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A study of the relationship between selected supervisors and selected head nurses in the John Lawrence Hospital.

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A Study of the Relationship Between Selected Supervisors and Selected Head Nurses in the John Lawrence Hospital

By

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CHAPTER I
INTRODUCTION

Nursing and nursing service today face new and more challenging problems than ever before in their history. Nursing educators and nursing administrators have attempted to find solutions to some of these problems. The utilization of nonprofessional personnel, the inauguration of the team concept, an increasing interest in human relations and a more general acceptance and application of democratic philosophy of administration have been the results of their efforts.

Because of new insights gained from the advancements made in the areas of psychology, sociology and human relations, nursing has begun to investigate its methods of supervision. Day\(^1\) states that, "the greatest efficiency in supervision is secured when the relationship between the supervisor and the supervised is genuinely democratic."

Based on the assumption that supervision is both a process and function, nursing service administrators need to investigate and to consider what is the most effective role of the supervisor as a means to the improvement of patient care. One method of doing this, is to examine the supervisor's staff and line responsibility in the organizational structure of

nursing service and to determine her relationship with the head nurse.

This study is an attempt to discover through a method of systematic observations what can be learned of the relationship between selected supervisors and their head nurses in one hospital.

Statement of the Problem

What is the relationship between selected supervisors and selected head nurses in the John Lawrence Hospital as revealed through analyses of three cases written from data collected?

Specific Questions to be Answered

Answers to the following questions will help to determine the existing relationship between the supervisors and the head nurses observed:

1. When do the supervisors act in the capacity of a counselor to the head nurses?

2. When do the supervisors function as administrative assistants to nursing service administration?

3. Does a democratic philosophy underlie the process of supervision employed by the supervisors?

Purpose of the Study

The investigator had two paramount purposes for undertaking this study. They were:
1. To gain experience in observation of sociological situations with the aim of collecting data to put into cases which could be used as an administrative tool.

2. To analyze the observed behavior in order to identify the factors which influence the relationship between the supervisors and their head nurses.

Scope and Limitations

The scope of this study is limited to three types of situations in which two supervisors and nine head nurses were involved. Analyses of these situations are confined to projecting the cases which are presented against certain criteria. These criteria are based on acceptable principles of administration which will permit examination of the relationship between these supervisors and head nurses on the bases of staff and line functions.

The study was conducted in a general hospital of medium size, which was located in a metropolitan area. Observations and interviews were made over a period of five months. At the end of this time, there were enough data to test-out the hypotheses stated in Chapter II.

Overview of Methodology

Case method was used in this study to collect and present the data. A "process of selective reporting" resulted from analysis of situations as they occurred and were observed by the investigator. Interviews of the personnel involved were
conducted to locate the sources of cases as well as to clarify situations being observed. Three cases were written and each case was analyzed.

Presentation of Report

The study is reported in the following manner:

Chapter II deals with the theoretical framework underlying the study; Chapter III contains a description of the method of investigation; Chapter IV presents the specific cases and analyses; Chapter V includes the summary, conclusions, and recommendations for further study.
CHAPTER II
THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

Case method research is relatively new in the field of nursing. There has been only a limited amount of literature published pertaining to this method. However, business and industry have found case method of study to be very rewarding and stimulating.¹

Case investigation is a form of exploratory and social research which includes recording and analyzing a concrete sociological situation. Data are obtained by systematic observations and planned interviews.

It is of primary importance that the investigator not gather data with the idea of finding material which will demonstrate the validity of preconceived ideas. The aim of case method investigation is to stimulate insights and suggest further hypotheses for research. Jahoda² states:

The remarkable theoretical insights of Sigmund Freud, were, of course, stimulated by his intensive case studies of patients. So too the profound changes in our conceptions of the

¹Examples of studies in business and industry which have used case method research are found in the following: Ronken, Harriet O. and Lawrence, Paul R., Administering Change. Glover, John D. and Hower, Ralph M., The Administrator.

²Jahoda, Marie, Deutsch, Morton, Cook, Stuart, Research Methods in Social Relations, p. 42.
relationship between man and society have largely been the result of anthropological case studies of primitive cultures.

Case method investigation emphasizes discovery and is characterized by flexibility. In the first stage of inquiry, the focus of study is constantly being redirected as new insights are gained into the problematic situations. According to Jahoda: 3

...an exploratory study is concerned with an area in which hypotheses have not yet been formulated; the task then is to review the available material with sensitivity to the hypotheses which may be derived from it.

Case method investigation requires detailed examination of actual situations as they unfold. It requires the presence of an observer in the situation over a period of time and with as much continuity as possible. When the observer "has lived in the situation to the point where a vital problem emerges—and only then—does he have a case". 4

In this method, interviews can be used to supplement observations. They can help in locating the source of a case as well as gaining background necessary to clarify a situation being observed. Interviews offer the advantage of economy of time.

There is a need to develop skill in critical examination so that analysis of the situation can be made by the

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3Ibid. p. 35.

investigator in the field at the time of observation. This will result in the observer using a "process of selective reporting".\textsuperscript{5} It is the investigator's analysis of the situation that makes the research case distinct from the teaching case.

Writing the report of the study is an integral part of gaining full insight from the data obtained. Criteria of a good case are difficult for the case writer to determine. However, "if he finds a case exciting and provocative, the chances are good that the case will prove useful...".\textsuperscript{6} To be good, a case must be a descriptive account of an actual situation in which interaction between people occurred. Verbatim conversation and brief but detailed background contribute to presenting the social situation within which the interaction took place.

An account of interaction between the supervisors and the head nurses can provide important clues to the relationship which exists between them.

The authors of The Give and Take In Hospitals describe a successful obstetric department and state that:

This picture of a successful department might be analyzed into its component parts. A good working relationship had been worked out

\textsuperscript{5}Ibid. p. 1.

between the supervisors and the head nurse, each understanding the role of the other.7

Industry has given much attention and study to the relationship between first line supervisors, foremen, and their employees.

In the modern business structure there is probably no relation more important than that of the subordinate to his immediate superiors. ...it is in the relation between a subordinate and his immediate superior that most breakdowns of coordination and communication between various parts of the industrial structure finally show up.8

Roethlisberger9 contends that the conditioning of supervisors to focus their attention upward to their immediate superiors, rather than downward to their subordinates and the feelings they have, makes it impossible for the supervisors to pay attention to the concrete human situations below them.

The nursing supervisor, like the foreman, is the "man in the middle" and:

...the problem of getting smooth operation becomes acute because...the foreman...must (1) uphold at the work level the standards, policies, rules and regulations which have been originated by other groups and see to it that the workers conform to them and, at the same time, (2) obtain

9Ibid. p. 143.
if possible the workers' spontaneous cooperation to this way of doing business.  

Zaleznik\textsuperscript{11} in a case study of work and social behavior in a machine shop, found that a particular organization role contributes to the behavior pattern. He explains that:

A formal leader of a work group is cast in a role in his organization which tends to differentiate him from people in other roles. In a particular business concern, a foreman is expected to behave in one way toward his men, in another way toward his superiors.

Before considering the specific relationship of the supervisor with the head nurse, it may be of value to review briefly the concepts long held by business and industrial management concerning "line" and "staff" functions. Pigors and Myers\textsuperscript{12} state:

Line, or operating, officers of an organization are those who have full responsibility for success or failure of their unit in achieving orders and instructions from their superiors and are responsible for carrying them out by giving instructions to, and getting the cooperation of, their subordinates. There is delegation of authority from the top downward, with each subordinate officer in turn, held responsible for results by his superior in the line organization.

Staff officers, on the other hand, are those who provide specialized services to the line officials and advise and counsel them in the performance of their duties.

\textsuperscript{10}Ibid. p. 145.

\textsuperscript{11}Zaleznik, A., Worker Satisfaction and Development, p. 126.

\textsuperscript{12}Pigors, Paul and Myers, Charles, Personnel Administration, p. 15.
The distinguishing characteristic of line function is the exercise of command by superiors down to their subordinates. The line officers issue orders. Authority comes down along regularly defined lines from top administration.

According to Finer\textsuperscript{13} the essential characteristic of staff function is thought and independence of mind. Staff officers have no authority and issue no orders. They give advice, information and technical assistance to line officers. Their role is that of a teacher.

In his book, \textit{Administration}, Lepawsky\textsuperscript{14} proposes that in any organization, an employee or a given activity may and frequently does perform both line and staff functions. Perrodin's\textsuperscript{15} \textit{Supervision of Nursing Service Personnel}, depicts supervision as a service. This author views supervision as a staff function. However, she does not limit this function to the supervisor. According to Perrodin, this service is provided by many persons within the nursing services department, participating at different levels.

Some of our methods of supervision grew out of the military and religious background of nursing but the social unrest of the early twenties created a demand for a more

\textsuperscript{13}Finer, Herman, \textit{Administration and the Nursing Service}, p. 229.

\textsuperscript{14}Lepawsky, Albert, \textit{Administration}, p. 289.

\textsuperscript{15}Perrodin, Cecilia, \textit{Supervision of Nursing Service Personnel}, pp. 35-38.
democratic method of supervision. While nursing continues to examine its approach to supervision, it looks to business, industry and education for principles upon which to base its techniques of supervision. For example, efforts have been made to interpret for nursing, principles of educational supervision as proposed by Barr, Burton and Bruechner.16 These educators state that:

The democratic supervisor has and expresses confidence in fellow-workers; he evaluates...on the bases of the understanding, attitudes and skills actually acquired..., regardless of whether these were secured through...procedures suggested by him or not. The democratic supervisor encourages self-direction, self-criticism, and self-control.... He realizes that growth requires not only opportunity but time.17

Maier18 in his book, Principles of Human Relations, which is written with special application to management, proposes that democratic leadership and democratic supervision are overlapping functions and supplement each other. This author further states that the supervisor employing democratic leadership will function as an "expert", supplying information, not decisions. If the supervisor functions primarily as an expert and permits the group to participate in the decision, his control over the situation is enhanced.

16Barr, A. S., Burton, William H., Brueckner, Leo J., Supervision, pp. 3-69.

17Ibid. p. 61.

Bases of Hypotheses

The position of the supervisor in the present day nursing hierarchy is that of "middle man". She has a responsibility upward to the director of nursing service and downward to the head nurse and the personnel of the patient units. Because the supervisor is between top administration of nursing service and the head nurse group, she tends to identify more with one or the other. The supervisor's identification with either group, which may or may not be consistent, will depend upon the way the supervisor perceives her own functions and relationships.

The administrative authority of the supervisor and the channels through which she functions should be clearly defined. It is necessary that the place of the supervisor in the organizational structure of nursing service be indicated in "line" and "staff" relationships. It is also necessary that the personnel in this organizational structure understand and accept her dual role.

In the nursing service department, the supervisor may function as a staff officer in relation to the head nurses and the other nursing service personnel. In this capacity the supervisor provides horizontal supervision within a specialized area. The division of areas might be service, such as staff development, as well as clinical.

A second form of supervision may be found in the nursing service department, namely vertical supervision. In
this kind of supervision, the supervisor functions as a line officer in relation to the head nurse. Authority which is received by the supervisor from top administration is delegated by her to the head nurse. When the supervisor functions as a line officer, she acts in a purely administrative capacity.

However, even if the organizational chart of the nursing service department places the supervisor in a direct line over the head nurse, the supervisor can often function as both a line officer and a staff officer in relation to the head nurse. The supervisor who employs the cooperative or democratic approach to supervision acts in this dual relationship to the head nurse.

Freeman\textsuperscript{19} describes several approaches to the process of supervision and states that cooperative supervision can be carried out at various degrees of participation of each member of the group in planning, action, and decision. The supervisor may allow only limited participation or she may encourage full and active participation by the head nurse. In the latter instance, there is joint effort and the head nurse gains much from working with the supervisor rather than for her.

Participation of the head nurse may be limited to virtually no participation and may be carried to the extreme that the supervisor becomes inactive in the process of supervision. The head nurse in this instance works without

\textsuperscript{19}Freeman, Ruth, Techniques of Supervision in Public Health Nursing, pp. 18-24.
direction or assistance and the supervisor becomes busy with the details of administration. This might be true of the supervisor who functions only in a line capacity to the head nurse.

The supervisor who bases her approach to supervision upon a democratic philosophy will:

1. respect the personalities and the individual differences between head nurses;
2. seek opportunities for individual expression of ideas among head nurses;
3. provide opportunity for group planning and policy formulation; and
4. stimulate the growth of individual responsibility in performance of duties.

