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Study of methods used to bring information contained in official communications to the attention of nursing personnel in four selected hospitals

A STUDY OF METHODS USED TO BRING INFORMATION CONTAINED IN FORMAL COMMUNICATIONS TO THE ATTENTION OF NURSING PERSONNEL IN FOUR HOSPITALS

by

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CHAPTER I

INTRODUCTION

Much effort has been directed by leaders in nursing toward emphasizing the human relations aspect of the communicative process: stress has been placed on maintaining a democratic climate so that a free flow of ideas and exchange of information will be assured. Unrestrained communication upward and downward in the organizational line is as significant as horizontal motion. With the achievement of this type of communication, the anticipated result is the mutual respect of management and the workers for each other.

If a democratic atmosphere prevails in an institution, it would follow that official notices and memoranda would be received by the workers with a maximum of understanding, and with willingness to carry out policies and instructions contained in them.

Although this may be the feeling toward official declarations of new policies, there is a common stumbling-block in hospitals to the carrying out of instructions and policies. It is this, as stated aptly by Ruth Freeman[1] in

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[1] Freeman, Ruth, "The Social Significance of Defining Functions, Standards, and Qualifications for Practice." Reprint of paper presented to the INSA Section of the ANA during May, 1956 ANA Convention.

another connotation: How to get information from the printed page into the minds of those who are in a position to influence and be influenced by them?

In the present era, where we are continually allocating increased responsibilities to all levels of nursing personnel, it is imperative that all individuals are cognizant of all policies and procedures in use in their institutions so that patient care may be enhanced. Another factor which points up the need for effective methods for communicating material contained in formal memoranda is that such information frequently must be transmitted from one group to another group of nursing personnel.

This study was undertaken to determine some methods that are used to bring new announcements and official notices to the attention of members of nursing staffs, and to evaluate whether these methods fulfill their objectives.

Statement of the Problem

This study was concerned with the methods by which members of the nursing staffs of four selected hospitals become aware of official notices from the nursing offices of the respective hospitals. It was further concerned with the effectiveness of the methods in use as determined by the numbers of persons in each hospital who were aware of a specific notice.

Purposes of the Study

This study was undertaken to:

1. Examine methods used in four hospitals to bring information contained in formalized communications, such as official directives, bulletins, or announcements to the attention of nursing personnel.

2. Determine if there were extraneous elements which contributed toward the awareness of these notices by nursing personnel.

3. Analyze each of the methods studied to determine its effectiveness in guaranteeing communication.

4. Consider how these findings could be utilized for more effective formal communication.

Preview of Methodology

The investigator visited four hospitals approximately seven days after a specific notice was issued to the patient units in the hospitals. A questionnaire was submitted to the nursing personnel affected by the notice and who were on duty the day the hospital was visited. Questions were directed toward whether these persons knew about this notice, and the usual means by which they were informed of official notices.

Scope and Limitations

Data were collected from four hospitals situated in the same geographical area in or near a large metropolitan city.

The larger hospitals, Hospitals A and B, were situated directly in the city, while the other two, Hospitals C and D, were located in close, outlying districts and were the only hospitals in their respective communities. All of the hospitals were classified as non-profit, general hospitals and admitted patients who were acutely ill or presented diagnostic problems. The bed capacity of the hospitals ranged from two hundred beds to three hundred and sixty beds. Each hospital conducted a school of nursing, and educational programs for medical personnel and students in the allied professions; the larger hospitals were well-known as medical centers for teaching and research.

From the point of view of acuity of patient illness, patient census, number of staff members on duty and ward activity, the day each hospital was visited by the investigator was considered to be typical. However, student nurses of all levels were not available for the purposes of the study, since many of them were studying on a block system and were in class the day their hospital was visited. In Hospital A the questionnaire was not administered to nurses' aides because the investigator was told the notice in that hospital did not apply to them.

The investigator spent approximately eight hours in each hospital and submitted questionnaires[2] to members of the

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[2]Appendix A.

nursing staffs affected by the notice. One hundred and eighty-five questionnaires were administered on thirty-five patient wards in the hospitals. Head nurses, supervisors and clinical instructors were not asked to participate in the study, but assistant head nurses were included in the survey. The nursing staffs consisted of registered nurses, practical nurses, student nurses and on-the-job-trained non-professional personnel, all of whom administered direct care to patients. Although they have different titles in the various hospitals, for the purposes of this study the latter group will be referred to as "nurses' aides."

The charge nurses referred to throughout the study were the nurses in charge of the wards when the study was performed, and not necessarily the head nurses. In the interviews, these were the persons who discussed the usual procedures employed by the head nurses for disseminating the information contained in official memoranda to their personnel.

