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Patient-Nurse Collaboration in Nursing Practice: A Korean Study

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Introduction. Consumerism is prevailing value in Korean society, while there has been little concern about it especially in Korean nursing society even though there has been an increasing emphasis on patients' participation in decisions concerning health care and nursing as an ideal in the literature.

Objectives and Methods. The study with survey method was carried out to examine the nature of collaboration between patient and nurse in nursing practice in Korea through a replication of the studies carried out in US, Norway, Finland, an Japan (Kim et al., 1993) and to revise and test Kim's explanatory model of collaborative decision making in nursing practice from the Korean perspectives.

Results & Conclusions. Both patients and nurses as groups exhibited pro-consumerist attitudes regarding collaboration in health care, while there were significant differences in attitudes and perceptions of patients and nurses. These findings are similar to those of Kim et al.' s study carried out in US, Norway, Finland, and Japan. Nurses as a group compared to patients held stronger health-care consumerist attitudes and beliefs in general. However, the Korean nurses seem to hold a weaker attitude for challenging professional authority. And the Korean patients compared to the nurses seem to hold stronger belief in the patient's right to information, as found in US, Finland, and Japan. Regarding the nurse patient collaborative attitude in decision making, it revealed that one third or more of the patients as a group believe in the patients' right to be informed of decisions that nurses make for their patients, while another one third or more of them believe in the patients' right for advisory role and joint role in nursing care decision making. This result for the patients is very similar as those found in US, Norway, Finland, and Japan. However, the attitude for the nurses held stronger agreement with patients' to be informed of decision making that nurses make than the patients' right for advisory and joint role. The nurses have weaker belief in patients' self determination on their care than the patients. The results of path analyses confirmed the explanatory models that tested two explanatory models examining the factors contributing to the differences in the attitudes of patients and nurses. The path model for nurses identified nurses' lengths of experience as the important factor explaining attitudes regarding challenging professional authority and the patient's rights for information. The path model for patients identified the level of education as the most significant factor that explains patients' attitudes regarding the rejection of general authority, challenging professional authority, and the patient's right for participation in decision making.

Key Words: Patient-Nurse Collaboration; Decision making; Consumerist attitudes

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INTRODUCTION

Client participation in health care decision making in general and patient- nurse collaboration in nursing practice in particular have been viewed increasingly as essential aspects of nursing care. This is in line with the growing emphasis on self -determination and consumerism in health care.

With regard that patient nurse collaboration has a lot of positive outcome for both the nurses and the clients, it seems to have important significance in nursing. There are indications that patients' involvement and participation in health care decision making have a positive influence on patient satisfaction, goal attainment, and experiences with care (Alexy, 1985; Langer & Rodin, 1976; Mahler & Kulik, 1990; Robert & Krouse, 1989). A study described the co-operative enquiry between community mental health nurses and their clients in which they involved work as co-researchers and co-subjects would have the potential effects on personal growth and development of both the clients and nurses, referencing to the results by analyzing summary paper content produced from the group enquiry meeting (Hostick & McClelland, 2002).

Studies have shown that the norm for a dependent role of patients suggested as an ideal within Parsons' theory of sick-role is being questioned with increasing emphasis on consumerism and self-determinism in health care. Haug and Lavin (1981, 1983) suggest that at least there doesn't seem to be a unified model of health care process, but instead the public and the physicians hold two competing models of the sick-role and consumerism according to the individual characteristics, their attitude regarding power and dependence, and the circumstances under which health care encounters occur. Weiss (1986) also identified six core clusters of normative expectations for patients involvement in care, which emphasize the egalitarian mode of communication between patients and professionals, advocate patients' active participation in decision making, and access to health care information and personal data by patients.

A shift from the professionals-patients relationships of authority and dependence to that of equality and mutuality has been most clearly demonstrated in patient-physician relationships and in the context of medical care (Haug & Lavin, 1981; Lavin, Haug, Belgrave, and Breslau, 1987; Blanchard, Labrecque, Ruckde-schel, & Blanchard, 1988).

