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A study to determine if learning experiences on night duty are meeting the objectives for this experience

Curtis, Helen M.
Boston University

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A STUDY TO DETERMINE IF THE LEARNING EXPERIENCES ON NIGHT DUTY ARE MEETING THE OBJECTIVES FOR THIS EXPERIENCE.

By
Helen M. Curtis
(B.S. Boston University School of Nursing, 1954)

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

First Reader: Helen M. Thumm
Helen M. Thumm

Second Reader: Anna T. Howard
Anna T. Howard
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CHAPTER I
INTRODUCTION

Student nurses supply a great amount of nursing care of patients in hospitals. The learning experiences which a hospital offers must, of course, comprise a significant part of a nurse's education. These experiences should be planned as learning, not as assignments to fill the gaps in nursing service. Consequently, the service which a student gives must be evaluated continuously to assure that educational objectives are being met.

In relation to service functions, Schwier says:

The hospital school, however, in its tendency to become fixed in the traditional pattern has sometimes lost sight of the original purposes and values of that pattern. It has confused the role of the student who is trying to become a professional nurse with that of nursing service personnel. It has tended to de-emphasize the pupil role and emphasized the service she gives. They justify such practices as assignment of first year students or students going on night duty on the basis that the experience is maturing. In reality, the assignment is made because registered nurses are in short supply or because no steps have been taken through an in-service educational program to help improperly trained registered nurses to analyze their full professional responsibility for patient care. The student may learn something, but what it is she learns or ought to learn has not been predetermined.¹

Nurse educators believe that educational programs must be examined, evaluated and improved. Improvement of school programs is of concern to faculty members and to The National League for Nursing.²

²Ibid.
The emphasis in schools of nursing must be on education; learning experiences must be meaningful and the experience which a student has should help her recognize that nursing is service.

In the report of the committee on the Grading of Nursing Schools it is pointed out that:

Nursing has gone further than many professions in analyzing what its needs are because much of nursing is taught, not in the classroom, but in the place where actual work is done and where the demands of the profession upon the worker can be clearly seen.\(^3\)

This implies that performance of nursing service functions is a part of nursing education. Emphasis on selection and provision of learning experiences associated with patient services provides an opportunity for the student to become increasingly competent as a practitioner of nursing.

Clinical experience for the student nurse is planned to achieve the educational objectives which the faculty of a school formulates. Assignments to night duty should provide the student with an opportunity to attain the objectives which have been developed for this experience.

**STATEMENT OF THE PROBLEM**

This study was undertaken to ascertain how the learning experiences which a student has on night duty in the medical and surgical clinical area are meeting the objectives which the faculty established for this experience.

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JUSTIFICATION

This study should provide information which faculty members may use in determining the value of night experience for students in schools of nursing. An awareness of the activities which a student carries on during this type of assignment may be helpful in planning for the achievement of school objectives.

In schools where the role of the clinical instructor on night duty has not been described, this information may be valuable. Schools that employ a person in this capacity may further clarify the functions of such an instructor.

In programs where faculty members are planning to decrease or eliminate the amount of night duty experience, such a study might aid in evaluating the contemplated change.

There is very little material written about the activities of the nurse who cares for patients during the night hours. The assignment of students for night experience has warranted consideration by the National League for Nursing, resulting in specific questions on the accreditation forms. These questions are concerned with the number of weeks a student is assigned and the kind of supervision provided. The Approving Authority in the State of Massachusetts has established a maximum amount of night duty allowable in a three year nursing program. Although most clinical experience requirements are stated in terms of minimum number of days, night duty is not a required experience and the amount of experience
permitted is limited.

The fact that little is written and that much is said about night duty seems to indicate that further study in this area is merited.

SCOPE AND LIMITATIONS

This study was carried on in a 300-bed general hospital in a large city in New England. Each of four students was observed for one night. Students who were observed had been in the school for one and one half years. Observations were carried out in the medical and surgical clinical area which, in this hospital, are non-segregated services.

