A study to determine the activities of the nursing assistants in the admission and discharge unit of the patients' control section of one veterans administration hospital, the time required to perform these activities, and the source from which the authority to perform was derived.

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Boston University
A STUDY TO DETERMINE THE ACTIVITIES OF THE NURSING ASSISTANTS IN THE ADMISSION AND DISCHARGE UNIT OF THE PATIENTS' CONTROL SECTION OF ONE VETERANS ADMINISTRATION HOSPITAL, THE TIME REQUIRED TO PERFORM THESE ACTIVITIES, AND THE SOURCE FROM WHICH THE AUTHORITY TO PERFORM WAS DERIVED

By

Mildred Louise Murray
B. S., Boston College, 1959

A field study submitted in partial fulfillment of the requirements for the Degree of Master of Science in the School of Nursing
Boston University
September 1960

First Reader: [Signature]
Second Reader: [Signature]
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# TABLE OF CONTENTS

## CHAPTER PAGE

### I. INTRODUCTION

- Definition of Terms ........................................... 1
- Statement of Problem ....................................... 3
- Justification of Problem .................................... 3
- Scope and Limitations ...................................... 3
- Statement of Hypothesis .................................. 3
- Preview of Methodology .................................. 4
- Sequence of Presentation ................................ 4

### II. THEORETICAL FRAMEWORK OF THE STUDY

- Review of Literature ........................................ 5

### III. METHODOLOGY ........................................... 14

- Selection and Description of Sample .................... 15
- Tools Used to Collect Data ................................. 15
- Procurement of Data ....................................... 15

### IV. FINDINGS ................................................. 18

- Presentation and Discussion of Data .................... 18

### V. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS .... 25

- Summary .................................................... 25
- Conclusions ............................................... 26
- Recommendations ........................................ 26

**BIBLIOGRAPHY** ............................................... 28

**APPENDIX** .................................................. 30
<table>
<thead>
<tr>
<th>FIGURE</th>
<th>FIGURES PERCENTAGE DISTRIBUTION OF TIME SPENT IN EACH CATEGORY</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PERCENTAGE DISTRIBUTION OF TIME SPENT IN EACH CATEGORY</td>
<td>24</td>
</tr>
<tr>
<td>TABLE</td>
<td>ACTIVITIES OF NURSING ASSISTANTS BY CATEGORY, NUMBER OF TIMES PERFORMED, LENGTH OF TIME INVOLVED AND SOURCE OF AUTHORITY</td>
<td>PAGE</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>I</td>
<td>ACTIVITIES OF NURSING ASSISTANTS BY CATEGORY, NUMBER OF TIMES PERFORMED, LENGTH OF TIME INVOLVED AND SOURCE OF AUTHORITY</td>
<td>19</td>
</tr>
<tr>
<td>II</td>
<td>ACTIVITIES OF LESS THAN FIVE MINUTES DURATION BY CATEGORY, NUMBER OF TIMES PERFORMED AND SOURCE OF AUTHORITY</td>
<td>23</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION

Auxiliary personnel have come to play an important role in nursing. Since the term auxiliary implies assistant, it is important that this type of employee receive direction from the professional nurse and that he be placed in positions, under supervision, where his capabilities are utilized to the fullest.

The nursing assistant as defined in the Veterans Administration is a non-professional worker who performs duties, under supervision of professional nurses or physicians or both, which do not require the knowledge, judgment, and skill of the professional nurse. The qualifications for the position are that all applicants must demonstrate the ability to read and write to a degree sufficient to perform the duties of the position.¹

These assistants upon employment receive specific classroom instruction and supervised ward practice from

¹Board of U.S. Civil Service Examiners, Veterans Administrative Hospital. ...Examination For Career-Conditional Appointment To The Position of Nursing Assistant, p. 2. (Washington, D.C.)
professional nurses. Eighty-five hours of instruction in eight weeks is the usual length of the course. The first two weeks are under the direct supervision of the nursing instructor with classroom instruction and on-the-job practice. The second six weeks the assistants spend six hours a week in the classroom and the remainder of the time on the units. After a period of two years, they are evaluated and the nursing assistants who have demonstrated satisfactory performance, may take the advanced course of twenty to forty hours which places them in a different classification and improves the financial and job status in the organization.

The title Registrar in the Veterans Administration indicates an administrative officer responsible for all the administrative activities concerned with the admission and discharge of patients, the maintenance of all patients' records and all activities which furnish clerical assistance on the units to the professional services both medical and nursing.

The term Clerk is applied to the non-professional person who is functionally responsible for the processing of all paper work concerned with the admission and discharge of patients and who is directly responsible to the registrar.

The writer's interest in the role of auxiliary nursing personnel arose, in part, from a discussion with the
chief nurse and assistant chief nurse in a local Veterans Hospital. In this agency consideration was being given to the placement of nursing assistants in positions where their services would be most valuable to the institution as well as satisfying to them as employees.

