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# *Health care system of reform and the scope of independence in decision making by environmental/family nurses. IV. Contracts realized by the payer and occupational independence of nurses*

Until the beginning of the 90s, the State budget had dealt with the allocation of funds designed for health care. The guarantee of receipt of budget resources did not favor managing and organizational skills, nor the independence in decision making by nurses (10). With the passing of the Act concerning public health insurance, a new, mixed system of financing was implemented (13). The function of a payer was separated from that of the executor, and the basic principles of the economic account became binding on the signing of contracts. It was anticipated that the application of such solutions would result in obtaining independence by service providers and increase their responsibility (9). They should be interested in expanding their offer of services and in the reduction of expenditures.

The goal model of primary health care (PHC) in repair programmers of the Ministry of Health of March 2002 covered the contracting of nursing services under conditions similar to those in operation since 1 January 1999 (13). Various types of practices functioning to date: individual (including specialist), group, joint individual, accompanying and non-public nursing units, will continue to function in the nursing sub-system (11).

Services provided by environmental/family nurses at a patient's place of residence are most often contracted. Hence, the study was undertaken concerning the way in which the implementation of new principles of organization and financing affected the scope of their occupational independence. The following questions were posed: 1. What is the respondents' opinion concerning independence experienced in practice? 2. Have the new forms of organization and financing of services contributed to the increase in nurses' freedom in decision making?

## MATERIAL AND METHODS

In the studies conducted in 2000, the method of diagnostic survey was used. The questionnaire was completed by110 environmental/family nurses from the Biała Podlaska Region. The study material was obtained from 2 groups: experimental (non-public health care units) and control (public units). The conclusions were drawn based on statistical analysis. A detailed

description of the research procedure and the examined population was published in a separate report*.

## RESULTS

In one of the questions in the survey the nurses were asked to define the percentage of tasks performed: independently, on doctor's orders, and in co-operation with other professionals. Over half of the respondents employed according to the new principles – 56%, and only 11.67% of those from the control group – ascribed the highest percentage (50–75%) to activities performed on their own initiative (Fig.1). A statistically significantly greater number of this type of tasks were realized at workplaces in non-public than public units ($p<0.001$). The same level of significance ($p<0.001$) was noted in relation to tasks performed on doctor's orders (50–75%) – these tasks were performed by a greater number of nurses employed in traditional organizational forms, compared to those employed in new structures (81.67% and 34%, respectively). There were no similar evaluations concerning the activities resulting from collective decisions.

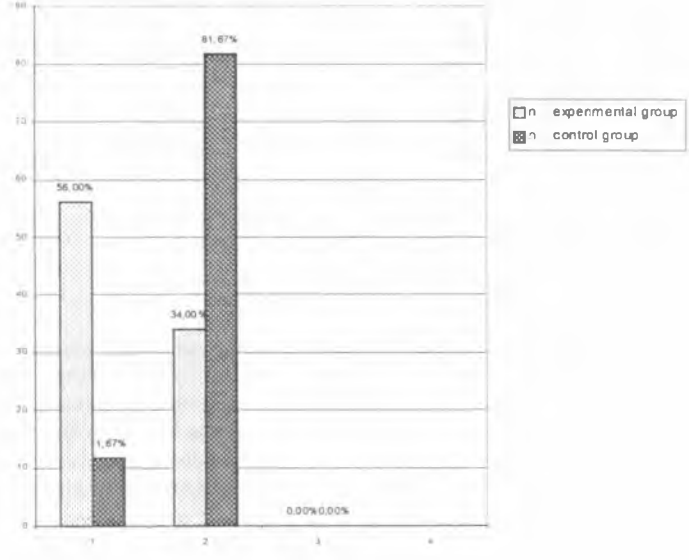


Fig. 1. Structure of occupational tasks performed by environmental/family nurses; 1 - tasks performed on their own initiative ($p<0.001$), 2 - tasks performed on doctor's order ($p<0.001$), 3 - tasks performed in co-operation

With respect to the contents of independent decisions, people from experimental and control groups most frequently mentioned tasks associated with nursing (92% and 91.67%, respectively), and organization of work (82% and 83.33%, respectively). Respondents from non-public units

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significantly more often reported that they performed independent tasks in the area of management, compared to those from public units – $p<0.01$; 26% and 5%, respectively. Undoubtedly, such results were obtained due to the fact that only the staff of new organizational forms of PHC performed work in the form of individual and joint individual practices, or within the non-public nursing care unit; therefore, they managed such a form of practice.