In a democratic atmosphere, the head nurse will expect dynamic leadership from the supervisor. This leadership should stimulate the head nurse's own personal and professional growth. Perrodin states that the head nurse will usually accept constructive criticism from the supervisor, but she will greatly resent petty nagging or destructive criticism. The supervisor's function is to demonstrate to the head nurse how to improve when the need is obvious. It is not the supervisor's function to perform specific duties of the head nurse.

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20 Perrodin, op. cit., p. 175.
The democratic supervisor will provide assurance to the head nurse that good work will be recognized and appreciated. The supervisor must make her feel she is working in a situation where the job is important and in which satisfactions are apparent.

Selected Criteria for Analyses of Cases

The criteria which have been selected to analyze the observed behavior of the supervisors and their head nurses at the John Lawrence Hospital are dependent upon a democratic philosophy and a cooperative approach to the process of supervision.

Supervisors act in the capacity of a counselor to the head nurses when they:

1. Provide opportunity to give assistance to head nurses, individually or as a group, in reaching a resolution of a problem.

2. Direct head nurses to resources for gaining a broad overview of the philosophy, principles or procedures which previous investigation or authorities have evolved in relation to similar problems or methods.

3. Assist head nurses to develop tools for collecting data which is essential to the solution of a problem.

4. Demonstrate to the head nurses and teach them how to improve in the performance of their duties when the need becomes evident.
Supervisors function as administrative assistants when they:

1. Interpret policies and administrative decisions to head nurses.
2. Clearly define objectives, courses of action, advantages and disadvantages and methods of appraisal of results of major decisions.
3. Communicate expressed needs and suggestions and contributions upward to nursing service administration.
4. Secure from the head nurses an accounting of their actions and render it upward to nursing service administration, following proper organizational channels of communication.

Statement of Hypotheses

The following factors influence the relationship between a supervisor and her head nurses:

1. The supervisor's perception of her own functions and role in relation to the head nurses.
2. The head nurse's perception of the supervisor's functions and role in relation to herself.
3. The approach of the supervisor to the process of supervision.
4. The supervisor's identification with either top administration or with the head nurse group.
5. The relationship of the supervisor with top administration.
6. The head nurse's relationship with top administration.
CHAPTER III
METHODOLOGY

Data for this study were obtained from observations of on-going situations and from interviews with employees in the John Lawrence Hospital where permission to collect data was obtained from hospital and nursing service administration.

After the permission had been secured and the investigator agreed to disguise the agency and the people within the cases, she was introduced to the supervisors who were to be observed. Arrangements were made for the observer to spend one day with each of the supervisors for the purposes of meeting their respective head nurses and of learning the physical plan of the hospital. During the first three days of observations, the investigator explained to the personnel concerned the purpose of the study and the method to be used.

Thirty-one visits were made within approximately five months to collect data. Each visit to the hospital averaged between four and five hours. Because the case writer was interested in observing usual behavior and day-by-day activities of the personnel, she was able to select time for observations at her convenience and at various periods of the day.

When possible, written notes were made at the time of observation. Otherwise, they were made immediately following a two or three hour period of observations. These notes were then arranged in diary form on the same day that the
observations were made.

By review of the data collected and by discussion of it with her readers, the investigator was able to identify certain problematic situations and to ascertain when more data were necessary for the development of the three cases presented in this report.

When the final drafts of the cases had been written, they were submitted to the John Lawrence Hospital and a written release for their use was obtained.

The last step of the study was to analyze each of the three cases. The analyses were made against certain criteria chosen by the writer and based on the philosophy that was developed by the writer as presented in Chapter II.
CHAPTER IV
PRESENTATION OF DATA

THE JOHN LAWRENCE HOSPITAL (SETTING)

To help understand the cases which follow, a brief description of the John Lawrence Hospital is presented at the beginning of this chapter.

The John Lawrence Hospital was first established in 1896 in a western metropolitan area. It had grown steadily from the original red brick building of five floors to accommodations for 300 patients. It had four units, namely the Weston, Kent, Willard and Islip pavilions. The Islip pavilion, the newest, housed the Administrative offices, Physical Therapy, Surgery and Recovery Room, X-ray and one patient unit of twenty-three beds. The Kent and Islip pavilions had private and semi-private accommodations while the Weston and Willard pavilions provided for ward patients as well as private and semi-private patients.

The John Lawrence was a highly specialized hospital, limiting its services to medicine and surgery. Patients came from all parts of the world to consult doctors on its staff. The hospital, considered a center for research and teaching, stated that one of its purposes\(^1\) was to achieve and maintain a

\(^1\)See Appendix A.
high standard of nursing care. The hospital had long enjoyed the reputation of providing such care to its patients. An inability, due to an insufficient number of nursing personnel, to continue at this standard of nursing care had caused hospital administration to close one patient unit, and to convert another patient unit into an Intensive Care Unit. The Intensive Care Unit was planned to provide nursing care to approximately ten critically ill patients.

The Director of Nursing, Miss Shaffer, had two associates; one in charge of nursing service, Mrs. Snyder, and one in charge of nursing education. There were two Nursing Officers, Miss Miller and Mrs. Haymond, who were assistants to Mrs. Snyder. Mrs. Haymond, in addition to being a Nursing Officer, was also nursing supervisor for the Kent pavilion. There were three other nursing supervisors who were responsible for a total of thirteen head nurses units within these four pavilions. Miss Shaffer had been Director of Nursing for one month and before that had been Acting Director of Nursing for two months.

The Willard pavilion had four floors for patients with a total bed capacity of 106. Miss Heck, who had previously been an assistant night supervisor, had been supervisor of this pavilion for four months. She had graduated from another three year school of nursing four years before she accepted this

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2The John Lawrence Hospital had a three year school of nursing which accepted about eighty students each year.
supervisory position. She had attended part time at a nearby college and had nearly completed her requirements for a Bachelor of Science degree.

Miss Pyles was nursing supervisor of the Intensive Care Unit as well as two other head nurse units, including the one head nurse unit in the Islip pavilion. A graduate of the John Lawrence School of Nursing, Miss Pyles had in addition to her nursing service responsibilities, formal teaching responsibilities for nursing students. She had never been "too interested in going to school but she is one of the most intelligent people we have", Miss Miller stated. Miss Pyles had been a nursing supervisor for ten years.

The three units in the Weston pavilion of which Miss Kennedy was supervisor, had a total bed capacity of 89. Miss Kennedy, who was also a graduate of the John Lawrence School of Nursing, had been in this position for one year. Previous to that, she had been a head nurse for seven years and had accumulated eighteen semester hours of credits at a nearby university.

The supervisors and head nurses of the John Lawrence Hospital, as well as the faculty of the School of Nursing, met together twice a month with Miss Shaffer, the Director of Nursing. Head nurses did not meet separately as a group, but the supervisors met each week with Mrs. Snyder, the Associate Director of Nursing Service. The general nursing staff and the nursing aides met monthly with Miss Miller, Nursing Officer.
ORGANIZATIONAL CHART
WILLARD PAVILION

Supervisor
Willard Pavilion
Miss Heck

Ward 2
Head Nurse
Miss Hess

Ward 3
Head Nurse
Mrs. Ryan

Ward 4
Head Nurse
Miss Baxter

Ward 5
Head Nurse
Miss Smith

Assistant
Head Nurse
Miss Jones

Assistant
Head Nurse
Miss Wion

Assistant
Head Nurse
Mrs. Nash

Assistant
Head Nurse
Miss Wagner

Unit Leader

Floor Hostess

Unit Leader

Staff
Nurses

Nursing
Students

Nursing
Aides

Staff
Nurses

Nursing
Students

Nursing
Aides
THE JOHN LAWRENCE HOSPITAL (A)

Principal Characters

Miss Heck .................................. Supervisor, Willard Pavilion
Miss Ford .................................. Observer
Miss Baxter .................................. Head Nurse, Ward 4
Mrs. Nash .................................. Assistant Head Nurse, Ward 4
Miss Rice .................................. Staff Nurse, Ward 4
Miss Wion .................................. Assistant Head Nurse, Ward 3
Miss Hess .................................. Head Nurse, Ward 2
Miss Smith .................................. Head Nurse, Ward 5
Miss Hartzell ................................ Staff Nurse, Ward 5
A modified system of team nursing had been in effect in the Weston pavilion of the John Lawrence Hospital for several years. Each ward was divided into three units and graduate nurses or senior nursing students were assigned as unit leaders. The head nurse then assigned other nursing personnel to the unit leaders who in turn made individual assignments for each member of her team. If a unit member had questions concerning nursing care plans for patients or individual assignments, she discussed this with her unit leader. Meal and rest periods for nursing personnel were assigned to each member by the unit leader so that there was always coverage provided in her unit.

When Miss Heck accepted the appointment of supervisor for the Willard pavilion, nursing administration had agreed to permit her to start the same system of patient assignment throughout the Willard pavilion as was used in the Weston pavilion. As assistant night supervisor for two years in the Weston pavilion, Miss Heck had been favorably impressed with this system and felt that it helped to insure more adequate nursing care for the patients, particularly during the night.

At the time of Miss Heck's appointment, the Willard, Islip and Kent pavilions used a modified case method of patient assignment. The head nurse assigned individual patients to each of the nursing personnel who gave complete nursing care to them except for intramuscular medications. These were given by one nurse, usually referred to as the "senior nurse".
hours. She believed that: "It provides more individualized care for the patients and of the two systems of patient assignment, it best fulfills the objectives of nursing service."² The supervisor reasoned that:

The same persons are assigned the same patients and therefore have an opportunity to really get to know the patients. Specific duties are assigned, and the auxiliary personnel are included too. With the case method the nursing aides mostly do water pitchers, serve trays and that sort of thing.

Two months before the unit system of patient assignment was begun in the Willard pavilion, Miss Heck met with the four head nurses to explain the purpose and mechanics of the unit system. Miss Heck had been appointed supervisor one month before this meeting took place. The Clinical Instructor, who had played a major role in the initiation of the unit system in the Weston pavilion, also attended the meeting at the request of Miss Heck.

At the meeting, Miss Heck and the Clinical Instructor answered questions that the head nurses asked pertaining to the unit system. The head nurses expressed greatest concern about the feasibility of the system because of the limited number of personnel available. Each one in turn indicated her skepticism. They also questioned if the unit system could provide better nursing care than the modified case method with which they were familiar. The supervisor explained to them that:

²See Appendix A.
even if it is the same break down of patient assignments for the staff, you can be sure that specific duties are assigned to all your personnel. The unit leaders would be responsible for checking the work of those on their team.

Miss Heck felt that this explanation had convinced the head nurses that the unit system was better than the case method.

The head nurses were concerned with the specific mechanics of the unit system too. Some of them knew that the Weston wards, which were all larger than those in the Willard pavilion, had three units. It was decided to use two units on each of the Willard wards because of their size and floor plan.³

Some of the head nurses wondered if the unit charge nurse would be able to evaluate the different levels of nursing personnel and assign them accordingly. Miss Heck explained that it would be the function of the head nurse to supervise the unit charge nurses in this responsibility.

Sample forms⁴ for patient assignments which had been obtained from the Weston wards were given each head nurse. The head nurses were asked to discuss these with their assistants. It was agreed to start the unit system in the four head nurse units of the Willard pavilion after the first of the

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³Each of the Willard wards had from twenty-three to twenty-nine patient units which were on either side of a long corridor which turned at a right angle and continued for several yards.

⁴See Appendix C.
year, approximately two months later. No formal meeting or
conferences were planned for the graduate staff or nursing aide
groups. The nursing students, who were assigned to the Willard
wards at the time that the new system was started, had had
experience with it in the Weston pavilion.

Just before Christmas, Miss Heck told Miss Ford that she
planned to start the unit system of patient assignment in the
Willard pavilion soon after the first of the New Year. In
relation to the October meeting with the head nurses, Miss Heck
had stated:

I told them they would have difficulty because of
lack of personnel. I don't want them to think that
I am pushing them. We will start it after all the
holidays. It will not be for a trial period,
there is no reason why it cannot work.

