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A study to demonstrate communication of the nursing assistant with the patient and the nursing team as a measure of the identification and satisfaction of patient needs.

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Boston University

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Boston University
A STUDY TO DEMONSTRATE COMMUNICATION OF THE NURSING ASSISTANT WITH
THE PATIENT AND THE NURSING TEAM AS A MEASURE OF THE
IDENTIFICATION AND SATISFACTION OF PATIENT NEEDS:

By

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B. S., Boston University School of Nursing, 1956

A field study submitted in partial fulfillment of the requirements
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CHAPTER I

INTRODUCTION

Statement of Problem

The purpose of this study was to discover how the nursing assistant communicated with the patient and team leader, concerning the identification and satisfaction of patient needs.

Justification of the Problem

Traditionally, the nurse has been the person closest to the patient. This could be attributed to the fact that she, above all others, was the one person on whom the patient was most dependent.

Since being hospitalized means for every patient a period in life in which he has to regress to the level of dependency, the person who is responsible for his care over the span of the sick day has a significant influence on the patient's well-being, his wish for recovery, and his general frame of mind. The patient may feel that the doctor is his main source of hope and strength, but in the minutiae of receiving support and even in his ability to establish contact with the doctor the nurse is of outstanding importance to him. She is the person on whom he must depend for the satisfaction of his needs, either physical or emotional.¹

More and more, we are becoming aware of and putting emphasis on the total needs of the patient. Ruth Freeman very aptly stated this when she said, "the nurse must cope with the patient's fears as well as with his fever, with his aging as well as with his infection, with his

attitudes as well as with his information."2 She elaborated further by suggesting that, "somehow there must be nursing time to comfort as well as to counsel, to listen as well as to look for symptoms, to ponder as well as to practice. Without these essentials, nursing becomes only a technical service, lacking the depth and impact required of a profession."3

For many reasons in recent years, the nurse has delegated much of the responsibility that formerly was hers to auxiliary nursing personnel. This has become necessary because, "... new forms of treatment, early ambulation, short hospital stays and changing concepts of hospital responsibility for total health care have multiplied the nursing tasks per patient day and increased their complexity."4 If then, the nurse has delegated much responsibility to the nursing assistant for patient care, it can be assumed that she has lost a potential source of patient contact. This source of patient contact then becomes the property of the individual to whom this responsibility has been delegated. It is during the length of time spent at the patient's bedside attending to recognized needs, that the patient is most apt to communicate other needs, and that these other needs, either physical or emotional, may become manifest. Dorothy Johnson elaborated further on this point:


3 Ibid., p. 17.

The various tasks or activities which fall within this component of nursing care—feeding, bathing, toileting, and so forth—are those for which only nursing, of all the professional health disciplines, is responsible. These are the only activities which are not shared in some way with other groups. It is also within this area that a high percentage of nursing [italics in the original] problems occur. The activities involved in ministering to basic human needs provide our opportunity to carry on the other activities involved in nursing practice and increase the effectiveness of patient care as a whole. It is interesting but a little disturbing to note that these are the very activities which we have delegated first to auxiliary members of the nursing team.2

The expression of needs depends a great deal on the relationship established between the worker and the patient. If the patient senses a real interest in his welfare and an understanding of his problem by the nursing assistant, he may be certain to communicate his needs more readily. Many of our nursing assistants possess this real interest in and understanding of the patient, and this interest may be partially attributed to the fact that their duties and responsibilities are usually well defined, thus freeing them from many of the pressures and interruptions that plague the professional nurse. These pressures and interruptions make it impossible for the professional nurse to have as much time available as she would like to spend with her patients. Abdellah and Levine expressed a similar thought when they said of the nurse, "granted, she can do much during even such a brief contact with a patient, but it is the sustained, unhurried contact with the patient that gives her the opportunity to allay his fears and to provide him with the needed emotional security."6

5 Dorothy E. Johnson, "A Philosophy of Nursing," Nursing Outlook, VII (April, 1959), 199.

If nursing is going to continue delegation of responsibility for much of the actual patient care, and there seems to be no doubt about the need for this, then our nursing assistants should be prepared through effective guidance, and supervision of their communication with the patient. The purpose of the study was to analyze the inter-communication taking place between the nursing assistant, the patient and the team leader in order to ascertain what guidance and supervision of the nursing assistant is necessary, in order to improve his ability to identify and meet the needs of the patient.

Scope and Limitations

A forty-seven bed medical unit in the West Roxbury Veterans Administration Hospital was selected for this study. The pattern of nursing care of the unit was that of team nursing. There were two nursing teams functioning during the day on this unit; however, only one of these was selected to be studied intensively, in order to provide the observer with an opportunity to concentrate on a smaller number of nursing assistants as they communicated with their patients, team leaders, and the charge nurse.

A total of forty-six hours was spent collecting data, most of which was spent observing the nursing assistants. This length of time in itself imposed restrictions, because if more time had been available, more pertinent data might have been collected. It was not possible for the observer to be present always on consecutive days. Data were collected throughout all activities carried on by the nursing assistant during the day. No attempt was made to observe the nursing assistant on evening or night duty, because it was felt that data collected in this way would closely correlate data collected during the day.
Definition of Terms

Communication--A two-way process in which both parties are able to express themselves either verbally or through the use of gestures, other bodily movements, facial expression, or through written media. Communication involves listening and understanding in order to be effective.

Need--"... a need would be interpreted as a wish, a want, a desire or an aspiration of sufficient intensity to motivate an individual to seek and pursue some means of achieving it; or of sufficient intensity or importance that failure to progress toward its achievement would result in frustration or deprivation."

Nursing Team--"A nursing service team is a group of professional and non-professional nursing service personnel working together in planning, giving, and evaluating patient-centered nursing care to a group of patients."

Nursing Assistant--The title given to the individual in Veterans Administration Hospitals who is responsible for a large segment of patient care under the direct supervision of the professional nurse. This term will be used throughout this study for the sake of clarity, to differentiate this person from the practical nurse and the clerical auxiliary worker.


Preview of Methodology

The case method of collecting and presenting data was selected for use in this study. Since using the case method involves collecting conversations as well as tone or expression related to the communication, it was felt that this method would lend itself well to the study of the problem. Once the data were collected over a period of time, it was then synthesized into case form for analysis in light of the problem to be studied.

This study represents a slight change from the usual use of the case method, in that instead of collecting data relative to a situation where a problem is existent for analysis and solution, this method was utilized to determine the character and effectiveness of communication in the nursing situation. Interviews were not utilized in the collection of data except as the observer required information relative to the participants and the situation, and were quite incidental in nature.

Sequence of Presentation

Chapter II--Contains a review of related literature, and the basis for and statement of hypothesis.

Chapter III--Contains a brief description of the sample as well as a description of the case method as it was applied to this study.

Chapter IV--Contains an introduction to the specific hospital situation and five written cases and the analysis of each in light of the problem.
Chapter V--Contains the summary, conclusions, and recommendations as a result of analysis of the cases.
CHAPTER II
THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

Literature reviewed as background material for the study included, changes that have taken place in the nurse's role; the introduction of auxiliary nursing personnel to the care of the patient and their related functions; the expression and identification of patient needs; the use of the nursing team as a means of satisfaction of patient needs; and skills in communication and the establishment of effective human relations.

George and Kuehn gave emphasis to the fact that the role of the nurse has become and is continuing to be more complex when they stated that, "the nursing profession and agencies employing nurses face daily--even hourly--the vexatious dilemma of too few workers to care for too many patients. The predicament is compounded of many more or less well-known factors, prominent among them the rapid growth in demands for hospital care and hence for nursing services."¹ They also stated that, "demands for nursing service that have outstripped the increase in supply of professional nurses together with rising hospital costs point clearly to greater utilization in hospitals of non-professional workers, among whom the greatest number are nurse aides."²

²Ibid., p. 55.
Although the use of non-professional workers in nursing dates back to even before World War II, the increased use of this type of worker, in military and civilian hospitals during the war years and afterward demonstrated the contributions of such a worker to the care of patients. Struve and Lindblad pointed out that

During the war, the service rendered by the Red Cross nurse's aides demonstrated that there were many activities, heretofore carried out by only graduate or student nurses, which could be satisfactorily and safely performed by a group of carefully selected, well trained non-professional workers under the direct supervision of professional nurses. It also demonstrated the fact that even this group of women, with excellent personal and educational qualifications, needed planned instruction and supervision.3

According to data studied by the American Nurses' Association, "the ratio of general duty nurses to the average daily census of patients was one to nine in 1956. Among the allied personnel, the nursing aides and attendants maintained a ratio better than that of the professional general duty nurses. In 1956 there was one nursing aide for every four patients, one attendant for every seven patients,... and one orderly for every seventeen patients. Ratios were computed on the basis of those hospitals which reported each type of personnel."4

Analysis of data compiled by George and Kuehn from twenty-four non-governmental hospitals in relation to activities performed by the nursing aide group indicated that there was little general agreement concerning


which activities should be assigned to them.⁵ They also stated, "... there is a great deal of confusion and disagreement concerning the kind and amount of training this worker needs,...".⁶

The National League of Nursing Education pointed out that there are three elements involved in the satisfactory performance of the nursing aide: the way in which the aide functions, the duties delegated to the aide, and the selection of patients to whom the aide may give care.⁷ Struve and Lindblad added a fourth element—an organized teaching program providing continued supervision of the nursing aide and orientation of professional nurses to the teaching program.⁸ They found that the success of the nursing aide program on any ward was dependent upon the approval and acceptance of the program by all professional nurses, staff nurses, head nurses, and supervisors as well.⁹ However, Argyris found in a study of human relations in a nursing division of a large hospital that the nurses did not feel their role was threatened by the non-professional worker because the nurse's job required particular professional training, but that they did feel stress from the supervisory

⁵ George and Kuehn, op. cit., p. 64.

⁶ George and Kuehn, op. cit., p. 166.


⁸ Struve and Lindblad, op. cit., p. 6.

⁹ Struve and Lindblad, op. cit., p. 9.
responsibilities associated with the utilization of non-professional personnel. 10

McManus supported this idea when she stated, "the inclusion of responsibility for supervision of auxiliary personnel has only recently become a recognized responsibility inherent in the practice of professional nursing. Many nurses are still not competent in these functions, for preparation for them was not included among the objectives of the training program from which the majority of practicing nurses graduated." 11 Lyle Saunders states it this way, "what seems to be emerging rather clearly from the changes that have occurred and are continuing is the increased managerial or administrative aspect of that role." 12 He further suggests that, "they could recognize that the supervision of care of the patient is a job that is fully as important and immeasurably more demanding than the actual giving of that care, and that they could develop some new images of themselves that are more realistic than the ones some of them have had in the past." 13 It is the belief of Lee that, "patient care in a hospital which employs nonprofessional personnel can be improved and insured when every professional nurse in that hospital is a

10 "Why Good Nurses Make Bad Bosses," The Modern Hospital, LXXXVII (September, 1956), 80.

11 R. Louise McManus, "Nurses Want a Chance to Be Professional," The Modern Hospital, XCL (October, 1958), 90.


13 Ibid., p. 1097-1098.
teacher and supervisor, and is willing to take part in training the non-
professional workers."

It is acknowledged by some authorities that the nursing team is
a means of assuring good nursing care. Bredenberg in the results of a
study stated, "it has been demonstrated and established that properly
functioning nursing service teams increase the quality and the quantity
of nursing service and that they are dependent in no small degree upon
continuous and adequate supervision by the supervisor and/or the head
nurse, and a proper understanding of functions and responsibilities by
all members of the teams." Lambertsen indicated a particular contribu-
tion of the nursing team when she stated, "the increasing ratio of non-
professional to professional nursing service personnel in the average
patient unit has tended to dilute the services provided. A review of the
types of personnel involved, and of their wide range of preparation, is
necessary for an understanding of the problems inherent in providing in-
dividualized patient care. The team method is a safeguard in the assign-
ment and supervision of personnel."

In order for her to guide the nursing assistant and to recognize
his contribution to patient care it is necessary for the nurse to know the
patients assigned to the team. As Lambertsen stated, "in differentiating

14 Anne Natalie Lee, "The Training of Nonprofessional Personnel,"
Nursing Outlook, VI (April, 1958), 222.

15 Viola Constance Bredenberg, Nursing Service Research, Experi-
mental Studies Done with the Nursing Service Team (Philadelphia: J. B.