STATEMENT OF PROBLEM; SOURCES OF DATA AND METHOD OF PROCEDURE

The purpose of this study was to determine the following: the activities of the nursing assistants in the admission and discharge unit of the patients' control section of one Veterans Administration Hospital; the time required to perform these activities; and the source from which the authority to perform was derived.

The writer was of the opinion that the duties performed by the nursing assistant in the admission and discharge unit were not in accord with those listed in the Position Description and that certain activities of the nursing assistant were being authorized by persons who had not been invested with this authority.

The data needed were: the activities currently performed by the nursing assistant, the amount of time the assistant spent on each task, and the person or persons who assigned the activities.

The hospital used for the study was unique in that
it admits veterans only to the clinics and these on the condition that they have been inpatients. Also all veterans admitted to the hospital had to be seen by the admitting doctor in the admission and discharge unit of the department which received all patients in the hospital.

The Registrar had overall responsibility for the administration of the department, the Director Of Professional Services was responsible for the professional personnel and services. There was one professional nurse and three nursing assistants assigned to the admission and discharge area. The three nursing assistants in this unit were the persons in whom the writer was interested.

The methodology used for this study was observation of the three nursing assistants for a total of sixty-four hours. The instrument used to record the data was a check sheet with duties of the assistant as listed by the organization, the time each activity began and ended and the source from which the authority for performing emanated.²

The study is organized to include an orientation to the problem, a review of literature, the methodology, and the findings of the study. The last chapter includes the summary, conclusions, and recommendations.

²See Appendix, p. 30.
CHAPTER II
THEORETICAL FRAMEWORK OF THE STUDY

In any enterprise, there are a variety of activities and these activities must have some form of organization if objectives are to be accomplished and the organization is to function effectively. There are two definite types of functions, the operating and the administrative. The activities of each must be clearly divided and assigned to specific individuals to assure that their efforts are coordinated toward a basic objective.\(^1\)

In the enterprise executive responsibility should be centralized, lines of authority definitely defined, responsibility and functions specifically assigned and division and grouping of activities carried out.

Delegation of authority in regard to operating and administrative activities involves assignment of duties, granting of permission and creation of obligations or responsibilities. Dual subordination should be avoided.

With the increasing use of nonprofessional personnel in the health agencies, principles of administration must be

carefully applied. The national nursing organizations have set up standards for the preparation and employment of auxiliary nursing personnel to safeguard the welfare of patients. It is important that physicians, administrators, nurses, patients and other hospital personnel understand clearly the role played by auxiliary workers. In general, auxiliary workers perform duties necessary to the support of nursing services, including minor services for patients. They participate in nursing care to a limited degree and are considered members of the nursing team rendering valuable service as assistants to the professional nurse. They may be known by different titles in various hospitals. In the general hospital they are usually called nurse's aides, in the Veterans Administration, nursing assistants.

The responsibility for employing nurse's aides lies within the nursing department unless there is a personnel director responsible for hiring the staff. The qualifications of the nurse's aides vary, but in general at least a grammar school education is necessary and they must have interest in care of the sick. The age of the auxiliary

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personnel varies but is usually within the range of nineteen to sixty years. Their ability to perform tasks is more important than is age.

The preparation, in general, for the hospital nurse's aide is a period of planned instruction in the classroom which includes demonstration and supervised practice in the ward situation. The course of instruction is given to the nurse's aides by a qualified nurse instructor appointed for this specific purpose. The program may include from twenty to eighty hours of instruction during a period of one to three weeks.

A predetermined list of activities prepared by those who teach and supervise the nurse's aide specify the duties the nurse's aides are able to perform. All activities directly related to nursing care are supervised by a professional nurse; those not related to nursing may be supervised by other qualified persons. The duties relating to nursing care consist of providing assistance to patients in specified activities and providing services such as

- Assisting a patient to walk
- Assisting with a tub bath or shower
- Assisting with grooming
- Feeding a patient
- Giving nourishment
- Answering patients' calls
- Watching restless patients
- Escorting patients to other departments
- Making unoccupied beds
- Running errands
- Cleaning and setting up a patient unit
Care of flowers  
Filling ice caps and collars  
Care of visitors  
Folding linen and care of supplies

Centralization of supervision is necessary in order for auxiliary personnel to function effectively. The head nurse would seem to be the logical person to whom the nurse's aide should be responsible when in the patient unit. Professional nurses must be prepared to accept the assistance of the auxiliary worker in order for him to perform well in the situation. It pays to develop competent nursing leadership for the group and to create a spirit of welcoming cooperation and appreciation among all hospital personnel.  

The Nursing Assistant In the Veterans Administration Hospital

The purpose of the Veterans Administration is to render efficient service, with the greatest possible speed, effectiveness and economy to approximately twenty million veterans, their dependents and beneficiaries.