Unlike medicine, nursing is in a somewhat ambiguous position in this regard because on one hand nurses ideologically have valued patients' rights and autonomy as they generally view their roles as patient-advocates and on the other hand nurses work with patients in situations where they exercise a great deal of authority and control over them. Patient-nurse collaboration is advocated (Kim, 1983; Weiss, 1985; Kasch, 1986) while it is questioned (Waterworth & Luker, 1990). Waterworth and Luker (1990) questioned the validity of the assumption that all patients desired to be collaborators in making decisions concerning their care. The research findings of their qualitative study in Britain suggest that patients seem to be committed more to the value of having trust in hospital staff and "toeing the line" than advocating their rights to be involved in decision making (Waterworth & Luker, 1990).

However, Kim et al. (1993) reported that both the nurses and patients lean toward consumerist positions in general even though there were disparities between the patients and nurses in collaborative attitudes among countries from the surveys of attitudes regarding consumerism carried out in acute hospitals of Finland, Japan, Norway, and U.S.A..

Furthermore, understanding the process through which a collaborative health care decision making is established and theoretically identifying factors that explain variations in the public's health-care consumerist attitudes and the professionals' pro-collaborative attitudes are more important things. But the process through which a collaborative form of provider-patient alliance is established is not well specified in the literature. Kim et al. (1993) tested the kim's theoretical path structural model developed from combining theoretical ideas of the power paradigm adopted by Haug and Lavin (1981) in which personal characteristics that affect obedience to authority are considered the key factors leading to consumerism and the structuralist paradigm (Merton, 1968) in which beliefs and the attitudes are viewed to be affected by social structural elements such as cultural and institutional value structures (Figure 1). Within that model, attitudes in consumerism are identified at three levels of general consumerist attitudes, health-care consumerist attitudes, and nursing-care collaborative attitudes. As a result, country that is one of the primary social backgrounds through which people became acculturated in terms of beliefs, values, and atti-

tudes was the key structural factor that differentiated the levels of consumerist attitudes for both patients and nurses. It appeared that the model for the nurses had somewhat different paths from the one for the patients.

Kim (1983) suggests that the level of collaboration in nursing care decision-making is influenced by the attitudes and beliefs in which participants bring into the situation and by the nature of the situation in which decisions are made. Haug and Lavin (1981) also suggest that both "the consumerist model" and the sick-role model" may be viable forms of the consultation process in which the attitudinal orientations of physician and patients are the key factors influencing "the dynamics of who's in charge." Hence, the general as well as more specific attitudes regarding health-care consumerism and collaboration held by the public and professionals can be considered the foundation upon which different types of negotiations and interactions emerge in actual encounters between a profession and a patient.

However, if there is a discrepancy between nurses and patients in consumerist attitudes and the different paths in forming attitude on nurse-patient collaboration, it would create different dynamics in nurse patient relationship and will create conflicts. Consequently, they would both have undesirable outcome.

Consumerism is a prevailing value in Korean society, while there has been little concern about it especially in Korean nursing society. Furthermore, few studies on patient-nurse collaboration have been found in Korea.

Therefore, a replication study in Korea with the same design and method within Kim's model of collaborative decision-making in nursing practice is needed before grafting consumerist attitudes to nursing in Korea.

The purpose of the study was to address the following research objectives: (1) to examine the nature of collaboration between patient and nurse in nursing practice in Korea through a replication of the studies carried out in the US, Norway, Finland, and Japan (Kim et al., 1993), (2) to revise and expand Kim's model of collaborative decision making in nursing practice from the Korean perspectives.

The following assumptions were based: (1) Client participation in health care decision making in general and patient-nurse collaboration in nursing practice in particular have been viewed increasingly as essential aspects of nursing care. This is in line with the growing emphasis on self-determination and consumerism in health care. (2) Patients have resources to be active participants in making health care decisions, and patient participation may have positive impact on the outcome of nursing care. (3) A theory of collaborative decision-making in nursing practice by Kim (1983) proposes the relationship between attitudes and the nature of patient-nurse collaboration and the impact of different levels of collaboration on patient outcome.

METHODS

1. Research design

A survey study of two samples, a patient sample and a nurse sample, was completed using the two sets of questionnaires addressing the attitudes and perceptions about collaboration and control in nursing care decision making with the same survey questionnaires, which were originally developed in English and used in Kim et al's study (1993).