16 Eleanor C. Lambertsen, Nursing Team Organization and Functioning
(New York: Bureau of Publications, Teachers College, Columbia University,
between and delegating the various aspects of nursing care, it is important for the team leader to assure the personal contact of herself and other professional nurses with the patient."17 She also added, "she [the professional nurse] must have close personal contact with patients if she is to identify their nursing needs and evaluate their nursing care."18 However, Lambertsen made an interesting point when she said, "the assimilation and final evaluation are the responsibility of the professional nurse, but the very presence of others in the patient environment at a time when the professional nurse is not available indicates the desirability of encouraging and directing their observations."19 Further, it is the opinion of Lockerby that, "the patient directly or indirectly communicates his problems to those who utilize and adapt the hospital's resources to his individual requirements."20

Bredenberg summarized the professional nurse's responsibility for the nursing assistant as responsibility for the quantity and quality of the work he does through effective guidance, supervision, and assistance as indicated.21 She believes, "... the nurse heading the team is responsible for giving the nurse assistants such information as will contribute to better understanding and improved patient care."22

17 Ibid., p. 27.
18 Ibid.
19 Ibid., p. 47.
21 Bredenberg, op. cit., p. 7.
22 Bredenberg, op. cit., p. 7.
Basis of Hypothesis

The assumptions in this study are that the nursing assistant in his contact with the patient, comes face to face with patient needs of an expressed or unexpressed nature in both the physical and emotional areas. In order to more adequately satisfy the needs of the patients, there is a need to prepare the nursing assistant more adequately for his role in this matter.

Statement of Hypothesis

That there are significant patient needs, that remain either unrecognized or unattended, because the nursing assistant does not recognize the importance of these needs or does not communicate them to the nursing team leader.
CHAPTER III

METHODOLOGY

Selection and Description of Sample

The West Roxbury Veterans Administration Hospital participated in the study. One unit, a forty-seven bed medical unit was selected because the team plan of nursing functioned effectively on this unit. The unit provided care for patients with cardiac and vascular diseases, diseases of metabolism and diseases of the gastrointestinal tract, as well as for those patients with malignancies.

The unit was staffed by professional nurses and nursing assistants. The nursing assistant carried out most of the actual patient care with the assistance and the supervision of the professional nurse. One of the two teams that function daily on the unit was studied. This team was responsible for twenty-seven patients, all of whom were in four-bed units with the exception of three single-bed units used primarily for the acutely ill patients. The daily staffing for this team consisted of either two or three nursing assistants and one team leader. The team plan was well accepted and utilized by the personnel on the unit.

All of the members of the professional staff on the unit expressed a great deal of confidence and pride in the nursing assistants assigned to them. They demonstrated a good understanding of the abilities of the assistants and their potential contribution to the team.
Tools Used to Collect Data

The case method was used for collecting and analyzing the data. Before proceeding with the collection of data, the investigator explained her presence to all members of the team, and related the purpose of her study and the method that she would use to collect the data. Explanation was made that it would be necessary to take notes during the collection of data, and emphasis was placed on the fact that names would be disguised. The observer was aware that her presence in the situation might alter communication, however she also realized that an attitude of acceptance of whatever occurred would do much to further acceptance of her by the staff. Throughout the time spent collecting data, the staff exhibited cooperation and real interest in the project. Consequently, it was the impression of the observer that her presence produced a very minimal effect, if any, on the communication of the participants.

A total of forty-six hours was spent observing the team. This included all communication that the investigator was able to observe between the charge nurse and the nursing assistant; the team leader and the nursing assistant and the patient and the nursing assistant. The communication took place during the morning conference in which patient assignments were given, during patient care, during team conference and at other incidental times throughout the day. An attempt was made to be present on consecutive days so that the data would be more meaningful, but this was not always possible.

At first all communication that occurred at any of these times was recorded, but it soon became apparent that if the observer concentrated
on specific nursing assistants and patients, this would be a more productive method of data collection and would make for more congruency. Because it was difficult at times to watch entire situations without becoming too obvious as an observer, it was helpful to take a very passive part in patient care, for example, assisting with bed making and holding patients. At all times, especially in this situation, the investigator tried to refrain from becoming a part of the communication. Interviews were also included, but they were not designed and were incidental in nature. The interviews helped to clarify events and provided much of the background material.

Notes were not taken during communication except at team conference. In order to insure accuracy of recall, data were recorded as soon as possible after the observations. An effort was made to make these notes an accurate record of what took place. Even during team conference, when notes were made directly, communication proceeded at such a rapid pace that some of it may not have been included. Stress was placed on getting the total environment in which the communication took place, including emotions, tones, and expressions. Objectivity was a primary consideration, in order that the investigator would not inject her own perception or thoughts related to what was being observed.

Five cases were written from the data collected. Each of the first four cases was constructed about the communication related to a patient. The fifth case represented the communication involved in the activities carried out by the team during one particular day.
CHAPTER IV

PRESENTATION AND ANALYSIS OF CASES

The Nursing Assistant and His Classification

This study was done at the West Roxbury Veterans Administration Hospital, which had a capacity of 304 beds. One medical unit, which utilized the team method for carrying out nursing care was chosen for the study. Graduate professional nurses and nursing assistants comprised the staff on this unit.

The nursing assistant in this hospital received sixty-five hours of classroom teaching in basic nursing techniques, and an additional sixty-five hours of supervised experience on the unit to which he was assigned. The nursing assistant received actual experience on the unit in conjunction with his classes. The Assistant Chief, Nursing Education was largely responsible for the formal classes; however supervisors, head nurses and team leaders were utilized whenever possible. This was done for several reasons; it provided these people with valuable teaching experience and also helped them to become acquainted with the nursing assistant and his program.

The team leader on the specific unit taught basic classes related to ward orientation; for example, equipment, assignments, bed making and related adaptations on that unit, and serving diets. The supervisor on the unit taught other areas, particularly specific techniques
frequently used on her service; for example bladder and bowel training on the Spinal Cord Injury Service. Other department heads such as the Central Supply Supervisor taught classes on the use of equipment for which they were responsible such as oxygen, suction and the respirator. As soon as possible after the nursing assistant had received instruction in a particular area, supervised experience was planned for him in the unit situation.

After the nursing assistant had completed his basic training he had to complete another three months of satisfactory supervised experience before he was eligible for a Training Certificate. When he began his program, he was rated as GS-621-2. After the nursing assistant received his Training Certificate and approximately one year after he began his duties at the hospital in the usual case, his rating was advanced to GS-621-3, provided his work had been satisfactory. The rating of GS-621-4, open to a limited number of nursing assistants, was the highest rating that they could attain, and was achieved after advanced training or its equivalent, through ward conferences and individual instruction.

In addition to time spent in actual care for the patient, either in relation to nursing care or carrying out certain treatment, the nursing assistant had additional responsibilities. It was expected that he be present whenever possible for the report given by the night nurse. After this report, the team leader planned the assignment for the day and briefly reviewed each nursing assistant's assignment before he began. As a part of the assignment, each assistant was given certain Group Duties. These duties were related to his patient assignment as well as to unit
order, cleanliness and upkeep. The latter was usually done as the nursing assistant had time available, particularly in the afternoon. It was the usual procedure for the nursing assistants to work together to complete their Group Duty Assignments.

Early in the afternoon, as soon as possible after lunch, team conference was held. Team conference was composed of members of both nursing teams on the unit. This included both team leaders, all nursing assistants, and the charge nurse for the day, who was either the head nurse or the assistant head nurse. This was the time when the nursing assistant reported back to his team leader regarding the patients assigned to him. Team conference was also the time when the team leader or charge nurse had an excellent opportunity to do some teaching. Planning patient care was a major part of these conferences.
Description of Staff

Miss Harris--Head Nurse

Miss Harris graduated from a three-year program and had worked as a head nurse since 1935 in the Army, for the Veterans Administration and in a private hospital. Prior to this, her experience had included that of office nurse and private duty nursing. She had accumulated twenty credits toward a B. S. degree.

Miss Arnold--Assistant Head Nurse and Team Leader

Miss Arnold graduated from a three-year school in 1944. She had earned eighteen credits toward a B. S. degree. She had been employed at this hospital for the past eight years, and was a staff nurse until she assumed her role as assistant head nurse in September, 1958.

Miss Baker--Team Leader and Staff Nurse

Miss Baker was employed in January, 1959. She had graduated from a three-year program in 1955 and had had no advanced courses. Her previous experience had been as a staff nurse and as an office nurse.

Miss Lynch--Team Leader and Staff Nurse

Miss Lynch graduated from a three-year program in 1934 and had had no advanced courses with the exception of a post-graduate course in obstetrics. She had experience in obstetrics and in the service prior to her employment by the Veterans Administration in 1946.
Mr. Davis--Nursing Assistant

Mr. Davis had been employed at this hospital since January, 1955. He had been assigned for the past three years to the unit studied. Mr. Davis had ten years of schooling and had served for eight years in the Air Force as a carpenter. In November, 1958 he was given the rating of GS-621-4. His evaluations described him as being quiet, and his performance as satisfactory. Mr. Davis went about his work in an efficient manner; his work exemplified orderliness. He was keen and alert.

Mr. Edwards--Nursing Assistant

Mr. Edwards began work at this hospital in May, 1956. Prior to working at the hospital, he had experience as a seaman in the Navy and as a taxicab driver. He had completed high school in South Carolina. Various evaluations done since he began to work at the hospital had classified his work as mostly average; however, several checks on the evaluation form were in the excellent group. He was described as an alert willing worker. At the time of the study, Mr. Edwards was spending one of his days off each week in the X-ray department learning the functions of the X-ray technician, a job to which he will be transferred in the near future. This is recognized as a promotion for the nursing assistant. His current classification is GS-621-3. Mr. Edwards was a very pleasant worker who frequently went about his work humming and singing to himself.

Mr. Foley--Nursing Assistant

Mr. Foley had been at this hospital since June, 1958. He had had no previous hospital experience. Mr. Foley had served for four years in
the Air Force. He had a B.A. in history and philosophy from a North Carolina college and was currently working on an M.A. at Boston University. He was still classified as GS-621-2. His evaluations had described his work as being mostly average. Mr. Foley was an apparently intelligent individual who completed his work well. He was observant, and communicated easily.

Mr. Collins--Nursing Assistant

Mr. Collins had been working at the West Roxbury Veterans Administration Hospital since November, 1957, and had been on the unit studied since that time. He completed three years of high school in North Carolina. Mr. Collins had no previous hospital experience; he had done shipping work for five years and had spent some time in the service. Mr. Collins had attained the rating of GS-621-3. His evaluations classified his work as mostly in the excellent category. Mr. Collins worked slowly, though efficiently. He had a very accepting manner, and though he did not communicate verbally a great deal, his mannerisms and expression communicated a great deal.

Mr. Martin--Nursing Assistant

Mr. Martin was a 23-year-old nursing assistant. He had been employed by the Veterans Administration since November 1957. He had completed eleven years of school in Tennessee and had had experience in a grocery store and in the Army Artillery. Mr. Martin's evaluations classified his work as equally distributed between the average and excellent categories. Mr. Martin was a quiet individual who completed his work well.
### Case I—Mr. Armstrong

**Cast**

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<td>Miss Arnold</td>
<td>Team Leader</td>
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<td>Miss Baker</td>
<td>Team Leader</td>
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<td>Mr. Collins</td>
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<td>Mr. Davis</td>
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<td>Mr. Edwards</td>
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<tr>
<td>Mr. Foley</td>
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Case I--Mr. Armstrong

Mr. Armstrong, a 69 year old white male, was admitted with the diagnosis of cancer of the colon and paraplegia. This patient had been hospitalized several times in the past few years for surgery related to the malignancy. The paraplegia resulted from the malignancy. However, this patient seemed completely unaware of his real problem, which was at this point in the terminal stages. Mr. Armstrong was an intelligent man and a lawyer by profession. Despite the difficulties presented by his illness, the patient was quiet spoken, never demanding, and always grateful for any care or attention given him.

When Miss Arnold, the team leader had concluded planning the assignment for the day, she posted one copy on the bulletin board and then gave each assistant a copy of his assignment. She briefly reviewed with each assistant his patients for the day, in terms of activity, care, special procedures, or any other information that was felt essential to the care of the patient.