A Veterans Administration hospital is an organization element established to provide all eligible veterans with the best diagnostic and therapeutic services in accord-

3Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Services, Nursing Aides and Other Auxiliary Workers in Nursing Services. pp. 5-6.
ance with the highest current professional standards.\textsuperscript{4}

The hospital functions with the aid of two general groups of employees: professional personnel and administrative personnel. The professional personnel are primarily concerned with direct and indirect care and treatment of patients. The administrative personnel are chiefly occupied with management and executive function.\textsuperscript{5}

The Chief, Nursing Service is responsible for the organization, administration, and development of the Nursing Service aided by assistants and supervisors. This department includes professional nurses, practical nurses, nursing assistants, and clerical employees.\textsuperscript{6}

The professional nurse contributes to the instruction and supervision of practical nurses and nursing assistants. The history of the nursing assistant in the Veterans Administration goes back to 1943. The use of the auxiliary type of service originated from the Red Cross Nurse's Aide Program. In July, 1941, the American Red Cross and Office

\textsuperscript{4}Veterans Administration, Information Service, Functions and Purposes of Veterans Administration.

\textsuperscript{5}Veterans Administration, Department of Medicine and Surgery, Professional Services. Part V Nursing Service. p. 28.

\textsuperscript{6}Idem
of Civilian Defense set up a joint program to train 100,000 volunteer nurse's aides as a means of meeting the shortage of nursing care. An eighty-hour course was developed after which the nurse's aide gave 150 hours of service in caring for the sick.

By May, 1944, 130,000 women had completed the course as Red Cross Volunteer Nurse's Aides. Not all were able to continue to provide assistance in hospitals and clinics. Although the number of women who gave volunteer service decreased, the enrollment in the Red Cross Nurse's Aide program averaged 6,000 per month.

During the first eighteen months, the nurse's aides were trained in and gave their services to civilian hospitals. In January, 1943, the Surgeon General of the Army authorized commanding officers of Army stations and general hospitals to request the services of Red Cross Volunteer Nurse's Aides as necessary. During 1943, many Army hospitals used the aides. They were helpful when a contingent of nurses was withdrawn for overseas duty or illness increased the patient load or casualties arrived from overseas.

To facilitate the training of the aides, Army Nurses served as instructors and Army hospitals were used for supervised practice.

In 1944, as the number of Army hospitals needing nurse's aides increased, full-time nurse's aides were
employed. These women were employed under a temporary civil service war appointment in the classification of "Army Nurse's Aides". Only women who had Red Cross Nurse's Aides certificates and had given at least 150 hours of voluntary service on hospital wards were eligible for appointment. A blue and white striped pinafore and cap, with a special sleeve insignia was worn. The Army nurse's aide received approximately $75.00 a month after maintenance and laundry were paid.

The Eighth Command which had made the first request, estimated that they needed about 700 nurse's aides. In this area there were over 5,200 certified Red Cross Aides.7

The nurse's aides played an effective part in meeting the nursing emergency of the war and set the pace for the continued practice of auxiliary nursing personnel in Veterans Administration hospitals today.

Currently, hospital aides assigned to nursing service complete a basic course of inservice instruction. They are designated as trainees and assigned to a nurse instructor for the training program.

The instruction period of six to twelve weeks includes ten to fifteen hours of classroom instruction and

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supervised laboratory practice. The trainees are assigned
to evening and night duty during this time. A record of
classroom instruction and a basic nursing care check list is
kept on each trainee. At the end of the training period,
these records are filed in the office of the instructor of
Chief, Nursing Service.8

The basic course of instruction includes the
following:

- Policies
- Organization and function of Veterans
  Administration hospitals
- Bed making
- Positioning of the patient
- Giving baths
- Patient comfort measures
- Feeding
- Specimen collections
- Temperature
- Pulse
- Respirations
- Enemas
- Hot and cold applications
- Oxygen therapy
- Non-sterile irrigations
- Assisting with physical examinations
- Testing diabetic urine

Hospital aides must satisfactorily complete the
basic course of instruction before they are selected for
advanced instruction. The Chief of Nursing Service is
responsible for selecting aides for advanced course of
instruction.

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8 Veterans Administration, Department of Medicine and Surgery, Professional Services. Part V Nursing Service. p. 28.
The advanced course of instruction for selected aides requires a twenty to forty-hour program of planned on-the-job instruction with two to four hours planned instruction each week. Determined by the skill of the aide in performing special procedures, the following may be carried out:

- Catheterization
- Insertion of urethral catheters not requiring the use of guides
- Bladder and wound irrigations
- Uncomplicated sterile wound dressings
- Blood pressure
- Assembly and operation of special equipment (suction, respirator, special appliances in urologic and paraplegic unit)
- Sterilization and care of equipment
- Circulating in the operating room under supervision of a professional nurse
- Scrubbing for operative procedures

The term nurse's aide has been changed to nursing assistant. This title is used now throughout the Veterans Administration hospitals. Approximately 28,000 nursing assistants are employed in Veterans Administration hospitals throughout the United States to meet the needs for non-professional nursing services.9

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9U.S. Veterans Administration Medical Illustration Division, "28,000"; 16 mm Magnetic Tape, Sound, Color Film.
CHAPTER III
METHODOLOGY

Selltiz states there is no one best method of recording observations, although some procedures will give certain kinds of data that others cannot. The simplest and most economical device that will give the required data is the one to use.