2. Setting and sampling

The samples for the study were drawn from eight major tertiary care hospitals in 1 metropolitan city, 3 capital cities of 3 provinces, and Seoul. The cities represent urban and metropolitan areas of similar characteristics in terms of size, industrialization, and proximity to medical center with them in the Kim et al.'s study (1993). The research team met the hospital's chief nursing administrators and explained about the research purpose and procedure in order for them to assist in collecting data.

The patient samples were obtained from the same patient care units in which the nurse samples were drawn. The patients who were at least 18 years of age, alert, and could respond to the questionnaires became the patient sample set. And the nurses who worked on the participating patient-care units were the nurse sample set. The data were collected during 5-month period in 1995. As a result, the samples with complete data for statistical analyses consisted of 254 patients and 320 registered nurses, who agreed to participate in the study. The size of each sample satisfied the condition that more than 200 observations for applying or LISREL analysis were needed in general (Lee, 1990) The patient samples' mean age were 38 years. Fifty eight percent of them were male and Sixty two percent were married. Sixty four percent of them were in high school graduates or higher degree holders. The mean age for the nurse samples was 28 years, and the length of experience was 5.1 years. Fifty three percent of the nurse sample had a BSN

or higher educational level. There were no male nurses for the nurse samples.

3. Measures: Attitude indexes

All the indexes were used as in the same way as in Kim et al.'s study (1993). The indexes were translated into Korean. The translated items composing each index were examined whether they had any problems in translations in terms of meaning and content from Kim who is the primary author in Kim et al.'s study (1993).

General consumerist attitude: The index of the tendency to reject general authority (GAR) was used to measure the general consumerist attitudes in this study. The index was developed and applied by Haug and Lavin (1981, 1983) and used by Kim et al. (1993) It is considered to express the general consumerist attitude and attitude of self-determination. Haug and Lavin (1981) indicate that the items for this index as well as those for the index of challenge to professional authority (CPA) were derived from submissiveness statements in the Adorno F scale reported by Robinson and Shaver (1973). This index was obtained by rater's agreement with one of the two bipolar statements in four sets related to people's reliance on own judgment for decision making instead of on authority figures. In the same way as in the original study, the scores summed and averaged and index standardized to range from 10 (no rejection, i.e. acceptance of authority) to 20 (strong rejection of general authority and pro-consumerist attitude). Haug and Lavin reported test-retest reliability of .60 for the original scale (1983). Internal consistency reliability of GAR index was noted as r=.60 in this study.

Health care consumerist attitudes: Three scales developed by Haug and Lavin (1981), one on medical consumerism expressed by challenge to physician authority, and two on belief in self-determination expressed by a belief in patients' rights to health-care information and to make health-care decisions, were adapted to reflect the nursing context in this study. In Kim et al's study, the scale involved either replacing the word "doctors" with "nurses" or combining it with "doctors and nurses" depending on whatever was most meaningful or appropriate for nursing context. The index of challenge to professional authority (CPA) measures challenge to professional authority in health care. The index was obtained through agreement with one of the two bipolar statements in six sets of statements related to patients' reliance on their own judgment instead of on doctors' and nurses' directives, patients' preference for greater discussion of nursing care matters, the role of patients' opinions in nursing care decisions, and patients raising questions about nursing directives. The scores were summed and averaged. The index standardized to range from 10 (low challenge) to 20 (high challenge). The index of patients' right to information (RHI) measures the attitude of patient's rights to information. The index was composed of three statements, which were rated on five-level agreement scale. The index of patients' right to decision making (RDM) measures the patient's rights to decision making. The index was composed of three statements, which were rated on five-level agreement scale. The index of patients' right to information (RHI) and the index of patients' right to decision making (RDM) were used as in the same way as in Haug & Lavin, and Kim et al. (1981). The scores for each index were summed and standardized to range from 10 to 50. Internal consistency reliability of CPA index was .60, of RDM index was .68 and of RHI index was .67.