It is important to consider that students who were observed for this study were having their initial night experience. Changes in census and in the conditions of patients hospitalized when the observations were made may have influenced the activities of the nurse but no attempt was made to control them.

This study was carried on in one school of nursing and it is not possible to conclude that the significance of the findings would be the same to all schools.

PREVIEW OF METHODOLOGY

The methodology was the observation of four students on night duty to determine the activities during night duty experience. The activities were analyzed to learn whether or not they constituted learning experiences for these students. Analysis was carried on
in terms of expected behaviors which were considered basic to the achievement of the objectives for this experience.

SEQUENCE OF PRESENTATION

Chapter II contains the theoretical framework for this study and review of pertinent literature. Chapter III describes the setting and methodology used. Chapter IV contains the findings and analysis of these findings and Chapter V includes the summary, conclusions and recommendations resulting from the study.
CHAPTER II
THEORETICAL FRAMEWORK FOR STUDY

The clinical area offers a wealth of learning experience for
the student nurse. When these experiences are used effectively, the
needs of students and educational objectives are met. This aspect
of nursing education is valuable because it provides opportunity for
the learner to apply the theory which he has learned.

While learning the student of nursing must of necessity give
patient care, and patient care is nursing service. Nurse educators
recognize that an assignment to a clinical area does not necessarily
constitute an opportunity for learning.

In order that the educational aspects of a student's ex-
perience are guaranteed, it is a responsibility of the nursing
school faculty to plan those experiences which will aid in the
achievement of the school's objectives.

Tyler lists the following five principles which are considered
basic to the selection of learning experiences:

1. In order to attain a given objective, a student must
have experiences which give him an opportunity to
practice the kind of behavior implied.

2. Learning experiences must be such that the student
derives satisfactions from carrying out the kind of
behavior implied by the objective.

3. Reactions desired in the experience are within the
range of possibility for the students.

4. There are many particular experiences that can be
used to attain the same educational objectives.
5. The same learning experiences will usually bring about several outcomes.3

In planning for learning experiences knowledge of the student's past experiences and educational needs is essential.

Many factors affect the value of a practice assignment. Important among these factors are the number and types of patients on a service, the quality of care given to patients, the selection of appropriate learning experiences, the general plan of clinical instruction and supervision, and, lastly, the underlying philosophy of the whole educational program of the school.4

The effectiveness of a curriculum is determined by evaluating the degree to which students achieve the educational objectives of the program.5

Evaluation of learning experiences in nursing is not new. Several studies related to the identification of learning experiences have been reported. Most of them provide information about the content for learning experiences in the various clinical phases of the nursing program.

Andrews studied patient records in the Orthopedic Department of the Massachusetts General Hospital to determine what learning

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opportunities this area provided for students in the basic program. Sheffield studied many areas of the basic clinical program to determine the adequacy of clinical resources in one school of nursing. Berkley investigated the adequacy of clinical resources in one hospital to learn whether or not sufficient experience was available for student assignment. Watson's study was concerned with the opportunities for learning in a Home Care Program. The learning experiences in this study were evaluated in terms of the Rehabilitation Field Experience Course for Master's Students at Boston University.

The information which these studies provide and the methods used in investigating are not directly related to the present study, for studies of learning experiences especially concerned with night duty have not been reported.

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Experience in the clinical areas during the night hours is planned as a part of many nursing programs. According to Pfefferkorn and Rottman:

There are potential opportunities for learning and practicing the "fine art" of nursing on the night service, which a well planned program of supervision can promote.¹⁰

"The student on night duty has experience in administering bedside care including the induction of sleep and care of the critically ill".¹¹

The patient may react differently at night. Many times a patient who is disoriented, confused or frightened offers a challenge to the ingenuity and capabilities of the night nurse. When problems of this nature arise, the nurse must organize her work to meet the needs of this patient and to provide adequate care for the other patients for whom she is responsible.