The most frequently used system of recording is one that provides the observer with a number of duplicated sheets containing the list of categories to be coded and the blocks in which they are to be marked.

The entry of an observer into a group may introduce another variable into the situation that may change the behavior being observed. It is important that some thought be given to ways in which the observer's presence may influence the outcome of the research, and to developing techniques that reduce this possibility.

On the whole, however, people seem to get used to observers if the behavior of the observers convinces the group members that they are no threat. Deutsch also found that the members of small groups were much more aware of the observer's presence at the beginning of their experience with them than they were after they had been observed for
three meetings.¹

The observation of the nursing assistant in the patient control center of a Veterans Administration hospital was the methodology used in this study. It was a structured observation with categories set up in advance in accordance with the position description of the nursing assistant.

A preliminary observation period was utilized to determine the work the nursing assistants did and the location of the areas to which they traveled, in their work.

The instrument used was called an observation sheet. This sheet was divided into three sections. The first part was Activity, the second, the Time and the third was Source of Authority From Which the Activity originated.

The items in the Activity column were categorized according to Patient Care, Supplies, Housekeeping, Messenger and Personal Activities. Under these items were listed the duties that fall within these categories. The form was arranged with the duties listed on the left side. Space was provided on the observation sheet for eight recordings of the duties listed in each category of activity, each of

which was divided for a beginning ("B") and end ("E") entry.²

Each activity was timed as it began and ended and this was recorded in the second section of the sheet. Any activity which was timed under five minutes was not recorded in minutes but given a check mark in the column.

Each activity was timed from one geographic area to another including travel time. The writer thought that to break down travel time was not pertinent to the study. Timing the activity as a whole had more significance, in that it indicated some information of the average time it took for a nursing assistant to complete fully, one activity. Elevator waiting was timed at the beginning of the study but it proved to be only a matter of seconds. The elevator operator gave priority to nursing assistants escorting patients to the various areas. This element of timing was discarded as irrelevant to the study.

The Source From Which the Authority to perform the activity emanated, occupies the third section of the observation sheet. This part was divided into four columns representing the Registered Nurse, the Clerk, Medical Doctor, and Routine.

Observations were made by the writer. Each assist-

²See Appendix, p. 36.
ant was observed at two-hour intervals for one week at one
time. In total each assistant was observed for a two-week
period.

Observations totaled a period of sixty-four hours. Periods of observations were broken down into two-hour
intervals which were eight to ten, ten to twelve, twelve
to two and two to four. There were seven observations
from eight to ten which made fourteen hours, nine from ten
to twelve totaling eighteen hours, seven from twelve to two
which was fourteen hours and nine from two to four which
totaled eighteen hours.

The observer was aware that the nursing assistants
were apprehensive during the early part of the observation
period but appeared to accept the procedure. They were
cooperative and interested in assisting the observer to
make the method being used, prove as accurate as possible.
CHAPTER IV
FINDINGS

Table I points out the activities of nursing assistants, the number of times each activity was performed, total length of time involved and the source from which authority was derived.

The activities were categorized under six separate headings, Patient Care, Housekeeping, Messenger and Personal Activities and Supplies. There was one category under which no activity occurred; this was Supplies.

The greatest number of times activities were performed was within the category of Messenger. This category indicated 144 activities taking a total of 1,744 minutes. Within this category the activity which occurred the greatest number of times was Taking a Patient To The Clothing Room. The number of times the activity was performed was 51, using a total of 704 minutes. The activity occurring the least number of times was Escorting a Patient To The Laboratory, the number of times performed was four for a total of 21 minutes.