Attitudes regarding patient-nurse collaboration: The index of patients' right for collaboration in nursing care decision making (RCN). The index was constructed based on the theoretical definitions of the five different levels of the patients' participative right in collaborative decision making in nursing (Kim, 1985, 1988, 1993). This index was assessed by a forced choice selection among five statements indicating: no collaborative right; 1 point, right to be informed of decisions: 2 points, right for advisory participation: 3 points, right for joint, collaborative decision making: 4 points, and right for patients' self-determination: 5 points.

4. Statistical analysis

The basic descriptive statistics and t-test were applied using PC-AMOS program and the Statistical Package for the Social Science to examine the nature of collaboration between patients and nurses in nursing practice. To test and expand Kim's model of collaborative decision making in nursing from Korean perspectives, PC-AMOS version 3.61, a program to construct and revise a structural explanatory model like the PC- LISREL program was used. Path analysis from the PC-AMOS version 3.61is proceeded in LISREL model. So, specific random error that could happen in measurement was considered during the path analysis. The data from non-metric variables such as gender and marital status were recoded into the appropriate data (dummy data) for applying AMOS.

RESULTS

1. Differences and similarities in the patients' and nurses' attitudes

Both the patients and the nurses as groups exhibited pro-consumerist attitudes regarding collaboration in health care and nursing, while the nurses as a group held stronger health-care consumerist attitudes and beliefs than the patients in general. Interestingly, however, the patients hold stronger consumerist attitude regarding the patient' s right to information than the nurses (Table 1). There were significant differences between the patients and the nurses on general and health care consumerist attitude indexes as evidenced by t-test (t=4.5634, p=.000 for GAR: t=3.583, p=.000 for CPA: t=9.820, p=.000 for RDM: t=-8.352, p=.000 for RHI) (Table 1).

There's no significant difference statistically between the patients and nurses in the attitude for nurse-patient collaboration in decision-making (Table 2). But it revealed that one third or more of the patients as a group believe in the patlients' right to be informed of decisions that nurses make for their patients, while another one third or more of them believe in the patients' right for advisory role and joint role in nursing care decision making. However, the attitude for the nurses held stronger agreement with patients' to be informed of decision making that nurses make than the patients' right for advisory and joint role. The nurses didn't have weaker belief in patients' self determination on their care than the patients.

2. Path models

This study tested the postulated path models for the patients and for the nurses, fashioning after the path model that were explored from theoretical explanatory model for the attitude on collaboration in nursing by Kim (Kim et al., 1993), which combines theoretical ideas of the power paradigm adopted by Haug and Lavin (1981) in which personal characteristics that affect obedience to authority are considered the key factors leading to consumeris and of the structuralist paradigm (merton, 1968) in which beliefs and the attitudes are viewed to be affected by social structural elements such as cul-

Table 1. Means and standard deviations for attitude indices by patient-nurse

	GAR		CPA		RDM		RHI	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Patient	14.8497	2.3053	15.6039	2.3454	32.0387	7.3654	42.9472	5,3349
Nurse	16.7893	3.0876	16.2786	2.3355	37.2935	0.3485	39.5425	0.2818
t-value	4.563*		3.583*		9.820*		- 8.352*	

*p<0.01

Table 2. Percent distribution according to the levels on attitude for collaborative decision making in nursing practice

	No collaboration		be informed		Advisory role		joint role		Self-determination		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Patient	25	9.8	93	36.6	84	33.1	34	13.4	18	7.1	254	100.0
Nurse	5	1.6	180	56.3	90	28.1	41	12.8	4	1.3	320	100.0

(x^2 = 20.000, df = 16, p = .220 (p > .05)

