



Implementation of Primary Nursing Care Method and Nurses' Work Satisfaction

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Abstract

The primary nursing care method enhances job satisfaction by giving nurses greater autonomy in patient management. This study aims to analyze the relationship between primary nursing care implementation and nurse job satisfaction in a general hospital inpatient ward. This cross-sectional quantitative study included all 58 inpatient nurses at a general hospital using total sampling. Conducted in November 2024, it targeted nurses working in inpatient units implementing the Primary Nursing Care Method who agreed to participate. The study involved 58 nurses, mostly aged 25-34 years (79.3%), female (96.6%), with a Nurse degree (77.6%), and 1-4 years of experience (46.6%). Recognition was received by 51.7% of nurses. A significant relationship was found between primary nursing care implementation and job satisfaction ($p = 0.011$, $OR = 1.115$). Implementing primary nursing care is associated with higher job satisfaction, increasing the likelihood by 1.115 times compared to non-implementation. The general hospital should implement training, supervision, and evaluations for primary nursing care while strengthening nurse appreciation through managerial support and periodic awards.

Keywords: Inpatient Nurses, Primary Nursing Method, Work Satisfaction.

INTRODUCTION

According to AIPNI (2015), nursing is a service-oriented profession focused on assisting individuals. Nurses prioritize patient needs, employ a holistic approach in care delivery, and base their practice on knowledge and ethical values. Nursing is defined as the provision of humanistic and professional care that is holistic, knowledge-based, and performed according to service standards. Nurses work independently or collaboratively while adhering to a strict code of ethics.

According to the Minister of Health Regulation No. 26 of 2019, nurses must hold a bachelor's degree in nursing, either domestically or internationally. Law No. 17 of 2023 classifies vocational, registered, and specialist nurses as part of the nursing profession. Based on these criteria, nurses are trained healthcare professionals with the knowledge, skills, and autonomy to provide patient care following the scientific principles of their chosen nursing specialty.

Primary nurses have the authority to make decisions regarding patient care, coordinate, plan, evaluate care, and delegate tasks to associate nurses in their absence (Butler et al., 2011; Manthey, 2014). The Primary Nursing Care (PNC) Method is founded on four pillars: nursing standards, procedures, education, and system. Selecting



an efficient nursing practice model is crucial, as it determines how effectively nurses care for patients. Each care unit considers the patient population, available resources, and hospital regulations when choosing a model. The PNC Method is a professional nursing model where the responsible nurse builds a close relationship with patients and remains engaged throughout their care. This method requires the nurse to assess, plan, and implement care for one or more patients from admission to discharge within a 24-hour period (Seniwati et al., 2022).

Kotler and Keller (2018) define satisfaction as an emotional response when evaluating a product based on expectations and how well it meets them. The job characteristics approach suggests that job satisfaction is largely determined by job responsibilities and employer quality. The gap between job benefits and employee contributions influences satisfaction, which reflects an individual's perception of past and present work experiences (Retnowati & Putra, 2023). Hasibuan (2019) states that emotional engagement in work leads to job satisfaction, which is primarily affected by intrinsic job value and fundamental employee needs. Job satisfaction reflects employees' assessments of their work experiences rather than future aspirations (Kusumaewi et al., 2023).

This study aims to examine the relationship between the implementation of the PNC Method and nurse job satisfaction in the inpatient unit of a general hospital. The implementation of the PNC Method at the hospital was initiated by nursing management through formal policy adoption, staff training, and reorganization of care delivery to assign primary nurses responsible for specific patients from admission to discharge. Monitoring and evaluation mechanisms were also put in place to ensure adherence to the method.

METHODS

This study employs a quantitative, cross-sectional study. The study was conducted in November 2024 in the inpatient unit of a general hospital and has been approved by the Ethical Board. The hospital was selected as the study site because it had formally adopted and implemented the PNC Method in its inpatient care units, making it an eligible and relevant setting for examining the relationship between this care model and nurse job satisfaction. Additionally, the hospital has a sufficient number of inpatient nurses to meet sampling needs and has demonstrated institutional support for research activities.

