A Comparison Study of Nursing Care Quality in Different Working Status Nursing Staffs: An Example of One Local Hospital

Shiou-Hua Wu • Jwo-Leun Lee*

ABSTRACT: To reduce costs, many hospitals are trying to adopt strategies to contract out their nursing workforce. The purpose of this study is to compare the quality of health care among the following three categories of nursing workforces in public hospitals: outsourced nurses, permanently employed nurses and contracted nurses compensated based on hours worked. The research sample included 300 patients cared for by 78 nurses in insurance wards in a local public hospital. Four methods were used to evaluate care quality. They included examining medical records, interviewing nurses, observing, and interviewing patients. The study found the best care quality was delivered by permanently employed nurses followed by that delivered by contracted nurses. The worst care quality was delivered by outsourced nurses employed by agency companies contracted to the public hospital. Care quality dimensions that were statistically significant among three categories of nurses included total quality of nursing care, nursing care planning, nursing instruction, and nursing evaluation.

Key Words: outsourced nurses, contracted nurses, permanently employed nurses, quality of nursing care.

Introduction

The Taiwan government has encouraged competition in the health care market for over a decade and implemented the National Health Insurance (NHI) scheme in March 1995. The national medical expenditure has been gradually increasing for years and has become a heavy financial burden on the government. In order to contain medical expenditures, the Bureau of National Health Insurance (BNHI) aggressively promoted fixing the budget of every single hospital since 2000, and subsequently introduced many other financial deflation strategies. Financial liabilities were therefore gradually transferred from the BNHI to each individual hospital.

Government-owned public hospitals, as well as private for-profit and non-for-profit hospitals, were facing the changing context of the medical industry and the impact of NHI financial deflation strategies. Although public hospitals are partly supported by government budgets, privatization and self-sustaining policies have led to gradual reduction of government budgets. Thus, organizational reengineering, corporate-type management, reducing running cost and upgrading performance are measures targeted toward dealing with these challenges.

In order to reduce manpower costs, the case hospital in this study implemented organizational reengineering in 2003. The number of permanently employed nurses was reduced from 81 to 67, with 40 nurses contracted as temporary employees by the case hospital. However, the nurses were not sufficient to deal with the increasing demand. The case hospital thus flexibly hired 20 outsourced nurses supplied by another organization contracted by the case hospital. At present, outsourced nurses are not widely accepted by hospitals in Taiwan. The case hospital is the first pioneer public hospital with regard to outsourcing nursing needs.

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Mostly recent graduates from junior nursing schools, outsourced nurses have relatively low salaries. The employer hospitals must spend more clinical manpower to regulate these young nurses and hence take on increased management costs. Other costs include the departure of experienced nurses who may have many years' work experience in the hospital. Yet as these young nurses gain experience, the low pay can be expected to encourage them to leave the hospital. All of these situations make the study of nursing care quality important for evaluating policy.

This study aims to understand the nurse caring qualities at varied dimensions by comparing care quality among outsourced nurses, permanently employed nurses, and contracted nurses. This study also aims to offer some evidences for human resource management operating strategies in hospitals in developed as well as developing countries.

Literature Review

Performance of temporarily and permanently employed nurses

International studies addressing the performance of contracted and permanently employed nurses reveal inconclusive research findings. Porter (1995) and Kidder (1995) both pointed to no difference between the two. However, a study by Strzalka and Havens (1996) revealed significantly different results. Some scholars have mentioned that when temporary nurses felt they would remain in a position over the long term, they were stimulated to have positive attitudes and working performance (Dyne & Ang, 1998). One local research found no significant correlation between a temporary nurses' organizational commitment and working performance (Lin, 2002). It is assumed that professional commitment allows nurses to be responsible for patients and they would not treat the job carelessly because of low benefits. To date, there has been no study dealing with issues related to outsourcing nursing. In addition, research on contract personnel revealed that financial compensation did not significantly effect job satisfaction (Chang, 2003).