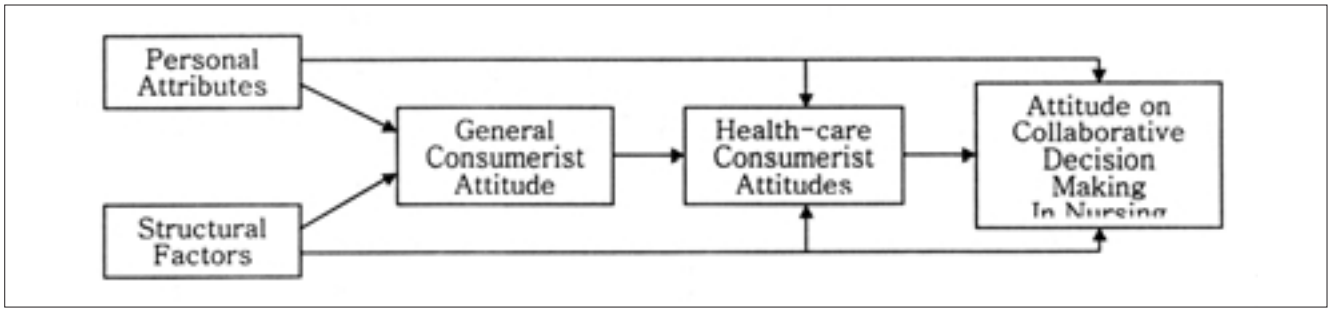

Figure 1. Kim's Explanatory model for attitude on collaboration in nursing (adapted from Kim et al's study, 1993).

tural and institutional value structures.

The path models show the paths or process that general consumerist attitude influence more specific attitudes such as health care consumerist attitudes and nurse-patient collaborative attitude that are influenced by personal and structural factors. In Kim et al.'s study (1993), age, gender, educational level were identified as the personal factors and country as the key structural factors. For this study, personal factors examined for both models were age and gender and marital status. But marital status was not considered in the Kim et al.'s study (1993). Gender as a personal variable was considered for the patients' model as Kim et al.'s study (1993). But it wasn't considered for the nurses', because of no male in the nurse group. Hospital location as an institutional value structure was included into the model (coded as 1 for Seoul, 2 for local area) for both models, instead of country that was considered as an institutional variable in Kim et al.'s study. And the length of experience was examined as the structural variable exclusively for the nurses' model specially. Because hospital location and the length of experience were considered as the primary social backgrounds through which nurse became acculturated in terms of beliefs, values, and attitudes. Within the models, 5 attitudes in consumerism are identified at three levels-general consumerist attitude (GAR), 3 health care consumerist attitudes (CPA/RHI/RDM), and nursing care collaborative attitude (RCN).

Because the study's purpose was revising or expanding the Kim's explanatory model rather than exploring or constructing new parsimonious explanatory model, the efforts to come up the appropriate model that fit the data making all identified variables within the model alive as most as possible were made. Therefore, the two path models that explain nurse-patient collaborative attitude appropriately in Korea were proposed.

The model for the patients was supported as an appropriate structural model to explain the attitudes with the model of fit indexes of Chi-square=12.493 (df=5, p=.029), GFL=.987, AGFI=.910, and NFI=.956. The model for the patients (Figure 2) shows that marital status and education among the exogenous variables such as age, gender, marital status, education, and hospital location have direct and indirect effect on all the 5 attitudes. The variable education had much higher indirect effects on attitude regarding collaboration in nursing practice through the path of attitude for challenging professional authority (r=.120, education on CPA; β=.081, CPA on RCN; total effect of education on RCN through the indirect path of CPA=.201) or through the paths from the general consumerist attitude to health care consumerist attitudes (r=.129, education on GAR; β=.175, GAR on CPA; β=.267, GAR on RHI; β=.153, GAR on RDM; β =.081, CPA on RCN; β=.076, RHI on RCN; β=.076, RDM on RCN ; total effect of education on RCN through the indirect paths of health care consumerist attitudes =.957)with positive values. These indicate that the path model for the patients identify the level of education as the very important personal factor that explains nurse-patient collaborative decision making. The variable of marital status indirectly influence attitude regarding collaboration (RCN) in nursing practice through the general consumerist attitude (r=.100, marital status on GAR; β=.190, GAR on RCN; total effect of marital status on RCN through GAR=.290) and through the paths from general consumerist attitude to health care consumerist attitude (β=.175, GAR on CPA; β=.267, GAR on RHI ; β=.153, GAR on RDM; β=.081, CPA on

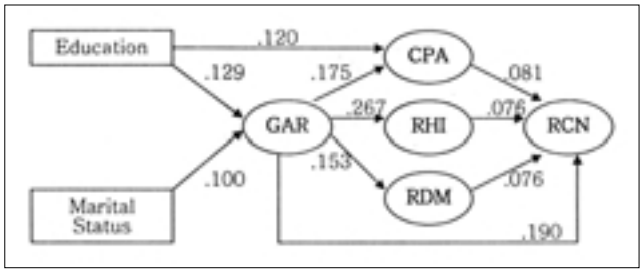

Figure 2. A path model for patients' attitudes.
(Chi-square=12.493 (df=5, p=.029), GFL=.987, AGFI=.910, and NFI=.956)
GAR: rejection of general authority CPA: challenge to professional authority, RHI: patients' right to information RDM: patients' right to decision -making, RCN: attitudes for collaborative decision making in nursing care.