We included all inpatient nurses at the general hospital working in units implementing the PNC Method. The sampling technique used is total sampling. The sample size of 58 nurses as subjects, determined based on the total number of eligible nurses in the inpatient units. Inclusion criteria were: (1) inpatient nurses actively working in PNC-implemented units, and (2) willingness to participate by signing informed consent. Nurses who were on leave or not working in PNC units were excluded.

Instruments included structured, Likert-like questionnaires for both PNC implementation and nurse job satisfaction. To evaluate the implementation of the PNC Method, a questionnaire was developed based on core PNC elements (continuity of care, responsibility for care planning and coordination, and patient assignment). Respondents rated implementation using a 4-point scale: very good, good, poor, and very poor. For analysis, responses were grouped into two categories: "good" (combining very good and good) and "poor" (combining poor and very poor).

Nurse job satisfaction was measured using a validated questionnaire covering key dimensions such as autonomy, recognition, responsibility, and working conditions. Respondents rated their satisfaction on a 4-point Likert scale: very satisfied, satisfied, dissatisfied, and very dissatisfied. These were also grouped into "satisfied" (combining very satisfied and satisfied) and "dissatisfied" (combining dissatisfied and very dissatisfied) for analysis.

Data were analyzed using SPSS version 29.0. Univariate analysis described respondent characteristics, bivariate analysis (Chi-square test) assessed the association between PNC implementation and job satisfaction, and multivariate analysis (logistic regression) estimated odds ratios while controlling for confounders.



RESULTS

The univariate analysis determines the distribution of age, gender, years of service, education, awards, dependent variables, and independent variables.

There was a total of 58 respondents. The characteristics of the respondents included nurses aged 25-34 years, accounting for 46 individuals (79.3%). Female respondents comprised 56 individuals (96.6%). A total of 45 nurses (77.6%) held a Bachelor's in Nursing (Ners) degree, while 27 nurses (46.6%) had between one and five years of service. Additionally, 30 nurses (51.7%) reported receiving recognition or awards (Table 1). The implementation of the PNC method was rated as good by 30 respondents (48.3%), while 21 respondents (36.2%) reported feeling satisfied with their job (Table 2).

Table 1. Respondents' characteristics

Characteristics	Category	n	%
Age (years)	15-24	7	12,1
	25-34	46	79,3
	35-44	5	8,6
Gender	Male	2	3,4
	Female	56	96,6
Education	D3 Nursing	13	22,4
	Ners (Bachelor)	45	77,6
Work experience (year)	< 1	15	25,9
	1-4	27	46,6
	≥ 5	16	27,6
Award	Yes	30	51,7
	None	28	48,3

Table 2. Implementation of Primary Nursing Care method and work satisfaction

Implementation of Primary Nursing Care method		n	%
Work satisfaction	Good	30	51,7
	Poor	28	48,3
	Satisfied	21	36,2
	Dissatisfied	37	63,8

The bivariate analysis examined the relationship between the implementation of the PNC method and nurse job satisfaction at a general hospital in 2024 (Table 3).

Among nurses with poor PNC implementation, 14 individuals (46.7%) were dissatisfied, while 16 individuals (53.3%) were satisfied. Meanwhile, among nurses with good implementation of the method, 23 individuals (82.1%) were dissatisfied, and only 5 individuals (17.9%) were satisfied. Chi-square test revealed significant correlation of job satisfaction and PNC implementation, with a p-value of 0.011.

Analysis of the relationship between age and job satisfaction showed that among nurses under the age of 34 years, 34 individuals (64.2%) were dissatisfied, while 19 individuals (35.8%) were satisfied. In contrast, among nurses aged 35 years and older, 3 individuals (60%) were dissatisfied, while 2 individuals (40%) were satisfied. Statistical analysis showed no significant relationship between age and nurse job satisfaction ($p=1.00$)

Further analysis of the relationship between gender and job satisfaction revealed that all male nurses, totaling 2 individuals (100%), were satisfied. Among female nurses, 37 individuals (66.1%) were dissatisfied, while 19 individuals (33.9%) were satisfied. The statistical test resulted in a p-value of 0.245, indicating no significant relationship on gender with job satisfaction. In terms of education level, nurses with a diploma in nursing showed that 9 individuals (69.2%) were dissatisfied, while 4 individuals (30.8%) were satisfied. Among nurses holding a Bachelor's in Nursing (Ners) degree, 28 individuals (62.2%) were dissatisfied, while 17 individuals (37.8%) were satisfied. There was no significant relationship between education level and nurse job satisfaction ($p= 0.892$).

