	Total
Internal Clinic No 1	30	—	30
Surgical Clinic No 1	24	—	24
Central Intensive Ward	—	27	27
Neurosurgery	7	12	19
Internal Clinic No 2	13	—	13
Surgical Clinic No 2	14	6	20
Clinic of Neurology and Psychiatry	25	3	28
Clinic of Gynecology and Maternity	34	9	43
Urological Clinic	12	8	20
Children's Clinic	59	16	75
Total :	218	81	299

Preliminary Results.

This paper gives some preliminary analyses of the information obtained with the questionnaire. We show the basic distribution of the responses in some variable groups and analyze these in a technological dimension.

Each variable or group of variables is analyzed at two levels. On the one hand, they are presented under the entry « Overall Results » where we point out what shape the variable took in respect to the nurses' opinion as a whole. On the other hand, they are presented under the entry « Results in the Technological Dimension » the dimension which

gave a basis of comparison for pointing out what differences can be found in the opinion of the nurses (*).

The following variables are the subject of our analyses :

A. Personal characteristics of the nurses.
B. Hierarchy of the nurses' expectations.
C. Perception of the job (place of work).
D. Perception of nurses' participation in decisions.
E. The nurses' attitudes toward intensive care.

A. THE PERSONAL CHARACTERISTICS OF THE NURSES

Variable.

The variable includes those personal characteristics of the nurses which influence or may influence them in their opinion making processes. The knowledge of these characteristics can help us understand opinions in general and their differences in the technological dimension as well.

Results.

The personal characteristics of the nurses interviewed are as follows :

1. *Qualification* : Unqualified 25 %, qualified general nurse 42 %, qualified child nurse 21 %, qualified midwife 9 %, child nurse 2 %, attendant 1 %.

As far as qualification is concerned, there is a sharp difference between various forms of care. The majority of nurses working in intensive units are qualified, while only two-thirds of them are qualified at the normal level of care.

2. *Education* : Finished primary school and nursing school 35 %, graduated from secondary school and attended nursing school 27 %, finished secondary school of health care 8 %, obtained high school diploma 6 %, had primary school education 21 %, has not finished primary school 3 %.

Nurses working in intensive units have finished primary school in significantly lower proportions (7 %) than the average ; and at the same time, the proportion of those who finished secondary and nursing school is significantly higher than average.

(*) Following our preliminary analysis we intend to carry out a profile or a factor analysis.

3. *Nursing experience* : More than half of the nurses have spent five years or less at the university, one-fifth 6-10 years, and 28 % more than 10 years. Among nurses working less time, the ratio of intensive nurses is somewhat higher than the average. Only 16 % of the nurses have worked at the present place longer than 10 years, more than one-fifth 6-10 years, and nearly two-thirds five years or less. Approximately three-fourths of intensive nurses have worked for five years or less at their present place. This corresponds to the pace of establishing intensive care units. Four-tenths of the nurses have worked for five years or less as nurses, one-fourth for 6-10 years, one-third for more than 10 years. A somewhat higher proportion of intensive nurses have worked in the field of nursing for five years or less, and/or 6-10 years than the average. Just about two-thirds have always been nurses but one-third have had other occupations too. The intensive nurses have exclusively done nursing work in a slightly higher proportion than the average.

4. *Wages* : 51 % of nurses make under 2,000 Forimt, and 49 % of them over this sum. The wage of intensive nurses is somewhat above average.

5. *Sex and age* : Only 1 % of the respondents are males (attendants), the rest are females. The age distribution is as follows : 20 years old or less, 20-30, 31-40, 41-50, 51-60 ; 15 %, 42 %, 22 %, 14 %, 7 %, respectively. Among intensive nurses the 21-30 age group is somewhat larger than average.

6. *Marital status* : Married 45 %, unmarried 42 %, divorced 10 %, other 3 %. More than half of the nurses have no children, more than one-fifth have one child, approximately one-fifth have two children, and 5 % have more than two. Among intensive nurses the unmarried make up 56 %, and childless 67 %, as opposed to nurses in normal care, where these figures are 36 % and 49 % respectively.

