

CRITICAL CARE NURSES' ROLE ORIENTATION  
AND ITS RELATIONSHIP  
TO IMPLEMENTATION OF NURSING INTERVENTIONS

AN ABSTRACT OF

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### Abstract

The purpose of this study was to explore the relationship between nurses' idealized professional and bureaucratic role orientation scores and their self-reported likelihood of implementing nursing activities which interrupted sleep periods of stable patients in the critical care setting. Professional and bureaucratic role orientation scores were determined through use of a questionnaire developed by Corwin (1960). Sleep interruption was measured on a simulation scale developed by the researcher. The simulation presented choices in the timing of blood drawing, allowing the nurse to group blood sampling or to follow times dictated by orders. Finally, demographics were assessed by means of a questionnaire. Prior studies on sleep for patients in the critical care setting concluded that sleep deprivation is present, but can be minimized if nurses take steps to group activities to limit sleep interruptions (Ballard, 1981; Dlin et al., 1971; Poepsel, 1983; Pulling, 1991). The conceptual framework guiding this study was that of critical thinking and the resulting clinical decision making and clinical judgment. In this study, decision making was measured in the simulation task. Prior research (Prescott et al., 1987; Joseph et al., 1988) found inconsistencies in practice regarding decision making, but that acceptance of a professional role yielded more evidence of independent decision making among nurses. Results of the

current study supported these findings. A convenience sample of 57 critical care nurses from a single 650 bed acute care hospital yielded 30 respondents. Results of the study supported the hypothesis that critical care nurses who held stronger professional orientation scores were less likely to interrupt sleep ( $r = .42$ ,  $p = .02$ ). No significant relationship was found between nurses who scored higher on the bureaucratic scale and their decisions to interrupt sleep more often. However, nurses whose educational levels were limited to diploma or associate degrees scored significantly lower ( $\bar{x} = 28.14$ ;  $SD = 8.56$ ) on the total simulation scale, indicating less likelihood of allowing longer periods of uninterrupted sleep, than did nurses with a Bachelor of Science in Nursing (BSN) or Master of Science in Nursing (MSN) ( $\bar{x} = 35.73$ ;  $SD = 8.34$ ).

Implications of this study for nursing practice are related to current nursing practice. Nurses should be encouraged to evaluate the necessity of interrupting sleep periods of patients, especially those in critical care. Future research could include testing other interventions such as assessments or the timing of medications to minimize sleep interruptions. A larger sample of nurses as well as nurses who practice in other geographical locations should also be studied.