Table 3. The relationship of implementation of Primary Nursing Care method towards respondents' characteristics.

Respondent's Characteristic	Nurses' Work Satisfaction						OR (95%CI)	p value
	Dissatisfied		Satisfied		Total			
	n	%	n	%	n	%		
Implementation of Primary Nursing Care Method								
Good	23	82,1	5	17,9	28	100	5,257	0,011
Poor	14	46,7	16	53,3	30	100	1,577-17,526	
Age								
< 34 years	34	64,2	19	35,8	53	100	1,193	1
≥ 35 years	3	60	2	40	5	100	0,183-7,781	
Gender								
Male	0	0	2	100	2	100	2,947	0,245
Female	37	66,1	19	33,9	56	100	2,045 -4,248	
Education								
D3 Nursing	9	69,2	4	30,8	13	100	1,366	0,892
Ners (Bachelor	28	62,2	17	37,8	45	100	0,364 - 5,129	
Work Experience								
< 1 year	8	53,3	7	46,7	15	100	0,552	0,505
≥ 1 year	29	67,4	14	32,6	43	100	0,166 - 1,829	
Award								
None	22	78,6	6	21,4	28	100	3,667	0,047
Yes	15	50	15	50	30	100	1,159 - 11,603	

Analysis of the relationship between years of service and job satisfaction showed that among nurses with less than one year of service, 8 individuals (53.3%) were dissatisfied, while 7 individuals (46.7%) were satisfied. Among nurses with one or more years of service, 29 individuals (67.4%) were dissatisfied, while 14 individuals (32.6%) were satisfied. There was no significant relationship between years of service and nurse job satisfaction ($p=0.505$).

Regarding the correlation of recognition or awards and job satisfaction, among those who received rewards, 15 individuals (50%) were dissatisfied, while 15 individuals (50%) were satisfied. Among nurses who did not receive recognition, 22 individuals (78.6%) were dissatisfied, while 6 individuals (21.4%) were satisfied. There was a significant relationship between recognition and nurse job satisfaction ($p=0.047$).

The multivariate analysis was conducted based on \bivariate selection test. Age ($p= 1$), education ($p = 0.892$), and years of service ($p = 0.505$) were excluded from the model. The variables implementation of the PNC method ($p= 0.011$), gender ($p= 0.245$), and recognition or awards ($p<0.25$) were included. Variables were retained in the model if the odds ratio (OR) changed by $\geq 10\%$ (Table 4). The confounding test results showed that gender and recognition or awards were not confounding variables, as there was no OR change of 10% or more, leading to their exclusion from the model.

The final model analysis confirmed that the PNC method is significantly related to nurse job satisfaction (Table 5). Nurses who implemented the PNC method were 1.115 times more likely to experience job satisfaction compared to those who did not implement the method.

Table 4. Initial multivariate model

Respondent's Characteristic	B	SE	Wald	df	Sig	Exp (B)	95% CI for Exp (B)	
							Lower	Upper
Implementation of Primary Nursing Care Method	0,101	0,049	4,217	1	0,040	1,106	1,005	1,218
Gender	-22,198	28284,260	0,000	1	0,999	0,000	0,000	
Award	1,642	0,691	5,655	1	0,017	5,157	1,335	20,000
Constant	12,407	28284,261	0,000	1	1,000	244476,143		

Table 5. Final multivariate model

Respondent's Characteristic	B	SE	Wald	df	Sig	Exp (B)	95% CI for Exp (B)	
							Lower	Upper
Implementation of Primary Nursing Care Method	0,109	00,43	6,460	1	0,011	1,115	1,025	1,213
Constant	-9,356	3,499	7,149	1	0,007	0,000		

DISCUSSION

The characteristics of inpatient nurses at a general hospital show that the majority are under 34 years old (79.3%), with females comprising 96.6% of the respondents. Most nurses hold a Bachelor of Nursing (Ners) degree (77.6%), have at least one year of service (46.6%), and have received recognition or awards (51.7%). The PNC method was rated as good by 51.7% of respondents and poor by 48.3%. Regarding job satisfaction, 36.2% of nurses reported being satisfied, while 63.8% were dissatisfied.