7. *Residence and housing situation* : The majority of nurses live in the town of Pécs, while the rest live in the countryside. More than half of them own their house or apartment (56 %) ; the rest do not own their house or apartment. About 20 % of the nurses live in rented rooms and 13 % live in the dormitory for nurses. The intensive nurses have their own house or apartment in lesser numbers than the average.

B. THE HIERARCHY OF NURSES' EXPECTATIONS

Here we examined the importance for the nurses of the content of work, relationships with co-workers and supervisors, wages, advancement, the circumstances and requirements of work. Nurses were asked to rank these factors according to their importance as they see them. This variable fulfils a function of general orientation. It helps us in judging the relative importance of the questions studied.

The matter of fact is that one of the bases of correct weighing is how the nurses themselves judge the relative importance of the question under investigation. For example, let us suppose that the introduction of intensive patient care had a double effect ; on the one hand, it significantly increased the work burdens of nurses, but it enriched the content of their work, on the other. This can hardly be evaluated in itself. The situation is quite different if we know that the content of work is extremely important for nurses ; in the face of this, the work burden seems to have much less importance. If so, a positive value judgement should be made about intensive care from the standpoint of the nurses' satisfaction. But this judgement can be negative if the content of work is less important for nurses and their satisfaction is primarily determined by work burdens.

Overall Results.

Appropriate work seems to be the most important factor for about half of the nurses (52 %) ; and for 17 % of them appropriate work is of second importance. This means the work is undoubtedly in *first place* in the hierarchy of nurses' expectations (Table 2).

Appropriate coworker was the second expectation of nearly one-third of nurses interviewed, and a further one-third considered it third. This assures the *second place* in the hierarchy of expectations.

Appropriate wages were put by nearly one-fifth of nurses first, one-fifth second, one-fifth third, and a further one-fifth put the wages in fourth place. This means wages are in the *third place* in the hierarchy of nurses' expectations, although opinions are very different. The importance of appropriate *supervisors* was mentioned by a quarter of them in the third place, a further quarter of nurses put it in fourth and nearly one-fifth ranked it in the fifth place. This assures the *fourth place* in the hierarchy for the supervisors. *Appropriate physical circumstances, work requirements* were put by one-third of nurses in fifth place, and a quarter mentioned it in the sixth place. The *possibility of advancement* was put in the sixth place by more than half of the nurses. That is, the nurses actually judged the possibility of advancement as the least important factor.

Results in the Technological Dimension.

There were some significant differences in the opinions of nurses working in intensive care units, on the one hand, and in normal care units on the other. The appropriate work was mentioned in the first place by nearly two-third of the intensive nurses (64 %), while the nurses in normal care considered work to be in first place — 47 %. The coworkers seem to be more important for intensive nurses than for nurses in normal care, although it should be mentioned that 28 % of intensive nurses placed coworkers in fourth place. For the nurses in normal care, appropriate wages were much more important than for nurses in intensive units.

Table 2

THE HIERARCHY OF NURSES' EXPECTATIONS

(percentages)

Factors	Level of care \ Rank order	1	2	3	4	5	6	No answer	Total
Work	Intensive	64	15	4	7	6	3	1	100 (N = 81)
	Normal	47	17	11	12	9	3	1	100 (N = 218)
	Total	52	17	9	10	8	3	1	100 (N = 299)
Coworkers	Intensive	7	38	20	28	3	3	1	100
	Normal	11	30	35	18	4	1	1	100
	Total	10	32	31	21	3	2	1	100
Wages	Intensive	10	9	32	25	19	5	—	100
	Normal	19	24	17	20	12	8	—	100
	Total	17	20	21	21	14	7	—	100
Superiors	Intensive	5	15	33	24	16	6	1	100
	Normal	6	14	24	27	21	7	1	100
	Total	6	14	26	26	19	7	2	100
Work circumstances, Work loads	Intensive	6	17	7	10	30	28	2	100
	Normal	10	9	7	14	34	25	1	100
	Total	9	11	7	13	33	26	1	100
Possibility of advancement	Intensive	6	5	1	5	27	54	2	100
	Normal	5	5	5	9	20	55	1	100
	Total	5	5	4	8	22	55	1	100

The differences in judgement of wages are very significant. The appropriate supervisors took their place at a somewhat higher level in the hierarchy of intensive nurses' expectations than in that of normal care nurses, but the differences were not significant. Appropriate physical circumstances, work requirements and the possibility of advancement were ranked fifth and sixth by both groups of nurses.