Nursing care quality

Crosby, Evans, and Cowles (1990) defined quality as "to meet the requirement" from the perspective of designers or managers. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) defined medical care quality as "using the updated professional knowledge to care patients, to improve the expected caring effectiveness, and to reduce the unexpected consequences." (JCAHO, 1991). The patients, on the other hand, would define good quality of care as when nurses deliver updated medical information to them, and when nurses are willing to communicate with them to help them deal with their health problems and needs (Oermann & Templin, 2000).

Evaluation instruments for nursing quality

Nursing quality can be evaluated in terms of structure, process and outcome (Donabedian, 1982). Nursing quality measures should be connected with nurses' knowledge and be evaluated by services delivered and their behavior (Gunther & Alligood, 2002).

The Department of Health authorized the Taiwan Joint Commission on Hospital Accreditation (TJCHA) to proceed with the accreditation of hospitals in Taiwan. TJCHA modified its evaluation standard in 2004, which reinforced the assessment of process and result, as well as the structure component. In this new scheme, evaluation items related to nursing quality included complete nursing and caring activities and records as well as other related nursing services, e.g, checking on patients, nutrition management and diet instruction (TJCHA, 2004).

The most widely used evaluation tool for nursing care quality is the Rush Medicus Tool-Monitoring the Quality of Nursing Care (RMT-MQNC). The application of RMT-MQNC is focused on evaluating the current status, including examination of medical records, interviewing patients and nurses, and direct observation of patients and nurses. The questionnaire includes 257 rules and can be categorized according to disease severity (Haussmann, Hegyvary, & Newman, 1974). The RMT-MQNC was modified in Taiwan in order to evaluate the quality of nursing care for elderly patients (Hsu, Feng, Su, & Wang, 1992).

Factors affecting nursing quality

Radwin and Fawcett (2002) pointed out that nurse caring outcomes are highly correlated with all components in the health care system, including the characteristics of the nursing system and other supporting personnel, the plan under which personnel were hired, recruited and retained, and cooperation among departments. Radwin and Fawcett also pointed out that the characteristics and experience of the case hospital directly affect caring results. The nursing quality of different types of nurses directly affects

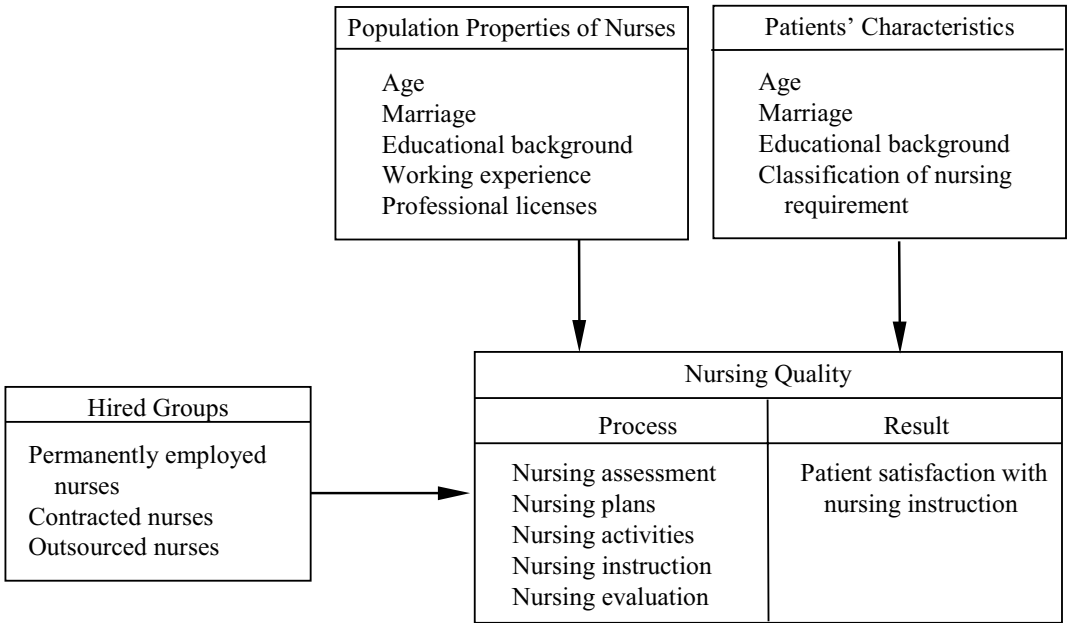

Figure 1. Population properties of nurses and patients' characteristics are the control variables.

patient evaluations of hospital service quality. Reference has been made in the local literature that personal characteristics affect patients' satisfaction. When patients recognize that their health status has improved, and in cases where they are older and have a lower educational background, satisfaction levels tend to be higher (Li, 2001). Based upon the above findings, the organization and hiring policy of institutions, operation of health caring system and patients' personal factors affect the evaluation on the quality of medical care.