The bivariate selection test excluded age ($p = 1$), education ($p = 0.892$), and years of service ($p = 0.505$) and included PNC method implementation ($p = 0.011$), gender ($p = 0.245$), and awards ($p < 0.25$) from the multivariate analysis. A confounding variable would be retained in the model if the odds ratio (OR) changed by 10% or more. However, multivariate analysis concluded only PNC method implementation was directly correlated with nurses' work satisfaction.

Although demographic variables such as age, gender, and education level were not significantly associated with job satisfaction in this study, they remain relevant contextual factors. Younger nurses may be more adaptable to new care models like PNC, while those with higher education levels might more readily embrace the autonomy and responsibility it offers. The high percentage of female nurses may also influence communication dynamics and teamwork, potentially contributing to how PNC is perceived and implemented. These demographic insights provide valuable considerations for tailoring training and support interventions to different nurse profiles, optimizing the impact of PNC implementation on job satisfaction.

There was a statistically significant relationship between Primary Nursing Care (PNC) implementation ($p = 0.011$) and nurse job satisfaction in the inpatient department at the general hospital. These findings align with Nursalam (2022), who stated that this method enhances nurses' autonomy, motivation, and job satisfaction. The PNC model emphasizes nurse accountability, continuity of care, and clear role delineation—each nurse is assigned as the primary caregiver for specific patients during their stay, allowing for consistent and holistic care. This structure facilitates stronger nurse-patient relationships and allows nurses to plan and evaluate individualized care more effectively. Similarly, research conducted by Hasfya et al. (2023) revealed a significant correlation between the implementation of professional nursing care methods and nurse job satisfaction levels. Factors contributing to increased job satisfaction include more organized task distribution, effective team coordination, and peer support in a team-based work environment. Furthermore, the PNC model enables nurses to focus on providing holistic and continuous nursing care to patients, thereby increasing their satisfaction in performing their duties (Rahmawati et al., 2021). Primary nursing care also contributes to improved patient satisfaction, which ultimately has a positive impact on nurse job satisfaction (Hasibuan et al., 2021). A higher number of satisfied nurses were motivated, engaged in their work, and feel valued in their workplace (Herlina et al., 2023).

CONCLUSION

The characteristics of inpatient respondents at a general hospital show that the majority are under 34 years old (79.3%), predominantly female (96.6%), with the highest level of education being a nursing degree (77.6%). The most common length of employment is ≥ 1 year (46.6%), and 51.7% of respondents have received awards. The implementation of the primary nursing care method was classified as good in 51.7% of cases and poor in 48.3%. Regarding job satisfaction among nurses, 36.2% reported being satisfied, while 63.8% were dissatisfied. There is a significant relationship between the implementation of the primary nursing care method and nurses' job satisfaction in the inpatient ward at the general hospital, with a p -value of 0.011. The implementation of this



method has a 1.115 times higher likelihood of improving nurses' job satisfaction compared to those who do not implement it. This may be attributed to the increased autonomy, clearer role distribution, and stronger nurse-patient relationships promoted by the PNC model. These findings suggest that structured implementation of primary nursing care, supported by ongoing training and evaluation, may serve as a strategic approach to enhance nurse satisfaction and retention.

RECOMMENDATIONS

The Nursing Department, Nursing Committee, and Training Division at the general hospital should develop a structured training program on the PNC method, including competency-based modules, hands-on simulations, and case discussions to ensure practical understanding. This training should be followed by scheduled post-training evaluations, including knowledge assessments and skills demonstrations. Weekly supervision and monthly evaluations should be standardized using checklists and performance indicators to track implementation progress.

To enhance motivation, a formal recognition and reward system should be instituted; such as awarding certificates, performance-based bonuses, or opportunities for professional development. These should be reviewed biannually to maintain relevance and effectiveness. In addition, regulations regarding the PNC method and award criteria should be reinforced through internal hospital policies and communicated clearly to all staff. Potential risks include limited human resources for supervision, resistance to change from staff, and inconsistent implementation due to varying workloads. To mitigate these, hospital leadership should appoint dedicated nurse champions to facilitate peer-to-peer learning, ensure workload balancing, and foster a supportive environment for change. A feedback loop involving staff input should also be established to continuously improve the process.

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