Nurses' Attitudes and Concerns about Couplet Care

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The advantages of "couplet care," where one nurse cares for both mother and baby, include continuity of care, facilitation of breast feeding, stronger bonding and attachment, self-regulated interaction and synchronization of sleep patterns. Staff benefits include enhanced teaching opportunities, less conflict and duplication of effort, a lower patient load, improved communication, increased accountability and autonomy and ultimately increased job satisfaction. Why, then, would couplet care be met with enough nursing staff resistance to result in a reversion to the traditional method of care after a six-month trial in a regional medical center in the southeastern United Sates? To understand why the change was not successful, it is necessary to look at the concept of change itself.

Change requires growth and with growth comes the emotional process of "letting go" of the past, which requires a type of grieving. Ten stages of emotional change were identified by Perlman and Takacs ("The 10 Stages of Change," *Nursing Management,* April, 1990, pp.33-38). Difficult periods include the effort to maintain equilibrium, denial, anger, bargaining, chaos, depression and resignation. Finally, breakthroughs occur in openness and readiness that enable administrators to communicate with staff about the desired outcomes of the change and to provide feedback and direction. In the last stage, re-emergence, employees display an emotional and intellectual transformation that makes them more proactive and helpful as they become more certain of what they are doing and why. It is important to remember that change is a process, not an event, and that changes related to knowledge require less time than those that require changes in attitude.

Lewin's well-known theory of change follows a similar pattern involving the phases of unfreezing, moving toward a new level and refreezing (*Field Theory in Social Science,* New York: Harper & Row, 1951). That transition from traditional to couplet care can be made successfully has been shown by two hospitals. In one, the key factor was a management team who shared a goal and pursued it with TOTAL commitment in spite of considerable resistance from senior nurses and physicians. This hospital marketed the concept to the public, thus obliging the staff to implement the changes as publicized. Acceptance was gradual, but the end result was a staff of well-rounded professionals skilled in assessment, planning, evaluation, teaching and counseling. This was accomplished while the census grew from 1,100 to 1,800 deliveries annually,

with no increase in FTEs.

A second hospital credited its success to having a comprehensive plan. They established a philosophical framework, selected a steering committee, identified key resource personnel, defined new staffing patterns, formulated new methods for evaluating patient care, client and staff satisfaction and ritualized the change through inviting staff to a ceremonial dinner to formalize and celebrate their commitment to the change. A "buddy system" was introduced in which a nursery nurse and a postpartum nurse cared jointly for four mother-baby couplets. Not only did nurses learn the necessary clinical skills but also cooperation increased between the two groups and the social climate on the floor improved.

An analysis of our unsuccessful effort to establish couplet care may assist those currently considering this change. After reviewing the literature, nursing administrators made the decision to implement couplet care in a 38-bed maternity unit with a 30-nurse staff. Formalized planning began four months before implementation through bimonthly meetings at which both staff and nurse managers gathered for brainstorming and problem-solving. Through a "comment poster," staff could record anonymously their thoughts and feelings about the upcoming change. A factor that should have made this transition easier is that upon initial hiring to the family care unit, staff were cross-trained for at least two weeks in each area.

The director of maternal-child nursing and the head nurse of the family care unit consulted with nursing faculty members at a local university to develop a survey that assessed the nursing staff's attitudes and concerns about couplet care. The survey contained 40 statements with responses on a 5-point Likert scale. Categories included teaching, professional behaviors, work satisfaction, attitude toward change and patient care. Advantages and disadvantages of couplet care, why they did or did not want it and advice they would give to assure a smooth transition to couplet care were covered in four open-ended questions. Content validity was established by three external reviewers

and reliability to the questionnaire, using Cronbach's alpha, was .94. Though all nurses currently working in the nursery or on the postpartum floor were asked to participate, only 19 of 30 nurses completed the pretest survey, and 16 completed the posttest survey six months later. Only nine nurses completed both.

Analyses of mean scores showed that for 36 of 40 survey items, nurses' attitudes and concerns were unchanged after six months. Statistically significant differences indicated that even more disagreement existed about (1) adequacy of equipment, (2) improved nurse-patient communication, (3) improved nurse team spirit, (4) more autonomy for nurses and (5) choice of this center because of couplet care.

Though nursing staff initially had appeared enthusiastic about the new program, the pretest revealed only 50% of the nurses were in favor of the change. Many of the full-time staff had been employed for over five years on this unit, and thus had a great deal of power, particularly over newer and part-time staff. Also, they had weathered a previously failed attempt to implement couplet care under a former administration.

After implementing the program, the staff immediately began bargaining with administrators, convincing them that the new program could work only when there was adequate staff present. On each shift they were given the choice of whether or not to use couplet care, based on staffing and patient census. Since staffing rarely came close to the recommended 1:4 nurse to couplet ratio, the resistors could negotiate themselves right back to the status quo! Perhaps less autonomy and some incentive or reward may have helped bring about the desired change.

A key problem was that even under the best of circumstances, six months is not enough time to evaluate the effects of a new program. Another disadvantage was that this change occurred during some of the busiest months the hospital had ever seen in terms of numbers of deliveries.

Prior to implementation of couplet care, the nurses identified the very problems that occurred. Clearly, nurse managers should listen to staff when changes are being anticipated and incorporate them into the planning process.

Nurses' Attitudes About Floating

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Although the practice of floating is usually viewed as an efficient, cost-effective strategy for responding to workload and unplanned staffing changes, it can negatively affect overall job satisfaction, staff turnover and the quality of patient care. This study asked nurses to identify the positive and negative aspects of floating to other units and receiving float nurses on their unit.

A two-page questionnaire was sent to 319 registered nurses (RNs) and licensed practical nurses (LPNs) at St. Francis Medical Center in LaCrosse, Wisconsin, a private, non-profit, 315-bed, acute care hospital. A complete listing of names and regularly assigned units was obtained from the institution. A sample of 175 RNs and LPNs was drawn from this population using a table of random numbers.

Demographic information included current position, initial education, highest level of education completed and number of years working as a nurse. The remainder of the questionnaire consisted of open-ended questions in two sections: describe positive and negative aspects of floating to other units and to receiving float staff on their unit. Two panels of experts examined the questionnaire for face and content validity. Anonymity and confidentiality of individual responses was assured with the explicit promise of reporting only grouped data.