The next highest category from the standpoint of number of incidents and total time was a special unplanned classification of Unoccupied. There were 57 instances of
<table>
<thead>
<tr>
<th>Categories</th>
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<th>Minutes Involved</th>
<th>Source of Authority</th>
<th>POS. DESCR.</th>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ambulance trip</td>
<td>6</td>
<td>390</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Assist Patient in out bed</td>
<td>4</td>
<td>13</td>
<td>2</td>
<td>2</td>
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<td>7</td>
<td>32</td>
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<td>2</td>
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<td>Remains with Patient</td>
<td>20</td>
<td>228</td>
<td>13</td>
<td>2</td>
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<td>8</td>
<td>44</td>
<td>1</td>
<td>7</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td><strong>707</strong></td>
<td><strong>23</strong></td>
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<td>Check Rooms</td>
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<tr>
<td>Dust</td>
<td></td>
<td></td>
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<td></td>
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<td>Check O2 Equipment</td>
<td>19</td>
<td>204</td>
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<td><strong>19</strong></td>
<td><strong>204</strong></td>
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<td>Messenger</td>
<td></td>
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<td>51</td>
<td>675</td>
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<td>17</td>
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<td>8</td>
<td>9</td>
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<td>Takes Patient to Clothing Room</td>
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<td>704</td>
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<td>43</td>
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<td>Agent Cashier</td>
<td>8</td>
<td>52</td>
<td></td>
<td>8</td>
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<tr>
<td>Patient to X-Ray</td>
<td>12</td>
<td>224</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Patient to Laboratory</td>
<td>4</td>
<td>21</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>144</strong></td>
<td><strong>1744</strong></td>
<td><strong>29</strong></td>
<td><strong>111</strong></td>
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<tr>
<td>Personal Activity</td>
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<td><strong>155</strong></td>
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<td>Unoccupied</td>
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</tr>
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<td><strong>Total</strong></td>
<td><strong>57</strong></td>
<td><strong>958</strong></td>
<td></td>
<td></td>
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<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>57</strong></td>
<td><strong>958</strong></td>
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</table>
inactivity involving a total of 958 minutes.

In the category of Patient Care five different activities were performed a total of 45 times and involved a total of 707 minutes. The activity within this category performed the greatest number of times was Ambulance Trip; it occurred 6 times for a total of 390 minutes. The activity occurring the least number of times was Assisting a Patient In and Out of Bed, performed 4 times for a total of 13 minutes.

In the category of Housekeeping, the activities were performed 19 times for a period of 204 minutes. This category was not broken down into specific activities because the nursing assistants performed the same duties each time they involved themselves with housekeeping; these included dusting the furniture and equipment, checking the sterile and unsterile supplies and checking the oxygen equipment.

Personal Activity was the category with the lowest activity. Only two activities were performed 6 times for a total of 155 minutes.

The category of Supplies had no activity recorded.

SOURCE OF AUTHORITY

The second half of the study was designed to show from whom the source of authority to perform the various
activities was derived. The data revealed that the greatest number of activities, as specified in the Position Description, was carried out routinely. There were 147 activities performed routinely in comparison to the 63 for which authority emanated from the nurse, 11 from the doctor and only 1 from the clerk. The greatest number for which the nurse was the source of authority was in the category of Patient Care, under Remaining With a Patient. The nursing assistant carried out this activity when a patient was on a stretcher or in a wheelchair; also when the patient was under the influence of alcohol or drugs.

The doctor gave few orders directly to the nursing assistant. The assistants were asked by a doctor to remain with a patient twice and assist with a diagnostic procedure twice. There was just one activity (an ambulance trip), the source of authority for which emanated from the clerk. The nursing assistant was given all of the information by the clerk in the transportation unit and sent on the trip by this same clerk.

In all other activities the only contact the nursing assistants had with the clerk was when the clerk placed the completed patient's chart on the admitting desk and the nursing assistants picked it up and proceeded with the admission of the patient. For patients who had to be taken to the laboratory or x-ray, the doctor wrote out request
slips and placed them on the chart. The nursing assistants observed these and proceeded to take the patient to the designated department. The assistants carried out these two activities without communicating with the nurse.

Table II shows the activities which consumed less than five minutes. They are categorized as Patient Activity, Errands and Personal Activity.

Activities within the category of Patient Activity were performed 48 times, Errands totaled 8 times and Personal Activities, 3 times. The activity occurring the greatest number of times was assisting Patients On Litter and in wheelchair which was performed 43 times. The activity occurring the least number of times was Escorting a Patient To Clinic. This took place only once.

The Source of Authority for activities involving less than five minutes was under Position Description and was utilized 36 times. The least number of orders under Source of Authority emanated from the doctor.

FIGURE I

The Figure indicates the percentage of distribution of time spent by the nursing assistants in each category. The greatest per cent (45) of time was spent in the category of Messenger. The other categories of activity were Unoccupied (24.9 per cent), Patient Care (18.4 per cent), Housekeeping (5.3 per cent) and Personal Activity (5 per cent).
<table>
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<th>Categories</th>
<th>Number Times Performed</th>
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<td></td>
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<td>R.N.</td>
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<tr>
<td>Patient Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist Patients on litter and</td>
<td>43</td>
<td>14</td>
</tr>
<tr>
<td>wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist Patient out to car</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assist Patient in x-ray</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Escort Patient to Clinic</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>15</td>
</tr>
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<td>Errands</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>3</td>
</tr>
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<tr>
<td>Total</td>
<td>59</td>
<td>18</td>
</tr>
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FIGURE I.