Miss Arnold: "Mr. Collins, this morning one of the patients assigned to you is Mr. Armstrong. Mr. Armstrong is a new patient who is a paraplegic. The paraplegia is due to the fact that he has cancer of the colon. He needs a lot of good nursing care. He has a bedsore on his right hip about this size. (The team leader indicated an area about the size of a silver dollar with her fingers.) It is black
and ugly. He is to be turned religiously every two hours. Be nice when you are turning him because he is apt to be uncomfortable. You may place a rubber ring under the right hip when turning him on that side. His back and left side are clear, so you can use them. He can have his feet on a footboard. Check his bowels carefully, he may need enemas. Force fluids to 3000 c.c., but he is to have no fruit juices."

Mr. Collins nodded as if he understood and looked down at the written assignment in his hand which read: "Mr. Armstrong—bed bath and turn every two hours. Cushion to his right side. Force fluids, but no fruit juices."

Very soon after he had received the report on his patients Mr. Collins went in to begin Mr. Armstrong's morning care. Mr. Armstrong was suffering from almost continual diarrhea in addition to his other problems. Before he could even begin Mr. Armstrong's care Mr. Collins had to take care of this situation several times. (During this process Mr. Collins seemed to maintain a very pleasant, accepting attitude.) It was during this time that the observer entered the unit.

Mr. Collins: (to observer) "I just had two days off."

Mr. Armstrong: "Look what you had to come back to." Mr. Collins smiled and said nothing, but the patient could not see him. Mr. Collins proceeded with his task.

Mr. Armstrong: "Once more!" (Mr. Collins seemed to accept this well, this time it was only a minor task.)
Mr. Collins: (as he finished adjusting the bed,) "Which side would you like to be on? You can go on your right side."

Mr. Armstrong: "No, I can't, that's where the sore is."

Mr. Collins: "I can put a ring in there for you."

Mr. Armstrong: "I'm used to getting up in an armchair for five to six hours a day. Can't I sit on the edge of the bed?"

Mr. Collins: "They want you to stay in bed."

Mr. Armstrong seemed to accept this and when his care was completed he said gratefully, "Thank you folks."

Mr. Collins: "You're welcome." (This was said with real feeling.)

Following this Mr. Collins attempted to complete the rest of his assignment amid frequent returns to Mr. Armstrong's bedside.

In the afternoon, the team leader, Miss Arnold decided to assist Mr. Collins with Mr. Armstrong's afternoon care. She began by doing the dressing to the decubitus ulcer, as the patient lay on his side. Mr. Armstrong was very lethargic this afternoon, almost unaware of what was going on about him. Miss Arnold explained to the patient that the medication she was about to apply was likely to burn. Mr. Armstrong apparently did not hear and she completed the dressing.

Miss Arnold: "While we are here, we might put a little ointment on his feet."

Mr. Collins nodded and proceeded to assist her. At this point Mr. Foley, another nursing assistant entered the unit to help. It was decided that more equipment would be needed to complete the patient's care, and both nursing assistants left to secure this. Once they had
returned, they proceeded to turn the patient.

Mr. Foley: "No drasheet!"

Miss Arnold: (appeared surprised) Noticing the sheet covering the length of the bed over the rubber drasheet she said, "You know, I'd like to know why there isn't any drasheet. It's just that I think it is easier, since we may have to change the bed many times if we put it on a little shorter than you have it, and not cover the whole length of the bed."

Mr. Collins nodded.

Miss Arnold: (to Mr. Armstrong) "I just don't know what we're going to do. I guess we'll have to put a little bucket under you." (This was said in apparent attempt to calm the patient.) Miss Arnold then proceeded to adjust the bed linen as she desired, and placed a rubber ring on it to the right side of the bed.

Miss Arnold: (to the two nursing assistants) "His butt should just about land there now." (Pointed to the rubber ring.)

Miss Arnold: "Now, Mr. Armstrong, we need your help."

The patient lifted his trunk and upper extremities with the aid of the trapeze; the assistants lifted the lower extremities and buttocks onto the ring. Once the bed was completed, all lifted to place the patient in the middle of the bed.

Miss Arnold: (to Mr. Armstrong) "Perhaps you could lie on your back for awhile."

Mr. Armstrong replied that this would be difficult for him because of leg spasm. Miss Arnold then instructed the assistants to get sandbags
to hold his feet in place, and with Mr. Collins, placed a sheet length-wise across the patient's knees to keep his legs in place and to minimize spasm. She explained this to the nursing assistants as she proceeded.

Once during the process of being turned, Mr. Armstrong made a comment concerning his present state of dependence; however, no one present seemed to indicate that they had heard him.

Later that afternoon, as the observer was at the nurses' station, Miss Baker, team leader for the other team mentioned that Mr. Collins had stated the night before, after Mr. Armstrong had been admitted, that he didn't want to force fluids to 3000 c.c. because he felt this gave Mr. Armstrong diarrhea.

The following day, Mr. Davis was assigned to Mr. Armstrong. It had been decided the day previously that Mr. Collins would not be assigned again to Mr. Armstrong, at least not for a few days, because of the patient's many needs. It had been very difficult for Mr. Collins to complete the rest of his assignment. According to procedure, Miss Baker, the team leader discussed Mr. Davis' assignment with him.

Miss Baker: "Turn Mr. Armstrong on his back and left side. Observe him for diarrhea. Offer him the urinal because you may catch him. His wife said that she used to give him the bedpan after each meal; you can try that. Be sure you keep his legs straight when you turn him."

The written assignment Mr. Davis had stated: "Mr. Armstrong--bed bath, turn every two hours, keep off right hip."
Mr. Davis was just beginning to bathe the patient when the observer entered the unit. Mr. Armstrong was much brighter today, more alert and more talkative. Mr. Davis continued to prepare the patient for his bath.

Mr. Davis: "May I have your watch?" He then attempted to take the patient's glasses off. Mr. Armstrong assisted him with this.

Mr. Davis: "Is this a pullover?" (referring to the pajama top) He proceeded to remove this with the patient's assistance, following which he removed a medal from around the patient's neck. The patient also had a band around his wrist to which several medals were attached.

Mr. Davis attempted to remove this.

Mr. Armstrong: "Are you going to take that off?"

Mr. Davis: "Yes, while I bathe you, it would be different if it were metal." (This was a band of heavy string to which several medals were attached.) The patient quietly allowed Mr. Davis to complete the task.

There was some conversation as Mr. Davis proceeded with the bath. The patient asked the observer how long she would be around, and the observer explained. The patient then said that he too was a graduate of a local university, having graduated from Law School in 1913. He further said that he had been active in law until 1940 when he joined the Treasury Department, and that he had been with the Treasury Department until the time of his illness.

Mr. Armstrong: (to observer) "I have arthritis and there is something as a result pressing on a nerve causing the paralysis."
All of a sudden, I couldn't move my legs any longer." (Mr. Armstrong seems truly unaware of his diagnosis of cancer.) Mr. Davis continued to bathe the patient; appeared to be listening, but made no comment.

Mr. Armstrong: "Oh! I think I'm going in the bed again."

Mr. Davis: "Don't worry about it, we'll take care of that a little later." (Implying that as he finished the bath, this would be cared for.)

Mr. Armstrong: "I don't think it is too serious anyway."

Miss Baker, the team leader, entered the unit.

Miss Baker: "Mr. Armstrong, have you had any diarrhea?"

Mr. Armstrong: "Yes."

Mr. Davis: "Quite a bit."

Miss Baker: "Well, I can get you something for it. Mr. Davis, let me know each time because he can have something."

Mr. Armstrong: "Is that paregoric?"

Miss Baker: "No, I don't think so. I'll check the orders, but I think it is plain Kaopectate." The team leader left the unit then.

A short time later, Mr. Davis was overheard telling the team leader that Mr. Armstrong's dressing was in need of a change because it had become soiled.

During team conference that afternoon, Mr. Davis reported: "Mr. Armstrong is in the same condition. He has had the routine bowel movements. He had a complete bed bath and after that he felt relaxed and slept."
The team leader offered no comment.

Mr. Armstrong was assigned to Mr. Davis again three days later. The team leader gave him his written assignment which read: "Mr. Armstrong—bed bath, wheelchair, pad well with ABD's and pillows in the bed."

Miss Arnold: "Mr. Armstrong may have a bed bath. Yesterday the boys took him into the bathroom on the commode after his meals and this proved more successful. Be sure his wheelchair is well padded."

Mr. Davis: "Would it be better to shower him?"

Miss Arnold: "No, he should have a bed bath."

Mr. Davis proceeded with the patient's care in the usual fashion. At the team conference he reported on Mr. Armstrong as follows:

Mr. Davis: "He had a slight bowel movement this morning. He had no trouble after each meal. He gave off a bit of blood by rectum this morning. Was that noticed before?"

Miss Arnold: "No."

Mr. Davis: "How did he get that area?"

Miss Arnold explained the occurrence of the decubitus ulcer.

Miss Arnold: "I'm wondering about those two areas of ecchymosis he has. (described their location) Do you think he gets them from getting into the chair?"

Mr. Davis: "Two of us usually lift him in."
Mr. Edwards: (another nursing assistant present at team conference.)

"His legs jump out."

Miss Arnold: "If you use sandbags next to his feet to keep them in line and place a sheet across his knees, he won't have as much spasm. When you put him on his left side, put him on the ring. It is his good side, but it will break down easily. I thought he was more alert and brighter today."

Mr. Edwards: "Do you think we should get the sectional mattress before he breaks down?"

Miss Arnold: "I don't like the sectional mattress. Sometimes it folds in and creates more pressure. It is best to use the mattress he has and the ring, until we really need the sectional mattress."

The next day, Mr. Edwards himself was assigned to the patient. His report in team conference was as follows: "Mr. Armstrong had a shower and asked for a diaper or something to use while going to the Operating Room. (Mr. Armstrong was going to have a liver biopsy.) I looked for the area where he was shaved and told him it would interfere. He had a bowel movement before he went anyway." No comment was made by the team leader and Mr. Edwards continued to report on the rest of his patients.
Analysis Case I—Mr. Armstrong

In Case I the team leader, Miss Arnold, did a rather complete job of informing Mr. Collins about his patient Mr. Armstrong. The terminology she used was within his scope of understanding. Most of what she said was definitely related to the patient’s physical needs, but she did indicate that Mr. Collins needed to show some understanding of the patient when she said, "Be nice when you are turning him because he is apt to be uncomfortable."

Once in the actual situation with the patient, Mr. Collins was confronted with a trying nursing care problem. Faced with a rather heavy assignment in addition to the care of Mr. Armstrong, he had to several times take care of the difficulties presented by the patient having frequent diarrhea before he could even begin his assignment. Mr. Collins accepted this well and displayed no visible sign of annoyance. The patient was probably looking for reassurance when he indicated that he realized that the task was unpleasant and annoying, and perhaps that he was even embarrassed when he said, "Look what you had to come back to." Even though Mr. Collins' attitude at the time was very accepting, he did not verbally communicate this to the patient. Mr. Collins demonstrated a good understanding of the directions the team leader had given and communicated these to the patient, in a brief, but pleasant fashion as he placed Mr. Armstrong in position at the conclusion of his morning
care. A further explanation related to why he had to stay in bed would probably have satisfied Mr. Armstrong more completely. Mr. Armstrong was very ill, but such a superficial explanation, though accepted, was probably not adequate.

Miss Arnold’s explanation to the patient about the application of medication that would cause discomfort, though apparently not heard by the patient, was good teaching for Mr. Collins. Similarly, Miss Arnold took advantage of a learning situation when she suggested that she and Mr. Collins give the patient foot care. In the process of turning the patient, when it was noted that the patient had no drawsheet under him, it would have been better not to comment about wanting to know why there was no drawsheet, but to proceed and demonstrate as she did, what she felt was a better way of making the bed.

Miss Arnold’s comment to Mr. Armstrong about putting a bucket under him, though done in an obvious attempt to make him feel better, was not a good choice. Again, Mr. Armstrong, an intelligent man, was more than likely embarrassed about the situation and the comment made probably heightened this. Too, it was not a good comment to make in the presence of the nursing assistants. Terminology of this nature should be avoided in contact with the patients. Regardless of the individual level of intelligence, most patients might inwardly have a great deal of feeling about such a comment.

As the bedding was being adjusted and Miss Arnold indicated to the nursing assistants that the patient’s "butt should just about land there now," Miss Arnold was guilty of a common error. She seemed unaware that
the patient might overhear her, and her direction in terms of the patient was also quite impersonal. This is an example of the type of unprofessional language that nurses have a tendency to adopt and use in the care of the patient, and does not create a situation in which the nursing assistant can learn to individualize and personalize his nursing care.