The notices[3] which were followed up in each hospital were those which the investigator believed were important for the nursing personnel to know in order to be able to care for patients effectively. However, she did not know the degree of interest which the specific notices held for the personnel for whom they were intended.

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[3] Appendices C.

A limitation to the study was the fact that the respondents were requested to interrupt their activities to answer the questionnaire. Since many of them were working under pressure of time, they answered the questionnaires very quickly. Others answered it while their thoughts were obviously preocuppied with their ward activities; another group found it difficult to concentrate their attention on the questions because of their previous hurried pace.

The investigator was well known in one hospital and there was speculation there concerning the way in which results of the study would be used.

No attempt was made to contact those people who were not on duty at the time the questionnaire was administered.

If the questionnaires had been administered to nursing personnel following more than one notice in each hospital, results might have been more significant.

Definition of Terms

The phrase "formal communication" will be used interchangeably with the words, official notice, bulletin, announcement, memorandum, and memo. These words will refer to any written communication from the Nursing Office of a hospital relative to change of policy or instructions which is concerned with the direct or indirect care of patients.

The phrases "nursing staffs" and "nursing personnel" will be used to indicate those members of the nursing team who are

involved with direct care of patients. This group includes registered nurses, practical nurses, nurses' aides, and student nurses. Assistant head nurses are included in this categorization, but head nurses are not, unless specifically stated.

Sequence of Presentation

Chapter II contains the philosophy underlying the study and a statement of the hypotheses.

Chapter III describes the methods by which the data were collected.

Chapter IV is a presentation of the findings and analysis of the data.

Chapter V contains summary, conclusions and recommendations.

CHAPTER II

PHILOSOPHY UNDERLYING THE STUDY

An interesting theory is proposed by the authors of The Give and Take in Hospitals when they say that in a society which is simple and has no contact with the outside world, communication problems are non-existent, everyone knows how to act. As a civilization becomes more specialized, communication difficulties begin to arise and "informal understandings of the past no longer suffice."[2]

In discussing human relations aspects of business Roethlisberger and Rogers[3] feel that communication has always been a problem, but that only recently has management become aware of it and the way it works in industry. This idea is expressed also by other authors[4] in introducing the subject of communication problems in the business world. Undoubtedly this interest in communications was a concommitant result of the detailed studies[5] of employee attitudes and work behaviour

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[1]Burling, Temple, Lentz, Edith, and Wilson, Robert, The Give and Take in Hospitals, p. 318.

[2]Ibid., p. 323.

[3]Rogers, Carl and Roethlisberger, F.J., "Barriers and Gateways to Communications," Harvard Business Review, XXX:46-52, July-August, 1952.

[4]For example, Redfield, Charles, Communication in Management, p. v., and Peters, Raymond, Communications in Industry, p. 1.

[5]Roethlisberger, F.J., and Dickson, W.J., Management and the Worker.

conducted in the Western Electric Company in the late nineteen-twenties.

Inspired by these and similar studies, men and women in the field of industrial relations became pioneers in blending theories of social science with the theories of organization and administration. In recent years leaders in nursing have taken the cue from industry and have realized that many current problems in hospitals could be prevented or partially alleviated by the every-day application of basic principles of human relations in reference to communications, or stated more simply, by attention to human nature.

As a result, a great deal of the literature concerned with hospitals has been devoted to the subjects of maintaining a democratic climate and of preventing serious misunderstandings caused by faulty communicative techniques. This latter topic is dealt with very well in "Communicating with Others"[6] where the author stresses the rights of people in an organization to be kept well-informed on important situations which will affect their working conditions; this is particularly applicable where a change in practice is to be made.

Burling[7] discusses the necessity for people on all levels to have sufficient information so that decisions made on any

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[6]Hall, Hiram, "Communicating With Others," American Journal of Nursing, 53:63-64, January, 1953.

[7]Burling, Temple, "Aids and Bars to Internal Communication," Hospitals, 28:82-85, November, 1954.

level are consistent with overall central planning. Thus, when such decisions must be referred upward or downward, they do not cause disruption at another point in the organization.

Many other examples of the emphasis on the overall significance of communication in the hospital situation could be cited from the literature pertaining to nursing.[8] There is a dearth of material, however, on methods to attain effective communication in terms of the achievement of awareness of all personnel relevant to instructional and informational material contained in official directives.

Much of the literature dealing with human relations in industry is devoted to what employees want to know and to what management wants them to know, and what the best media are for disseminating such material. It would appear to the investigator that information concerning patient care contained in memoranda which are sent to patient units in hospitals should fulfill the needs of both groups. The value of such information in its direct contribution to the jointly-shared objective of adequate patient care should be realized. It would follow naturally, then, that it should not be difficult for these two groups to agree on a simple and effective method for bringing such notices to the attention of nursing personnel.