The unit system of patient assignment had been in effect
for one week when Miss Ford returned to the John Lawrence
Hospital to continue her observations. On Ward 4, Miss Rice, a
staff nurse, was standing in the nurses' station as Miss Ford
entered. Miss Rice spoke to her and said:

Miss Rice: Oh, I remember you. Still looking for infor-
mation? Well, Miss Baxter is the one to give
it to you. She is a terrific head nurse.

Miss Ford: I am interested in the new patient assign-
ment system here on Willard.

Miss Rice: Oh, we just started last week. It is new
here. What a farce!

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5Miss Ford, a graduate student from a nearby university.
Miss Rice answered with a laugh and hurriedly disappeared from the station.

Later that same morning, Miss Ford joined Miss Wion, assistant head nurse on Ward 3, for coffee. The two sat alone at a table in the Coffee Shop. There were few hospital personnel in the shop, most of the employees went to the cafeteria which was open to everyone both at coffee and at meal times.

**Miss Ford:** How do you like the new system of patient assignment?

**Miss Wion:** It is really hard to say, we haven't had enough help to know. Take this past weekend, I only had one graduate and one aide. How could I assign them! All we could do was to do one side of the ward on Saturday and the other side on Sunday.

After a brief pause, Miss Wion added in a somewhat bewildered tone of voice:

The patients all understood and none of them complained. I guess they just know we have no help.

Miss Wion went on to say however, that more help was available today. They had a graduate nurse and a senior nursing student whose first day of assignment to Ward 3 was today and one aid who was also newly assigned to this ward.

Miss Wion said that she was sure there must be advantages to this system because, she continued: "The have used it in the Weston pavilion for so long."

**Miss Ford:** Do you think the head nurses and their staff had enough orientation before it was started?

**Miss Wion:** Well, the graduates all float so they have been used to it. It was the head nurses that it was new to! Our new aide comes from the
Weston pavilion, so she has worked in this system too. Our old aide\textsuperscript{6} would not have liked it because she hates to change just like me.

Miss Wion said that she felt that the leaders, who were the graduates and the nursing students, resented having to write the patients' names on their assignment sheets.\textsuperscript{7} She added: "I don't know why it's necessary anyway."\textsuperscript{8}

The following day, Miss Baxter, the head nurse on Ward 4, commented about the new system of patient assignment:

It is just foolish. We don't have the help. I can see where it would work if you had students.

When Miss Baxter was questioned concerning the possibility of returning to the old method of assignment if the new method proved to be unsatisfactory, she immediately replied: "I should hope so!"

After several minutes of apparent thought, Miss Baxter commented that with this new system, she felt that the graduates and the nursing aides did not help each other as much as they used to do and that a lot of the work for which the aides were responsible, such as cleaning the utility room, did not get done. Miss Baxter was not certain that the staff

\textsuperscript{6}The nursing aide that had previously been on Ward 3 had been promoted to floor hostess and had been transferred to Ward 2 of the Willard pavilion.

\textsuperscript{7}See Appendix C.

\textsuperscript{8}Miss Heck had previously explained to Miss Ford that the purpose of writing the patients' names on the assignment sheets was to familiarize the staff with the patients.
had been well oriented to the new system because she was off duty sick when it was started. Mrs. Nash, her assistant, was in charge at the time of her illness.

When Mrs. Nash returned from lunch, she entered into the conversation about the unit system of patient assignment and commented:

Well, I was used to it as a student. I just graduated in September. It worked fine in the Weston pavilion, but here we just don’t have enough help. As I understand it, the purpose of this method is to help the students to learn to take responsibility for planning the work of others. It gives them experience being in charge of a unit. But here we only have graduates and it takes too much of their time to fill out the assignment sheet. It takes away from patient care time.

Later in the afternoon, a young medical resident approached Miss Ford, introduced himself and asked if she was new on Ward 4. Miss Ford explained to him that she was a student from a nearby university observing in the John Lawrence Hospital. "You picked a good floor, this one is far above average," he said in praise of the ward management.

As the resident and Miss Ford talked, Miss Heck had come into the nurses’ station and had spoken to Mrs. Nash. The supervisor had explained to Mrs. Nash the purpose of the unit leaders writing in the names of the patients on the assignment sheets.

Several days later, Miss Ford talked with Miss Hess, head nurse on Ward 2. Miss Ford asked: "How is the new patient assignment system working here on Ward 2?"
Miss Hess: Of course we don't have the help to give it a fair chance. We only have one permanent staff nurse but she is just wonderful and helps the students all she can anyway.

Miss Ford: Do you think the students are the ones who profit most from it?

Miss Hess: Well, they requested it here in Willard or at least that is what I understand.

Miss Ford: Does your staff nurse resent making out the daily assignment sheet?

Miss Hess: I don't think so, she never has said so. She was familiar with it in the Weston pavilion. She is only a fairly new graduate herself.

Miss Ford: Then apparently lack of sufficient help is the biggest problem you have with the system?

Miss Hess: Yes, and now take today, we have a student on till 1:00 p.m. and a graduate and two aides so they each have a unit, but at 9:00 a.m. Miss Flynn just came in. So we end up with enough help, but we never know each day how much we will have.

On the same day, Miss Smith, head nurse on Ward 5, was sitting at her desk when Miss Heck came into the nurses' station and addressing the head nurse, said: "How's everything? Any problems?"

Miss Smith: Yes, a patient's daughter called about a pair of silk pajamas. It was a patient who had expired about three hours after he came in.

Miss Smith continued to explain about the incident and

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9Miss Flynn was a part time nurse who worked from 9:00 a.m. until 1:00 p.m. several days a week. She was assigned each day by Miss Miller in the Nursing Office according to individual floor needs.
said that the daughter had picked up the patient's clothing from a private duty nurse but that the bottoms of the pajamas had not been with the other clothing. The clothes sheet showed signatures of a student nurse on admission and the night supervisor. The signature of a private duty nurse appeared on the discharge slip. Miss Heck suggested that Miss Smith call and check with the admitting office and then to let her know what happened.

After Miss Heck had left the ward, Miss Smith and Miss Ford talked about the new system of patient assignment. Miss Smith said:

It is really ridiculous, we just don't have the help. Of course I guess it is good for the students though, if it can only work. You can talk to the staff nurses yourself, but I think I know pretty well how they feel. Two of them are fairly new so the change didn't mean too much to them. However, Miss Hartzell who works permanent evenings was really quite vocal about her resentment. She feels since she is the only one in her unit that it is a waste of time to fill in the assignment sheets. But I told her we are saving these assignment sheets for three months. Two graduates and one aide work in the evening, so they prefer to have the aide unassigned. They use her for admissions, pre-meal specimens and so on. Miss Hartzell even went to the Nursing Office about it. I guess it did her good to talk to them.

Miss Ford: Does she fill out the assignment sheets now?

Miss Smith: Yes, but I occasionally have to remind her of it.

A few minutes later in the elevator, Miss Ford met one of

\[10\] There were three permanent staff nurses assigned to Ward 5. Students were never assigned to this ward.
the staff nurses from Ward 5 and asked her how she liked the new system of patient assignment. She answered:

I don't. We don't have the help for it. Maybe if everyone came on duty at 7:00 a.m. it would help though. It is just not organized when we start in the morning. You never know who is coming in at 9:00 a.m.

As she got off the elevator she called back over her shoulder: "But we haven't used it long enough to give it a fair trial yet, you never know."

Several days later at lunch with Miss Heck, Miss Ford asked her about the staff nurse on Ward 5 who had been so vocal in her resentment of the change. Miss Ford learned that Miss Hartzell had come to the John Lawrence Hospital in September but was an older graduate.

Miss Heck: It was the first day the system started and just after Miss Smith explained it to her, she came down to see me.

Miss Ford: Did Miss Smith send her to see you?

Miss Heck: No, she didn't know she was even gone from the ward until she went to look for her. Miss Hartzell said that she did not think she could work with this system and that she didn't want any student responsibilities, that that was what she was trying to get away from. She was pretty upset so I asked her if the ward was too much for her and she said no. Well, I think she felt better after she got it off her chest and she said she would try it and if it didn't work, she would resign. I haven't seen a letter yet!

In the middle of the fourth week of the change in the patient assignment system, Miss Heck stated that everything was going well. She added:
There is no reason why it can't work. They are being so much better about the assignment sheets now.
Analysis of Case A

The need for change must be felt by the group if change is to be effected. Resistance to change will result from a threat to an individual's security and must be overcome before a change will have full value.

Miss Heck, the supervisor, believed that a change in the method of patient assignment in the Willard pavilion was necessary. However, she had been in her present position for only one month. It would have been difficult for Miss Heck to establish herself in a role completely acceptable to the head nurses in such a short period of time. Neither could the supervisor determine in one month which of the two systems of patient assignment would better fulfill the nursing needs of the patients in the Willard pavilion. Actually Miss Heck had decided to institute the new unit method of patient assignment at the time she was appointed supervisor.

When Miss Heck met with the head nurses in October, her purpose was to sell what she considered was the better of the two systems of patient assignment. The head nurses in the Willard pavilion had not expressed any need for changing their present method of patient assignment, but the supervisor felt that her explanation had convinced the head nurses that the unit system was better than the case method of patient assignment.

However, from subsequent conversation with Miss Heck and the head nurses, there was no evidence that Miss Heck
presented convincing facts relative to the team concept and the values of the team concept. From the supervisor's own comments, there is no evidence that she had a clear understanding and appreciation of the objectives of the unit method of patient assignment. The supervisor saw the unit method of patient assignment only as a way in which "specific duties are assigned" to all personnel and the head nurse would be relieved of "checking the work of those on her (unit leader) team". This could account for the various interpretations of the purpose of the unit method of patient assignment which were made by the head nurses.

Miss Heck failed, either because of her lack of knowledge or because of her inability to adequately communicate, to give the head nurse the incentive to experiment with, and the tools which they needed to effectively use, the unit method of patient assignment. There was no consideration given to the necessity for preparing those persons, who were to be the team leaders, for their responsibilities.

Miss Heck did not "want them (head nurses) to think that I am pushing them", however, she was convinced that the unit method of patient assignment was the best and that there were no reasons why it could not work satisfactorily. Her own opinion was the only support the supervisor seemed to give for this conviction. She presented no comparative data or theories to guide her staff in reaching a considered judgment.

Even if Miss Heck had collected all the data available
which would indicate a need for change and had presented it to the head nurses, she might have met resistance. Facts alone could be interpreted as a change based on what administration, in the person of the supervisor, felt was the need of the group, unless an opportunity was also provided for evaluation of these data by the head nurses.

Mrs. Nash, assistant head nurse on Ward 4, had had a satisfactory experience with the unit method of patient assignment in the Weston pavilion, yet she believed that it could not work in the Willard pavilion. Miss Heck did not find out from Mrs. Nash why she had this negative reaction, nor, did she view Mrs. Nash as someone who could be a valuable assistant to her in interpreting to the other head nurses the advantages and disadvantages of the new system.

Because of the manner in which Miss Heck presented the change to the head nurses at the meeting, they immediately questioned if the new system of patient assignment was better than the case method. They also questioned the feasibility of the system because of the limited number of personnel available. They saw this change not as a solution to any problem which they had identified but rather as an imposed change from a method with which they were familiar, to one which was unknown to them. They saw the supervisor, who represented authority, impose this change. There was no evidence in the case that Miss Heck recognized many questions as a means of clarifying the advantages and disadvantages of the two methods.
Some of the head nurses no doubt believed that the idea of this change originated in the school of nursing, for several of them viewed it as something that would benefit only the nursing students.

"As I understand it, the purpose of this method is to help the students to learn to take responsibility for planning the work of others."

"Well, they (nursing students) requested it here in Willard or at least that is what I understand."

"Of course I guess it is good for the students though..."

Miss Wion, the assistant head nurse on Ward 3, stated that she disliked change. Yet, intellectually she reasoned that there must be advantages to the unit method of patient assignment because "they have used it in the Weston pavilion for so long". Miss Wion was aware that her staff resented having to write the patients' names on their assignment sheets. This resentment was not difficult to understand because she herself did not know why it was necessary. She had apparently made no effort to find out, nor, had Miss Heck given the head nurse the same understanding she had as to why it was necessary. Other head nurses had also questioned the value of this procedure.

Moreover, this failure on the part of the head nurses to interpret to their staff the purpose of writing the assignments might have been due to more than their own lack of information. This could have been a symptom of the head nurses' resistance to the change and to the method of instituting change that the
supervisor employed.