Both groups in the study were questioned about their opinions concerning the effect of PHC new organizational forms on nurses' experience of independence in their practice. The examined nurses were asked to evaluate each form of practice on a scale of 0–6 scores. It should be mentioned that the staff employed in non-public units reported facts from their practice, while those working in public units expressed their opinions concerning the problem.

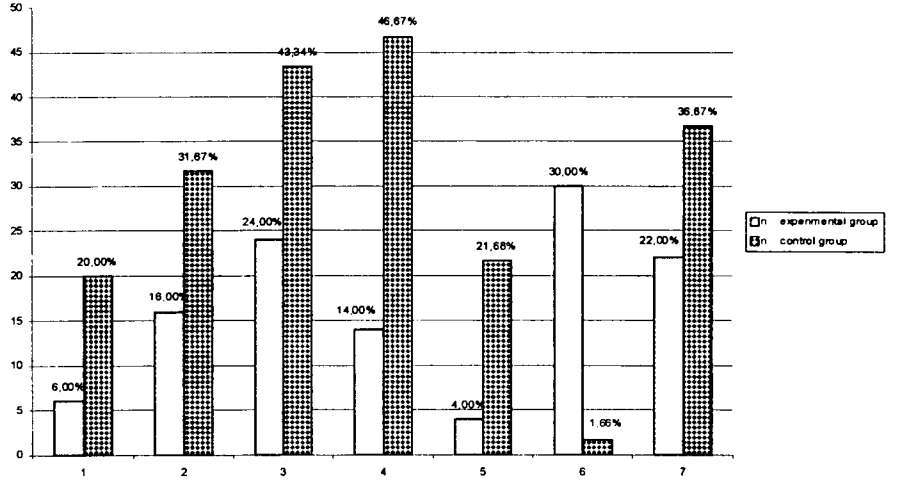


Fig. 2. Effect of individual contract, joint individual practices and group contract on independence in decision making by environmental/family nurse; 1 - three-score evaluation of joint individual practices ($p<0.05$), 2 – four-score evaluation of joint individual practices ($p<0.01$), 3 - lack of evaluation of individual contract ($p<0.01$), 4 - lack of evaluation of joint individual practices ($p<0.001$), 5 - three-score evaluation of group contract ($p<0.02$), 6 - five-score evaluation of group contract ($p<0.001$), 7 - lack of evaluation ($p<0.01$)

Statistically significant differences in the evaluation of individual contracts and joint individual practices were observed between the experimental and control groups (Fig.2). Respondents from the control group, more often than those from non-public units, reported that joint individual practice results in an increased independence in decision making – 20% and 6%, respectively ($p<0.05$). They evaluated their freedom in making decisions to be 3 scores. People in this group evaluated contracts signed with the disposer of allocations in significantly more positive terms (4 scores), compared to the experimental group – 31.68% and 16%, respectively. The lack of opinion concerning individual contracts was significantly higher in the control group ($p<0.01$), compared to the experimental group – 43.34% and 24%, respectively. This also concerned the differences in evaluations of the effect of joint individual practices on greater independence in decision making in both groups ($p<0.001$), 46.67% and 14%, respectively.

As many as 5 scores were ascribed to the joint nursing practices by people from non-public units – 30% and only 1.67% – by the staff of public PHC units. These differences were statistically significant ($p<0.001$), and occurred also with respect to the evaluation of group contract to be 3 scores ($p<0.02$) and lack of score evaluation ($p<0.01$). With respect to the last two evaluations, higher indicators reflected the parameters typical of the respondents employed in traditional structures (21.68% and 36.67%), compared to the staff from non-public units (4% and 22%, respectively).

In relation to the opinions concerning the effect of practice accompanying PHC physicians on independence in making decision in the matters of nursing, the majority of respondents evaluated this practice from 0–2.5 scores (50% of respondents in experimental group and 55% – in control group). These differences, however, were not statistically significant.

## DISCUSSION

The vast majority of respondents from public health care units are not interested in changing the form of employment. Based on the analysis of the results of the studies it may be presumed that they fear, among other things, the loss of stability and deterioration of financial conditions (4). Despite this, these respondents, significantly more often than those employed in new forms of care, are of the opinion that work on a self-employed basis provides greater independence in decision making.