In substantiation of the belief that there is opportunity for the development of observational skills, Dunbar reports that:

Conclusions of a study to determine the effect of night, dreams, and sleep on the cardiovascular system reveal that the simple conception of night as a time of rest and sleep, as a condition in which quiescence prevails and recuperative changes go on, must be modified. This conception, while true of undisturbed or sound sleep, has to be qualified by the consideration that night and sleep are


occasionally the season of acute reflex and emotional disturbances which, in the peculiar conditions present, induce very pronounced strain and weak points whether these be cardiac with susceptibility to fibrillations, anginal pain, or arterial with risk of rupture.

In this way the individual may, during the nocturnal period of assumed repose, be subjected to suddenly developed stress or mental excitement in certain degrees, thus hemorrhages (gastric included), the onset of angina and other disturbances in the night are easily accounted for.\textsuperscript{12}

This report implies that the nurse who cares for the patient at night accepts the responsibility for close observation. In addition to this, the nurse must have an understanding of the physiological and psychological changes which are involved in patient care. Night duty should provide an opportunity to develop skills in observation and judgment in evaluating the condition of patients.

Emergencies often assume exaggerated proportions at night. During the long hours of the night, pain is less easy to bear, and complaints loom larger.\textsuperscript{13}

If the philosophy of nursing encompasses the belief that care of the dying has important learnings, opportunity for experience on night duty seems warranted since "statistics show that most deaths occur between the hours of 3:00 and 4:00 A.M."\textsuperscript{14}


\textsuperscript{13}Phyllis Lee, "In the Middle of the Night", \textit{The American Journal of Nursing}, 57: 728-729, June, 1957.

\textsuperscript{14}Brown, Loc. Cit. p.77.
It is indicated that the behavior of patients may differ at night and it is essential that students have experience during this period. If a student is assigned to care for patients, she should have knowledge of the things which happen to patients at all hours of the day.

Williams believes that:

Observation and care of patients representing the full course of the malady should be arranged for a student if she is going to gain a comprehensive understanding of their care and the nursing care involved.15

Students usually look upon night duty as a different kind of experience. They regard it with curiosity and sometimes with fear.16 They regard it as an opportunity to exercise their own judgment. Night duty also provides an opportunity for students to accept more responsibility than is allowed them when assigned to day duty.

There is little question about the fact that students who have assignments on night duty have opportunity for contact with administrative personnel which they would not have otherwise. When a student is provided the opportunity to participate in the solution of nursing service problems and to care for patients over a twenty-four hour period, she usually develops an increased ability to cooperate with personnel on all tours of duty.17

Students themselves are concerned about night duty experiences. In the school where this study was carried on, a policy limited the amount of night duty to which a student could be assigned during the three year program. Senior students requested the faculty to permit them to have additional night assignments. This request was made by more than half the students in the class.

The students said they expected assignments to night duty following graduation and considered themselves lacking in experience. A second reason indicated that the night assignments provided the students with an opportunity to "be on their own."

Two of the students suggested that the faculty consider night duty as a senior elective experience. The students regarded this experience as one which contributed immeasurably to the development of self-confidence.

This response seems to indicate that the students recognize the value in this experience. While not all students like the assignment to night duty, many view the experience as one which helps them in personal growth and furthers their understanding of the patient and his condition.

This reaction to learning experiences is similar to that identified in the University of Washington.

The activities reported reveal that students see the greatest value in experiences involving responsibility and planning and complicated forms of nursing activities. Least value is perceived in routine aspects of nursing care and service commonly performed by auxiliary personnel on the
nursing team. 

STATEMENT OF HYPOTHESIS

This study is based on the hypothesis that there are learning experiences on night duty which can help students achieve specific educational objectives.

CHAPTER III

METHODOLOGY

This study was carried on in a three year diploma school of nursing which was fully accredited by the National League for Nursing.