Both before and after the new system of patient assignment was initiated in the Willard pavilion, each head nurse was concerned with what she considered was an insufficient number of personnel. Each felt she did not have enough available help to determine if there were any merits in the new method of patient assignment. There was no evidence that Miss Heck had examined the situation to determine whether there was adequate personnel.

Miss Heck showed no evidence that she was aware of the head nurses' resistance to the new system of patient assignment. However, the supervisor knew that the personnel had not always completely filled in the assignment sheets and when they showed improvement in this, she felt the new system was working well.

"There is no reason why it can't work. They are being so much better about the assignment sheets now."

At the end of the first four weeks of the change in the patient assignment system, there had been no provision made to evaluate the results of the change. No data had been collected for comparison of the two methods. The supervisor apparently saw no need for evaluation and considered the new method established.

"It will not be for a trial period, there is no reason why it cannot work."

Because Miss Heck violated administrative principles of effecting change, she encountered resistance to this change
from the head nurses. Nursing service administration did not
give the supervisor the assistance which she apparently needed
to implement the change in the method of patient assignment.
Miss Heck did not help the head nurses to analyze and evaluate
the two methods of patient assignment. Nor, did the supervisor
give the head nurses an opportunity to participate in making
a decision which so vitally effected their ward management.
THE JOHN LAWRENCE HOSPITAL (B)

Principle Characters

Miss Joyce.......................... First Head Nurse, 
                                 Intensive Care Unit
Miss Evans.......................... Head Nurse, 
                                   Intensive Care Unit
Miss Pyles.......................... Supervisor, 
                                   Intensive Care Unit
Miss Ford.......................... Observer
Miss Harding...................... Staff Nurse, 
                                 Intensive Care Unit
THE JOHN LAWRENCE HOSPITAL (B)

Because the John Lawrence Hospital had long enjoyed the reputation of providing a high standard of patient care and because the needs for nursing care seemed to be greater than the supply, the hospital had converted a twenty-four bed ward into an Intensive Care Unit. This unit offered an area where critically ill patients could be segregated and could receive intensive nursing care.

Little change had been made in the floor plan of the original twenty-four bed ward when the Intensive Care Unit was established. Appropriate equipment had been added, such as wall suction and oxygen outlets at each bedside. Because of the limited nursing staff, patients were concentrated in the two adjacent wards of approximately fourteen beds. The single patient units were not used unless a patient had private duty nurses.

The permanent nursing staff included a head nurse, Miss Evans, eight graduate staff nurses, one licensed practical nurse, one nursing aide, one part time graduate staff nurse and one floor hostess. The nursing office provided graduate nurse relief for four nights each week. With an average census of six patients per day, the staff was able to give 9.3 nursing care hours per patient per day. The nursing care hours were

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1See Appendix D.

2The head nurse and floor hostess were not included in the average nursing care hours per patient.
divided as follows:

- **7-3:30** 16 hours by two graduate staff nurses
- **1-9:30** 8 hours by one nursing aide
- **3-11:30** 16 hours by one graduate staff nurse and one licensed practical nurse
- **11-7:00** 16 hours by two graduate staff nurses

In contrast to the average nursing care hours per patient that were found on the Intensive Care Unit, another unit of the Weston pavilion, which had from one to three patients out of approximately thirty-five patients who required intensive nursing care, was able to provide only 2.7 hours per patient per day.

At the time of the investigator's observations, the unit had been in operation for six months.

Before the unit was opened, nursing service administration had selected Miss Joyce as head nurse for the Intensive Care Unit. She was described as a "strong-willed person". Miss Joyce had come to the John Lawrence Hospital approximately two years before this appointment as head nurse and had held the position of assistant head nurse on one of the smaller wards for these two years.

In planning for the Intensive Care Unit, a temporary committee had been formed which included the following people: the executive administrator of the hospital, the director of

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3See Appendix B.
nursing, the nursing supervisor and the newly appointed head
nurse of the Intensive Care Unit. Also included on the planning
committee were the following resource persons: the director of
operating and recovery room, the doctor who was chief of
anesthesiology and the chief of maintenance.

The committee had not clearly stated the principles
that would underlie the management of this type of unit nor had
they established any criteria for determining the necessary
nursing care hours per patient per day. Past patient condition
reports had been used to determine the number and types of
patients who might require admission to this unit. No provi-
sion had been made for evaluation of patient care in this unit.
However, the supervisor had been instructed by the director of
nursing to keep certain vital statistics.  

Miss Pyles, the supervisor, was responsible for two head
nurse units as well as the Intensive Care Unit. However, when
this ward was opened, tentative policies for the unit had been
written by the head nurse and the director of nursing with only
a few suggestions made by the supervisor. They had then been
approved by hospital and nursing service administration. These
policies included the types of patients eligible for admission, as
well as procedure for admission and discharge of patients.

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4See Appendix F.

5See Appendix E.
As a result, Miss Joyce worked closely with the director of nursing rather than with Miss Pyles. How Miss Pyles felt about this can be noted in her comment to the investigator.

**Miss Pyles:** Miss Joyce was somewhat of a personality problem. She created a lot of antagonism between herself and the other head nurses. She felt that this unit was her own idea and sort of acted that way. The other head nurses tried to use their influence with the doctors not to move patients into the unit. But she even made rounds to see if there were patients that could be sent there. She would always go directly to the Nursing Office with any problem.

Miss Pyles never questioned either the head nurse or top administration of nursing service concerning this disregard for proper organizational channels of communication.

As the unit developed, Miss Joyce assumed more and more responsibility for accepting patients to the unit as well as initiating transfer of patients out of the unit.

After several months, Miss Joyce resigned and upon her recommendation to the director of nursing, Miss Evans was appointed as her successor. Miss Evans had graduated from the John Lawrence School of Nursing about a year before her appointment as head nurse of the Intensive Care Unit. Prior to this, she had done private duty nursing at the John Lawrence Hospital, and as a result of Miss Pyles' persuasion, she had done one month of general staff nursing on the Intensive Care Unit.

Because the director of nursing had consulted with Miss Joyce about her successor rather than Miss Pyles, the
supervisor felt excluded from the Intensive Care Unit as evidenced by her comment:

I feel excluded from the Intensive Care Unit. Maybe it is because of the history of the unit. I can't seem to establish the same relationship with Miss Evans as the rest of the staff. It is probably personality too.

Miss Evans followed the pattern established by Miss Joyce, circumventing the supervisor, for the most part. Whether or not Miss Evans felt the need of supervision could not be determined. She had stated that:

I was a staff nurse for one month on the Intensive Care Unit before I took over. The other girls had been there a lot longer. But when they asked me to be charge nurse, I thought they must think that I could do it or they wouldn't have asked me.

During the Christmas holidays, a patient who had had a cardio-vascular accident had been admitted to the Islip unit. The head nurse of the Islip unit, who apparently had some influence with the patient's physician, was able to convince him that the patient should be transferred to the Intensive Care Unit in spite of the fact that according to the policies, this type of patient was not eligible for admission to the Intensive Care Unit.

Miss Evans was not on duty when the patient was admitted to the Intensive Care Unit. The following day Miss Evans questioned why this patient had been accepted on the unit. She asked Miss Pyles, who was also supervisor of the Islip unit, but Miss Pyles had not been involved in the transfer of this
patient. The supervisor told Miss Evans that she would talk to the head nurse on Islip to see if she could get any information about the incident.

Miss Pyles learned that because of the holidays, the head nurse on Islip had felt that this patient would not receive adequate care on her unit.

The next day, the patient's doctor went to Miss Pyles' office to talk with her. He expressed a feeling that his patient would not receive good care on the Intensive Care Unit, because the nurses there did not want his patient. Miss Pyles assured the doctor that the patient would receive good care. The doctor apparently decided not to transfer his patient back to Islip.

Later the same day when Miss Pyles was in the Intensive Care Unit with Miss Evans, the patient's doctor walked into the unit. The supervisor signaled to Miss Evans so that the head nurse would not approach the doctor about transferring his patient out of the Intensive Care Unit. After the doctor had seen his patient and left the unit, Miss Pyles explained to Miss Evans that they would make an exception for this patient since it was the doctor's first experience with the Intensive Care Unit. Miss Evans apparently accepted this explanation.

Later when Miss Pyles was reflecting on the incident, she remarked: "There was no pressure to get other patients in the unit."
Two days later, Miss Ford stopped at the Intensive Care Unit to talk with Miss Evans. Picking up the chart for the patient who had had a cardio-vascular accident, Miss Ford said: "He doesn't appear too acutely ill, is he?"

Miss Evans: Well, he becomes somewhat confused and tries to get out of bed. Here we can watch him. Someone is always in this ward. He really doesn't require any care, he just has to be taught to feed himself. He really is an exception and will be leaving just as soon as we can get him into a nursing home.

Several days later, Miss Pyles and Miss Ford were at morning coffee. Miss Pyles commented with a somewhat perplexed voice that she was having a problem with Miss Evans. The supervisor continued:

Because her administrative duties often do not keep her busy enough, she feels she can go off duty early some days. It is bad because the others can't go off and she is paid for working eight hours too. She has gone off as early as 1:30 p.m. She usually leaves at 3:00 immediately following the report. She asked me the day before yesterday if she could leave at 2:30 p.m. because of a hairdresser's appointment. I let it go and didn't say anything, but yesterday I looked at her hair and she hadn't been near a hairdresser.

With a laugh Miss Pyles added: "I don't know if she saw me looking at it or not."

During the same conversation Miss Pyles had said that

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6 Miss Ford, a graduate student from a nearby university.
7 Nursing personnel were paid for overtime hours at their regular rate of pay.
8 Miss Evans was scheduled to work until 3:30 p.m.
she wanted to rewrite the policies for the Intensive Care Unit. She added: "Not change anything, just rewrite them because they are so wordy."

A few days later in the nurses' station of the Intensive Care Unit, a physician approached the floor hostess and asked for Miss Evans. The floor hostess told him that Miss Evans was on a day off and that Miss Harding9 was in charge.

**Physician:** I want to reserve a bed for a craniotomy on Monday. Okay?

**Miss Harding:** Yes, I think that's alright. That will be for Tuesday?

Miss Harding studied the Kardex as she answered.

**Physician:** No, Monday.

**Miss Harding:** Well, you see the patient will stay overnight in the recovery unit and not come down here until Tuesday morning.

The physician nodded and left the unit. Miss Ford asked Miss Harding if that was the usual procedure for clearing admissions10 to the Intensive Care Unit and she said yes.

About a week later, the head nurse on one of the Weston units contacted Miss Evans and requested permission for transfer of one of her patients to the Intensive Care Unit. The patient was a seventy-five year old man who had been found

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9 Miss Harding alternated with the other graduate staff nurses in relieving the head nurse for her two days off duty each week.

10 See Appendix G.
unconscious in his apartment by the police. His condition had been listed as critical. He had been admitted to a seven bed ward in the Weston pavilion. Because of his disoriented and confused state of mind, he was disturbing to the other patients.

The head nurse on this unit had suggested to the physician that the patient be sent to the Intensive Care Unit. However, Miss Evans had refused to accept the patient because she had felt that she did not have adequate staffing for an increase in census. Her census at that time was five.

When Miss Evans was questioned concerning her criteria for determining what staffing would be necessary for an increase in census, she answered:

To increase the census to ten I need about ten more nurses. I would need a nurse for treatments and medications and one nurse for every three patients during the day. And really, I would need the same ratio of nurses to patients during the evening and at night too.

The following day, Miss Pyles wanted to have a patient transferred from one of her other units to the Intensive Care Unit. The patient had had a skin graft done on his left leg. He required no special care but his graft was not healing and the doctors were fearful of sudden hemorrhage. Miss Pyles felt that he could be watched more closely for signs of hemorrhage if he was on the Intensive Care Unit.

That afternoon, Miss Pyles stopped at the nurses' station of the Intensive Care Unit and said to Miss Harding: "Are you getting anyone in?"
Miss Harding: No, and that C. V. A. patient is being transferred tomorrow in the morning.

Miss Harding left the nurses' station and the supervisor did not pursue the possibility of transferring this patient to the Intensive Care Unit.

About a month later, at a weekly Supervisory Committee meeting, Miss Pyles had stated that she thought that the Intensive Care Unit should be able to take ten patients. The night supervisor also felt that two night nurses could care for this number satisfactorily now that she had a night float aide, who could be used there when necessary.