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[8]Some of the outstanding publications dealing with this subject are: Nursing Outlook, Nursing Research, Modern Hospital, Hospitals and Adult Leadership.

The type of communications used in an organization fall into two broad categories: oral-personal relationships, and printed and visual media. In industry the channels offered by the media of written materials to convey information have been exploited to the degree that a single company often uses many or all of the possible types of written publications to communicate with employees. These kinds of written methods and the purposes for which they are suited are listed concisely in a publication of the National Association of Manufacturers.[9] These include letters to employees' homes, plant publications, booklets and folders, and the use of bulletin boards. For example, material which the Harvester Company presents in their newsletter[10] includes a large variety of facts, plans for expansion, new models, union contracts, and employment conditions. Facts such as these are presented frankly and honestly.

This type of publication and the others mentioned are usually used for information that the workers want management to share with them, and is not appropriate for conveying information of an instructional nature to workers.

Most authorities agree that the use of the formal directive or memorandum is the method of choice for disseminating

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[9] National Association of Manufacturers, Employee Communications, p. 4.

[10] Parker, Willard and Kleemerer, Robert, Human Relations in Supervision, pp. 31-34.

instructional information. Gardner states:

> "Written communication in the form of letters, memos, instructions, and so on plays an important part in the total process [of communication]. . . . Also anything from the top which becomes part of the formal instructions, rules, or policies is almost always in written form. As a rule such written material has a permanence lacking in the strictly verbal communications."[11]

Raines states, "Bulletins and information releases-technical information which requires careful reading can be successfully passed along by this means."[12] Perrodin[13] also mentions the use of directives and memoranda in a manner that presupposes the reader knows they are necessary for communicating information downward.

Realistically, the formal communique is undoubtedly the most appropriate method for bringing information to large numbers of people. The fact that it is written prevents distortion of its contents, and its physical presence can act as a reminder of its importance for large numbers of people. Also the fact that action in relation to it may be delayed, points up the need for the written method for future reference.

There is no indication in the literature pertaining to written communication that a problem exists in bringing in-

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[11] Gardner, Burleigh, Human Relations in Industry, p. 37.

[12] Raines, I.I., Better Communication in Small Business, p. 21.

[13] Perrodin, Cecilia, Supervision of Nursing Service Personnel, p. 396.

formation in directives to the attention of individuals on the operational level. The reader receives the distinct impression that the bulletin board is the logical corollary to the use of the written, official memorandum. For example, Heron states,

> "There is certain work which a bulletin board must perform. We depend on it as one important link in the chain to carry specific instructions about working schedules and activities, instructions which must reach all employees, which must be understood, and which usually must be acted upon."[14]

In reporting on a study on the use of bulletin boards conducted among companies insured under its contracts, the Policyholders Service Bureau of the Metropolitan Life Insurance Company made the statement that "the bulletin board has earned a definite place in the personnel contact plans of many companies because of its adaptability in quickly conveying spot news or instructions...."[15] The experience of the participating companies was that bulletin boards were extremely necessary, and were used "constantly for announcements and instructions to employees and could not easily be done away with."[16]

The bulletin board, then, as the natural habitat for the formal notice will have a direct bearing on its effectiveness.

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[14]Heron, Alexander, Sharing Information With Employees, p. 98.

[15]Metropolitan Life Insurance Company, Employee Contact Through the Bulletin Board, p. 1.

[16]Ibid., p. 3.

However, in another study which was done, it was proven that bulletin boards were the least exploited device for communicating written material. "This was shown time and time again.... It was quite obvious most companies have only a hazy idea of the important role which their bulletin boards might play in their communication programs."[17] Examination of several such programs revealed that the tendency was to be careless about the use and care of bulletin boards. This indifference is aptly described by the poet Richard Armour in the following:

"The bulletins on the bulletin board
Grow tattered and flyspecked and brown.
For everyone puts the bulletins up
And nobody takes one down."[18]

Unfortunately, this description characterizes many of the bulletin boards found on the ward units of hospitals. There one can see an assortment of announcements and notices, both official and unofficial, old and new, many tacked one over the other. The general picture presented by most of these boards is one of disorganization, unattractiveness, and clutter. Given conditions such as these, it cannot be expected that one will be motivated to look for and read a recently published memorandum. Thus, a laissez-faire attitude is allowed to develop in regard to the content of official notices. In view of this, Wilson states:

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[17]Earl, Elmer, Bulletin Boards, p. 1.

