5/7/2018

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**Term Paper**

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Nursing care models are crucial for any health care organization in providing care to the patients and their families. There is increasing and changing needs of patients and their families because of which there needs increased planning, increases interaction and also collaboration with other health care personal. Nursing care delivery models directly affect patients, nursing staffs and the organization and have evolved over the decades from Nightingales case method to currently preferred primary nursing delivery model.

Primary nursing care model was developed and implemented at the University of Minnesota Hospitals during the late 1960s by Marie Manthey. The purpose of this model was to return the nurse to the bedside and decrease the breakdown of care associated with team nursing.

During 1960s there was cultural revolution in the United states that had emphasized rights of individual and also independence from societal restriction during that time. The revolution had influenced nursing profession because there was dissatisfaction among nurses because of lack of autonomy. On top of that there was frustration due to hierarchical nature of communication of team nursing care model. Quality of patient care was declined and organizations were also aware of this. All of this led to search for quality care and autonomy in nursing care delivery model and there was formation of primary care delivery model that increased registered nurse accountability for good patient outcomes.

In primary nursing model, primary nurse is assigned to patient care during their stay in the hospital. She/he has a twenty-four hours responsibility from admission to discharge. She/he is also responsible for care of her patient and answerable to her patient, family and her/his colleagues. Planning and implementation of patient care take place between patient and the primary nurse. There is associate nurse who works with the patient when primary nurse is not available or when off duty.

Primary nurse should have baccalaureate in nursing and is accountable for communicating with other health care provider in order to meet the needs of her patient. For example, when a patient is admitted with the diagnosis of congestive heart failure then his primary nurse admits him and makes a plan of care for the patient. When primary nurse is not available or is off duty then they have associate nurse who will implement the plan made by the primary nurse. If any complication occurs to the patient then the associate nurse will notify the primary nurse who has twenty-four hours responsibility, she/he then makes appropriate alteration, the associate nurse also gives her input while making appropriate alteration. The associate nurse is an RN who has responsibility of providing care to the patient according to the plan of care made by primary nurse. In this model, all registered nurses staff are used to provide direct care to the patient during their stay. UAPs are not used in primary nursing and unlicensed staff are not used to provide care in this model.



This model of nursing care delivery is implemented widely as it is considered as an ideal way of nursing care delivery. It is a patient-centered approach and supports nurse’s autonomy, broad job descriptions, professionalism and also independent decision-making. Primary nurse get opportunity to develop close relationship with their patient and get to know more about their patient which will help the nurse in creating a plan of care for her patient. This way patient needs are also understood better, there is continuity of care, patient feel more secure and satisfied. The key of this model is that rather than performing specific job tasks under given functional structures, nurses are driven to address patient needs at their job. There is increased satisfaction of patient and family in this model because they “establish relationship with primary nurse and they identify the caregiver as their nurse” (Yoder-Wise239). This is an aspect where nurses found increased level of jab satisfaction. One evidence that indicate increases job satisfaction among nurses in primary nursing was from the study by Melchior, Halfens, Abu-Saad, Philipsen, van den Berg & Grassman (1999) who investigated the effects of a primary nursing care delivery system on the work environment among nurses working in long-stay psychiatric care settings. Their results showed that nurses found more autonomy at their work and also experienced increased job satisfaction. After analyzing the nursing staff perception following introducing primary nursing in a medical ward for elderly people, Macguire and Botting (1990) found that nurses have or reported better communication, improved relationships as well as increased responsibility after implementing primary nursing. It shows that both “Increased autonomy of practice and increased knowledge of specific patients, coupled with a greater continuity of care, gave nurses a high level of satisfaction than did previous methods of care delivery” (Macguire & Botting, 1990).

Cost of primary nursing model is lower than that of team nursing model. According to journal of nursing and care, “Primary nursing model was 6.5% less costly than team nursing in 36 six-month follow-up periods. Also, nursing costs per patient by DRG were 12–16% lower in the primary nursing units than in the team nursing units”. There is greater involvement of patient and family and this model supports the coping of the family members during the period of hospitalization. Nurse experience job satisfaction and there is also retention of nurses as they can use their knowledge to deliver autonomous and holistic care for their patients. There is continuation of care in primary nursing, authority is decentralized, professionalism is maintained, there is better use of nursing care plans and “nursing care is provided based of individual needs” (Bets and O’Connell 1987). In primary nursing, there is increased communication among nurses and patients. Primary nurse knows their patients better which will improve nurse patient relationship. One of the professional advantage of primary nursing is that they only have licensed registered nurses to do total care of the patient. Other health care member view primary nurses as more knowledgeable and responsible which is a plus point for nurses. There is also reduction of number of errors that might occur from relay of orders. Despite all these advantages of primary nursing there are also some disadvantage associated with primary nursing model.

In primary nursing, there is not equal delivery of care to the patients because primary nurse does not know all of their patient well, they only know more about their primary patients. Primary nurse has a twenty-four hours responsibility of their patient because of which it is an endless job, frustrating and challenging job. Some nurses have ambivalent feeling towards primary nursing. Some registered nurses may not have adequate knowledge or are not experienced to provide total care. The institution needs to provide training or educate their staff for transition from their previous role of nursing to primary nursing. The institution also needs to ask their registered nurses if they are willing to take 24 hours responsibility of their patient and not all RNs are willing or capable to do so. During nursing shortage, primary nursing is not the model of choice because part-time nurses are not available 24 hours to take responsibility of their patients. It is challenging to the primary nurse to provide complete care to their patient as they have to take care of other patients too. It is also challenging to provide in-depth care to the patient especially if the patient was admitted on Wednesday and the primary nurse in off on Thursday and the patient is discharged on Friday. Working in a primary care system can be isolating and difficult specially when they are assigned to a critically ill patient. Patient might have separation anxiety when primary nurses are off duty.

In conclusion, primary nursing also called relationship based nursing includes total nursing care delivered by primary nurse 24hours until the patent is under her care. Close relationship with the patient and continuity of care along with increased responsibility and accountability of nurse will increase patient and nurse satisfaction leading to organization satisfaction. Opportunity to develop close relationship with the patient nurses known patient needs better that will help follow up patient problem as well as treatment better. Apart from these positive points, primary nursing did not work at all times especially during nursing shortage.

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