As the patient's care progressed, the communication between Miss Arnold and the nursing assistants was good because it, along with her demonstration provided a learning experience for the nursing assistants in relation to controlling the leg spasm Mr. Armstrong suffered when he was placed on his back. It was unfortunate that no one apparently heard or took advantage of Mr. Armstrong's statement concerning his level of dependence. This would have provided an excellent opportunity to reassure him and to relieve some of his anxiety. This too is a common error; sometimes we become so involved in what we are doing and in the mechanics of procedures that we overlook the fact that the patient is involved also. If the patient's comment had been heard and if the situation had been managed correctly, the nursing assistants would have been exposed to a good learning experience in terms of communication related to expressed anxiety.

Miss Baker, team leader the following day, reviewed Mr. Armstrong's physical needs rather adequately, but her report was devoid of any emotional needs that were present or might occur. When Mr. Davis began the patient's care, Mr. Armstrong seemed to have some feeling concerning the removal of the medals from around his wrist. Though Mr. Davis' reason
for removing the band was a good one, it seemed apparent that the patient would rather that this not be done. It would have been a small concession on Mr. Davis' part and certainly would not have interfered to any great extent with the bath procedure. During the remainder of the bath, Mr. Davis proceeded with the care as the patient related his difficulties to the observer. At this time Mr. Davis indicated interest, but said nothing. The team leader's direction to Mr. Davis concerning the reporting of episodes of diarrhea was clear and adequate. Mr. Davis also communicated the need for a dressing change promptly to the team leader.

During the team conference, the second day Mr. Davis was assigned to Mr. Armstrong, Mr. Davis reported that the patient had passed blood by rectum. Though this was probably not unusual with the disease process, Mr. Davis questioned whether or not it had previously been reported. It might be that the team leader could have done some interpretation here. Miss Arnold's next comments concerning the ulcers and the management of the leg spasm were good and provided information for the nursing assistants. However, Mr. Edwards raised a good question concerning the possible use of the sectional mattress, which the team leader promptly turned down because of a personal dislike for the mattress. At any rate Mr. Edwards' contribution was hardly recognized and it may be that because of the way the team leader managed this matter that Mr. Edwards might hesitate before offering another suggestion related to this or any other patient's care.

Mr. Edwards demonstrated good judgment in relation to the application of a diaper when he checked first for the site that had been prepared for operation. He also showed interest and understanding of what
was bothering the patient when he said, "He had a bowel movement before he went anyway." However, it may be that for the sake of emotional support, the diaper could have been provided until the patient arrived in the operating room if this was not against institutional regulation. This is something that could have been discussed by the team leader.
Case II—Mr. Brady

Cast

Mr. Brady ........................................ Patient
Miss Arnold ....................................... Team Leader
Miss Baker ....................................... Team Leader
Miss Harris ....................................... Head Nurse
Mr. Foley ........................................ Nursing Assistant
Mr. Davis ........................................ Nursing Assistant
Mr. Edwards ..................................... Nursing Assistant
Mr. Collins ....................................... Nursing Assistant
Case II--Mr. Brady

Mr. Brady, a 53 year old white male was admitted with the diagnosis of acute myocardial infarction or with a possibility of an aneurysm. Mr. Brady had apparently always been a very independent and industrious individual. He was a pleasant, agreeable patient, but had had some difficulty adjusting to the precautions taken to assure him of sufficient rest. His condition at the time of the study was considered to be serious.

Mr. Brady, a new patient, was admitted as the nursing assistants were engaged in their morning assignments. Mr. Foley, one of the nursing assistants who had been assigned that day to the four-bed unit into which the patient was admitted, was told about the patient during team conference that day. He had just completed discussing the rest of his patients.

Mr. Foley: "Mr. Brady is a new patient this morning. I don't know too much else about him."

Miss Arnold: "There is nothing much new on your patients with the exception of Mr. Brady. He is a new myocardial infarction. He is very young. This is his first attack; his condition is fair and he is on the seriously ill list. He is on bed rest with the cardiac chair and bedside commode. He is to have help when he uses them. He is to have elastic stockings and a footboard. When you do anything for him, do it with the greatest of ease."
Mr. Foley: "I gave him instruction this afternoon about sitting up. He was about to strain, so I warned him against it."

Sometime later, as the team conference was near conclusion, there was some discussion concerning rectal temperatures. Miss Harris took this opportunity to stress a point.

Miss Harris: "You know about rectal temperatures on cardiacs. Don't take them on Mr. Brady. The doctors sometimes don't want them on coronaries."

Four days later, Mr. Davis was assigned to care for Mr. Brady. His written assignment concerning Mr. Brady stated--bed bath, elastic stockings, bed, chair, (assist) commode." The team leader reviewed his responsibilities related to Mr. Brady's care before he began.

Miss Arnold: "Mr. Brady is on strict bed rest with help to the cardiac chair and commode. He needs pretty careful watching. He is a fresh myocardial, and it is about time now for a recurrence if he is to have one."

Mr. Davis indicated that he understood and began his assignment. The observer entered the unit as he was bathing Mr. Brady. After the patient had been introduced to the observer and her purpose, he commented that he felt his care was excellent.

Mr. Davis: "Are these cigarette stains on your fingers?"

Mr. Brady: "No, these are from laying bricks."

Mr. Davis: "That's what I was interested in at one time."

Mr. Brady: "You have to have a strong heart and good physical strength."
Mr. Davis: "I guess that was my trouble then." (Mr. Davis is quite slight in stature.)

The rest of the patient's morning care was concluded without event. The unit had become quite busy that day and as a consequence it was not possible to hold team conference. Miss Arnold, the team leader, tried to see the nursing assistants individually as they carried out their afternoon tasks in order to discuss their patients with them. Mr. Davis was making an unoccupied bed in one of the four-bed units when she entered. The team leader helped him to make the bed as they discussed his assignment in hushed tones. In reference to Mr. Brady the team leader said,

Miss Arnold: "You know I think Mr. Brady looks much better today."

Mr. Davis: "He said he had the best sleep last night he has had."

Mr. Brady's condition remained essentially the same, perhaps showing some slight improvement, during the next four days. This time he was assigned to Mr. Edwards for care. The team leader instructed Mr. Edwards as follows.

Miss Arnold: "Mr. Brady may have a basin and may wash himself. He may go from the bed to the chair."

The written assignment covered the same points.

In the process of visiting some of the patients' units, the observer stopped to talk to Mr. Brady. He explained that he had had chest pain all night occurring from about 8 P.M. and that this pain was existent even now, though not as severe. As the observer was talking to the
patient, Mr. Edwards entered the room. He greeted Mr. Brady and prepared a chair on the other side of the room between the two beds for Mr. Brady. Once this was done he stood behind it and asked Mr. Brady to sit in it. (This necessitated sliding off the bed by himself, getting his bathrobe and slippers, and walking over to the chair.)

Mr. Brady: (sitting in the chair) "Bring me an ashtray, will you?"

Mr. Edwards: (handing him an ashtray) "I don't know what is on the agenda for you today, but I'll find out."

Mr. Brady: "I don't know whether I'm supposed to be up."

Mr. Edwards left the room and returned very shortly.

Mr. Edwards: "You can be from the bed to the chair, but not outside the room."

Mr. Brady: "O. K., you're the boss."

At team conference Mr. Edwards reported on Mr. Brady.

Mr. Edwards: "He is clean. I told him about ambulating between the bed and the chair. Nothing new."

Miss Arnold: "Has he elastic stockings?"

Mr. Edwards: "Yes."

The following morning when Mr. Collins was assigned to his case, the morning was uneventful. However, as Mr. Collins was busily making his bed, Mr. Brady inquired about the condition of Mr. Armstrong. Mr. Collins responded in a very brief manner, in essence, just assuring him that Mr. Armstrong was comfortable. Mr. Collins' written assignment for Mr. Brady stated--"bed bath, remove and reapply elastic stockings, and chair."
Mr. Collins' comment at team conference concerning Mr. Brady was simply that the patient had washed himself.

Miss Harris: "Did he wash in the bathroom?"

(Mr. Collins seemed reluctant to admit that the patient had washed there,) finally said, "I'm not sure, but I think so."

Miss Baker: (team leader for the day) "It's my fault, I told him it would be alright because it isn't that far."

Miss Harris: "Don't ever do that. You have to have a special order from the doctor for them to use the bathroom. Very often with a patient who has a coronary, this is when they are apt to have difficulty.

Mr. Collins: "He asked me to wash his back."

Miss Harris: "He was very energetic when he came in. He tries to do too much. The first day he came in, he was resting on his elbow talking a great deal. The medication may have made him do that. He is a brick layer by trade, which is very hard work. It's hard for him to lie back and let others do for him."

Mr. Collins: "He told me about that this morning."
Analysis Case II—Mr. Brady

Mr. Foley was not oriented to the new patient, Mr. Brady, until the team conference although the patient had been on the unit for awhile. It would have been better, especially since the patient was so acutely ill, if Mr. Foley had been told more about Mr. Brady earlier, instead of waiting to do this in team conference. Miss Arnold informed him about the patient during team conference, but this orientation was related only to physical needs. It may have been because Mr. Brady had been on the unit such a short time that his needs other than physical had not been identified. However some emphasis might have been given to the fact that the patient may have needed to have an explanation for his restriction of activity. Mr. Foley's reply concerning the instruction he had given the patient indicated that he had good understanding of the patient's difficulty. At team conference that day, the head nurse took advantage of a teaching opportunity in relation to taking rectal temperatures on coronaries, specifically in this case, Mr. Brady.

When Mr. Davis was assigned to Mr. Brady four days later, Miss Arnold's instruction regarding the patient was adequate in terms of physical needs. In the episode that day related to the discussion between Mr. Brady and Mr. Davis about Mr. Brady's trade, it was the impression of the observer that Mr. Brady meant no particular reference to his present status when he stated that in order to be a brick layer, "You
have to have a strong heart and good physical strength." Consequently Mr. Davis' reply was perhaps sufficient when he stated, "I guess that was my trouble then." If he had made more of the incident in relation to Mr. Brady, this might have been a source of anxiety to the patient.

Because it was impossible to hold team conference that day, Miss Arnold attempted to discuss patients with the assistants as they were completing their assignments. While this is not a good idea in a patient area, the patient was not at the bedside, and the conversation was held in hushed tones as Miss Arnold helped Mr. Davis to make the bed. It may be that in a situation like this, it is better to get the information in this manner than to receive none at all.

Four days later, when Mr. Edwards was assigned to Mr. Brady, the patient mentioned to the observer that he had had pain throughout the previous night and that this pain was still present. It would seem likely that this information would have been known by the night nurse and transferred to the day staff. However, the orders for care of the patient were not changed and the direction given to Mr. Edwards did not include this. The patient went through considerable physical exertion in order to get into the chair which probably would have been avoided if the information concerning the pain had been transferred. Mr. Brady seemed somewhat apprehensive about getting up when he said, "I don't know whether I'm supposed to be up." No doubt he was satisfied when Mr. Edwards left the room to find out and returned with the information that he could be from bed to chair only. This might have been a situation where the team leader could have relieved some of his anxiety if she
had come in to talk with him and explain to him. At any rate informa-
tion regarding the pain should have been relayed to Mr. Edwards, in
order that he might better plan the patient's care.

The next day when Mr. Brady inquired about Mr. Armstrong's condi-
tion it was apparent that the patients receive information concerning
other patients. The information may have been discussed or mentioned
by a member of the staff, or it may have been given by one of the patients
who was ambulatory. It is not a good idea to discuss other patients,
especially with a patient such as Mr. Brady, who has enough problems of
his own. Mr. Collins handled the situation well with his response indi-
cating merely that the patient was comfortable.

At team conference that day, Mr. Collins was reluctant to admit
that the patient had washed in the bathroom. He perhaps realized that
this was the wrong thing to do and was attempting to protect the team
leader. The team leader, however, admitted her part in the matter. Miss
Harris' explanation was good, but her approach, "Don't ever do that,"
was incorrect. In the presence of all of the nursing assistants on both
teams and the other team leader, this could have been embarrassing for
Miss Baker. The whole issue should have been picked up in terms of a
learning experience for the entire group.