PERCENTAGE DISTRIBUTION OF TIME SPENT IN EACH CATEGORY

MESSENGER 45.4%

ACTIVITIES UNDER 5 MINUTES 1.8%

PERSONAL ACTIVITY 5.0%

HOUSEKEEPING 5.3%

PATIENT CARE 18.4%

UNOCCUPIED 24.9%
CHAPTER V
SUMMARY, CONCLUSIONS, RECOMMENDATIONS

SUMMARY AND CONCLUSIONS

The analysis of data has revealed that the nursing assistants spend the majority of time carrying out non-nursing activities. The activity of Messenger consumed 45 per cent of the total time and Housekeeping 5.3 per cent. Nursing care, namely Patient Care involved only 18.4 per cent of the total time. The majority of activities were of more than five minutes duration.

Authority to perform 75 activities derived from the nurse and 11 from the doctor. The majority, 183, came from the Position Description which activities they carried out routinely. These figures include activities more and less than five minutes. Only one of the activities which they performed was authorized by a person who had not been invested with this authority, the clerk who sent the nursing assistant on the ambulance trip.

During the admission of a patient the nurse and the clerk did not communicate. The records were left for the nursing assistants to pick up and observe if the patients were to be taken to x-ray or the laboratory or taken directly to the clothing room. When the assistants left the department they did not notify the nurse, in many instances, so
there were occasions when the nurse did not know of the availability of her assistants. There was a significant period of time (24.9 per cent) when the assistants were unoccupied.

The conclusions drawn by the writer from this study were that because the nursing assistants' time was spent primarily in non-nursing activities, the content of the required training period was not necessary. It shows that the nursing assistants were not utilizing skills learned in the long training period. Because of this a volunteer might perform in place of the nursing assistants. Volunteers could carry out these activities without extensive training.

There was no one person who assumed responsibility for direction of the nursing assistants, hence the unoccupied time and the nurse not knowing where they were a considerable part of the time. There was lack of communication among the clerk, the nurse and the nursing assistants.

RECOMMENDATIONS

The writer recommends that

1. A volunteer person be used to replace the nursing assistant in order to escort admitted patients to the wards.

2. A subdivision of the clothing room be located in the department of the Patients' Control Section to curtail
travel time to the main clothing room.

3. Provision be made for better organization in terms of communication and use of the time of the non-professional personnel.

4. The housekeeping department assume responsibility for care of the furniture.

5. Consideration be given to nursing assistants from the Escort Service accompanying patients on ambulance trips.

6. One nursing assistant be assigned to the department for each day shift to assist with patient activity and the reallocation of certain non-nursing activities to the volunteer.

7. An activity analysis of the professional nurse be done.
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Unpublished Material

Sargent, Charles H., Jr., "Brief History of The Veterans Administration." Paper read at the Schools for Contact Representatives, Boston, Massachusetts, m.d.

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POSITION DESCRIPTION

TITLE OF POSITION - Nursing Assistant (Medicine & Surgery)
GRADE GS - 621-3
POSITION NO. 5239-1566 ADDENDUM TO NURSING ASSISTANT (M.S.) GS-621-3
DATE 3/5/56

Change under A. - Introduction - paragraph 2 - A&D

"Then on the 3:30 PM to 12:00 PM - evening shift - incumbent is expected to serve on Medical, Surgical, Neurological and Neuropsychiatric wards as the need arises, performing the full range of hospital duties."
POSITION DESCRIPTION

TITLE OF POSITION - Nursing Assistant (Medicine & Surgery)

GRADE - GS-621-3

POSITION NO. - 5239-1487 (Admitting Office)

DATE - 6/9/55

1. NATURE AND PURPOSE OF WORK

A. INTRODUCTION

The incumbent is one of several Aides in the Nursing Service assigned to that part of the hospital reserved for the examination and admission of patients and for the conduct of follow-up clinics.

The incumbent has completed his trainee period and is qualified to handle diverse problems in this section. He is subject to rotating shifts. When on the 12 - 8 AM shift he is expected to serve on Medical, Surgical, Neurological and NP wards as the need arises, performing the full range of hospital duties.

Since various types of patients, including surgical, medical, neurological, epileptic, aphasia and psychiatric patients are admitted through this section, it is necessary that the incumbent be capable of dealing with them.

If a patient has an epileptic seizure the incumbent must be alert to prevent him from injuring himself. It may also be necessary to pacify a disturbed mental patient or render aid to a seriously ill medical case.

All new admissions to the hospital are usually apprehensive and the incumbent must be tactful and understanding in his approach.

B. DUTIES

Patient Care - Incumbent goes on ambulance trips for purpose of escorting patients elsewhere or to pick up a patient and return him to the hospital for admission. Before leaving on an ambulance trip the Nursing Assistant takes along all necessary supplies and equipment such as oxygen, first aid kit, etc.