Following the meeting, Miss Pyles and Miss Ford were discussing the problem of census. Miss Pyles commented:

I feel we could up the census to eight or ten but Miss Evans doesn't. Of course, as soon as you do, one of the nurses goes on a week's leave or something. We have never decided any criteria for determining nursing care hours. It would probably be a good idea if we did. Off hand, I think we could manage with 6.0 hours per patient.

Miss Pyles continued:

You know, Miss Evans does not do any staff work and she doesn't have that much head nurse work. Of course, she knows all of her patients well, but she should with only six and she has the time. Last week she asked me for an assistant. The girls that relieve her want more money the day they do.

After several minutes of apparent thought, Miss Pyles

11The Associate Director of Nursing Service met each week with all the supervisors, including the night supervisor.
continued:

I wonder how much the hospital lost on special duty nurses for the critical patients. I bet the Intensive Care Unit costs a lot more for the hospital.

Several days after this meeting, at the morning report, Miss Ford learned that there were six patients in the Intensive Care Unit. Miss Evans stated that one of the patients would be transferred out of the unit that day.

**Miss Ford:** Do you have any requests for admissions?

**Miss Evans:** I wouldn't take any more patients, at least not until they give me more help. This way, each girl has three patients which is a lot. I would help with bed baths, but three patients for each girl just keeps them going all day.

**Miss Ford:** How many nursing care hours per patient do you average here on the Intensive Care Unit?

**Miss Evans:** I never thought about the nursing hours per patient. I really don't know what we average here. I base the number of nurses we need on the kind of care that the patients require. As I said, I never have thought about nursing care hours, but I think we ought to have from 7.0 to 9.5 hours for each patient.

Later when Miss Evans was assisting a physician in changing a neuro-surgical dressing, she asked: "Are you doing anyone today?"

**Physician:** Yes, do you want her?

**Miss Evans:** Well, I will have to see.

After the physician had left the unit, Miss Ford asked: "Who decides when the patient is ready to be discharged from this unit?"
Miss Evans: Well, take the patient today who is being transferred, I suggested it to the doctor yesterday.

During lunch, Miss Evans was discussing the functions of the head nurse on the Intensive Care Unit, she felt that:

There are advantages and disadvantages of having only six patients. It is not really enough work administratively speaking. I would like to do a lot more. Of course, I get to know the patients very well. I can give a bed bath, feed a patient or something like that so I really see the patient. Most head nurses don't have the time for that.

Miss Ford: Do the nurses come to you with problems about patient care?

Miss Evans: Yes, now they do, but when I first took the job, that was one of my problems. The other girls had been there a lot longer so I know now that there was a lot of feeling there. In fact, there is still some. Another thing, I need an assistant. But again there is not enough work for one either. Now, one of the staff nurses relieves me on my days off. They feel they should each take turns. It is only fair too. And then the graduate on 3-11 who is in charge from 3-7:00 p.m.12 does not have real interest in her work. She is a good bed-side nurse though. Without an assistant, there is just no continuity with the charge work.

Miss Evans then spoke of the supervisor's function in relation to the Intensive Care Unit.

I go to her if I have problems. For example, we get busy and need a float. She tries to find one. Or I have trouble with a doctor

12The head nurses at the John Lawrence Hospital alternated with their assistants in working 10:30-7:00 p.m. The evening supervisors assumed head nurse responsibilities at 7:00 p.m.
moving a patient and I tell her. She talks with him or if necessary goes to the Nursing Office. Or maybe I want some new equipment and I ask her to check it for me. She is sort of a trouble-shooter. I also ask her for help if I have a problem with nursing care of a patient. Again, I go to her for information.

The following day after this conversation, as the night nurses were preparing to give the morning report of patients, Miss Evans said to Miss Harding:

I am leaving early today. About 2:00 p.m. If I don't, I will not make that train.

Miss Harding: Okay.

Miss Harding was apparently unconcerned as she answered the head nurse.

There had been no patients admitted for three days. Miss Ford asked Miss Evans if she had had any requests for admissions.

Miss Evans: One. I refused it. The patient wasn't eligible anyway, but I would find room if we had a real request. Move someone out or something.

Miss Ford: Who do you think you could move?

Miss Evans: Not really anyone, but I guess the C. V. A.13

As time permitted, Miss Pyles edited the policies of the Intensive Care Unit,14 including the types of patients

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13This patient's nursing care consisted of: positioning every hour, skin and mouth care every hour, tube feeding every two hours, oral suction whenever necessary (usually every hour), recording intake and output of all fluids and passive exercise to left arm and leg.

14See Appendix H.
eligible for admission. After she had completed the editing, she discussed them with Miss Evans. The head nurse did not feel it was necessary to include the type of patients eligible for admission. Miss Pyles said to herself: "She thinks it should all be left up to her."

The policies as Miss Pyles had edited them were then submitted to nursing service administration for final approval. There was no hospital or medical committee that reviewed the policies.
Analysis of Case B

Hospital and nursing service administration were aware of a need for some kind of action which would help them to continue to provide the high standard of nursing care for which the John Lawrence Hospital was noted. They had already closed one patient unit but they believed that if they established a special unit for segregating critically ill patients in an area, where they could receive intensive care, many of the demands for nursing care would be met.

The motive behind the action of nursing service administration cannot be questioned. The ultimate purpose was to provide a high standard of nursing care to all patients. However, the nursing service administration staff became overzealous in their endeavor to establish an Intensive Care Unit. There was little attempt made by administration or by the head nurse to consider the supervisor in relation to planning for the new unit. This was a great contributing factor to the role that Miss Pyles assumed in relation to both Miss Joyce and Miss Evans.

The Intensive Care Unit was not functioning to the best advantage of the hospital. There was an average of only six patients receiving 9.3 hours of nursing care per patient per day in this unit, while there were other patients in the hospital requiring the same degree of care who received only 2.7 hours of nursing care per patient per day. On the Intensive Care Unit, one head nurse was employed to supervise
the nursing care of six patients, while in another unit, one
head nurse supervised the nursing care of approximately thirty-
five patients of whom from one to three required intensive
nursing care.

Important considerations were overlooked in the original
planning of the unit. Nursing service had not clearly stated
a philosophy or a set of principles that would underlie the
management of the unit. Nor, had they established criteria for
periodic appraisal of the nursing care received in the
Intensive Care Unit.

The tentative policies which had been written by
Miss Joyce and the director of nursing had included a list of
patients eligible for admission to the Intensive Care Unit.
This list was no more than a variety of diagnoses of patients'
conditions. The policies had not included a description of the
kind of nursing care that would be needed for patients admitted
to the Intensive Care Unit.

Nursing service administration must have had some
insight into the need for evaluation of this unit when it
requested Miss Pyles "to keep certain vital statistics". How-
ever, at the end of almost a year of operation, nothing had
been done with this information either by administration or by
the supervisor. It had not been determined if all the patients
were receiving a higher quality of care since the Intensive
Care Unit had been established or if only the few patients
admitted to the unit had benefited from it. Neither had it
been determined if the cost of the unit could be justified by the kind of care the patients admitted to the Intensive Care Unit received.

None of the personnel concerned were able to state the average number of nursing care hours per patient that had thus far been given. Perhaps more important, neither the supervisor nor the head nurse knew the average number of nursing care hours per patient that the patients admitted to this unit required.

"We have never decided any criteria for determining nursing care hours. It would probably be a good idea if we did. Off hand, I think we could manage with 6.0 hours per patient."

"I never thought about nursing hours per patient. I really don't know what we average here...but I think we ought to have from 7.0 to 9.5 hours for each patient."

A second reason for the ineffective functioning of this unit was a failure on the part of all concerned to respect the proper channels of communication and authority. The organizational chart of the nursing service department clearly placed Miss Pyles between top administration of nursing service and the head nurse of the Intensive Care Unit. However, both Miss Joyce and the director of nursing deviated from this pattern and Miss Evans, upon her appointment as head nurse, followed this deviation. It can safely be assumed that Miss Pyles, by virtue of her position as supervisor of several head nurse units, could have offered to Miss Joyce and the director of nursing valuable resource information at the time
that the tentative policies for the Intensive Care Unit were written. There was no evidence that Miss Pyles accepted this as her responsibility.

Regardless of the role that Miss Pyles saw for herself in relation to this new unit, whether staff or line, she did not take action which would place her in this role. Even though the director of nursing had taken on the role of the supervisor, Miss Pyles did not question either the head nurse or the director about this. The supervisor failed to follow the channels of communication upward to inform nursing service administration of the difficulties that existed on the Intensive Care Unit.

Miss Pyles did not appear to identify with the head nurse, nor did she identify with top administration in relation to the Intensive Care Unit. Rather, the supervisor withdrew from the situation and identified the head nurse with top administration. Perhaps this withdrawal was due to the fact that the director of nursing failed to consult Miss Pyles about the selection of the head nurse for the Intensive Care Unit.

"I feel excluded from the Intensive Care Unit. Maybe it is because of the history of the unit."

Miss Pyles apparently saw all of the problems of the Intensive Care Unit as a personality conflict between herself and Miss Joyce and later between herself and Miss Evans.

"Miss Joyce was somewhat of a personality problem."

"I can't seem to establish the same relationship with Miss Evans as with the rest of the staff."
It is probably personality, too."

The only role that Miss Evans saw for the supervisor was that of a "trouble-shooter". This head nurse was young. She had had no previous experience or preparation as a head nurse. Because of this, Miss Pyles had a definite responsibility to help Miss Evans in her growth and development as an effective head nurse. There was no indication that Miss Pyles assumed this responsibility.

Miss Pyles identified the problem of Miss Evans leaving early because "her administrative duties often do not keep her busy enough". However, Miss Pyles did not help the head nurse to understand and accept her responsibilities that were related to the management of her unit. The supervisor did not assume responsibility for stimulating Miss Evans to spend her extra time collecting data which could have been used to support and justify the management and staffing of the Intensive Care Unit.

Miss Pyles was in disagreement with what she believed were Miss Evans' opinions about several things. However, there was no indication that the two people had attempted to discuss these questions and arrive at mutually agreed upon conclusions. Most important of these were the questions of census, length of patients' stay on the Intensive Care Unit and eligibility for admission to the unit.

"I feel we could up the census to eight or ten, but Miss Evans doesn't."

"Sometimes they (patients) go too soon before they are ready for transfer."
"She (Miss Evans) thinks it (patients' eligibility for admission) should all be left up to her."

Miss Evans was able to identify a problematic area with her graduate nurse staff, "...when I first took the job that was one of my problems. The other girls had been there a lot longer so I know now that there was a lot of feeling there". However, she did not seek the advice of the supervisor in coping with it. Nor had Miss Pyles offered her assistance. There was no evidence that the supervisor was even aware of the staff nurses' resentment of Miss Evans. Had Miss Pyles assumed her responsibilities in relation to the head nurse, she might have been able to determine the cause of the other nurses' feeling, as well as to interpret to them the role of the head nurse in the Intensive Care Unit.

The several reports of incidents involving requests for admission of patients to the Intensive Care Unit made it clear that Miss Evans was the authority for refusing or granting these requests for admission. This authority can be questioned for several reasons. One was that this head nurse was inexperienced and had not yet developed the judgment necessary for these decisions. Miss Pyles took no initiative in helping Miss Evans to develop this judgment. Another reason was the fact that one head nurse could not have an adequate overview of the patients' needs throughout the hospital. If staffing of the Intensive Care Unit permitted accepting all patients who required intensive care, then a patient's eligibility would
only be based on an evaluation of the particular patient's nursing care needs. If this were the situation, then a centralized authority for this evaluation could be established on the Intensive Care Unit.

Miss Evans was inconsistent in many of her statements. This was apparently because the head nurse was dissatisfied with her own role. Miss Evans wanted to do more yet she and the supervisor stated that there was not enough administrative work to occupy the head nurse's time. Miss Evans also felt a lack of "continuity with the charge work" and wanted an assistant head nurse. Miss Pyles did not have enough contact with the head nurse and the Intensive Care Unit to be in a position to help Miss Evans better understand and cope with some of the difficulties involved in the management of such a unit. The supervisor withdrew from the situation and sat back questioning the justification of the Intensive Care Unit.