Miss Harris' further explanation concerning Mr. Brady's adjust-
ment to his illness was very good. Here the head nurse hinted at emo-
tional implications and provided the assistants with some understanding
of the patient as a person. In addition she gave them information con-
cerning the effect of drugs on the patient, which may at a later time be
useful to them.
## Case III—Mr. Clark

### Cast

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<tr>
<td>Team Leader reliving on the unit for a short period</td>
<td>Miss Greene</td>
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<tr>
<td>Charge Nurse and Team Leader</td>
<td>Miss Arnold</td>
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<td>Team Leader</td>
<td>Miss Lynch</td>
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<td>Head Nurse</td>
<td>Miss Harris</td>
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<td>Team Leader</td>
<td>Miss Baker</td>
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<td>Nursing Assistant</td>
<td>Mr. Edwards</td>
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<td>Nursing Assistant</td>
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<td>Nursing Assistant</td>
<td>Mr. Martin</td>
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Case III—Mr. Clark

Mr. Clark was a 66 year old white male. He was a patient with chronic congestive heart failure accompanied by considerable peripheral edema. During the day, he was apt to be quite drowsy, and usually appeared somewhat cyanotic. His hospital stay had resulted in general improvement in his condition although Mr. Clark appeared to have undergone some changes in his personality and temperament either due to aging or to his cardiac disease. He was given to temperamental outbursts, was difficult to manage at times, untidy about his person and unit and in general posed a problem to both the staff on the unit and to other departments as well. He was a frequent visitor to other departments, essentially demanding what was due him.

During the team conference, as a part of the report, the team leader was discussing Mr. Clark.

Miss Greene: "He started this morning with a burst of temper. How is he now?"

Mr. Davis: "Just satisfy him. If he feels he is getting the run around, he flies up."

Miss Arnold: (the charge nurse for the day) "Does anyone think Mr. Clark is getting more confused? I mean due to changes in circulation to the brain?"

Mr. Collins: "I think he is the same."

Miss Arnold: "Does he know you people?"
Mr. Edwards: "Today was the first day he called me by my right name. He is moody. Just disagreeable. He has an inferiority complex, that's all."

Miss Arnold: "That's inferiority? (Everyone seemed to enjoy Mr. Edwards's comment.) He didn't have the slightest idea who the dietician was this morning."

Mr. Edwards: "He said a girl was coming up to work on his limbs, and said there was nothing wrong and even demonstrated. He said if she wanted to, she could come anyway."

Miss Lynch: "Did you get him to wash?"

Mr. Edwards: "I arranged the basin with everything within reach, and when I came back I asked him if he had washed. He said he had. I told him it didn't look so because his face was still dirty from breakfast. He washed then."

The next day, the observer stopped Mr. Foley in the corridor and questioned whether or not Mr. Clark had received his morning care yet.

Mr. Foley: "Oh, yes! He does himself. (pointed to Mr. Clark sitting in a wheelchair at the end of the corridor.) The faster you can finish him, the better off you are. I do things for him and then that's it. The longer you are around, the nastier he is apt to get."

Mr. Foley commented at team conference, "Mr. Clark is our number one problem. He shaved this morning."

Miss Harris: (head nurse) "Mr. Foley, did Mr. Clark have a bath? Is he clean?"
Mr. Foley: "No, he told me he had one yesterday."

Miss Harris: "He visits all the departments, even the Nursing Office, so we had better be sure he is clean. We don't want him down there dirty."

The team leader, Miss Arnold, had stated to Mr. Foley as she reviewed his patients that morning, "See that he has a shower or goes into the tub, and has clean pajamas. He may be in bed or on chair rest as much as possible. His cigarettes are to be limited."

Mr. Edwards was assigned next to Mr. Clark. As the observer passed Mr. Clark's room, Mr. Edwards was saying, "Mr. Clark, did you take your shower yet?"

Mr. Clark: "Yes, I took it at about 5 A.M."

Mr. Lamb, another patient in the room laughed from behind the curtain drawn around him and made some inaudible comment about 5 A.M.

During the team conference the team leader, Miss Baker, reminded Mr. Edwards about Mr. Clark smoking cigarettes.

Miss Baker: "Watch him closely for cigarettes. I found him this morning just about to burn himself."

Mr. Edwards: (related a similar incident.) "Within the last three weeks, he has become more unconscious of what he is doing. I checked his locker this morning. The patients in there are afraid and they watch him closely."

Miss Baker: "He is a menace."

Mr. Martin: "Is he allowed to go downstairs?"

Miss Baker: "Yes."
The next day, Mr. Collins who was assigned to Mr. Clark, was working in the same room with another patient, Mr. Lamb. He was in the process of attempting to find Mr. Lamb a bathrobe. (Mr. Lamb had been a patient many times at this hospital and often attempted to entertain the other patients, this time at Mr. Clark's expense.)

Mr. Collins returned to the room and explained that he had been unable to find a bathrobe, but that he was sure one would be available in about an hour. It appeared to bother Mr. Lamb that he did not have a robe, because he had just been allowed to ambulate after being confined to bed for several days.

Mr. Lamb: (to Mr. Clark) "Clark, can I borrow your robe?"

Mr. Clark: "This isn't a bathrobe." (Mr. Clark was sitting in a chair next to his bed with a bathrobe on.)

Mr. Lamb: "What is it then, a blanket?"

A few minutes later Mr. Clark dropped off to sleep in his chair.

Mr. Lamb: (to the other two patients in the room) "I'll bet I could get it off him and he wouldn't even know it." Mr. Clark opened his eyes at this point.

Mr. Lamb: "That woke you up, didn't it?"

Mr. Clark: "You have to keep your eyes open around here."

At team conference Mr. Collins reported, "Mr. Clark had a shower and a new bathrobe. He was sleeping most of the morning in the chair." Mr. Collins had previously told the observer that he did Mr. Clark early because then the patient tended to sleep for awhile.
Miss Harris, Miss Arnold, and Miss Curtis, team leader from the other team, discussed the binder that had been put on Mr. Clark to assist his breathing, especially when he received inhalation therapy. They discussed the method of application and the material to be used, and there was apparently some disagreement about this.

Miss Arnold: (to Mr. Collins) "Do you suppose we could put some of his bedside articles in his table rather than on his bed? I noticed that the bed was neatly made anyway. Maybe we could suggest it together this afternoon."

Mr. Collins agreed. (Mr. Clark keeps cigarettes, fruit and anything imaginable on his bed during the day.)

All written assignments in reference to Mr. Clark were quite alike. Instruction was usually given in reference to cleanliness and assisting him with his care.
Analysis Case III—Mr. Clark

Apparently the staff was very familiar with Mr. Clark. During team conference Miss Greene’s comment, “He started this morning with a burst of temper,” was acceptable because this type of behavior was not unusual for Mr. Clark. However, Mr. Davis’ remark in return, “Just satisfy him. If he feels he is getting the run around, he flies up,” indicated some understanding of the patient on his part and it would have been better if the team leader had taken an opportunity like this to discuss management of such a patient with the nursing assistants. Problems such as this are not unusual with many elderly patients and the nursing assistant needs information in order to provide them with maximum care. Miss Arnold demonstrated recognition of the potential contribution of the nursing assistant when she requested their observations concerning Mr. Clark’s behavior and orientation. Although Mr. Edwards demonstrated some understanding of the patient, he indicated a need for some interpretation of the patient’s behavior by his comment, “Today was the first day he called me by my right name. He is moody. Just disagreeable. He has an inferiority complex, that’s all.” His comment provided the team leader with this opportunity, but she made light of it stating, “That’s inferiority?” Mr. Edwards apparently handled the situation concerning the patient’s cleanliness well, but here again was an opportunity for the team leader to help the nursing
assistants with the management of his care. Perhaps together, they could have worked out a plan that would have insured adequate cleanliness.

Mr. Foley also indicated a need for a better understanding of the patient and more interpretation of his needs. In his attempt to give care as quickly as possible in order to avoid uncomfortable situations with the patient, it is quite possible that Mr. Clark had many needs that remained unattended. Mr. Foley was in need of guidance when he stated in team conference that he had accepted the patient's statement that he had a bath the previous day, especially since the team leader had stressed as she gave him his assignment that the patient should have a shower or a tub bath. His comment that the patient was the number one problem on the unit went unnoticed and was not utilized in planning methods of dealing with this patient. The group could have explored together possible reasons for the patient's behavior.

In Miss Baker's discussion with Mr. Edwards concerning Mr. Clark's smoking habits, she adequately warned him that the patient needed to be watched. However her statement that the patient was a "menace" did little to increase Mr. Edwards' understanding of the patient or the situation. Mr. Edwards appeared quite concerned about the smoking incident and the fears expressed by the other patients, yet the team leader said nothing to help him with the situation. Her expression, "He is a menace," indicated little understanding of the patient on her part. Further, this type of attitude about patients can be easily misunderstood and accepted as appropriate behavior by nursing assistants.

Miss Arnold managed the situation in team conference quite well when she suggested that something be done about Mr. Clark's bedside unit.
She made it clear that Mr. Collins had completed the unit well thus recognizing his effort. Her offer to assist him with this task was well made; however, it was quite unlikely that Mr. Clark would agree to the plan to put his belongings in the bedside table. This could have been discussed as a problem situation especially since it was likely to continue.

Admittedly, a patient like Mr. Clark poses a problem to any nursing staff, but it appeared in this case that the professional nurses possessed less understanding of this patient than the nursing assistants for whom they were responsible. This is an unfortunate situation if the nursing assistant is to receive the guidance and supervision he needs.
Case IV—Mr. Knight

Cast

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<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Mr. Knight</td>
<td>Patient</td>
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<tr>
<td>Miss Arnold</td>
<td>Team Leader</td>
</tr>
<tr>
<td>Miss Lynch</td>
<td>Team Leader</td>
</tr>
<tr>
<td>Mr. Davis</td>
<td>Nursing Assistant</td>
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<tr>
<td>Mr. Collins</td>
<td>Nursing Assistant</td>
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<tr>
<td>Mr. Edwards</td>
<td>Nursing Assistant</td>
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Case IV—Mr. Knight

Mr. Knight was a rather quiet, pleasant 66 year old white male. He was a patient with diabetes who had a cellulitis and a necrotic area on one of his heels. Mr. Knight also had difficulty with his eyesight and required considerable assistance with the management of his nursing care. The patient's ambulation had been restricted.

Today, Mr. Knight was assigned to Mr. Collins. The team leader's report to Mr. Collins concerning Mr. Knight consisted of:

Miss Arnold: "He may have a shower or a bed bath. He is diabetic and will need foot care with lanolin. Apply it to the rest of his legs around the ulcers."

In the report he gave at team conference concerning Mr. Knight, Mr. Collins said, "He had a bed bath. I didn't do his feet because they don't like lanolin on the feet in Physical Therapy. Then he was reading the paper."

Miss Arnold: "You will do it though."

Mr. Collins: "Yes."

Miss Lynch: "He seems to do less and less for himself. He doesn't even want to pick up his pills now."

Mr. Collins: "I had to put the thermometer in his mouth and he used to do that himself."

Mr. Edwards: "He knows how to feed himself though."
Mr. Davis: "You have to do things like peel an orange for him when he has his diet."

Several days later, Mr. Edwards was assigned to Mr. Knight. His written instructions stated, "bed bath, foot care, Physical Therapy at 9:30 A.M."

Miss Arnold: (reviewing the patient's care) "Mr. Knight is on self care. He goes to Physical Therapy."

Very soon after Mr. Edwards began his assignment, he appeared at the nurses' station with Mr. Knight in a wheelchair. He was on his way into the latrine to give Mr. Knight a shower.

Mr. Edwards: (to Miss Arnold, the team leader) "Now I just want to get this straight. Should his heel be covered?"

Miss Arnold: "Just put a piece of stockinette over it. I'll do his dressing when he gets back."

When Mr. Edwards had returned Mr. Knight to his room following the shower, the observer walked into the room. Mr. Edwards called the observer over to show her the improvement in the healing of the ulcer on the patient's heel. Mr. Edwards showed her the dry tissue that had fallen off during the shower, and pointed out the clean, healed area on the patient's heel.

The observer asked the patient what he did when he went to the Physical Therapy Department. Mr. Knight proceeded to very accurately describe Buerger's Exercises, though he did not call them by name.
Mr. Knight: "That area on my heel was an abscess followed by blisters.
The blisters were worse than the abscess."

Observer: (to Mr. Edwards) "Are you going to take Mr. Knight to Physical Therapy?"

Mr. Edwards: "Someone comes up for him."

Mr. Knight: "One of the orderlies (nursing assistants) usually takes me there, and they (Physical Therapy) bring me back."

Mr. Edwards: (to the observer) "See, I'm glad you asked that question."

Mr. Knight then proceeded to repeat the explanation of his therapy in Physical Therapy to Mr. Edwards.