Assignment to night duty was planned by the faculty and the first assignment was made any time after the students had been in the school for a period of eighteen months. The student's experience during a night assignment varied. Students might be assigned to work with a graduate nurse, a licensed practical nurse, or another student. The student might work as a staff nurse or as a head nurse "in charge". Aides were not employed for night duty in the medical-surgical area.

A program of clinical instruction, including orientation, was carried on by the clinical instructor for the students on night duty.

The wards on which the students were assigned provided semi-private and ward accommodations. One ward was composed of two and four bed units and had a capacity of thirty-eight male and female patients. The second, a large round ward, had a capacity of twenty female patients.

In this hospital, the responsibility for nursing service at night was shared by two supervisors. Students were responsible to the supervisors for patient care and activities related to ward functions. Assignments for students were planned by the clinical instructor with the night supervisors. The clinical instructor functioned in
an effort to make the experience an educational one. This was done through assistance with nursing care, rounds, conferences, evaluation, planned clinical instruction, and incidental teaching.

The students had representatives on the curriculum committee of the faculty and since it was announced at a meeting of this committee that a study would be done, students in the school were aware that some would be observed on a night assignment.

The students who were observed were not chosen in any particular way. From a large group of students, all with essentially the same educational background, four students were selected because they were on nights on a particular floor where the observations were scheduled by the observer. Students who participated were cooperative and there was no apparent evidence of apprehension or concern during the observation period.

COLLECTING THE DATA

The form on which the data were collected provided two columns for recording the time of the activity and a description of the activity. A third column was headed code and was used to classify the activities. The column for the description of activities indicated that description should be made of what the student actually did as well as any action between the student and patient, instructor or fellow worker. It was felt that direct observation of the activities carried on by the people involved in night nursing would be most accurate.

19Appendix A
Arrangements for the observations were made with the nursing service administrator. On the night of observation it was explained to the student that the observer would shadow her and that performance would not be evaluated. It was felt that talking with the student just before she came on duty did not give her time to consider the observation procedure nor to discuss it with other students who had participated previously. Students and personnel assigned to the wards where the observations were carried on were told that the observations were being made to learn exactly what a student does while on night duty. The observer was known to the students and to other hospital personnel.

The observations were made on two nights from 11:00 P.M. to 7:00 A.M., two nights 11:00 P.M. to 3:00 A.M. and two nights 3:00 A.M. to 7:00 A.M. The observation period of eight consecutive hours proved intensive for both students and observer. Consequent observations were made in a four hour period. Because the patient census and staffing pattern varied on different days of the week, observations were made in the beginning, middle and end of different weeks. It is hoped that this contributed to a fairly broad view of the activities which a student carries on while assigned to night clinical experience.

Two students assigned as staff nurses and two who were having experience as "charge nurses" were observed. The assignments are shown in Table 1.
### TABLE I

**TYPES OF ASSIGNMENTS GIVEN TO FOUR STUDENTS OBSERVED ON NIGHT DUTY**

<table>
<thead>
<tr>
<th>Student</th>
<th>Assignment</th>
<th>Other Personnel</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Charge Nurse</td>
<td>1 Registered Nurse</td>
<td>26</td>
</tr>
<tr>
<td>B</td>
<td>Charge Nurse</td>
<td>1 Licensed Practical Nurse</td>
<td>27</td>
</tr>
<tr>
<td>C</td>
<td>Staff Nurse</td>
<td>1 Registered Nurse</td>
<td>30</td>
</tr>
<tr>
<td>D</td>
<td>Staff Nurse</td>
<td>1 Registered Nurse</td>
<td>30</td>
</tr>
</tbody>
</table>

### OBJECTIVES OF NIGHT DUTY EXPERIENCE

The objectives developed by the faculty for the night experience were:

1. To assist the student in understanding and participating in the continuity of total nursing care given to patients within a twenty-four hour period.