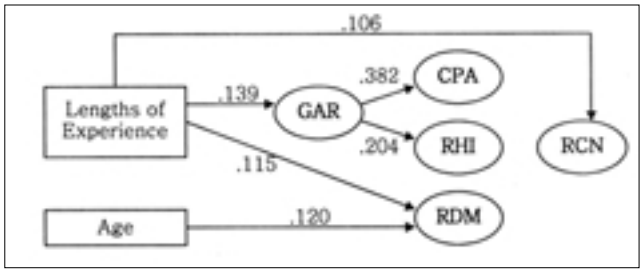

Figure 3. A path model for nurses' attitudes.
(Chi -square=44.566 (df=5, p=. 000), GFI=. 965, AGFI=. 747, and NFI=. 930)
GAR: rejection of general authority CPA: challenge to professional authority, RHI: patients' right to information RDM: patients' right to decision making, RCN: attitudes for collaborative decision making in nursing care.

RCN; β=.076, RHI on RCN; β=.076, RDM on RCN; total effect of marital status on RCN through the indirect paths of health care consumerist attitudes, r=.928) with positive values. Among health care consumerist attitudes, attitude regarding patients' right to information is most affected by general consumerist attitude with the positive value (β=.267, GAR on RHI). Each health care consumerist attitude has direct paths to the nurse-patient collaborative attitude in nursing care decision-making (RCN) with positive value (β=.081, CPA on RCN; β=.076, RHI on RCN; β=.076, RDM on RCN). These reveal that sequential paths from general consumerist attitude to more specific attitudes regarding health care consumerist attitudes influence the most specific attitude regarding collaboration in nursing (total effects, β=.472).

The model for the nurses was supported by the numbers of Chi -square=44.566 (df=5, p=.000), GFI=.965, AGFI=.747, and NFI=.930. The model for nurses indicates somewhat different structure and paths from the one for the patients. The educational level and marital status were not found to explain any attitudes on consumerism. Instead, the variables such as the length of nursing experience and age appear to affect attitudes directly or indirectly. What is noteworthy of saying is that the personal variable age has direct path only to the attitude for patients right to decision making (r=.120) among 5 attitudes regarding consumerism. But the length of experience has direct path to the general attitude regarding rejection of general authority (r=.139), the attitude regarding collaborative decision making in nursing care (r=.106), and the attitude regarding patient's right to decision making (r=.115).

Furthermore, the lengths of experience has higher effects indirectly on the two attitudes of the patient's right for information and challenging professional authority through the attitude regarding rejection of general authority (r=.139, the length of experience on GAR; (β=.204, GAR on RHI; (β=.382; GAR on CPA; total effects of the length of experience on RHI=.343; total effect of the length of experience on CPA, r=.521) These indicate the nurses' attitudes for collaborative decision-making in nursing care can be affected only by the variable of the length of experience, not through the consumerist attitudes while the path model for the nurses identified the length of experience is the important factor explaining the attitude regarding challenging professional authority, and the attitude for the patient right for information. Furthermore, no paths from the general consumerist attitude (GAR) and the health care consumerist attitudes (CPA/RHI/RDM) to the attitude for nurse-patient collaboration in nursing are found.

DISCUSSION AND CONCLUSIONS

What has to be discussed most about the findings is the fact that both the patients and the nurses as groups exhibited pro-consumerist attitudes regarding collaboration in health care and nursing while there were significant differences in the attitudes and perceptions of patients and nurses. The nurses as a group held stronger heath care consumerist attitudes for challenging professional authority and for the right for information while the patients held stronger health care consumerist attitude regarding patient's right for information. It seems that the patients should have access to information about their medical treatment and care and illness state. These findings are quite similar to those found in Kim et al. study carried out in the U.S.A., Norway, and Japan (1993). However, Korean nurses held a weaker attitude for challenging professional authority compared to the nurses in other countries.