Mr. Edwards: "Amazing." (While the patient explained the therapy, Mr. Edwards smiled and listened, but it was apparent from his comment of "amazing" that he was quite familiar with the therapy.)

At team conference that afternoon, Mr. Edwards reported on Mr. Knight's care.

Mr. Edwards: "He is in a gay mood. A piece of dead skin came off. I put a dry dressing on it. I don't think he needs lanolin anymore. It looks good."
Analysis Case IV—Mr. Knight

Since Mr. Knight had been a patient for some time the nursing assistants were fairly familiar with his care. When Miss Arnold reviewed the assignment with Mr. Collins, she reminded him that the patient was diabetic and would require foot care, and elaborated on this procedure related to Mr. Knight. Mr. Collins reported in team conference that he had not carried this out because members of the Physical Therapy Department apparently preferred not to have lanolin applied to the feet before the patient went to their department and also because the patient was reading the paper after he had returned to the unit. Mr. Collins exercised good judgment related to the application of the lanolin as long as this was a request from Physical Therapy. He seemed well aware of the fact that this had to be done, though perhaps it should have been done as soon as the patient had returned to the unit, in order to eliminate the possibility of not completing this aspect of the patient's care. The team leader could have assisted him with this decision.

The discussion that followed the above could be interpreted as a review of the patient's present condition. However, it does illustrate observations made by the nursing assistants in reference to the type of assistance the patient required.

Several days later, when Mr. Edwards was assigned to Mr. Knight, he sought information from the team leader in relation to how he should
care for the ulcer on the patient's heel while the patient had a shower. Miss Arnold responded in a brief, but clear fashion. Mr. Edwards demonstrated a good understanding of the healing process of the ulcer when he described the process that had taken place. However, he did indicate that he was not aware of the process involved in getting the patient to and from the Physical Therapy Department. It was fortunate that the patient could provide him with this information, but it would have been better if he had received this direction from the charge nurse.

When the patient repeated the explanation of his treatment in Physical Therapy to Mr. Edwards, after he had already described it to the observer in his presence, Mr. Edwards listened attentively, but it was apparent to the observer that he was familiar with the therapy and was hearing the patient out. At the conclusion, he smiled and commented, "Amazing." Thus, the situation was managed well--the patient was satisfied because he was allowed to continue, and even though Mr. Edwards commented at the end, this was done in a very pleasant manner.

Mr. Edwards' report in team conference that afternoon was illustrative of his ability to observe the patient well, to report his observations to the team leader, and also of his understanding of the patient's needs.
Case V--Communication Within Team A

Cast

Staff
Team Leader
Charge Nurse
Mr. Davis ................. Nursing Assistant
Mr. Collins ............... Nursing Assistant
Mr. Edwards ............. Nursing Assistant
Mr. Foley ............... Nursing Assistant

Patients
Mr. Lamb
Mr. Mallon
Mr. Quirk
Mr. Wright
Mr. Spencer
Mr. Nelson
Mr. Ray
Mr. Welles
Mr. Thayer
Mr. Vincent
Mr. White
Mr. Young
Case V.—Communication Within Team A

The team leader had concluded giving the nursing assistants their assignments for the day and all members of the staff were beginning their respective assignments when the team leader noticed Mr. Davis passing the nurses' station.

Team Leader: "Don't forget to take Mr. Henry to clinic at 9."

Mr. Davis: "O.K." (At this time, it was 9:10 A.M. and the team leader told the observer that this was her way of reminding him to take the patient to clinic.)

Mr. Collins, in the meantime had begun his assignment in one of the four-bed rooms. As the observer entered the room, Mr. Lamb was partially hidden behind the curtains and was proclaiming that finally he was being allowed to get up. (Mr. Lamb was a middle aged man, who was a frequent visitor to this hospital. He had cirrhosis and diabetes, and had had a recent fracture of the hip. He made little effort to adhere to the established medical regime.)

Mr. Collins: (approaching the patient) "Are you going to get up?"

Mr. Lamb: "You bet I am. Get me my crutches, will you, so that I can get going."

Mr. Collins: "Where are you going?"

Mr. Lamb: "Not far, I'm just going to walk around the room."

Mr. Collins: "You don't have a bathrobe." (Left the room to find one.)
Within a few minutes, Mr. Collins came back into the room, just as Mr. Lamb was saying to the rest of the patients, "He knows there is a package of cigarettes in it for him, that colored boy." (This implied that Mr. Collins expected a "tip" for getting a robe. The observer's impression of Mr. Collins belied this implication. The observer was also sure that Mr. Collins overheard him as he entered the room, though he did not indicate this.) Mr. Collins explained to Mr. Lamb that it would be about an hour before any bathrobe would be available.

Mr. Edwards entered the room at this time to weigh one of the other patients. Mr. Lamb, who was demonstrating his proficiency on crutches, by walking around the room with anything but the gait he had been taught, asked to be weighed.

Mr. Edwards: "I'd better not because you are on crutches."

While the observer and Mr. Collins were making the bed, Mr. Lamb said, "You don't have to put the rubber back on."

Mr. Collins: "It makes the bed tighter."

Mr. Lamb: "It doesn't do any good anyway because of the soaks I get."

Mr. Collins smiled and continued to make the bed. (Most of the patients on the unit do not have rubber drawsheets; they are taken off automatically when the patient comes in, unless a need is demonstrated for it.)

Just then, the team leader, who was coming down the corridor, stopped in one of the four-bed rooms.
Team Leader: "No, I don't want you Davis." Proceeding further down the corridor, she stopped in another room.

Team Leader: "Edwards, did you do all?" (Mr. Edwards apparently responded negatively.)

Team Leader: "Well, just because there are no curtains doesn't mean the patient shouldn't be protected. The door was shut and he was standing there stark naked. It must have been Collins then." (The rooms were being painted and not all of the curtains had been replaced.)

After Mr. Edwards had finished weighing the patients, he went to one of the rooms assigned to him and discovered two new patients.

Mr. Edwards: (to one of the new patients) "You're new, can you tell me your name?" Mr. Mallon, who was smoking, responded with his name.

Mr. Edwards: "Be careful of the smoking in bed, you know what they say, 'The ashes on the floor may be your own!'"

Mr. Mallon: "I know, you can see where my hand is." (His hand was over the ashtray.)

Mr. Edwards: "I'll bring back a water pitcher."

Mr. Edwards then went over to the other new patient in the room.

Mr. Edwards: "You're new too, what is your name?" Mr. Quirk introduced himself.

Mr. Edwards: "Do you smoke?"

Mr. Quirk: "No, I don't smoke, so you don't have to worry about me."

Mr. Edwards: "I'll bring you some water."
Sometime later Mr. Collins was talking to the new patient, Mr. Mallon. Mr. Collins explained later to the observer that the patient was telling him about his rheumatism and the pain in his joints. Mr. Collins stated that the patient thought a trapeze would help him to get up in bed.

At team conference that day, Mr. Edwards started to report first. He was currently discussing Mr. Wright. (Mr. Wright was a chronic cardiac who was recuperating from a myocardial infarction. He also had ulcerated areas on both legs.)

Mr. Edwards: "He had a tub bath and washed himself thoroughly."
Team Leader: "Did he get up to soak his feet?"
Mr. Edwards: "He was grounded, wasn't he?" (bed rest)
Team Leader: "He was gone all morning, and he is supposed to do it five times a day with warm water."
Mr. Edwards: "Is he allowed to use Phisohex?"
Team Leader: "Just soak them in plain water." (All of the morning assistants seemed to take notice of this.)
Team Leader: "Mr. Lamb said that he walked too much and was sleepy."

Mr. Quirk is a new patient. He is on a Gastric III diet. He is ambulatory and is self care. Mr. Mallon is a new patient also. He has acute rheumatoid arthritis. His arms are painful and stiff. He has trouble getting them up."

Charge Nurse: "Does he have a footboard?"
Mr. Edwards: "No!"

Mr. Collins: "He complains of rheumatism, and says all his joints are sore."

Charge Nurse: "There is a possibility that it may be a penicillin reaction because it came on so fast. It may go just as fast. It all started with a cold."

Mr. Collins: "He says that he feels better now than he did this morning."

Team Leader: "He said that the pain order I gave him helped."

Once Mr. Edwards had finished his report, Mr. Collins began his.

Mr. Collins: "Mr. Spencer takes care of himself." (Mr. Spencer was a young man with an ulcer. The patient was on a medical regime, but did not adhere to the feeding schedule at all and made little attempt to understand it. He was subsequently transferred to surgery.)

Team Leader: "Is he still obnoxious?"

Mr. Collins: "About the same."

Team Leader: "He was shook about his feedings at one time."

Mr. Collins: "Mr. Nelson fell in the latrine. He lost his balance sitting down. He bruised his back, but it is just a small scratch." (Mr. Nelson was a 63 year old man. He was a diabetic and had had one toe amputated. His eyesight was poor, so that he could not see to read and required supervision of all activities.)
Team Leader: "I'll have the doctor look at him."

Charge Nurse: "Mr. Collins, would you demonstrate what happened?"

The group seemed to enjoy this and laughed. Mr. Collins attempted to sit back in the chair, pretending there was a wheelchair in front of him. When he went to sit back, he pretended to fall backward. The charge nurse thanked him and related his demonstration to the safety of the patient.

Mr. Collins: "Mr. Ray had a bed bath and a back rub." (Mr. Ray was a 46 year old man who was admitted in cardiac failure. Mr. Ray also was a rather severe alcoholic. However, he made a good adjustment to the unit, and progressed rapidly.)

Team Leader: "Is he alert?"

Mr. Collins: "Yes."

Mr. Edwards: "What is his trouble?"

Team Leader: "He is an alcoholic and a cardiac. He is an acute cardiac, and is not to do too much for himself. He can do his face and hands but not his feet. Does he have elastic stockings?"

Mr. Collins: "Yes, when I did his feet, he said it tickled." (group laughed.) "He said sometimes he can hardly do it."

Team Leader: "You get patients like that."

Charge Nurse: "Sometimes if you use the tub on the bed to soak the feet and then pat them dry, it helps."
Mr. Davis: "Mr. Ray mentioned to the doctor that he thought he would be going home soon, and the doctor told him it would be about two weeks. He wasn't too encouraged. He told me about being an alcoholic and wondered how much alcohol he could take before having the D.T.'s. He said that sometimes when he was drinking, he didn't know one day from another. Mr. Thomas, (another patient in the room) told him that if he didn't have the D.T.'s, he would get cirrhosis." (Mr. Thomas had cirrhosis.)

Mr. Edwards: "Some of the other patients have noticed the patient with the D. T.'s and seem afraid."

Some discussion followed between the nursing assistants about patients they had formerly had with the D. T.'s. Then Mr. Collins said, "I had rectal temperatures and Mr. Ray's was 100 1/4."

Team Leader: "Yes, I know."

Mr. Davis began his report.

Mr. Davis: "Mr. Welles went to have a cast put on. Is that to help the pain?" (Mr. Welles is a 39 year old asthmatic. At this time, the asthma had been controlled, but he was also suffering from an acute episode of rheumatoid arthritis and the cast had been applied to keep the wrist joint immobile and thus reduce pain.)

Team Leader: "Yes, I believe so. By getting it immobile, you know, One of the things you want to be sure to watch is the circulation in his fingers. They will probably take him up tomorrow and bivalve it, you know, give him the shell."
Mr. Davis: "Mr. Thayer went to X-ray this morning. He did complain of some pain. He had no complaints other than that." (Mr. Thayer was a 35 year old man. Mr. Thayer was a newly admitted, acutely ill patient with a question of an obstructive ulcer. He had just had a gastric tube removed, which had been in place for one day prior to this.)

Team Leader: "Did you bathe him?"

Mr. Davis: "No, he just had fresh pajamas. There was no time for a bath."

Team Leader: "If you have time this afternoon, take care of his back and his feet. His feet were quite dirty on admission. The I. V. is to go until 8 P.M. All of you watch this. It should be about half through at 500 c.c. by 4 P.M."

Mr. Davis: "How many drops a minute?"

Team Leader: (amazed) "Don't ask me that. I don't know anything about drops! Who gave you boys that class anyway? Who brought that up? Mr. Edwards, it sounds like something you would ask." (This was done in a joking fashion.)

Mr. Edwards: "What is the average time?"