"I wonder how much the hospital lost on special duty nurses for the critical patients. I bet the Intensive Care Unit costs a lot more for the hospital."
### Principle Characters

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Ward/Unit</th>
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<tbody>
<tr>
<td>Miss Heck</td>
<td>Supervisor, Willard Pavilion</td>
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<tr>
<td>Miss Ford</td>
<td>Observer</td>
<td></td>
</tr>
<tr>
<td>Mrs. Ryan</td>
<td>Head Nurse, Ward 3</td>
<td></td>
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<tr>
<td>Miss Miller</td>
<td>Nursing Officer</td>
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<tr>
<td>Mrs. Snyder</td>
<td>Associate Director, Nursing Service</td>
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<tr>
<td>Miss Hess</td>
<td>Head Nurse, Ward 2</td>
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<tr>
<td>Mrs. Clark</td>
<td>Staff Nurse, Part Time</td>
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<tr>
<td>Miss Jones</td>
<td>Assistant Head Nurse, Ward 2</td>
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<tr>
<td>Mrs. Nash</td>
<td>Assistant Head Nurse, Ward 4</td>
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The Willard pavilion of the John Lawrence Hospital had four floors for patients with a total bed capacity of 106. When the position of supervisor of this pavilion had become vacant, the director of nursing had appointed Miss Heck. Previous to this appointment, Miss Heck had been one of the five assistant night supervisors. She had graduated from another three year school of nursing four years before she had accepted this supervisory position. She had attended part time at a nearby college and had nearly completed her requirements for a Bachelor of Science degree.

Miss Heck believed that the most important part of her new job would be to establish a working relationship with the head nurses and other nursing personnel. The new supervisor felt that good rapport between the head nurses and herself was essential if she was to function effectively.

Following her orientation by the previous Willard supervisor, Miss Heck began making early morning visits to each head nurse unit. Miss Heck wanted the head nurses to become accustomed to talking with her and discussing any problems that they might have relative to patient care or general ward management. The head nurses soon learned to expect the supervisor shortly after 7:00 a.m.

About three months after Miss Heck's appointment,
Miss Ford\(^1\) went to the John Lawrence Hospital to observe in the Nursing Department.

One morning when Miss Heck had just begun her morning visits to the Willard wards, Miss Ford joined her. Before they arrived on Ward 3, Miss Heck was paged by Mrs. Ryan, the head nurse of that unit. The supervisor immediately called Mrs. Ryan on the telephone and said:

Yes, I was coming up now anyway. You sound upset. Is something wrong?

As Miss Heck hung up the telephone and started up the stairs to Ward 3, she said to Miss Ford:

Mrs. Ryan says it is something personal and has nothing to do with the ward.

The supervisor thought that Mrs. Ryan might want to discuss the weekly time schedule. Miss Heck explained:

We have had some trouble with the schedule on Ward 3. Mrs. Ryan's assistant head nurse has been ill and we had to ask Mrs. Ryan to work 7:00 a.m. until 7:00 p.m. on Monday\(^2\) and her husband's birthday was Tuesday or Wednesday. I think she had plans to bake a cake and clean house, you know.

Just as Miss Heck entered the nurses' station, Mrs. Ryan said: "I have had an awful pain in my back since last night." She turned and pointed to the lower part of her back: "It was so bad I could have cried last night!"

\(^1\)Miss Ford, a graduate student from a nearby university.

\(^2\)The head nurses at the John Lawrence Hospital alternated with their assistants in working 10:30-7:00 p.m. The evening supervisors assumed head nurse responsibilities at 7:00 p.m.
Miss Heck: Did you fall or something?

Mrs. Ryan: No, I didn't and I haven't been lifting patients, at least not without help.

Miss Heck: Well, what I think you should do is go down to Health Clinic and see the doctor. Let's see, it's 8:20 now. This is a good time to go. Then let me know what they say.

Later in the morning Miss Heck returned to Ward 3 and learned from Mrs. Ryan that the doctor thought that she should have an x-ray of her back and heat therapy to her back and then she should go home.

Miss Heck: Well, you go ahead and don't worry about anything. I hope your back will be alright. Let me know how you make out.

The supervisor left the unit and went to the Nursing Office to arrange with Miss Miller, Nursing Officer, for relief for Mrs. Ryan. A graduate nurse was sent from another pavilion to relieve Mrs. Ryan so that she could go home as the doctor had suggested.

Later in the day, after the graduate nurse had gone to Ward 3 to relieve, Miss Heck visited her and asked if she had any questions. The unit appeared quiet and the only question that the nurse asked was in regard to the correct slips for certain blood tests.

Several weeks later, Miss Miller was in the Nursing Office talking on the telephone when Mrs. Ryan walked into the office. She apparently had been crying. Miss Miller excused herself from the telephone and said to Mrs. Ryan: "What's the
matter? Are you sick?"

Mrs. Ryan sobbed loudly:

You know we have been trying to get Dr. Fleming\(^3\) for that patient, Mrs. Carter, since I came on duty. And the night people tried to get him all night to come down to see her. At 9:30 this morning, he finally came down and then he wanted to know what was going on. And when I tried to tell him, he told me to shut up!

Miss Miller looked surprised and said: "Dr. Fleming told you to shut up?"

The door of Mrs. Snyder's office, which was across the hallway, was opened. Miss Miller said to the head nurse: "Let's go talk to Mrs. Snyder."

After a few minutes, Mrs. Ryan, much more composed, left the Associate Director's office and returned to the ward. Miss Miller walked back to the Nursing Office to pick up the Supervisor's Report Box\(^4\) and returned with it to Mrs. Snyder's office.

At the morning report of patients, Mrs. Ryan had learned that the patient, Mrs. Carter, had developed toxemia from the prostigmine which she had been given as treatment for myasthenia gravis. As a result of the toxemia, the patient had become confused and disoriented. The other patients were

\(^3\)Dr. Fleming, medical resident assigned to the Willard pavilion.

\(^4\)The Supervisor's Report Box contained a card for each patient and a report was written by the ward personnel on the patient's card whenever indicated.
visibly upset by the crying out and noise the patient had made during the night. Restraints had to be used to keep the patient in bed.

In the meantime, Miss Heck had gone to Ward 2 to see Miss Hess, the head nurse. Miss Hess could just speak above a whisper and showed evidence of a severe cold. The supervisor asked how she felt and when she was going home. The head nurse replied that she would leave as soon as her assistant returned from coffee. As Miss Heck left the unit she asked the head nurse to let them know if they could do anything for her. The supervisor suggested that she take care of herself and not to return to work until she felt she was able.

As Miss Heck was returning to her office, she stopped to see Miss Miller. The Nursing Officer asked her if she had seen Mrs. Ryan recently. When Miss Heck replied that she had not seen the head nurse since early morning, Miss Miller related an account of the incident with Dr. Fleming as she had heard it from Mrs. Ryan. The Nursing Officer asked Miss Heck to talk with Dr. Fleming about the incident.

At lunch, Miss Heck was discussing the morning incident with Miss Ford. The supervisor commented:

Mrs. Ryan can be very emotional. She told me herself when I talked to her, that it may have been her manner with Dr. Fleming that caused part of it today. I didn't even have to ask Mrs. Ryan about it, she volunteered the information about this morning. I just let her talk herself out.

The supervisor continued:
It is hard to believe that Dr. Fleming would be rude. I worked with him when I was a night supervisor and he was a perfect gentleman.

Miss Heck told Miss Ford that Dr. Fleming was surprised when she asked him if he had spoken to Mrs. Ryan in the manner that the head nurse described. He denied that he had told Mrs. Ryan to shut up. Miss Heck said: "I would believe Dr. Fleming too."

After Miss Heck left the cafeteria, Mrs. Ryan came in and sat at the table with Miss Ford and several graduate nurses. The head nurse commented that the ward was more quiet now. She added:

Things just have been so terrible and we haven't had enough help. I guess I could take that patient, Mrs. Carter, better if we had the help.

Mrs. Ryan felt that this patient did not belong at the John Lawrence Hospital. She felt that the nursing staff she had assigned to her ward, did not permit the constant nursing supervision that this patient required. The census on Ward 3 was twenty-eight.

Later that afternoon after the patient's physician had seen her and talked with her husband, he made arrangements for the patient to be transferred to the state psychiatric hospital.

A review of the time schedule for Ward 3 indicated that the following personnel were on duty with the head nurse: the assistant head nurse, one graduate staff nurse and two nursing students.
Several weeks later at a Supervisory Committee Meeting Mrs. Snyder told the group that an assistant head nurse had asked if she would be permitted to save her New Year's holiday and use it with her holiday for Washington's birthday. Mrs. Snyder read from the booklet of personnel policies concerning holidays. The policy stated that each holiday must be taken within a period of one month in which it occurred. After some discussion, Mrs. Snyder said: "Do you all agree we should stick to the book?"

Night Supervisor: Yes, what is good for one is good for all.
Mrs. Snyder: Should a memo be sent to the head nurses?
Miss Heck: I don't think we should make an issue of it. The supervisors should sort of watch it and nip it in the bud.

About two months later, Miss Ford joined Miss Heck at 7:00 a.m. on her morning rounds to visit the head nurse units. On Ward 5, the head nurse was on a scheduled day off and the assistant head nurse was absent because of illness. There were two graduate nurses and a nursing aide who were preparing to receive the report of patients from the night nurse. A third nurse, Mrs. Clark, arrived on the ward at the same time as Miss Heck. Mrs. Clark had been sent by the Nursing Office to

6Mrs. Snyder met each week with all the supervisors, including the night supervisor.

7Mrs. Clark, a part time nurse, worked several days a week from 7:00 a.m. to 1:00 p.m. She was assigned by the Nursing Office according to the individual ward needs.
work on Ward 5. Miss Heck said to her:

Will you do charge work for us this morning? The other girls are new and are not familiar with it.

Mrs. Clark: Sure.

As Mrs. Clark answered, she sat down at the desk and prepared to receive the report.

Following the report, Mrs. Clark told Miss Heck that she was afraid to be left in charge because she did not know the patients.

Miss Heck: Alright, I'll call Ward 2 and have one of the graduates there change places with you. There is one that has had charge work experience. Is that alright?

Mrs. Clark: Will she go back down to Ward 2 at 10:00 a.m.?

Miss Heck: Yes, except it will be 11:00 before she gives the report to the girl coming in at 10:30 up here.

Later that morning on Ward 2 as Miss Heck was talking to Miss Jones, the assistant head nurse there, Mrs. Clark came into the nurses' station. The supervisor said to Mrs. Clark: "Will you go to Ward 3 instead of Ward 5 when you finish here?"

Mrs. Clark answered yes and hurried out of the nurses' station saying: "The life of a poor supervisor!"

Miss Heck: The life of a poor nurse, the one who does it. I guess it is a fifty-fifty thing.

Miss Heck and Miss Jones continued to talk and the supervisor said to her:

I told the floor hostess to fill in the names in the time book and send it over to my office. I'll do the weekly time schedule. That should
be a reward for last night when you worked until 7:00 p.m.

Miss Jones smiled and appeared pleased as she answered: "Oh, thank you!"

The following day, Miss Heck went to Ward 4. Mrs. Nash, the assistant head nurse, was giving a report of patients to her staff. She smiled and said to the supervisor: "Did you want to talk to me?"

Miss Heck: Yes, but I will come back. I don't want to interrupt the report.

The supervisor had checked the daily time slips and census report before she went to Ward 4. She felt that the ward did not have sufficient help. She had reviewed the time slips for the other wards in the Willard pavilion and found no available help for Ward 4. Miss Heck also asked in the Nursing Office if there were any unassigned part time nurses. There were none.

Later that day, Miss Heck returned to Ward 4 and talked with the assistant head nurse. As the supervisor left the ward, Mrs. Nash commented to Miss Ford about Miss Heck:

She is a good egg. I hate to always bother her for help.

As Miss Heck reflected back over the first five months that she had been supervisor of the Willard pavilion, she felt a sense of great accomplishment. She believed that she had established a satisfactory relationship with her personnel.
Analysis of Case C

To help establish good rapport between the supervisor and her head nurses, it is essential that the supervisor assume a role which will provide the greatest support and assistance to the head nurse.

Miss Heck believed that good rapport between the head nurses and herself was necessary if she was to function effectively. At the end of the first five months in which Miss Heck had been supervisor of the Willard pavilion, it could be assumed that the head nurses liked her and that they felt free to take their problems to her. Miss Heck appeared to like people and displayed empathy with the head nurses and other nursing personnel. The supervisor provided a listening ear and showed interest when the head nurses approached her with either their personal or ward management problems.