2. To assist the student in the application of nursing principles to the varied learning experiences which are available on night duty.

3. To assist the student in the development of self reliance and mature judgments.

4. To assist the student in accepting the responsibility of self direction toward her own established goals.

5. To develop more skill in the implementation of charge responsibility.

In order to consider the activities carried on in the night assignment in terms of these objectives, the objectives were broken down into behavioral terms. This was done by taking each objective
and asking the question "What behavior should a student manifest whose experience is helping her to achieve the objectives?"

The following terms were identified:

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Student's experience helps her to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To assist the student in understanding and participating in the continuity of total nursing care given to patients within a twenty-four hour period.</td>
<td>1. Understand the psychological and physiological changes which occur at night.</td>
</tr>
<tr>
<td></td>
<td>2. Understand the nursing activities which are carried out by the night nurse.</td>
</tr>
<tr>
<td></td>
<td>3. Appreciate that patients present problems and needs both day and night.</td>
</tr>
<tr>
<td>2. To assist the student in the application of nursing principles to learning experiences which are available on night duty.</td>
<td>4. Understand measures to induce sleep.</td>
</tr>
<tr>
<td></td>
<td>5. Understand patient's reaction to pain at night.</td>
</tr>
<tr>
<td></td>
<td>6. Understand the nurse's responsibility to the patient who is critically ill and to his family.</td>
</tr>
<tr>
<td></td>
<td>7. Evaluate the condition of patients.</td>
</tr>
<tr>
<td>3. To assist the student in the development of self-reliance and mature judgments.</td>
<td>8. Evaluate situations and request supervision when necessary.</td>
</tr>
<tr>
<td></td>
<td>9. Establish goals and achieve them effectively.</td>
</tr>
<tr>
<td>4. To assist the student in accepting responsibility of self-direction toward her own established goals.</td>
<td>10. Delegate responsibility to other personnel.</td>
</tr>
<tr>
<td></td>
<td>11. Make accurate, concise reports.</td>
</tr>
<tr>
<td></td>
<td>12. Know routine functions of the night nurse.</td>
</tr>
</tbody>
</table>

The twelve behaviors which the faculty regarded as basic to the achievement of these objectives were used as items on a check list. The activities of each student were coded with the number of the behavior identified. Some activities seemed to be associated with
When more than one behavior occurred the activity was credited to the behavior which seemed most related. After coding, the total number of activities for each behavior was obtained.
CHAPTER IV

PRESENTATION AND DISCUSSION OF DATA

A total of 182 activities were recorded when each of four students assigned to night duty was observed for one night. These activities were classified according to the behavior which the faculty had set up as expected outcomes for the night duty assignment and are shown in Table 2. The data pertaining to each behavior are given and discussed in detail after the statement of the behavior. Since there is a significant difference in the degree of achievement of these behaviors, they are presented according to the number of activities associated with them.

Behavior 2: Understands the nursing activities which are carried out by the night nurse. The largest numbers of activities related to this behavior. Of 182 activities, 66 identified with this behavior as is shown in Table 3. They included fundamental nursing tasks such as giving special back care, administering medications, passing of urinals and bedpans, which are carried on throughout the twenty-four hour period.