Charge Nurse: "The doctor sets the time. There is no average patient. It may take four hours, eight hours or whatever. We always ask him how soon it is to go in." The charge nurse also went into a brief discussion of various conditions and why in these patients the rate of flow is different. She gave as one example the possibility of overloading the
circulation of the cardiac patient. (The nursing assistants appeared quite interested. Apparently, at their last meeting, they had discussed intravenous therapy and the rate of flow.)

Mr. Davis: "Mr. Vincent is self care. He complains of back pain. He gets some kind of pain pills I think." (Mr. Vincent was 24 years old. He had been admitted several times to this hospital and was considered at this point to be terminally ill due to Hodgkin's Disease. He was a quiet boy, who tolerated his difficulties well. He required complete nursing care and received frequent medication for pain.)

Team Leader: "Yeah, he gets pain in the back."

Mr. Davis: "He has been taken off reverse precautions."  

Team Leader: "He doesn't get up much, does he?"

Mr. Davis: "He uses the john, but he lies down quite a bit."

Team Leader: "Now that he is getting X-ray therapy, watch his back for broken areas. He is to have extra fluids. Encourage as much activity as possible for him, the time will come when he will be in bed and won't be able to do anything."

Mr. Edwards: "He had a good breakfast and lunch."

Mr. Davis: "Mr. White is self care. He took a shower. He is on a 24 hour urine. No complaints." (Mr. White was an elderly gentleman who was at this stage undergoing diagnostic studies. It was

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1 Reverse precautions were used as a means of protecting the patient from infection.
fairly certain that he was suffering from pernicious anemia.)

Charge Nurse: "Do you know why we are collecting his urine? They think he has some kind of anemia, and he had radioactive B12 yesterday. We are collecting all of his urine to help in the diagnosis." Mr. Davis nodded.

Mr. Foley gave his report following Mr. Davis and concluded with Mr. Young. (Mr. Young was a young man who had nephrosis, currently complicated by pneumonia and septicemia. He was on the seriously ill list.)

Mr. Foley: "He had a bath and his elastic stockings reapplied. His I.V. is running slowly."

Charge Nurse: "Does he have any red areas? You want to watch these patients that are kept in bed. If you have any chance to rub their backs, do so."

Team Leader: "Did we take his pitcher out? Dr. Jones had said something about a mouth infection."

Charge Nurse: "It is up to Dr. Jones to let us know if he wants him in isolation. He is already on reverse precautions."

Mr. Edwards: "We could put his name on the pitcher with adhesive tape."

After all of the assistants had reported on their patients, Mr. Edwards said that at the last meeting for nursing assistants he had suggested that minutes of the meeting be taken. He had also suggested that the supervisor take them, but this was turned back to the nursing assistants.

Charge Nurse: "It would be good experience for you to take them."
Mr. Edwards: "Good idea." (coyly)

Charge Nurse: "You could all take turns, the Assistant Chief of Nursing Education would help you."

Team Leader: "Mr. Conway is to be moved into 405. This is so that he can be observed more closely." (Mr. Conway, a cardiac, was readmitted this morning for psychiatric evaluation. The nursing assistants had cared for him during his previous hospitalizations.)

Mr. Davis: "Is he suicidal?"

Team Leader: "No, the psychiatrist says that he is not. He is to be given all the privileges of the other patients. If you notice depression and sitting by himself and staring, or crying, you are to report it."

Shortly after the team conference, Mr. Collins came to the nurses' station and reported, "Mr. Mallon says he has pains on the left side and that he has a sore throat."

Team Leader: "Sore throat? Where on his left side?"

Mr. Collins: "About here." (pointed on himself at about waist level.)

The team leader then proceeded to attend to Mr. Mallon's needs.
Analysis Case V--Communication within Team A

The team leader handled the situation well when she reminded Mr. Davis at 9:10 A.M. to take a patient to clinic by saying, "Don't forget to take Mr. Henry to clinic at 9." In spite of the fact that he was already late, this was apparently not usual behavior for Mr. Davis, and the method used was better than making an issue of the incident.

In the incident involving Mr. Collins and the patient Mr. Lamb, Mr. Collins was attempting to locate a robe for him because Mr. Lamb appeared to be uncomfortable without one. It was unfortunate that Mr. Collins overheard the remark Mr. Lamb made, "He knows there is a package of cigarettes in it for him, that colored boy." Even though, this was probably the thought furthest from Mr. Collins' mind, his behavior was commendable when he ignored the remark. Mr. Edwards exercised good judgment when he refused to weigh Mr. Lamb because he was on crutches, and his explanation to the patient was sufficient. In reference to placing the rubber drawsheet on the bed again, Mr. Collins might have given Mr. Lamb a more complete explanation of why the rubber sheet was necessary rather than the superficial reason he offered. Although Mr. Lamb was a patient who had a great deal to say about everything, he indicated a need for further explanation when he said, "It doesn't do any good anyway because of the soaks I get."

The team leader demonstrated poor judgment by going down the corridor from room to room trying to find the nursing assistant who had left
the patient exposed as he bathed. This type of behavior is a poor example for the nursing assistants and creates an unfavorable impression in the presence of other patients and even visitors if they happen to be present. The team leader could have easily checked the assignment sheet in order to discover who was involved in the situation. In addition, the nursing assistants were disturbed unnecessarily at their work.

Mr. Edwards should have been notified of the presence of the two new patients in one of his rooms before he discovered them himself in the process of attending another patient. He handled the situation very nicely, by having the patients identify themselves and attempting to make them comfortable by providing water and ashtrays for them. His comment to Mr. Mallon about his smoking, "Be careful of the smoking in bed, you know what they say, 'the ashes on the floor may be your own'," was probably not the best choice, but was an obvious attempt to establish rapport with the patient and at the same time to warn him of the hazard involved in smoking in bed. Mr. Mallon seemed to accept his suggestion well.

At team conference Mr. Edwards appeared confused in relation to the activity allowed Mr. Wright. Apparently this had not been previously clearly interpreted to him. For the benefit of all the nursing assistants present it might have been better if the team leader had taken this opportunity to describe in detail the soaks that were to be done. At the conclusion of Mr. Edwards' report, the team leader briefly reviewed his two new patients. This was adequate in view of the fact that she
probably did not have any further information at the time. Mr. Collins reported information to the team leader that he had discovered while talking to the patient. He did not include the fact that the patient thought a trapeze would help him to move about the bed. The charge nurse included some information related to possible cause of the patient's difficulty that would help the nursing assistants to understand the patient's problem.

When Mr. Collins reported on Mr. Spencer, the team leader's question, "Is he still obnoxious?" was in bad taste. Even though Mr. Spencer had been difficult to manage and was uncooperative about his feedings, this might have been an indication of an emotional aspect of his disease. By using this terminology with the nursing assistant, the nurse did not contribute to his understanding of the patient but merely set a poor example for him. The team leader's next comment, "He was shook about his feedings at one time," was equally bad taste.

Mr. Collins reported well on the episode of Mr. Nelson falling in the latrine, when he gave his observations of injury. Perhaps the team leader should have offered to visit the patient to check his condition as well as to state that she would have the doctor look at him. Possible reasons for the charge nurse's request to have Mr. Collins demonstrate the incident might be either to color the conference somewhat, or to encourage Mr. Collins who was usually a rather quiet individual. If the latter was true, then she was successful, because even Mr. Collins seemed to enjoy his role. The team leader also made good use of the incident when she emphasized its relation to the patient's safety.
The team leader utilized Mr. Collins' contact with Mr. Ray when she asked him if he thought the patient was alert. Her response to Mr. Edwards' question about the patient's difficulty was adequate in relation to physical needs. The charge nurse offered Mr. Collins good suggestions regarding the care of the patient's feet. Mr. Davis brought up an interesting issue in relation to Mr. Ray's care. This issue was definitely an emotional need expressed by the patient concerning his addiction to alcohol. No doubt the other patient's comment, that if he didn't have the D. T.'s, he would get cirrhosis, only served to increase his fear and anxiety. Mr. Davis' report, plus the addition by Mr. Edwards concerning the fear expressed by the other patients in relation to alcoholism, provided an excellent opportunity for the team leader to do some teaching and thus develop the nursing assistants' understanding of how to cope with such a problem. It was unfortunate that the team leader did not utilize this opportunity. It might also be that the team leader should make use of this knowledge about the patient and establish contact with the patient in an effort to help him with his problem.

Mr. Davis displayed good knowledge when he questioned the team leader about the application of the cast to Mr. Welles' arm. The team leader supplied him with information in her response to his question and also added an observation that she expected him to make. This was an example of good incidental teaching.

During the team conference, Mr. Davis reported the fact that Mr. Thayer was having pain. Though he had not been able to bathe the patient, because the patient had been in X-ray all morning, the team
leader stressed certain needs that she felt should receive attention, the patient's back and feet. The team leader asked all of the nursing assistants to observe the intravenous which she stated was to last until 8 P.M. Mr. Davis asked a very legitimate question, "How many drops a minute?" because the team leader had been quite vague. If she expected the assistants to watch it, they needed a better measure than, "It should be half through at 500 c.c. by 4 P.M." Though her reaction and statement following Mr. Davis' question were done in a joking fashion, she avoided answering a question concerning a vital issue. If she did not know, she should have told them that she would get the information and then let them know. The nursing assistants appeared to have some information on the subject and seemed eager for more. The charge nurse attempted to satisfy them, which was good, but did not supply the specific information they sought. The team leader's remarks might even have caused the assistants to have doubt about the information they had, and it is possible might even repress further thought they might have concerning the matter.

In the team conference Mr. Davis made the observation that Mr. Vincent was suffering pain. He demonstrated his familiarity with the patient's care when he stated, "He has been taken off reverse precautions." The team leader did some teaching in this instance when she advised the assistants about X-ray therapy. In addition she contributed to their understanding of Mr. Vincent when she stressed the importance at this time of activity for the patient.
The charge nurse did some good teaching in relation to Mr. White. When Mr. Davis related that the patient was on a twenty-four hour urine, she proceeded to explain the reason for this. The charge nurse also saw an opportunity to teach when Mr. Foley discussed Mr. Young. This was done in relation to reddened areas and could be used by the nursing assistants in their care for any bed patients. At the team conference, the group discussed the importance of not mixing Mr. Young's water pitcher with other pitchers, since Mr. Young had a mouth infection. Mr. Edwards offered a good suggestion when he recommended using an adhesive tape label.

After the assistants had concluded the discussion of their patients, Mr. Edwards mentioned that at the last meeting of the nursing assistants he had suggested that minutes be taken. It apparently was decided that the assistants should do this. The charge nurse attempted to support this decision, possibly so that they would see some value in doing this themselves. She further suggested that they might take turns and that she was sure the Assistant Chief in Nursing Education would help them. This was a form of encouragement for them.

The team leader provided the nursing assistants with definite observations that they should make in relation to Mr. Conway, a patient who had a definite psychiatric problem. The concluding incident concerning Mr. Mallon was illustrative of the type of observing and incidental reporting that the nursing assistant did.
CHAPTER V

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

As a result of the analysis of the data, the hypothesis, that there are significant patient needs that remain either unrecognized or unattended, because the nursing assistant does not recognize the importance of these needs or does not communicate them to the nursing team leader was substantiated. According to the data that were collected, it was felt that the nursing assistant needed some help in the area of recognition of patient needs. Admittedly, he reported many patient needs, both physical and emotional, but there was no proof available as to whether or not he realized the significance of these needs, and therefore, his role in the satisfaction of patient needs. It was the impression of the author that the nursing assistant was confronted with patient needs, physical and emotional, either of a nature that could be visibly observed by him, or expressed verbally by the patient. In almost every case in which the patient verbally expressed a need, the nursing assistant either fulfilled this himself or took it to his team leader. In reference to needs that could be observed by him, the nursing assistant again performed well in this area when the needs were of a physical nature. However, there were instances when a patient indirectly communicated a need that was not noted by the nurs-
ing assistant, and it was in these cases that patient needs remained unattended with few exceptions.

Conclusions

The purpose of this study was to analyze the inter-communication taking place between the nursing assistant, the patient and the team leader in order to ascertain what guidance and supervision of the nursing assistant is necessary, in order to improve his ability to identify and meet the needs of the patient.

1. According to the data presented, the patient did accept and utilize the nursing assistant in terms of communicating his needs.

2. The nursing assistant did recognize most physical needs as they were presented in the process of caring for the patient.

3. The nursing assistant was not always aware of needs that were more profound, or covert; for example, suppressed anxiety or fear.

4. The nursing assistant did relay patient needs that he recognized to his team leader or charge nurse through incidental contact and team conference.