Research framework

The research framework is shown in Figure 1. The hired group is the main explanatory variable; nursing care quality is the explained variable; and nurse and patient characteristics are control variables. To control for possible confounding in the statistical regression model, the characteristics of nurses and patients, as well as the main explanatory variable, are all included as independent variables in the equation. In this way, we interpret the regression coefficient as the estimated effect of an explanatory variable on an explained variable, holding other independent variables constant (Retherford & Choe, 1993). Most often, data will have been collected under non-experimental conditions in which very little can be controlled by the investigator. The task of regression analysis is to learn as much as possible about the environment represented by the data (Chatterjee, Hadi, & Price, 2000).

Methods

Measurement Instruments

Because over 80% of research samples represented hospitalized elderly patients, this research used a modified version of Hsu's (1992) nursing quality questionnaire of hospitalized elderly patients as its measurement instrument. This study followed the new nursing evaluation standard TJCHA 2004 for hospital accreditation, emphasizing especially the principle directly correlated to nursing quality and involving process and outcome dimensions of nursing quality. The process dimension included the five subdimensions of nursing evaluation, nursing plans, nursing activities, nursing instruction and nursing evaluation. The single nursing outcome dimension included patient satisfaction with nursing instruction. After modifying the questionnaire, the authors invited the original local researchers of these questionnaires to review the study instrument and manage its validity. Each option was scored between 1 and 3 points to assess care quality. The total Cronbach's α of the study questionnaire was .75.

Research Hypothesis

This research assumed that overall nursing quality at the case hospital would be significantly inferior due to the outsourcing of nurses. We further assumed that nursing quality among the three groups would reveal significant

differences and that nursing quality provided by outsourced nurses would be the worst, that of contracted nurses would rank in the middle, and that of permanently employed nurses would rank the highest.

Research Sample and Data Collection

The research sample targeted 107 nurses, each with more than 3-month nursing experiences and currently providing nursing care to patients. The data for these nurses were then matched with those of patients. Patients hospitalized for over 48 hours were regarded as the research population for this study. Patients not comfortable enough to receive an interview were excluded from consideration. There were 300 patients accommodated in the following 7 ward units: acute internal medicine ward, surgical ward, health insurance ward of chronic psychiatry, intensive care unit, respiration care ward, health insurance ward for the elderly with dementia, and pulmonary tuberculosis ward. The interview time was managed by the interviewers and was limited to daytimes during weekdays. Interviewers were not required to inform the nursing station in advance.

Interviewers were 10 senior registered nurses, each with more than 5 years of clinical experience. They were all employed by the case hospital, but located in wards different from that of the nurses being interviewed. After standardized training and numerous personal discussions during the interview process, the interviewers were expected to reach a consensus regarding the study as well as questionnaire measurement consistency. In order to avoid situations in which prejudice might affect objectivity, personal background information on interviewed nurses was purposely not included on the questionnaire, allowing information to be treated as blind for interviewers. To control for inter-rater reliability, every interviewer was assigned to interview nurses from each of the three nurse categories in order to help distribute variation among raters randomly among the three categories. 'Non-differential misclassification' occurs when the proportion of subjects misclassified on performance, if it does exist, does not depend on their employee status. Any bias introduced by such non-differential misclassification is predictable in direction; namely, toward the null value (Rothman & Greenland, 1998).

Our survey was implemented over a four and a half month period, between October 1st, 2004 and February 15th, 2005. The evaluation process included reviewing patient histories (including nursing assessment, nursing plan, nursing activities, and evaluation records), interviewing nurses to assess their understanding of patient conditions, observing patients (including physical position, physical support needs, polling up the bed bars), and interviewing patients about the delivery of nursing instruction and their level of satisfaction. After collecting interview data, the researcher used SPSS 10.0 for Windows to conduct data statistical analysis.