Behavior 12: Knows the routine functions of the night nurse. Thirty-three activities related to this behavior and are shown in Table 4. These were not necessarily nursing functions but included administrative and housekeeping activities. Twenty-two of these activities were performed by students assigned "charge".
<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tested urine</td>
<td>8</td>
</tr>
<tr>
<td>Passed bedpans</td>
<td>7</td>
</tr>
<tr>
<td>Administered medications</td>
<td>6</td>
</tr>
<tr>
<td>Gave special back care</td>
<td>6</td>
</tr>
<tr>
<td>Collected urine specimen</td>
<td>6</td>
</tr>
<tr>
<td>Planning for care of patients</td>
<td>5</td>
</tr>
<tr>
<td>Took vital signs</td>
<td>5</td>
</tr>
<tr>
<td>Changed dressings</td>
<td>4</td>
</tr>
<tr>
<td>Gave enemas</td>
<td>3</td>
</tr>
<tr>
<td>Changed linen</td>
<td>3</td>
</tr>
<tr>
<td>Gavage tube irrigated</td>
<td>3</td>
</tr>
<tr>
<td>Poured medications</td>
<td>2</td>
</tr>
<tr>
<td>Passed fluids</td>
<td>2</td>
</tr>
<tr>
<td>Gave tracheotomy care</td>
<td>2</td>
</tr>
<tr>
<td>Took blood pressure</td>
<td>1</td>
</tr>
<tr>
<td>Gavage feeding</td>
<td>2</td>
</tr>
<tr>
<td>Changed bottle of intravenous solution</td>
<td>1</td>
</tr>
</tbody>
</table>

Total 66
TABLE 4

ACTIVITIES RELATED TO BEHAVIOR NUMBER 12
OBSERVED IN STUDENTS ON NIGHT DUTY

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared equipment for sterilization</td>
<td>5</td>
</tr>
<tr>
<td>Emptied drainage bottles</td>
<td>4</td>
</tr>
<tr>
<td>Check medicine cards - arranged them in Kardex</td>
<td>4</td>
</tr>
<tr>
<td>Prepared census slips</td>
<td>3</td>
</tr>
<tr>
<td>Central Supply inventory</td>
<td>3</td>
</tr>
<tr>
<td>Made out treatment list</td>
<td>2</td>
</tr>
<tr>
<td>Diet board (arranged diet cards on a board)</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacy check</td>
<td>2</td>
</tr>
<tr>
<td>Cleaning</td>
<td>2</td>
</tr>
<tr>
<td>Removed equipment from autoclave</td>
<td>2</td>
</tr>
<tr>
<td>Put nothing by mouth signs on beds</td>
<td>1</td>
</tr>
<tr>
<td>Put units in order</td>
<td>1</td>
</tr>
<tr>
<td>Narcotic count</td>
<td>1</td>
</tr>
<tr>
<td>Emergency drug inventory</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33</strong></td>
</tr>
</tbody>
</table>
Behavior 7: Evaluates the condition of patients. In 23 of 182 activities the student nurse had the opportunity to evaluate the condition of patients. Rounds were included in this category as is shown in Table 5.

**TABLE 5**

**ACTIVITIES RELATED TO BEHAVIOR NUMBER 7**
**OBSERVED IN STUDENTS ON NIGHT DUTY**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rounds</td>
<td>11</td>
</tr>
<tr>
<td>Conference with instructor re to patients</td>
<td>3</td>
</tr>
<tr>
<td>Listening to report (asked questions)</td>
<td>3</td>
</tr>
<tr>
<td>Descriptive report to night supervisor</td>
<td>2</td>
</tr>
<tr>
<td>Listening to patient who has pain</td>
<td>2</td>
</tr>
<tr>
<td>Check with other personnel re observations</td>
<td>1</td>
</tr>
<tr>
<td>Conference re patients, night supervisor,</td>
<td>1</td>
</tr>
<tr>
<td>registered nurse and student nurse</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

Behavior 8: Appreciates that patients present problems both day and night. Twenty activities were considered to provide opportunity for this behavior as is shown in Table 6. It was difficult to classify activities related to this behavior since "appreciations" are not necessarily observable.

Behavior 11: Makes accurate concise reports. This behavior was observed more frequently when students were assigned to "charge" responsibilities. Fifteen activities were related to reporting. Of this number, 11 were performed by students working "charge" and
included charting and reporting to the supervisor as is shown in Table 7.