"I just let her (Mrs. Ryan) talk herself out."

However, Miss Heck's relationship with the head nurses was superficial. She gave little support and assistance to them when occasions arose which required her guidance. This was evidenced when Mrs. Ryan became upset because she was unable to cope with the situation that a confused patient had presented.

Perhaps Mrs. Ryan felt better after she had had her outburst and had talked with Miss Heck, but the supervisor only considered that this head nurse "can be very emotional". Miss Heck did not try to identify the reasons for Mrs. Ryan's
behavior. Several weeks earlier Miss Heck had expressed an awareness of some conflict between Mrs. Ryan's home and work responsibilities, but the supervisor did not consider this as a possible contributing factor to the head nurse's behavior.

"Mrs. Ryan's assistant head nurse has been ill and we had to ask Mrs. Ryan to work 7:00 a.m. to 7:00 p.m. on Monday and her husband's birthday was Tuesday or Wednesday. I think she had plans to bake a cake and clean house, you know."

Miss Heck had apparently identified the issue as, whether or not Dr. Fleming, the resident, had spoken rudely to the head nurse. Miss Heck did not question why Dr. Fleming had not seen the patient until 9:30 a.m. that morning. This was an administrative problem. Either the night supervisor failed to observe that the resident was called or Dr. Fleming, despite being called, had for some reason not gone to Ward 3. Nor did Miss Heck make an effort to see that Mrs. Ryan knew the reasons for Dr. Fleming's behavior. Helping the head nurse to better understand the behavior of others, would contribute to reducing the tensions of the head nurse.

Even if Miss Heck's past experience with this head nurse had made the supervisor feel that Mrs. Ryan could easily become upset, the situation warranted investigation by Miss Heck. Perhaps Mrs. Ryan was right when she said: "I guess I could take that patient...better if we had the help." The staff that was assigned to Ward 3 was able to average less than one and one half nursing care hours per patient per day. Because Mrs. Carter, the patient who was emotionally disturbed,
required constant nursing supervision, the average nursing care hours for the other twenty-seven patients was reduced to less than one hour per patient.

Mrs. Ryan felt because this patient was confused and disoriented, that she did not belong at the John Lawrence Hospital. Perhaps the head nurse's lack of experience with the nursing care of such a patient, contributed to the frustrations that precipitated Mrs. Ryan's outburst to Miss Miller. Miss Heck offered the head nurse no help regarding the nursing care of this patient.

When the head nurses complained of being ill, Miss Heck displayed a personal interest in them and attempted to dispel any concern that the head nurses might have for their wards.

"Well, you go ahead and don't worry about anything. I hope your back will be alright. Let us know how you make out."

Miss Heck also observed that arrangements were made for the relief of these head nurses who were to go home. The supervisor's attitude and approach to these situations did much to make the head nurses like her.

The incident involving Mrs. Clark, the part time nurse, also gave evidence that Miss Heck was liked and accepted by her personnel. There was a mutual understanding between Miss Heck and the nurse.

"The life of a poor supervisor!"

"The life of a poor nurse, the one who does it."

When Mrs. Clark stated she was afraid to be left in
charge of the ward because she did not know the patients, Miss Heck was understanding of this nurse's feeling. However, the supervisor did not help the part time nurse to identify the nursing care problems that these patients presented. Nor, did the supervisor assure Mrs. Clark that she would be available to help her as might be necessary. Had Miss Heck done this, it might have given Mrs. Clark a sense of security and she might have been willing to try to function in the charge nurse capacity. As a result, the change of assignments could have been avoided and Mrs. Clark might have been more willing and better prepared to assume a charge nurse position at another time.

Miss Jones, the assistant head nurse on Ward 2, showed appreciation when Miss Heck told her that she would do the weekly time schedule. Though this is definitely a head nurse function, Miss Jones apparently did not feel that the supervisor was infringing on her responsibilities. The head nurse accepted the help that Miss Heck offered as a reward for having worked overtime the previous day. Therefore, Miss Jones must have viewed the job of making a weekly time schedule as a disagreeable or difficult task.

Miss Heck did not investigate to determine how the other head nurses felt about this function. If the same feeling existed among them all, then the supervisor could have provided assistance for them to learn a more effective approach to this task.
When the question of nursing service administration issuing a directive about holidays was raised at the Supervisory Committee meeting, Miss Heck answered that a directive was not necessary and suggested that "the supervisors should sort of watch it and hip it in the bud". The attitude which Miss Heck displayed about this problem indicated that the supervisor preferred to function in a staff capacity to her head nurses and to help them to accept individual responsibility.

Though Miss Heck's role in the situation which has been described was of an administrative nature, she had established a relationship with her head nurses that would permit her to assume a somewhat different role in which she could provide the head nurses with the greatest assistance and guidance. However, because the supervisor thus far had not indicated the ability to do so, nursing service administration should have been more aware of its responsibility to help Miss Heck to develop this ability.
CHAPTER V
SUMMARY

This study was undertaken to identify the relationship between selected supervisors and selected head nurses at the John Lawrence Hospital, and to determine the factors which influence this relationship. The case method was used for collection and presentation of the data.

Three dissimilar cases, involving two supervisors and nine head nurses, were presented. They revealed the nature, extent and limitation of the interaction between the supervisors and the head nurses included in the sample and in the particular situations studied. Factors were identified which promoted desirable interaction in terms of the counseling role and administrative functions of the supervisors, as well as factors which were detrimental to optimum realization of this role and these functions. It is to be noted however, that if different situations had been observed and analyzed, different factors might have been discovered, which influence this relationship.

Conclusions

The following conclusions which are drawn rest upon these three cases:

I. There is a need for both the counseling and the administrative functions of supervisors which were proposed in Chapter II of this study.
In Case A and C, it can be noted that the supervisor was performing counseling functions, but she needed to develop more skill in order to fulfill these responsibilities to the head nurses. For example, when a head nurse became upset because she was unable to cope with the situation that a confused patient had presented, the supervisor did not give the head nurse the support and understanding that would result from sharing with her the responsibility of the care of this patient. Nor, did the supervisor help the head nurse to understand the cause of her frustrations. There was no evidence that she herself knew what was bothering the head nurse or what her role as counselor was in this particular situation.

Case B indicated that though the supervisor accepted a place in the organizational structure, she did not assume her responsibilities as an administrative assistant. The supervisor failed to assume her role in getting this peculiar situation clarified.

The organizational chart for the nursing service department showed that the line from top administration to the head nurse was through the supervisor. However, administration violated this line. This violation of a principle of good organization was the cause of the supervisor failing to assume her role of a counselor in relation to the head nurse. The supervisor did not give the head nurse the guidance and help that she needed for more effective management of her unit. There is no evidence that she attempted to supply the head nurse
with resource material pertaining to management of this type of
unit or the kinds of data necessary to evaluate the effective-
ness of this kind of care.

II. There is a need for more clearly defined
line relations in the organizational
structure of the nursing service depart-
ment.

This is evidenced by the repercussions of the behavior of
the director of nursing and both head nurses in Case B. Because
they ignored the authority and line relation of the supervisor
in the organizational structure and because both head nurses
attempted to function independently, the supervisor felt
excluded and therefore, did not fulfill her responsibilities as
either an administrative assistant or a counselor. Nor, did the
supervisor take the responsibility for ascertaining what role
was expected of her in relation to this particular head nurse
unit.

Case C also demonstrated a violation in line relation.
When the head nurse, who had become upset from an encounter
with the medical resident, went to the Nursing Officer, this
placed the supervisor in a peculiar position and might in part
account for her failure to identify the real problem.

III. There is a need to encourage head nurses
to become active participants in resolving
problems.

In Case B, both head nurses had too much freedom without
adequate guidance or depth of knowledge. There was no evidence
which indicated that anyone in the organization had taken the
responsibility for helping them acquire this knowledge.

The opinions of the head nurses concerning the change of patient assignment in Case A were not solicited. Nor, were they guided to study the abundant literature that is available about the team concept of patient assignment. Because the supervisor was not a good listener, she failed to recognize the clues to the head nurses' resistance to the change. In this situation, the head nurses were not acknowledged as active participants in the organizational structure of nursing service.

IV. There is a need for inservice education which would enable the supervisors to have a clear understanding of the supervisory process.

The supervisor in Case A recognized the need to work with her head nurses to effect change, but failed to apply basic principles of clarifying problems, defining objectives and presenting advantages and disadvantages of the two methods of patient assignment. Nor, did the supervisor involve the head nurses in the process of applying generalizations from experiences of others with the two methods. There was nothing done to help the head nurses to collect information about the two methods so that they would have comparative data to make the change with less frustration.

In Case C, the supervisor evidenced a feeling or desire to give support and help to the head nurses. However, she needed assistance herself to identify the issues in problematic situations. In the incident involving the medical resident,
the supervisor did not question why the physician had not seen the patient until the following morning after apparently having been called.

Nor, did this same supervisor realize that the part time nurse might have been willing to try to function effectively in a charge nurse capacity if she had been helped to identify nursing care problems that the patients who were to be entrusted to her care presented.

Recommendations

Based on the findings, which admittedly are limited, the following recommendations are proposed:

I. Clarification of the supervisors' position in the organizational structure, as well as the philosophy and purpose of supervision.

This could be accomplished by a series of seminars in which administrative personnel and supervisors are involved and in which the organizational chart and purposes are discussed, followed by discussion of the philosophy of supervision involved in the supervisory process. The group could then review resource material and arrive at an agreed upon understanding of line relations, purpose and philosophy of supervision.

Once this has been done, sessions might be held with the head nurses to aid them in a clear understanding of the supervisors' roles in the structure and in relation to themselves.

II. Administrative direction in systematic study for resolution of problems.

There appears to be a need to help the supervisors to
learn to collect and evaluate data which is essential to the solution of problems, so that they in turn can be of assistance to the head nurses. For example, this direction is indicated to determine the needs of patients that constitutes intensive care, methods for selection of patients for the Intensive Care Unit and to what extent this unit is meeting the needs of the patients throughout the John Lawrence Hospital.

III. The evolution of approved methods of appraisal of nursing care.

These methods would permit investigation in the following areas:

A. A comparative study of the case and unit methods of patient assignment, to determine which of the two methods better fulfills the nursing needs of the patients in the Willard pavilion.

B. A study of the methods of assigning part time graduate nurses to the clinical units, to determine if assignments could be made in advance for more effective use of this category of personnel.

C. A study of the nursing care needs of patients in the Intensive Care Unit in order to establish the required nursing care hours per patients, and the staffing pattern necessary to meet these needs.

IV. A review of the methods used by the supervisors to communicate upward to nursing service administration and downward to the head nurses, giving consideration to planned and scheduled meetings between each supervisor and her respective head nurses with
the focus on educational needs of the head nurses.

V. More intensive study of the purpose, philosophy and methodology of the counseling functions of the supervisors in order to develop an inservice program which would foster the supervisors' ability to fulfill these responsibilities to the head nurses.

VI. Analyses by the supervisors of the three cases presented in this report to help them to gain a better understanding of their behavior in relation to the head nurses. This understanding is essential to permit them to fulfill their counseling role and administrative functions effectively.
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OBJECTIVES OF NURSING SERVICE

1. To provide individualised nursing care to all patients, considering their emotional, social, mental, physical and spiritual needs.

2. To assist the physician in carrying out his orders, observing and reporting intelligently, and participating in programs of research.

3. To improve the quality of nursing care by continual review and study and by the effective utilization of personnel.

4. To establish a successful pattern of interdepartmental relationships so that the total purposes of the hospital can best be fulfilled.

5. To honor all policies and procedures of the hospital.

6. To promote public support and understanding of the hospital's role in the community.

7. To promote good personnel policies and practices.

8. To encourage and assist in the development of individual abilities and professional growth.
APPENDIX B
NURSING SUPERVISOR (DAYS)
(Supplement to Basic Policies of Employment)

I. DEFINITION OF POSITION
One who is responsible for the administration of the Nursing Service in a clinical department consisting of two or more units or divisions of a unit, each of which is under the direction of a Head Nurse.

II. QUALIFICATIONS
Graduate of an accredited School of Nursing and registered in the State.
Membership in A.N.A. and N.L.N.