The results of the study show that various and often not the best solutions are still applied while signing contracts. Working time standards and the requirements concerning qualifications at individual workplaces are frequently not obeyed (4). It is difficult to find advantages in the family physician model if they employ nurses within their own practice, which often results in an insufficient amount of time left for work in the environment. Although this model is preferred by the payer, it clearly limits independent nursing services and leads to a conflict of roles (1,5,6,9).

The reform of PHC structure considering independent nursing contracts, the introduction of the method of nursing process, as well as training in solving problems (8) are a chance for nurses to obtain occupational independence. The performance of many tasks, even with the consideration of nursing care standards and solving problems according to the established procedures, is associated with making proper decisions (2,7,12). The performance of health services within an independent, individual contract also resulted in expanding the scope of areas for making decisions by nurses in the field of management. The scope of independent tasks increased in new organizational forms. Currently, according to the respondents' opinions, these tasks constitute 50–75% of all activities performed by nurses in non-public health units, whereas as many as 81.67% of the staff employed in traditional structures still concentrate on performing doctors' orders. The results indicate that there are no activities performed in co-operation.

Group contracts, as favorable for independence in decision making, were evaluated in more positive terms by respondents from non-public units, while the remaining nurses better evaluated individual practices, including joint individual practices.

## CONCLUSIONS

1. The greatest number of independent decisions are made by environmental/family nurses in the matters of nursing and organization of work in non-public units. At the same time, in this sector of PHC, they significantly

more often decide about managing. A greater number of staff from new organizational forms perform tasks on their own initiative.

2. Environmental/family nurses employed in traditional structures significantly more often than those from new structures mention that signing individual contracts and work within joint individual practices favors greater independence, whereas the staff of new organizational forms expresses a similar opinion with respect to group contracts.

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## SUMMARY

New legal and organizational conditions enabled nurses to sign contracts directly with the disposers of allocations. It was anticipated, among others, that contracting specific health services would result in the staff obtaining greater independence in the matters of nursing. Showing one's own initiative at work may lead to an increase in satisfaction among patients and nurses, as well as the strengthening of the occupational position of nurses in the future. For this reason, the study was undertaken to confirm whether PHC nurses perceive the relationship between actual independence and performing work activities within individual or group contracts. The study was conducted in a form of a diagnostic survey, and covered 120 environ-

mental/family nurses from non-public and public health care units. The results were analyzed from the aspect of statistical differences between the experimental and control groups. A significantly greater number of staff employed on the new basis performed independent tasks in the environment, compared to nurses employed in traditional structures. Differences were also observed concerning respondents' opinions in relation to freedom in making decisions experienced in various organizational forms. According to the respondents of the experimental group, group contracts guarantee a greater autonomy, while those of the control group evaluate individual practices in more positive terms.

Reforma ochrony zdrowia a zakres samodzielności decyzyjnej pielęgniarek środowiskowych/rodzinnych. IV. Kontrakty realizowane przez płatnika a niezależność zawodowa pielęgniarek

Nowe warunki prawno-organizacyjne umożliwiły pielęgniarkom zawieranie umów bezpośrednio z dysponentem środków. Przewidywano między innymi, że zamówienia na realizację określonych świadczeń zdrowotnych wpłyną na osiągnięcie przez praktykujących większej niezależności w sprawach pielęgnowania. Wykazanie podczas pracy własnej inicjatywy może doprowadzić do wzrostu satysfakcji pacjentów i pielęgniarek, w przyszłości zaś do wzmocnienia ich pozycji zawodowej. Dlatego też chciano sprawdzić, czy pielęgniarki poz dostrzegają zależność między faktyczną samodzielnością a wykonywaniem pracy w ramach indywidualnych lub grupowych kontraktów. W badaniach posługiwano się metodą sondażu diagnostycznego. Uczestniczyło w nich 120 pielęgniarek środowiskowych/rodzinnych z niepublicznych i publicznych zakładów opieki zdrowotnej. Wyniki analizowano pod kątem różnic statystycznych pomiędzy grupą badawczą a kontrolną. Istotnie więcej pracujących według nowych zasad, w porównaniu z pielęgniarkami zatrudnionymi w tradycyjnych strukturach, realizowało w środowisku zadania samodzielne. Różniły się również opinie respondentów o zakresie swobody decyzyjnej doświadczanej w różnych formach organizacyjnych. Zdaniem osób z grupy badawczej większą autonomię gwarantują kontrakty grupowe, zaś grupa kontrolna lepiej ocenia praktyki indywidualne.