Results

Demographic Statistics of Nurses

The total of 78 nurses interviewed represented 70% of first-line nurses in the case hospital. Among them were 16 outsourced nurses, 23 permanently employed nurses and 39 contracted nurses. As to age distribution, there were 41% under 25 years old and 25.6% nurses between 26~30. The outsourced nurses were mostly under 25 years old and the permanently employed nurses were mostly older than 31. As to marital situation, there were 62.8% unmarried nurses. Outsourced nurses were all single. Contracted nurses were mostly unmarried and permanently employed nurses were mostly married. As to educational background, 64.1% of the total had matriculated from a junior college as their highest educational achievement, and 15.4% had matriculated from a junior nursing school. All outsourced nurses had junior college degrees, which was the minimum level of education required in the contract. Contracted nurses mostly held junior college degrees, while permanently employed nurses were mostly junior college or university graduates. With regard to seniority, 30.8% had 5~10 years work experience at the hospital, 29.5% had 1~5 years and 9% had 3~6 months. The seniority of outsourced nurses was mostly 7 months to one year. Contracted nurses had seniorities concentrated mostly in the 1~5 years and 5~10 years ranges. Permanently employed nurses had the greatest seniority, with most on the job for over 5 years. With regard to licenses, 56.4% had a registered nursing license and 43.6% held a practical nursing license. Most outsourced nurses had practical nursing licenses and most of contracted nurses and permanently employed nurses had registered nursing licenses.

Overall, outsourced nurses were younger and unmarried; had less working experience; and primarily held practical nurse licenses. Permanently employed nurses were relatively older; mostly married; had more working experi-

ence and primarily held registered nursing licenses. The condition of contracted nurses was somewhere in between the previous two.

Demographic Statistics of Patients

Nursing care provided should be categorized in accordance with patients' self-caring capacities. The first category involves patients who can take care of themselves. The fourth category mainly includes paralyzed patients. The result of the survey revealed that the first (33.7%) and the fourth category (38%) had the largest numbers of patients. Outsourced nurses mostly took care of patients belonging to the first category, with the fourth category accounting for the second highest patient care numbers for this group of nurses. For contracted nurses, most of their patients were in the four category, followed by patients in the first category. Permanently employed nurses took care of first as well as fourth category patients. In terms of ward representation, most samples were from respiration care (27.3%) and psychiatry (30.7%) wards. Nurses in acute health insurance wards were mainly outsourced nurses. Respiration caring wards were mostly looked after by contracted nurses. Permanently employed nurses mostly served in chronic wards in the psychiatry department.

Because the majority of research targets were veterans, patient characteristics were weighted toward the elderly, unmarried and illiterate. Most elderly patients were over 75 years old and those less than 65 were in a minority (19%). The majority of patients were unmarried (73.3%), with 21% married. In terms of educational background, 47.7% of patients were illiterate. The interviewer was unable to obtain educational background data on the 12% of patients in the survey either suffering from dementia or unconscious.

Descriptive Analysis of Quality Variables

The total average score for the quality of all dimensions was 2.49. In the process dimension, quality of nursing assessment was the best, with 2.81 points, followed by quality of nursing activities, with 2.63 points, and quality of nursing instruction, with 2.34 points. The lowest score was for quality of nursing evaluation with only 2.26 points. In the result dimension, satisfaction of nursing instruction was just 2.15 points, which fell between the options of acceptable and satisfied.

With regard to the quality among three nursing groups, permanently employed nurses ranked best, with 2.57 points, followed by contracted nurses, with 2.52, and outsourced nurses with 2.36. Contracted nurses were inferior to permanent nurses by only 0.05 points. Regarding the dimension of quality, quality of nursing instruction and nursing planning showed the most significant differences among the three nursing groups.

Differences in Patient Characteristics Among Nursing Groups

The Chi-square test was used to explore differences in patients who were cared for by nurses in the three groups in terms of nursing requirements, age, education and marriage. The results showed that, apart from nursing requirements, other population properties of the three groups of patients were not significantly different.