Since incumbent is not accompanied by a nurse or a doctor he has the complete responsibility of the patient and must remain constantly alert to any change in the patient's condition. If, in the opinion of the Nursing Assistant, the condition of the patient requires the administration of oxygen, he administers it. If the condition of the patient becomes so serious that the Nursing Assistant believes the immediate assistance of a doctor is necessary he stops at the nearest hospital or doctor's office.

Incumbent takes temperature, pulse and respiration when so directed and reports findings. Takes blood pressures.
Nursing Assistant (M&S)
GS-3 5239-1487 (Admitting Office)
6/9/55

Escorts all newly admitted patients to the wards to which they are assigned.

Accompanies patients to various designated clinics.

When handling patients subject to precautionary methods used in communicable diseases, he carefully observes isolation techniques. Assists in teaching these patients to exercise proper care when coughing or sneezing.

He must be alert to emergency situations which may arise whether the patient is an epileptic seizure or a sudden heart attack.

Frequently with new patients it is difficult to know what reaction they have.

He must strive to maintain high morale by showing a cheerful and tactful attitude in dealing with patients.

Incumbent tries to be calm and reassure newly admitted patients.

Assists patients with prosthetic appliances when necessary.

Assists incapacitated patients in moving and walking, etc.

Assists patients in and out of bed, litters and wheelchairs, when necessary.

Assists in diagnostic procedures when requested by preparing the patient for the doctor's examination. Places patient on examining table in proper position for examination by the doctor. Assists the doctor during the examination when required to do so.

Assists surgeon in performing minor surgery such as suturing lacerations giving him necessary instruments and supplies; by placing patient on the examining table in proper position.

Remains with patient during epileptic seizure; tries to prevent any injury from occurring and reports all observations as previously instructed, to nurse-in-charge.

In dealing with Neurological patients or others unable to express themselves, incumbent must try to interpret their needs.

Incumbent transports patients by litter and, when their condition permits, by wheelchair to various parts of the hospital as directed. Uses knowledge of body mechanics in lifting and turning patients.

Personal Services - The incumbent will also perform the following duties:

Take all ambulatory patients to clothing room where patient is given a shower and provided with clean pajamas. Turn patient's personal clothing over
Nursing Assistant (M&S)
GS-3 5239-1487 (Admitting Office)
6/9/55

To clothing clerk and have all patients check valuables in clothing room. Have all patients turn their money over to Finance for safe keeping. This includes ambulatory patients as well as litter and wheelchair patients.

In the case of readmissions or patients admitted from other hospital where a chart is available, take chart and deliver to ward where patient is admitted.

Take patient to charge nurse on ward where he is to be admitted.

Assist charge nurse when required.

Keep fresh linen on dressing table and litters.

Make out an order list and obtain supplies such as sterile goods and liquids from Central Supply. Distribute such supplies to proper storage spaces.

Count and sort daily all instruments in all clinic rooms to be returned to Central Supply for exchange.

Check all Clinic rooms daily for all sterile and unsterile supplies including bandages, syringes, ether, alcohol, sponges, gloves, etc.

See that two sterile suturing removal sets, 1 probe, two dressing sets, a pair of sterile gloves and necessary sterile supplies are daily placed in each dressing room and clinic, for the doctor.

Sets up sigmoidoscope when so ordered for surgical clinics and checks to be sure that it is in working order.

Runs errands, obtains charts and records from various departments when requested by the doctor. Obtain supplies from Central Supply. Keep constant supply of oxygen on hand.

Patient Care (12 - 8 AM Shift) - While on the 12 - 8 AM shift incumbent is assigned to wards in various sections of the hospital where he performs the regular duties of a Nursing Assistant which includes collecting specimens of urine, feces and sputum according to instructions and transports same to laboratory when other than a routine specimen. Makes observations and records information for the record.

Assists in the preparation of patients for X-Ray studies by giving enemas, holding breakfasts and serving special diets for certain studies. Prepares and gives patient cleansing enemas. Incumbent also gives medicated or retention enema which has been prepared by the nurse.

Assists in keeping intake and output records for patients. Instructs patients about intake and output when patient is able to assist with the intake and output recordings.
Nursing Assistant (M&S)
GS-3  5239-1487 (Admitting Office)
6/9/55

Take oral, axillary and rectal temperatures. Record findings on data sheets and also reports any unusual findings to nurse immediately.

When caring for patients in an isolation unit uses precautionary methods observed in communicable diseases according to MLO-2 as to the wearing of gowns, masks, and observing areas, contaminated and clean. Sterilizes dishes and contaminated articles such as linen. Disposes of waste in safe manner. Observes the hand washing technique to prevent spread of communicable disease and protect personnel.

Sets up oxygen and suction equipment and assists in the administration of oxygen maintaining proper functioning of apparatus. Cleans apparatus before returning equipment to Central Supply.