As reflected in the results of the research described above, in the hierarchy of nurses' expectations, appropriate work is undoubtedly first and appropriate coworkers is in second place. Wages and the supervisors seem to be important for nurses only after these, and the circumstances or the chances for advancement seem to interest them relatively less.

C. PERCEPTION OF THE WORK

This variable group shows in details what demands and expectations nurses have as regards some aspects of their work, their workplace and how these aspects actually show up in reality. The confrontation with the expectations and judgements of reality can inform us of the level and trend of the nurses' satisfaction.

We analyze three variables in this group of variables :

1. Perceptions of work content.
2. Perceptions of working conditions.
3. Perceptions of circumstances, work requirements.

The analysis of each variable includes firstly the examination of demands and expectations ; secondly the opinions about the actual situation ; and finally confrontation of these two and tensions between them. When in the analysis of the nurses' expectations we say that nurses judge the factor in question to be very important, this means an opinion at points 7-9 on a 9-point scale. Somewhat important corresponds to points 4-6, of little importance to points 1-3. When analyzing judgements of the actual situation, we write that the factor exists to a great extent according to the nurses' opinion as 7-9 points on the scale. Points 4-6 mean to some extent. Points 1-3 mean to a little extent.

C. 1. Perception of Work Content

Variable.

This variable describes the content of work with the following factors : variety, independence, responsibility, the chance to use one's knowledge and experiences, possibility of working out new and better ways to do one's work, the need to learn new things, interesting work, chance to develop one's own abilities. In the general hierarchy of nurses' expectations, content of work is in first place.

Overall Results.

The features of work content were judged by the great majority of nurses as very important ; and at the same time, the opinions show that these features are present to a different degrees in the given work. Table 3 gives a picture of opinions.

There are tension gaps between the nurses' expectations and their actual situation at several points : chance of working out new and better ways to do one's work ; chance to develop one's own abilities ; chance to use one's knowledge and experiences ; variety and independence.

There are no tension gaps in the field of responsibility and interest of work.

Results in the Technological Dimension.

The level of the expectations of intensive nurses is, except for two questions, somewhat higher than that of nurses in normal care. The sharpest difference can be found in judgments of the actual situation between opinions of the two groups. These are the following : variety, chance of working out new and better ways to do one's work, the chance to develop one's own abilities, the need to learn new things and the interest in work. These factors are judged much more positively by intensive nurses than nurses in normal care. It seems that intensive patient care enriched the content of nursing primarily in these fields, where the greatest tensions can be experienced in the case of nurses in normal care. There are no significant differences in opinions concerning independence, responsibility and the chance to use one's knowledge and experiences.

C. 2. Perception of Working Condition

Variable.

Concerning working conditions, the following belong to this variable : wages, job security, the chances of obtaining and developing professional skills and general cultural level, the opportunity for advancement. Nurses ranked wages in the third place in the general hierarchy of their expectations, while advancement was placed sixth.

Overall Results.

The opinions of nurses differed in judging both the relative importance of certain working conditions and the actual situation. This is well shown in Table 4.

There are primary tension gaps between nurses' expectations and their actual situation in the fields of wages and developing professional

Table 3

PERCEPTIONS OF WORK CONTENT

(percentages)

Work characteristics	Proportion						Differences		
	Considered very important			Existing to a large extent					
	Intensive	Normal	Total	Intensive	Normal	Total	Intensive	Normal	Total
The need to learn new things	98	90	92	87	61	68	11	29	24
Interesting work	98	87	89	86	80	80	12	7	9
The possibility to develop one's abilities	95	85	87	73	47	54	22	38	33
The possibility to use one's knowledge and experiences	86	88	87	68	55	58	18	33	29
Responsibility	82	89	87	84	86	86	— 2	3	1
Variety	83	80	81	73	40	49	10	40	32
Possibility of working out new and better ways to do one's work	80	77	78	46	12	21	34	65	57
Independence	78	77	77	43	47	46	35	30	31