**TABLE 6**

**ACTIVITIES RELATED TO BEHAVIOR NUMBER 3**
**OBSERVED IN STUDENTS ON NIGHT DUTY**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answered call light</td>
<td>8</td>
</tr>
<tr>
<td>Gavage feeding</td>
<td>5</td>
</tr>
<tr>
<td>Evaluated need for sleeping medication</td>
<td>2</td>
</tr>
<tr>
<td>Evaluated need for medication for pain</td>
<td>2</td>
</tr>
<tr>
<td>Changed linen - unconscious patient</td>
<td>1</td>
</tr>
<tr>
<td>Used precaution technique</td>
<td>1</td>
</tr>
<tr>
<td>Reapplied ace bandages</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

**TABLE 7**

**ACTIVITIES RELATED TO BEHAVIOR NUMBER 11**
**OBSERVED IN STUDENTS ON NIGHT DUTY**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recording T.P.R./B.P.</td>
<td>6</td>
</tr>
<tr>
<td>Bedside notes</td>
<td>4</td>
</tr>
<tr>
<td>Report to Night Supervisor (Routine without evaluation)</td>
<td>2</td>
</tr>
<tr>
<td>Report to Day Nurses</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

Behavior 8: Evaluates situations and requests supervision when necessary. Activities recorded were those in which the student evaluated the condition of the patient and had to refer the problem
to the "charge nurse" or night supervisor. During the observations, 7 of these activities were noted.

Behavior 1: Understands the psychological and physiological changes which occur at night. Activities concerned with giving nursing care to overactive, disoriented or fearful patients were categorized here. This behavior was identified 4 times.

Behavior 9: Establishes goals and achieves them effectively. None of the activities observed could be related to this behavior. It is quite possible that students did establish goals and achieve them but such activities were not observed.

Behavior 10: Delegates responsibility to other personnel. This activity was observed on two occasions, when the student was assigned "charge" responsibility.

Some activities such as student-instructor conferences, reference reading and conferences with co-workers did not meet any of the stated behaviors. These activities were classified as miscellaneous as is shown in Table 2.

When the activities were compiled in relation to the appropriate objectives it was found that one half of the activities were concerned with achievement of the first objective. This tabulation is shown in Table 8. Slightly more than a quarter of the observed activities were associated with the achievement of the fifth objective. No activities were observed in relation to objective 4, although had other means of evaluation been used, the attainment of this objective might have been detected.
TABLE 8

PERCENTAGE OF ACTIVITIES RELATED TO EACH OBJECTIVE
OBSERVED IN STUDENTS ON NIGHT DUTY

Objective

1. To assist the student in understanding and participating in the continuity of total nursing care given to patients within a twenty-four hour period.

50

2. To develop more skill in the implementation of charge responsibility.

28

3. To assist the student in the application of nursing principles to learning experiences on night duty.

18

4. To assist the student in the development of self-reliance and mature judgments.

4

5. To assist the student in accepting responsibility for self-direction toward her own established goals.

0

Total

100 per cent

ACTIVITIES OF THE NURSE WITH AN ASSIGNMENT TO NIGHT DUTY

Nurses reporting on duty heard the report from the nurse going off duty. The report was generally concerned with a description of patients' conditions and needs. Rounds were carried on at periodic intervals throughout the night. Some patients had vital signs taken at different hours during the night. Medications were administered and temperatures of all patients were taken in the early morning hours.

The night supervisor visited each area twice during the night hours; the clinical instructor visited frequently and was concerned
with both patient and student activities. The night nurse was busy throughout the night. Her work was concerned mainly with calls from patients, scheduled treatments and recording patient activities. A report was given to day personnel reporting on duty.

**ACTIVITIES OF THE STUDENT WITH ASSIGNMENT AS "CHARGE" NURSE**

The experience of the student working "charge" was similar to that of the student assigned as a staff nurse. However, specific functions such as checking supplies, checking medications, and counting narcotics familiarized the student with administrative functions.

The nurse in "charge" gained experience in reporting to the night supervisor, making rounds with the night supervisor and reporting to day personnel. Planning for the night's work was done by the two people on duty.