Incumbent observes patients and reports promptly to the nurse, changes in physical or emotional status such as refusal of food, appearance of body, bleeding, fever, flushing, rashes, irritability, etc.

In giving bed baths to cardiac or other patients with serious illness, incumbent must observe proper techniques and procedures in order to avoid strain on the part of the patient.

Personal Services (12 – 8 AM Shift) – Incumbent makes beds occupied and unoccupied; gives baths, showers, bed and tub, either complete bath or gives assistance to a patient taking bath. Cleans patient’s mouth and teeth. Cuts nails and shaves patient when barbering service is not available. Gives patient alcohol rubs and notes condition of patient’s skin and reports to nurse any redness or breakable areas.

Serves trays to patients as ordered seeing that they receive correct trays while food is hot. Assists patient with food if necessary and feeds patient when he is unable to help himself. Passes nourishments as ordered. Notes the eating habits of patients.

Gives post-mortem care. Assists with the identification of patient with nurse and transports the body to morgue making sure to carefully handle it at all times to prevent bruising.

Fills and gives hot water bags. Fills and gives ice caps to patients. Keeps patient supplied with fresh water and kleenex.

Answers call bells and lights promptly. Provides patients with urinals and bedpans when required and cleans patients after using bedpan.

Cleaning – Incumbent must clean the doctor’s office and make the OD’s bed, change bed linen and towels daily. He must also do any necessary cleaning in various rooms such as sweeping, mopping and dusting.
Nursing Assistant (N2S)
6-3 5239-1487 (Admitting Office)
6/9/55

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
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</thead>
<tbody>
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<td>Ambulance trips</td>
<td>8%</td>
</tr>
<tr>
<td>Clinics and escorting patients</td>
<td>74%</td>
</tr>
<tr>
<td>Aide work on wards</td>
<td>16%</td>
</tr>
<tr>
<td>Cleaning</td>
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2. SCOPE AND EFFECT OF WORK

Incumbent must be tactful and alert in dealing with the many types of patients being admitted. Many of them are psychiatric cases and frequently even normal patients are apprehensive in being admitted to a hospital. The incumbent by his pleasant attitude can do much to reassure a patient and create a favorable impression.

3. SUPERVISION & GUIDANCE RECEIVED

The incumbent is subject to the supervision of the nurse-in-charge who instructs and guides him.

Because of the widely separated physical areas in which the incumbent works he must, in most instances, perform his duties without supervision. For example: he/on ambulance trips or escorting patients to various parts of hospital during the evening shifts he may be without supervision as there is no nurse assigned to that section of the hospital during those hours.

He is also guided by ward manuals, ward assignment schedules, tours of duty guides and Civil Service rules and regulations.

4. MENTAL DEMANDS

The incumbent frequently has to act on his own initiative. For example: when he is transporting a patient by ambulance and patient's condition becomes worse. Aide must act promptly in accordance with instructions given him for such emergencies and by contacting nearest doctor or hospital.

Incumbent must try to reassure the new admission by a cheerful and understanding attitude. He must be tactful in dealing with psychiatric patients. He must be alert to various symptoms displayed by the different types of patient and promptly report anything unusual.

Because incumbent has contact with various types of patients he must be able to adapt himself to meet constantly changing patient behavior and work situations.

5. PERSONAL WORK CONTACTS

The incumbent has contact with aides, nurses and doctors, also personnel of other departments. With relatives, friends and others such as members of the police department accompanying new admissions.

Incumbent frequently has to go to other hospitals, institutions and private homes for patients. In such contacts, he is representing the hospital and must conduct himself with dignity and discretion.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
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<tbody>
<tr>
<td>Patient Care</td>
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<td>Blood pressure</td>
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<tr>
<td>T.P.R.</td>
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<tr>
<td>Assist pt. &amp; prosthetic appl.</td>
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<tr>
<td>--- Incapacitated pts. move</td>
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<td></td>
</tr>
<tr>
<td>--- pts. in, out of bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--- pts. on litter, wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--- diagnostic procedure</td>
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</tr>
<tr>
<td>--- surgeon, minor surgery</td>
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<td></td>
</tr>
<tr>
<td>Remains of pt.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist pt. in clothing rm.</td>
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</table>

**Supplies**

- Make out order list
- Obtain supplies from C.S.
- Distribute supplies to st. pl
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
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<tbody>
<tr>
<td>Check clinic rsa for equip.</td>
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</tr>
<tr>
<td>Set up surg. equipment</td>
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</table>

**Messenger**
- Escort adm. pts. to ward
- Escort pts. to clinic
- Pt's. chart to ward
- Assists nurse on unit
- Takes pt. to clothing ra.
- Records

**Personnel Activities**
- Coffee Break
- Lav.
- Rest Periods

**Code:**
- B = Begin
- E = End
- Cl = Clerk
- R = Routine