Table 4

PERCEPTION OF WORKING CONDITIONS

(percentages)

Working Conditions	Proportion of nurses						Differences		
	Considered very important			Existing to a large extent					
	Intensive	Normal	Total	Intensive	Normal	Total	Intensive	Normal	Total
Job security	99	94	95	90	83	85	9	11	10
Chance to develop professional skills	98	92	94	52	36	40	46	56	54
Good wages	94	91	92	35	24	27	59	67	65
Possibility to develop general cultural level	90	79	82	51	39	42	39	40	40
Possibilities of advancement	57	55	55	12	12	12	45	43	42

skills. There are similar but less considerable tension gaps in the chance to develop general cultural level and in the opportunity for advancement. In the case of wages, the question arises as to what explanation could be given for the big difference between expectations and judgments of the actual situation. As we mentioned earlier, if nurses rank wages third in their hierarchy of expectations, then fewer problems should be expected in their judgment of wages. As an explanation, it may be assumed that in ranking expectations, professional motivations play a dominant role. This hinders the forefront role of wage while it supports the need for appropriate work and coworkers. Thus, it can hide the real situation of wages in the rank order. Nurse demands, first of all, suitable work, co-workers and besides — independently from professional motives — good money too.

Results in the Technological Dimension.

The demands of those working in intensive units are higher than average in every question. In judging the real situation, the intensive nurses seem to have more favorable opinions. Differences between nurses working in intensive and nonintensive units are first of all connected with the development of professional skills, obtainment of a higher general cultural level and the question of wages. There is no difference in the opinions concerning the possibilities of going ahead. With regards to making more money and developing professional skill, there is a more pronounced tension among nonintensive nurses.

C. 3. Perception of Physical Circumstances and Work Requirements

Variable.

We approached physical circumstances and work requirements with nine questions, namely: work overload; physically, mentally and emotionally strenuous work; safe and healthy working conditions; favorable working hours; good physical circumstances; social facilities; tasks which do not suit one's professional skills. In their hierarchy of expectations, nurses ranked the circumstances and work requirements fifth.

Overall Results.

The relative importance and the actual state of individual factors appear in Table 5. There are great differences between the expectations of nurses and the actual situation with regards to physical circumstances, social facilities, and safe and healthy working conditions. There is a considerable tension in the field of execution of tasks which do not suit one's professional skills, work overload, physically, emotionally and mentally strenuous work.

Table 5

PERCEPTION OF WORK CIRCUMSTANCES, REQUIREMENTS

(percentages)

Work circumstances	Proportion						Differences		
	Considered very important			Existing to a large extent					
	Intensive	Normal	Total	Intensive	Normal	Total	Intensive	Normal	Total
Safe and healthy workplace	95	99	98	22	32	29	73	67	69
Good physical conditions	96	97	97	21	24	23	75	73	74
Convenient work hours	86	94	92	60	76	71	26	18	21
Good social facilities	95	86	90	11	17	16	84	69	74
Compelling work tasks	68	77	74	43	35	37	25	42	37
No work overload	57	70	66	14	11	11	43	59	55
Physically not strenuous work	50	69	63	15	10	11	35	59	52
Emotionally not strenuous work	58	51	53	12	16	15	46	35	38
Mentally not strenuous work	44	52	50	14	18	17	30	34	33

Results in the Technological Dimension.

The opinions of nurses are the most positive in judging working hours. Those working in intensive and in normal care stated, 60 % and 76 % respectively, that the working hours are quite suitable. It is interesting to note that the level of expectations in the case of intensive nurses does not reach that of nurses in normal care, except in those cases which concern emotional involvement and social facilities. In this respect, the level is somewhat higher among intensive nurses.

Judging the actual situation, the intensive nurses consider their work mentally burdensome. The normal care nurses, on the other hand, find it more characteristic that the work is physically tiring ; and they emphasize the more compelling work tasks. Intensive nurses seem to show higher tension in judging expected and actual situations when the question concerns working circumstances and emotional involvement. While nurses in normal care seem to have a higher level of tension with regards to work loads.