Regarding the attitude for collaboration in nursing care decision-making, the attitude for the patients is very similar to those found in U.S.A, Norway, Finland, and Japan in Kim et al.'s Study (1993), in a sense that one third or more of the patients as a group believe in the patient's right to be informed of decisions that nurses make for their patients, while another one third or more of them believe in the patient's right for advisory role and joint role in nursing care decision making. However, the attitude for the nurses is quite different from that found in Kim et al.'s study (1993) revealing that the nurses in Korea held stronger agreement with patient' right to be informed of decisions that nurses make than the patient' right for advisory role and joint role, while the nurses in U.S.A., Norway, Finland, and Japan in Kim et al. study (1993) held strongest agreement with patient's right for advisory role and joint role. Interestingly, the nurses didn't have stronger belief on self-determination regarding nursing care than the patients. This result is opposite to that of Kim et al.'s study (1993). These indicate patients and nurses approach decision-making about nursing care with variant sets of attitudes and expectations as well as the nurse in Korea have more conservative attitude than those in U.S.A., Norway, Finland, and Japan in terms of nurse patient collaboration in decision making

in nursing care.

The path models for the patients from the results of analyses confirmed the Kim's explanatory model in which the attitude regarding nurse-patient collaborative decision making in nursing practice is influenced by the personal or the structural factor directly or through the consumerist attitudes indirectly. In the model for the patients, no direct effects on collaborative attitudes regarding decision making by personal and structural characteristics was noted. The collaborative attitude for decision-making was affected by the factors of education and marital status through the paths from the general consumerist attitude for challenging professional authority to the specific consumerist attitudes regarding health care or through the specific consumerist attitude challenging professional authority. These are somewhat similar to those from the path model for the patients in Kim et al.'s study (1993). They found in the path model for the patients has no explanatory power on collaborative attitudes for decision making by personal characteristics was noted. Interestingly, however, in the model for the nurses only one direct effect on collaborative attitude for decision-making by the length of experience was noted, while no indirect effect through the general consumerist attitude or the more specific consumerist attitudes regarding health care by the personal and structural characteristics was noted. This indicates that the nurses' collaborative attitude for decision-making seems to be affected by the personal and structural factor directly rather than through the consumerist attitudes indirectly. These are some different results from those in Kim et al.'s study (1993) in which the attitudes regarding collaborative decision making in nursing care seem to be exhibited through more general consumerist attitudes regarding health care. However, it is also important to note that education is an important factor that differentiates the degrees of consumerism in the patients. This indicates highly educated person is likely to reject authority, challenge professional authority, and demand the right for information and the right for decision making. These are partly in line with those in Kim et al.' study (1993) and Haug and Lavin's study (1983), in which they found that younger and better-educated people were likely to exhibit consumerist attitudes. But, Interestingly, in the nurses, the length of experiences and age are noteworthy factors that affect the general consumerist attitude and the health care consumerist attitudes positively. These indicate longer experienced or older nurses are more likely to have more consumerist attitudes. The nurses' attitudes regarding collaborative decision-making are independent of the considerations of general authority or provision for information to the patients or provision for decision making to the patients. These seem to be in opposition to those of Kim et al.'s study (1993) and Haug and Lavin's study (1983) in which they reported that the younger people were likely to exhibit consumerist attitudes.

These findings suggest the nature of attitudinal context within which nurses and patients must relate to each other to bring about desired patient outcome. It is important to consider how the attitudinal differences between patients and nurses might influence the way nursing care decisions are made and in what ways nursing care decisions resulting from different dynamics of collaboration influence patients satisfaction and global attainment.

It would be suggested that the next study should examine how the disparities between nurses' and patients' attitudes regarding the kinds of collaboration that exist in nursing situations influence the patients' outcomes and satisfaction. And a program promoting collaborative decision making in nursing and sensitizing nurses to patient's needs for self-determination and consumerism should be developed.

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