A. Experience
1. Required
   a. A minimum of three years in two or more of the following, with at least six months in #1.
      1.) Graduate staff nurse in hospital or Public Health Nursing Agency, or nurse in private practice.
      2.) Head Nurse (May be combined with the position of Assistant Clinical Instructor.)

2. Recommended
   a. Supervisor (may be combined with the position of Clinical Instructor.)

B. Education
1. Required
   a. Working toward Bachelor's degree; earned credits of one semester including courses in supervision.
2. Recommended
   a. Bachelor's Degree from a recognized institution, including or supplemented by courses in the program of studies for supervisors of clinical departments.

III. MAJOR FUNCTIONS

1. Hold regular conferences with the head nurses and assistant head nurses for planning effective administration of the ward unit.

2. Carry out supervision of ward personnel.

3. Meet with doctors to discuss problems in relation to the care of the patients.

4. Assist in the orientation of nursing personnel.

5. Help the nursing students to coordinate classroom teaching with ward experience.

6. Attend specified conferences.
HEAD NURSE
(Supplement to Basic Policies of Employment)

I. DEFINITION OF POSITION
One who is responsible for the administration of the nursing service in a single nursing unit in a clinical department.

II. QUALIFICATIONS
Graduation from an accredited School of Nursing and registered or registration pending in the State. Membership in the A.N.A.

A. Experience
1. Required
   a. A minimum of one year (preferably two) in the following, with at least six months in each:
      1.) Graduate staff nurse in hospital or Public Health Nursing or nurse in private practice.
      2.) Assistant Head Nurse

2. Recommended
   a. Head Nurse (may be combined with the position of Assistant Clinical Instructor).

B. Education
1. Required
   a. Earned credits of at least one semester from a recognized institution in the program of studies for Head Nurses.

2. Recommended
   a. Bachelor's Degree with courses in the area of speciality.
III. MAJOR FUNCTIONS

1. Plan for and evaluate nursing care and provide for the individual patient's total needs.

2. Carry out the medical plan of care for each patient.

3. Honoring the established policies and procedures of the Hospital in the practice of all activities involving the patient, visitors and/or the medical staff.

4. Establish a successful pattern of personnel relationships throughout the Hospital by her understanding of human relations and her knowledge of departmental functions.

5. Supervise the maintenance of accurate records.

6. Guide the activities of unit personnel.

7. Observe, evaluate and record performance of nursing personnel.

8. Assist in the orientation and teaching of all personnel within the unit.

9. Maintain equipment and supplies necessary to the care of the patient.

10. Attend conferences and participate in committee activities of the Hospital.

11. Continue to review, revise and improve conduct of unit.

12. Related duties as required.
LICENSED PRACTICAL NURSE

Recommended Duties

Admission, Discharge and Transfer of Patient

* Assisting Physician with
  Pelvic and Rectal Examinations
  Proctoscopy
  Physical Examination

Bandages and Binders

Baths
  Alcohol Sponge
  Bed
  * Medicated Sits

Charting
  Bedside Notes
  Intake and Output
  TPR-BP
  Use of Kardex

Cleaning and Maintenance of Equipment and Rooms

Cold Applications
  Ice Caps and Collars
  Compresses

Enemata
  Cleansing
  Oil Retention
  * Suppositories

Hot Applications
  Hot Water Bottle
  Packs
  Infra-red Lamp
  Flaxseed Poultice
  Wet Dressings (Including Sterile)
  Soaks
  Wax Treatment
Irrigations

* Catheter (Urinary)
  Colostomy
  Colonic
  Perineal Asepsis
* Throat
  Vaginal

Isolation Technique

* Medications

  PRN Orders of:

  - Aspirin
  - Bufferin
  - Cascara
  - Castor Oil
  - Cough Syrups
  - Amphogel-Kondremul
  - Milk of Magnesia
  - Mineral Oil
  - Rhubarb Tablets
  - Soda Bicarbonate

Patient Care

  Morning and Afternoon Care
  Care of Dentures
  Feeding Patient
  Mouth Care
  Skin Care
  Shampoo
  Pediculosis Treatments
  Postmortem Care
  TPR-BP
  Up in Chair

Specimens

* Gastric Analysis
* IV P.S.P.
* Sputum
* Stool
  Urine
    - Test Sugar and Acid
    - Mitrazine
    - 24 Hour Collection
    - Urea Clearance
    - Concentration and Dilution Tests
Techniques

Simple Surgical Dressings
Colostomy Dressings

Therapeutic Measures

* Crutch Walking
* Gastric Lavage Set Up and Assist
* Gastrostomy Feedings
* Intra-tracheal Suction (Supervision)
* Levine Tube Feedings
* Nose Drops
* Oxygen Therapy
* Postural Drainage
* Roller Skate Exercises
* Throat Gargle
* Tracheotomy, Care of (Supervision)
* Steam Inhalation
* Use of Orthopedic Bicycle

The following may be done at the discretion of the Head Nurse and in areas where student experience will not be sacrificed.

* Assisting Doctor with Lumbar Puncture and Thoracentesis
* Catheterization

The licensed Practical Nurse may remove intravenous fluid, but may not add to solutions.

June 1956

* Added to present list of duties which originated 6/9/52
### UNIT PATIENT ASSIGNMENT

<table>
<thead>
<tr>
<th>PATIENTS</th>
<th>7 a.m.-3 p.m.</th>
<th>3-7 p.m.</th>
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**DATE**

**DAY**

**CHARGE**

**CHARGE 7 a.m.-3 p.m.**

**CHARGE 3-7 p.m.**

**F. 139 11.55**
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<tr>
<th>DAY:</th>
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<td>UNIT III</td>
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FLOOR PLAN OF THE INTENSIVE CARE UNIT

One bed unit

Utility Room

Treatment Room

Male Ward

Female Ward

Elevator

Stairs

Stairs

Flower Room
TENTATIVE POLICIES OF INTENSIVE CARE UNIT

1. The staff doctor will be responsible for requesting patient to be admitted or to be transferred to the Intensive Care Unit. If no bed is available, the staff doctor will discuss with the head nurse the possibility of a patient being transferred out. The staff doctor responsible for the patient to be transferred out will be called for permission to transfer. If the available bed is still questioned, the chief of the respective staff section will make the final decision. The nursing service supervisor or head nurse in the unit may suggest to the staff doctor any possible transfer to or from the unit.

2. Patients will be admitted directly to the unit only in unusual circumstances at the discretion of the staff doctor and the head nurse in the unit.

3. Patients will be transferred to the Intensive Care Unit:

   - Tracheotomies
   - Craniotomies until their condition is stabilized
   - Other neuro cases that require considerable nursing care
   - Respirator cases
   - Patients in shock
   - Patients with complicated drainage set-ups which require considerable nursing time
   - Patients with status asthmaticus
   - Complicated post-operative nursing care cases
   - Surgical cases with complications
   - Pediatric cases coming under any of the above categories
   - Terminal cases requiring intensive care

Excluded:

   - CVA patients
   - "Noisy" patients
   - Shock therapy patients
   - Diabetic coma

4. Patients will be transferred to the unit. (No bed will be saved for the patient in another unit). Staff doctors will be responsible for transfer in and transfer out. All transferring to and from the unit will be done as early in the day as possible. Patients to be transferred out of unit will have top priority with the admitting office.

5. Regardless of patient status (private, semi-private or ward), he will be transferred to that part of the unit where he may be given the best care.
6. Patients with one or two private duty nurses will be considered for transfer to the unit. The private duty nurse is responsible to the head nurse.

7. Visiting hours except for D.L. patients will be from 12 noon to 8 p.m., but visitors will be restricted to 5 minutes, one at a time.

8. The doctor will be responsible for informing the patient's family about the unit.

9. The patients' records will be kept in the nurses' station. Intake and output records and vital signs charts will be kept on the bed.

10. All flowers will be kept in the visitors' room.

NURSING ROUTINE FOR INTENSIVE CARE UNIT

(no exceptions)

1. Any departure from routine will be written by order of the doctor.

2. Intake and output totals will be for a 24-hour period ending 7:00 A.M. instead of the midnight to midnight schedule now employed.

3. Intake and output records will be made and maintained accurately on all patients.

4. Every four hours the following will be accomplished on each patient.
   A. Vital signs - pulse, respirations, blood pressure and temperature will be entered on appropriate form.
   B. Record volume of intravenous fluid that has run in that period.

May 1956
INTENSIVE CARE UNIT

Monthly Statistics

Average daily census
Lowest census
Highest census
Number of patients admitted
Number of patients expiring in unit
Patients on Danger List
Nursing hours per patient per day
Average stay (of patients discharged)
Discharged out of hospital
  To another institution
  Home
Admitted via Recovery Room

Source of admissions
  Weston pavilion
  Islip pavilion
  Willard pavilion
  Kent pavilion
  Direct
  Health Clinic
  Unknown

Type of Patient
  Neurosurgical
  General Surgical
  Coronary, CVA
  Diabetes with complications excluding Heart, CVA
  Chest & Cariac Surgery
  General Medicine
  G. U.
  Orthopedic
NOTICE POSTED ON THE NURSES' STATION
OF THE INTENSIVE CARE UNIT

CHARGE NURSES ATTENTION

1. Call nursing school office at 7:15 a.m. and at 4:30 p.m. to report number of patients the unit can admit (if coverage of nurses is available).

2. Call nursing school office at 7:15 a.m. and at 4:30 p.m. even if we cannot admit a patient!

3. If a doctor wishes to transfer a patient into ICU and help is not on duty in ICU—call nursing office for available coverage before refusing.
POLICIES OF THE INTENSIVE CARE UNIT

Mode of Admission

The staff doctor or his assistant shall contact the charge nurse of the Intensive Care Unit* regarding the availability of a bed and a patient's particular nursing problem.

If the patient is eligible the unit charge nurse will then notify:

Admitting Office
Nursing Office
Ward of patient's present accommodation.

The doctor will be responsible for informing the patient's family about the unit.

A patient is transferred to the unit. A bed is not saved for him in another part of the hospital.

Control of Census

It is the responsibility of nursing administration to control the patient capacity in relation to nursing coverage. The unit charge nurse or supervisor bear direct responsibility for this control.

Direct Admission

Patients will be admitted directly to the unit in unusual circumstances, at the discretion of the staff doctor and unit charge nurse. The usual notification is made to Admitting and Nursing Office immediately.

Mode of Discharge

The staff doctor or his assistant shall order a patient's discharge or transfer from the unit. The Intensive Care Unit then requests a bed from the Admitting Office, who give such requests top priority.

The unit charge nurse may suggest to a doctor any possible transfer from the unit, when a patient's condition so warrants, especially when application has been made for another admission.

*Night supervisor 3 p.m. to 7 a.m.
Accommodation

A patient will be transferred to the part of the unit where he will be given the best care, regardless of his previous accommodation. Use of a private room will be at the discretion of nursing and/or hospital administration.

Private Duty Nurses

Patients with one or two private duty nurses will be considered for transfer into the unit. The charge nurse assumes responsibility for all care given within the unit.

Visitors and Flowers

Visiting hours, except for Danger List patients will be from 1:30 p.m. to 7:00 p.m. Visitors will be restricted to five minutes, one at a time. All flowers will be kept in the visitor's room.

Eligibility

In general, a patient will be considered for admission if his condition requires frequent or unusual treatment, extensive or complicated nursing care, and/or constant observation. This would include cases such as:

- Tracheotomy
- Hemorrhage or shock
- Complicated post-operative care
- Craniotomies until condition stabilizes
- Complicated apparatus (respirator, Stryker-frame)
- Complicated fluid balance or drainage set-ups
- Surgical cases with complications
- Terminal (Leukemia, uremia, carcinoma)
- Acute heart or respiratory conditions or other medical emergencies

C.V.A.

Excluded:

- Noisy patient
- Diabetic coma
- Shock Therapy
- Routine C.V.A.
- Communicable, such as "gas gangrene".

Routines

Intake and output record on each patient totaled for a 24 hour period at 7 a.m.
Recorded every four hours:

T.P.R. and blood pressures
Total intake and output, including volume of parenteral fluid which has run in during that period.

All other orders shall be written by the doctor.

Inventory of Special Equipment

Emergency drug supply
Tracheotomy set
Minor kits
Chest tap sets
Lumbar puncture sets
Coma tray
Reaction try
Positive pressure
Package of six kelleys
Resuscitating machine, laryngoscope, intra-tracheal tubes, tracheal forcep