Regression Analysis

As differences in nursing care quality provided by nurses in the three groups, the dimensions of total nursing quality, nursing planning, nursing instruction and nursing evaluation revealed significant differences. The results of regression analysis on nursing quality along various dimensions are not shown in the tables. Compared to outsourced nurses, permanent nurses and contracted nurses scored better with regard to total nursing quality, nursing planning and nursing instruction.

Results of regression analysis on total nursing quality are shown in Table 1. Compared to outsourced nurses, the marginal analysis in Table 1 shows that contracted nurses and permanently employed nurses had, respectively, 6.2% and 17.8% higher total nursing quality scores. The difference of nursing instruction dimension was more significant. Compared to outsourced nurses, contracted nurses had a 17.9% higher nursing instruction quality score, while permanently employed nurses had a 37.4% higher score. In addition, permanent nurses also scored significantly better than outsourced nurses in terms of nursing evaluations.

Regarding nursing activities and nursing instruction satisfaction, regression analysis indicated that only age and education had significant relationships to these quality variables. Nurses in the 36~40 and over 41 years old categories demonstrated better nursing activity quality in comparison with nurses less than 25 years of age. In terms of education, nurses who holding a junior college degree performed better quality of nursing activities than those who graduated from junior nursing schools only. The nurses who had graduated from a university achieved a better

Table 1.
Regression Analysis of Effecting Total Nursing Quality

Independent variables	β estimation value[1]	Marginal effect[2]	*t*
Hired Group (v.s outsourced nurses)			
Contracted nurses	0.060	0.062	2.960**
Permanently employed nurses	0.164	0.178	5.295***
Marital Situation (vs. single)			
Married	–0.014	–0.014	–0.579
License(vs. practice nurse)			
Registered nurse	0.007	0.007	0.340
Unit (vs. acute insurance ward)			
Respiratory care ward	0.008	0.008	0.333
Psychiatric ward	–0.123	–0.116	–4.983***
Tuberculosis ward	0.046	0.047	1.901
Patient's Marital Situation (vs. single)			
Married	0.031	0.031	1.968
Widower	–0.009	–0.009	–0.198
Divorced	0.041	0.042	1.006
Patient's Nursing Demand (vs. first)			
Second category	0.017	0.017	0.838
Third category	0.012	0.012	0.505
Fourth category	0.002	0.002	0.055
Patient's Education (vs. illiteracy)			
Literacy	0.021	0.021	0.841
Elementary school	0.001	0.001	0.043
Junior high school	0.004	0.004	0.153
Senior high school	–0.055	–0.054	–2.472**
Nurse's Education (vs. medical school)			
Medical college	0.019	0.019	0.841
University	0.002	0.002	0.060
Constant	0.849	1.337	26.361
R^2		0.452	
Adjusted R^2		0.409	
F		10.597***	

Note. [1] The dependent variable is log-transformed (Ln). [2] marginal effect = $e^{\beta} - 1$.
**$p < .01$. ***$p < .001$.

quality of nursing instruction satisfaction than those whose highest level of academic achievement was a junior nursing school. Nursing quality did not reveal significant differences in the categories of marriage status and licenses.

Discussion

Although outsourced nurses revealed significant differences from permanently employed nurses and contracted nurses with regard to nursing planning, nursing instruction and nursing evaluation, the three groups of nurses did not have significant differences with regard to nursing assessment, nursing activities and nursing instruction satisfaction. The reason might be that the quality of nursing planning and instruction rely heavily on nurses' working experience. The study results also showed that nurses in the 34 to 40-year-old range performed better in terms of nursing instruction. Since almost all outsourced nurse seniorities were under one year, they might be inferior in terms of nursing instruction quality.

The finding of this research appears to differ somewhat from that of Lin (2002), which mentioned that "the working performance of temporary nurses reveals no significant difference from that of full-time nurses". This study showed that, apart from the significant difference in terms of nursing planning, nursing instruction and nursing evaluation, dimensions of quality do not reveal significant difference. There are 60% of the study items showing no significant differences. Besides, the Lin's research was based upon nurses' subjective feelings toward their working performance, which mainly referred to nursing activities. Also, in light of the fact that outsourced nurse age, education and seniority were obviously inferior, the result of this study was not far from that of Lin (2002).