Administration of medications and evaluation of the patient's need for medication was done by the nurse in "charge". In the role of the "charge" nurse, the student assumed the responsibility for all ward activities.

The student assigned as staff nurse, performed fundamental nursing activities. The calls of patients were answered by either the "charge" or the staff nurse.

Each night nurse had her own routine, some were systematic about completing written work before other duties, others were more concerned with patient needs.

These observations indicate that the student who is assigned to "charge" responsibility has a rich experience in planning and performing administrative tasks.
CHAPTER V
SUMMARY

This study was undertaken to ascertain how the learning experiences which a student has on night duty in the medical-surgical clinical area are meeting the objectives which the faculty established for this experience.

The five objectives had been further defined in twelve behavioral terms by the faculty. Four students assigned to night duty were observed to learn what a student does while on night duty. The behavioral terms were numbered and each activity was coded with the number of the behavior which it identified.

The majority of activities identified behaviors concerned with the continuity of patient care within a twenty-four hour period. Three activities were noted which did not identify any of the stated behaviors. These activities related primarily to conferences and incidental teaching.

The students on night duty had many experiences which could have been assigned in the day hours. The care of patients during the night provided several opportunities which might not have been provided so readily in the day hours because of a difference in staffing patterns and ward routine.

Students assigned to night duty appreciate that patients have problems day and night. This experience helps students understand that all patients do not sleep all night and that some patients do behave differently during the night hours.

The responsibility of the "charge" assignment may aid the
student in developing self confidence and good judgment. During the "charge" assignment a fairly large number of activities involved routine ward functions of the night nurse.

Students made little or no attempt to use nursing measures to induce sleep or relieve pain. They called for medication orders as soon as complaints were made because of pain or sleeplessness.

CONCLUSIONS

The following conclusions may be drawn from the findings of this study:

1. The assignment of student nurses to night duty has value. It is true that many of the activities which the night nurse performs may be classified as "routine nursing" and are similar to those done during the day. However, the opportunities for understanding the continuity of patient care and for assuming administrative responsibility merit consideration of the night assignment as a valuable part of the preparation of a professional practitioner.

2. The clinical instructor has an important role in the night assignment. In view of the fact that there are many experiences in the night assignment which do not constitute learning situations, for all students, it is important to have assignments made by an instructor who is familiar with the past experience of the student. Because the responsibility of nursing service administrators is so great in the night hours it is not practical to ask them to accept responsibility for the achievement of objectives established by the faculty.

RECOMMENDATIONS

In view of the conclusions of this study, consideration of the
following might be helpful to the faculty:

1. That the objectives for the night assignment be studied to determine those which can be achieved specifically in the night hours.

2. That the amount of night duty which a student has during the three year program should be controlled by the faculty. Consideration must be given to the kind of learning experiences available and whether these experiences meet the objectives which have been set up. Consideration should also be given to the time which is needed by students to achieve these objectives.

3. That methods, other than the use of medication, for the relief of pain and inducement of sleep be emphasized in the teaching of students.

4. That the assignment to "charge" responsibility be studied to determine if this kind of learning experience exists only during the night hours.

5. That the possibility of a night experience be considered as part of the senior elective program because the experience on night duty may have direct relation to the material taught in classes related to senior electives.

6. That a clinical instructor be employed on night duty to assign students, interpret faculty objectives and study the learning experiences. The clinical instructor can keep the faculty informed and thus contribute to a continuous evaluation of this experience.
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UNPUBLISHED MATERIAL


APPENDIX
APPENDIX I

FORM USED FOR COLLECTING DATA

<table>
<thead>
<tr>
<th>Time each activity was done</th>
<th>What did the student actually do?</th>
<th>Action between</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Instructor and Student</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supervisor and Student</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff Nurse and Student</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient and Student</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code number</td>
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</table>

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