D. NURSES' PARTICIPATION IN DECISIONS

This group of variables approaches the question of democracy at the place of work from two angles :

1. Need and willingness to participate in decisions.
2. Perceptions of the possibilities of participation in decisions.

D. 1. Need and Willingness to Participate in Decisions

Variable.

The variable expresses whether nurses consider it necessary to participate in decisions and, if so, in which cases and how much they are willing to do so.

Overall Results.

More than one-quarter (27 %) of nurses say that they should have the possibility of participating in decisions concerning every matter which involves their clinic. According to 60 % of interviewed nurses, they should have such a possibility only in those issues which are connected with their own work. Only 11 % have the opinion that they should have a say only in those matters in which the leadership wants to rely on them. A small 2 % feel that nurses do not need the possibility to participate in decision making.

It is interesting to note the overall results concerning the willingness to participate in decisions. About one-third of nurses are ready to participate in most decisions concerning their own clinic. Half of them only want to participate if the leadership asks them to do so, 12 % and 2 % are unwilling to participate at all.

The majority of nurses are willing and feel it necessary to participate in decisions only when the issues concern their own work. But the proportion of those cannot be neglected who consider it necessary and are willing to participate in decisions which involve the clinic as a whole.

Results in the Technological Dimension.

There is no significant difference between the opinions of intensive nurses and those of nurses in normal care.

D. 2. Perceptions of the Possibilities to Participate in Decisions

Variable.

This variable gives information as to how nurses judge, in each type of decision, the possibility of direct or indirect — through their representatives — participation.

Overall Results.

The nurses' opinion in each decision type concerning their perception of the possibility of participation can be seen in ranked order (Table 6).

They feel the possibility of participation is mainly given in those decisions which concern organizing of their own work and forming work circumstances.

These are those types of decisions which immediately involve or may involve their own work (Type of decisions 1-8). They feel a relatively limited possibility to participate in decisions concerning the introduction of new procedures of patient care, new means and clinical work plans. This is understandable since both are traditionally the decision rights of doctors. As far as staff planning is concerned, in the hiring of nurses, the decisions are made centrally. Those types of decisions which can closely form the behavior of nurses — such as transfer to an other workplace, disciplinary measures, sacking, promotion and decisions involving financial incentives — are on the bottom of the scale concerning the possibility of participation. In these areas, the possibility to participate in decisions fall below the level the nurses feel necessary.

Table 6

PERCEPTION OF POSSIBILITIES TO PARTICIPATE IN DECISIONS

(percentages)

Types of Decisions	Possibility of Participation											
	Yes			No			Don't know			Total		
	I	N	T	I	N	T	I	N	T	I	N	T
Scheduling vacations	85	84	84	12	15	14	3	1	2	100	100	100
Work organization	82	70	73	12	25	21	6	5	6	100	100	100
Determination of materials needed in nursing	72	62	65	23	33	30	5	5	5	100	100	100
Ensuring material supply needed in nursing	71	63	65	25	33	31	4	4	4	100	100	100
Creating better work circumstances	61	58	59	31	37	35	8	5	6	100	100	100
Determination of means making nursing work easier	66	49	54	29	43	39	5	8	7	100	100	100
Allocation of extra work	41	51	48	46	46	46	13	3	6	100	100	100
Selection of nurses for training courses	49	37	41	42	55	51	9	8	8	100	100	100
Introduction of new care procedures	44	29	33	40	54	50	16	17	17	100	100	100
Forming clinical work plans	33	30	31	46	49	48	21	21	21	100	100	100
Personnel planning	42	24	29	44	62	57	14	14	14	100	100	100
Hiring nurses	33	23	26	57	75	70	10	2	4	100	100	100
Transfer to other work place	19	26	24	65	68	67	16	6	9	100	100	100
Disciplinary measures	27	22	23	61	65	64	12	13	13	100	100	100
Promotion of nurses	24	21	22	64	73	71	12	6	7	100	100	100
Sacking of nurses	21	22	22	60	66	65	19	12	13	100	100	100
Determination of bonuses and other incentives	18	20	19	68	74	72	14	6	9	100	100	100
Nurses' job classification and pay-scale	15	11	12	69	77	75	16	12	13	100	100	100
Determination of bases and methods for salaries	9	11	11	79	78	78	12	11	11	100	100	100

Results in the Technological Dimension.