5. The nursing assistant did not attempt to satisfy patient needs requiring more skill and ability than he possessed.

6. Time as a factor did not influence the amount and type of communication observed.
7. The approach used by the professional nurse, her interest, and her skills in guiding and directing the nursing assistant were in most cases conducive to his communication. Similarly, the atmosphere at team conference was such that the nursing assistant was encouraged to participate and contribute to the discussion.

8. Most of the preparation and information given the nursing assistant was in terms of the physical needs of the patient—only a few instances included emotional needs.

9. The communication involved as the professional nurse prepared the nursing assistant for the care of patients was geared to his level of understanding.

10. The professional nurse could have made use of some of the information the nursing assistant brought to her in terms of establishing contact with the patient herself.

11. There were instances when the nursing assistant either directly asked for more information, or when an excellent opportunity to do some teaching and thus improve their understanding of the patient, was present that the professional nurse did not utilize or did so in a superficial, inadequate manner.

12. The nursing assistant requires more guidance in relation to the significance and identification of the more profound or covert patient needs, if he is to continue the
responsibilities he presently has for the care of the patient. This was especially true in this situation since as was previously stated, the nursing assistant was exposed to these needs, and the nurse needs to utilize the contact the nursing assistant has with the patient in order to plan and provide maximum patient care.

Recommendations

1. That more guidance and supervision of the nursing assistant be directed toward assisting him to better identify the more profound or covert patient needs particularly those of an emotional nature.

2. That the professional nurse help the nursing assistant develop his skills in communication with the patient, if the patient is to receive maximum benefit from the care given to him.

3. That team conferences be used as problem solving sessions to help the nursing assistant meet the needs of the patient.

4. That the professional nurse utilize information given to her by the nursing assistant to establish a closer contact between her and the patient, and to better supervise and plan patient care.
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APPENDIX A

POSITION DESCRIPTION - NURSING ASSISTANT (M&S) GS-621-2 (General)

1. Nature and Purpose of Work:

A. Introduction

My position is that of a Nursing Assistant on medical, surgical and paraplegic wards. As a trainee during the first six months, I receive 65 hours of formal classroom instruction. On the wards, the nursing staff provides additional instruction and closely supervised practice on day, evening and night duty.

2. Duties:

As a member of the nursing team I perform the following patient care activities after I have received instruction.

1. Personal Hygiene of Patients - care of hair, skin, nails, oral hygiene and hygiene of elimination.
2. Make all types of beds, give all types of baths.
3. Turn and position patients to prevent pressure ulcers.
4. Help patients to ambulate, lift to stretchers and wheelchairs.
5. Assist patients with dressing, apply braces, prosthetics and eating devices.
6. Serve water, nourishment, food trays, feed patients and record intake and output of fluids.
7. Provide supportive care such as foot boards, rubber rings, bed boards, side rails, sandbags and other comfort and safety devices.
8. Observe and report symptoms of patients.
10. Admit, transfer and discharge patients, care for their clothing and valuables.
11. Transport patients to operating room, x-ray, and various clinics.
12. Take temperature, pulse, respiration and blood pressure.
14. For patients on bladder and bowel training programs, insert suppositories, give enemas, operate bladder drainage equipment.
15. Prepare patients for operating room, care for post-operative patients.
16. Operate electric and thermatic suction equipment, empty and record drainage, clean bottles.
17. Set up oxygen equipment, care for patients receiving oxygen.
18. Operate respirator, care for patients in respirator.
19. Fill and apply hot water bags, ice caps, give sitz baths.
20. Care for body after death.
21. Carry out isolation technique for patients having a communicable disease.
22. "Special" patients such as psychotics, epileptics and very ill patients.

In addition to giving personal care to patients I also perform the following activities:

1. Clean and sterilize ward utensils and equipment.
2. Defrost and clean ward refrigerators.
3. Do errands such as deliver emergency requisitions and obtain supplies from Central Supply, Pharmacy etc.
4. Inspect equipment and report needed repairs.
5. Assist with visitor control system.
6. Help clean ward in the absence of the janitor.
7. Carry out special assignments when detailed to other departments in emergency.

2. Scope and Effect of Work:

When giving treatments, my work requires a knowledge of anatomy and physiology and constant application of the principles of physics and asepsis. Ignorance or carelessness in the handling of patients with drainage tube from lung, stomach, kidney or bladder might result in collapsed lung, blocking of drainage tubes or serious injury and infection to internal organs.

3. Supervision and Guidance Received:

Immediate supervision is provided by the Head Nurse and Team Leader under a formal "Nursing Team Plan." Ward conferences and daily Team conferences provide continuous instruction. My written daily assignments are explicit and additional verbal explanation is always available from the Team Leader. A ward procedure book and policy book provide written instructions at all times.

4. Mental Demands:

General duties are performed according to established hospital policies and procedures. Although the general work is specifically taught and assigned, it is necessary to exercise
judgement in planning the order of work and handling the requests of patients which interrupt my work. Occasionally, I must adapt general equipment and procedure to the problems of a difficult patient. Also, in Team Conferences I help plan and evaluate effective patient care.

5. Personal Work Contacts:

My contacts are chiefly with patients, nurses, doctors and other nursing assistants. I frequently contact personnel of other departments such as xray, P.T. etc., when transporting patients to those areas. Also, I have occasion to escort visitors to patients rooms, or refer them to a doctor or nurse.

6. Other:

To carry out the above mentioned duties and responsibilities, it is necessary to maintain excellent physical condition, to be able to do arduous duties and to be dependable.
APPENDIX B

VETERANS ADMINISTRATION HOSPITAL
West Roxbury, Massachusetts

Position Description - HOSPITAL AIDE (General) - GS-621-3

1. Nature and Purpose of Work:

A. Introduction:

This position is that of a general hospital aide performing all patient care duties in all wards at a general medical and surgical hospital.

B. Duties: (1 and 2)

Specializing Patients  Assigned to and responsible for care and comfort of one adult veteran patient. Maintains close observation of and reports all changes in condition, and notes signs and symptoms, physical and mental. Takes and records rectal and oral temperatures, pulse, respiration and blood pressure.  5%

General  Personal hygiene of patients including all types of baths, care of hair, skin, nails, oral hygiene, hygiene, and hygiene of elimination. Supportive measures of good nursing care as back care, proper utilization of equipment such as mechanical beds, rubber rings, bed boards, side rails, etc. Caring for patients on isolation technique.  45%

Gives treatments such as enemas, irrigations, sitz baths, foot soaks, hand soaks. Prepares patients for the operating room; taking temperatures, pulses, respiration, and blood pressure. Assists doctors by preparing and holding patients for special procedures such as dressings, lumbar puncture, abdominal paracenteses, thoracenteses, irrigations, biopsies, and venapuncture therapy. Assists nurses to set up, adjust, and periodically inspect all types of suction syphonage, putting patients in oxygen tent. Measures and records all types of intake and output. Care for body after death.  15%

Carries food trays to patients, adjusts patients to comfortable positions for eating and feeds helpless patients.  10%
Collects, observes, reports to nurse and delivers to laboratories all specimens collected for diagnostic, treatment, and research purposes. Weighs and measures patients.

Transports patients to operating rooms, X-ray, and various clinics, and performs routine duties on the wards concerned with admission, transfer, and discharge of patients.

Other: Cleans and sterilizes ward utensils and equipment. Cares for and operates vat sterilizers. Cleans patients' immediate environment.

2. Scope and Effect of Work:

There are definite techniques and procedures carried out. I must always be ready to meet the needs of many variables in the department where I am working. It is essential for me to plan and organize my work so as to meet the unexpected. My actions have a direct influence on patients' care. I must at all times be alert and exercise good judgment in carrying out treatments so as not to endanger patients' welfare.

3. Supervision and Guidance Received:

The nurse in charge of the ward is my immediate supervisor. General supervision and instruction in special procedures such as isolation techniques, use of respirators, stryker frames, etc., is given by supervisors of the department or instructors. Special instructions are given on unusual techniques. Manuals, information bulletins, written procedures are available on the ward for reference.

4. Mental Demands:

Because of the frequent emergencies which arise on wards, I must be constantly alert to the changing needs and be prepared to assist and cooperate in meeting the situation. There is no limitation as to the extent of the task to be performed and independent performance is rendered, not only in routine duties, but also in the more difficult ones.

5. Personal Work Contacts:

My contacts are chiefly with patients, nurses, doctors, other hospital aides, visitors and personnel in Central Service, Pharmacy, Supply and Engineering. Person-to-person relationship with patients particularly require constant application of patience, tact, and dependability.
APPENDIX C

CONSOLIDATED VETERANS ADMINISTRATION HOSPITALS
Boston 30, Massachusetts
(West Roxbury Division)

November 20, 1958

POSITION DESCRIPTION - NURSING ASSISTANT (GENERAL) GS-621-4

1. Nature and Purpose of Work:

A. Introduction:

1) My position is that of a Nursing Assistant on medical, surgical, and paraplegic wards. I am assigned to care for the seriously ill patients and those requiring a high degree of specialized skills and knowledge.

B. Duties:

1) Make all types of beds, give all types of baths.
2) Personal Hygiene of patients—care of hair, skin, nails, oral hygiene and hygiene of elimination.
3) Turn and position patients.
4) Serve water, nourishment, food trays and record intake and output.
5) Observe and report symptoms of patients.
6) Observe and report excretions, collect specimens, test diabetic urine.
7) Take temperature, pulse, respiration and blood pressure.
8) Weigh and measure patients.
9) Assist with bowel training, insert suppositories and give enemas.
10) Assist with bladder training, operate bladder drainage equipment.
11) Prepare patients for operating room, care for post-operative patients.
12) Help recent post-operative patients, feeble and crippled patients to ambulate.
13) Operate electric and thermotic suction equipment, empty and record drainage; clean bottles.
Position Description (Cont.)

14) Set up oxygen equipment, care for patients receiving oxygen.
15) Operate respirator, care for patients in respirator.
16) Carry out isolation technique for patients having a communicable disease.
17) "Special patients" such as very ill patients, irrational patients or those having seizures.
18) Care for patients on Stryker frames.
19) Assistant with administration of intravenous fluids.
20) Position patients and help with lumbar punctures and proc-toscopies.
21) Fill and apply hot water bags, ice caps, give Sitz baths.
22) Clean and sterilize ward utensils and equipment.
23) Do errands as assigned by nurse in charge.

2. Scope and Effect of Work:

I am assigned to care for the more seriously ill patients, recent post-operatives, and those requiring especially careful handling; therefore, it is essential that I be highly skilled in nursing techniques so that in my daily patient care I throw no added burden on the patient. I must be quick to detect change in patient’s condition and in grasping the significance of the change. Failure to use good judgment in reporting to my team leader might imperil a patient’s life. I must be familiar with and rigidly adhere to aseptic technique in many of the procedures I carry out, otherwise infections might occur.

3. Supervision and Guidance Received:

My immediate supervisor is the team leader. At the beginning of the tour of duty she gives me my assignment for the eight hour period along with the pertinent details necessary for the intelligent performance of my duties. For the rest of the period I am expected to carry on, on my own, with periodic supervision from her. She is always available should I need to report change of patient’s condition or ask advice.
4. Mental Demands:

Ability to plan, think clearly and act quickly is necessary. Alertness, self-control and promptness in carrying out orders, especially in emergency situations is essential. Ability to anticipate the needs of doctors and nurses, ability to work under pressure; a high degree of tact, patience and sympathetic understanding in interpersonal relationship with patients is required.

5. Personal Work Contacts:

My closest contacts are with the nurses, doctors, patients and their families.
APPENDIX D
VETERANS ADMINISTRATION HOSPITAL
West Roxbury, Massachusetts
PERIODIC EVALUATION - NURSING ASSISTANTS

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RATING PERIOD

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<td>2. Maintenance of equipment.</td>
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<td>3. Presentability of work.</td>
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DEPENDABILITY

| 1. Attendance record. Include reporting on and off duty. |
| 2. Notification to Nursing Office when unable to report for duty. |
| 3. Completion of duties. (Reports when unable to do so). |
| 4. Degree to which he follows instructions. |
| 5. Degree to which he seeks advice. |
| 6. Accidents or injuries to patients or self are reported according to regulations. |

OTHER ELEMENTS OF PERFORMANCE

| 1. Performance as member of the nursing team. |
| 3. Courtesy and helpfulness. |
| 4. Productivity. |
| 5. Discretion and tact. |

REMARKS:

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(Signature)

I have read this report:

(Signature)