In addition, the findings of this research were also somewhat different from those of Strzalka and Havens (1996), which mentioned that "formally employed nurses and temporary nurses have significantly different nursing quality". The quality indicator targeted by Strzalka and Havens' (1996) was nursing activity. Although their study findings revealed significant differences, the results of our study did not show significant different nursing activity among the three groups of nurses. The reason might be that the hiring status of temporary nurses differs between these two studies. Outsourced nurses in this study had relatively long hiring durations and were paid by the month, whereas such nurses in other studies might have had relatively short hiring durations and have been paid by the hour. In addition, during the period in which this study was implemented, the demand for outsourced nurses was so large that many excellent outsourced nurses left the case hospital to accept better opportunities. The case hospital thus modified their hiring strategies immediately. It terminated the outsourcing contract and allowed a number of outsourced nurses to become contracted nurses. Although part of the remaining outsourced nurses might be inferior in terms of professional capacity, nursing instruction and nursing planning, they could be motivated for better performance when they recognized the chance of becoming contracted nurses. It is reasonable to assume that they performed as well as contracted nurses and permanently employed nurses. The acceptance of outsourced nurses with friendly attitudes and patient in accepting the guidance and teaching of hospital executives and colleagues, for example, might be another factor for maintaining nursing quality.

In general, the nursing quality of contracted nurses was good. Although the average scores of their quality were slightly lower than those of permanently employed nurses, the difference was not significant. The quality of some items was even better than that of permanently employed nurses. The quality was not obviously lower due to unequal pay for equal workload. This research and that of Chang (2003) show similar suggestions that if the managers treat contracted nurses equally, and create a smooth working atmosphere, working satisfaction would improve and the nurses would be stimulated. Since 2004, the case hospital allowed contracted nurses and permanently employed nurses to share in an annual bonus program. The contracted nurses' willingness to remain in the case hospital was reinforced, and they became willing to share in the mission of guiding outsourced nurses. Thus, not only did the nursing quality of contracted nurses not become worse, the total nursing quality of the case hospital remained above average. It is worthy of attention that when human resource strategies are properly implemented, contracted nurses can positively impact nursing quality.

In conclusion, this study finds that outsourced nurses are the worst in terms of total nursing quality, nursing planning, and nursing instruction as compared with permanently employed and contracted nurses. Therefore, the study suggests that some team work strategies be developed to integrate the three kinds of nurses in lieu of the status quo in this case nursing model. This team should be led by permanently employed or contracted nurses to implement clinical instruction, share experiences, and improve nursing service efficiency.

Research Limitations

Due to the focus of this research on one public hospital, results may not be readily generalized to other hospitals. Nurses' professional commitment was not included as one of the explanatory variables. The only outcome variable was nursing instruction satisfaction. All of these issues restricted study scope. In addition, since the explanatory variables such as nurse age, seniority, education and hired group revealed their multi-colinearity, these variables could not be simultaneously involved into the single regression equation to predict their effects on quality.

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不同雇用別護理人員護理品質之比較研究 — 以某地區醫院為例

吳秀花 李卓倫*

摘 要： 我國公立醫院面對醫療產業環境改變及民營化風潮的雙重挑戰，為降低營運成本，遂發展出護理人員外包策略。本研究係以實證研究方式，針對外包護理人員之護理品質相較於編制內及契約的護理人員是否有差異，作一深入比較及研究。本研究以某公立地區醫院健保病房 78 位各不同僱用別護理人員所照顧之 300 位病患為研究對象。護理品質評價方法包含查看病歷、訪問護理人員、觀察病患與訪問病患等四種方式，針對個別護理人員之護理過程與結果實施現況評值。研究發現三組僱用人員各構面護理品質表現均以編制內最佳，其次是契約人員，外包人員品質最低。不同僱用別護理人員之護理品質，包括總體護理品質、護理計畫、護理指導與護理評值等構面都有顯著差異。

關鍵詞： 外包護理人員、契約護理人員、編制內護理人員、護理品質。

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