The intensive nurses judge the possibility of participation in decisions, directly affecting their work, generally more favorably than nurses working in normal care. The situation is the same in respect to decisions concerning the clinic as a whole. There is no similar characteristic trend concerning decisions in connection with the behavior of nurses and the determination of material incentives.

E. NURSES' ATTITUDES TOWARD INTENSIVE CARE

This group of variables was aimed at the direct examination of the effects of intensive care and the attitudes of nurses toward these effects. In the following, we show perceptions about the effects of the intensive patient care.

E. 1. Perceptions of the Effects of Intensive Patient Care

Variable.

The variable aims to explore perceptions about the effects of intensive care in the following fields : job security, participation of nurses in decision making, prospects for young nurses, physical strain, mental and nervous strain, satisfaction with the work, importance of the union for nurses.

Finally, the variable also includes the overall opinion of nurses about the effects of intensive care.

Overall Results.

Perceptions of nurses about the effects of intensive care are shown in Table 7. According to the majority of nurses, the introduction of intensive patient care increases : mental and nervous strain, physical strain, job security, satisfaction with the work, prospects for young nurses. The proportion of nurses for whom intensive care does not change these factors (approximately 25 %) is not negligible. The introduction of intensive patient care increases or does not change the nurses' participation in decisions in about the same proportions, 39 % and 37 %, respectively. It does not change the importance of the union for the nurses.

We must note that the ratio of « dont't know » answers is relatively high in almost every question. In the overall opinion, the nurses feel that the introduction of intensive care has resulted in better conditions for them (64 %). Nearly 20 % feel that their situation has not changed.

Table 7

PERCEPTION OF EFFECTS OF INTENSIVE PATIENT CARE

(percentages)

Factors	Proportion of nurses according to whom the introduction of intensive patient care														
	Increases			Doesn't change			Decreases			No answer			Total		
	Intensive	Normal	Total	Intensive	Normal	Total	Intensive	Normal	Total	Intensive	Normal	Total	Intensive	Normal	Total
Mental and nervous strain	89	61	69	9	15	13	1	12	9	1	12	9	100	100	100
Physical strain	73	43	51	20	23	22	6	17	14	1	17	13	100	100	100
Job security	65	46	51	22	30	28	0	4	3	13	20	18	100	100	100
Satisfaction with the work	58	48	51	28	25	26	6	6	6	8	21	17	100	100	100
Prospects for young nurses	65	44	50	20	27	25	2	4	3	13	25	24	100	100	100
Nurses' participation in decisions	53	34	39	36	37	37	—	2	2	11	27	22	100	100	100
Importance of the trade-union for the nurses	14	19	18	57	38	43	1	1	1	28	42	38	100	100	100

Results in the Technological Dimension.

In every question, there are significant differences between the opinions of intensive nurses and those of nurses in normal care. According to intensive nurses, the introduction of intensive patient care increases job security (65 %), participation in decisions (53 %), prospects for young nurses (65 %), physical strain (73 %), satisfaction with the work (58 %), mental and nervous strain (89 %).

As far as the conditions of nurses are concerned, 77 % of intensive nurses feel that conditions have become better. This figure is 59 % in the case of normal care nurses.

SUMMARY

This study aimed to explore those effects which were evoked by the introduction of intensive patient care in the content of nurses' work, working conditions and attitudes of nurses. This paper deals with the theoretical concepts and methods of the research. An attempt was made to show the hierarchy of nurses' expectations and, in some examples, how nurses view their own work (place of work), their participation in decision making and the effects of intensive care.

The obtained data were analysed at two levels. Perceptions of nurses were examined in regards to the nurses' opinions as a whole and in the technological dimension comparing the opinions of intensive and nonintensive nurses.

Among these perceptions, some significant differences were found between intensive and nonintensive nurses. These differences are manifest in opinions about the content of work and about the attitudes toward the effects of intensive care.

Two conclusions can be drawn from our preliminary analyses:

1. It seems that the applied technological dimension has functioned, even in this form.

2. At the same time however, a more differentiated handling of the technological variable seems to be necessary, that is, those components should be discriminated in normal care which could further modify the attitudes of nurses toward the problems under investigation.

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