[18]Ibid., p. 2.

> "If we believe that bulletin boards are useful as a medium of information, we must first emphasize the importance we attach to them by giving them an attractive appearance and making sure that the only messages which appear are of genuine interest. Bulletin boards which clearly show lack of management conviction about their existence invite an identical lack of employee conviction about the messages they carry."[19]

In a hospital this "lack of employee conviction" about official communications can carry very serious consequences. Administrators of nursing departments in hospitals rely to a large extent on the use of written communications to nursing personnel for the transmission of important messages relative to patient care. The existence of a lax attitude can be reflected in patient care in this way: lack of awareness of important information concerning hospital policy on the part of a single individual may directly jeopardize the care given to one or more patients, or hinder its effectiveness.

The oral-personal relationship characterizes the other broad type of communications. Advantages of methods which utilize this concept are readily discernible, and are based on principles of human relations mentioned early in the chapter. Peters states:

> "Oral methods of communication are effective because they satisfy basic desires for recognition, participation, and self-realization by direct personal contacts.....Conversa-

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[19] Wilson, R. A., "Written Downward Communications" in Communications in Employment Relations." p. 6.

> tion can foster understanding, thus eliminating much of the mystery in industrial relationships which interfere with production and job satisfaction."[20]

Fitzgerald[21] carries this a step farther and applies it to order-giving by stating that the best possible understanding can be reached when both parties are free to question, explain, doubt, persuade, check and recheck.

Probably the best use of the personal relationship for conveying information is the conference or group discussion. Peters discusses this type of meeting:

> "This type of meeting offers unlimited communication possibilities. .... It is a democratic process which allows direct and active participation by the employees. Many companies try to ensure that no employee leaves the meeting with a question unanswered or unasked."[22]

Redfield[23] concurs by stating that the conference as an oral interchange increases clarity and secures acceptance where they might otherwise not be forthcoming.

Since the conference is important as a medium for sharing knowledge and securing effective action, and the official memo is advantageous for disseminating information to large numbers of people, why not a combination of the two methods

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[20] Peters, Raymond, Communicating Within Industry, p. 78.

[21] Fitzgerald, Stephen, Communicating Ideas to the Public, pp. 91-92.

[22] Peters, op. cit., p. 79.

[23] Redfield, Charles, Communication in Management, p. 214.

for guaranteeing that the first objective of the official, written communication is fulfilled--that its content is brought to the attention of all concerned?

The head nurse is the key person on the nursing team and the individual who acts in the capacity of both a staff and a line relationship to those under her. Granted that keeping her staff up to date and informed of changes of policies is a never-ending task for the head nurse,[24] her traditional role and her present role indicate that this is an important function. The head nurse, in the situation where she or her peers are members of policy-making and procedure-forming groups, is in an ideal position to interpret official policies to her staff.

The daily reports in which all personnel participate provide the head nurse with an excellent opportunity to share important information, or call attention to it, and to clarify and interpret it in light of the situation in which she and her personnel find themselves. This is an appropriate time and a natural one. It meets the criteria stated by Heron that "the policy of sharing information with employees must be made effective through channels which are natural to the particular establishment."[25]

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[24] Burling, Lentz, and Wilson, op. cit., p. 111.

[25] Heron, op. cit., p. 78.

The report between changes of shifts of nursing personnel is actually a conference or discussion between members of a work group. During this time the head nurse communicates directly with nursing personnel on all tours of duty. Even though a person including the head nurse may be working during any part of the twenty-four hour service offered by hospitals, the head nurse, during the course of a week, comes in contact with all members.

Nursing personnel look to the head nurse as their immediate supervisor for information regarding the hospital, its philosophy and policies, proposed changes, and clarification and interpretation of this information. Similarly, nursing administrators depend greatly on the head nurse to convey information to the operational level in terms which will promote understanding and, therefore, cooperation. Equally, top administration expects that through the head nurse, employee desires, suggestions, reactions, and attitudes will be communicated upwards. This is in reference to official communications as well as to all other activities. The head nurse, then, is in the position of being the key person in communications between nursing personnel and nursing administration.

Statement of Hypotheses

1. When the head nurse assumes the responsibility for bringing notices to the attention of nursing personnel, effective communication will result.
2. Nursing personnel expect that the head nurse will contribute toward their being informed of official, written communications.

CHAPTER III

METHODOLOGY

Participation of the hospitals in the study was solicited by making the initial contacts by telephone; this was followed by interviews with the directors of nursing service. During the interviews the purposes of the study and the type of notice the investigator wished to follow up were discussed, and a copy of the questionnaire[1] to be used was demonstrated. When the mechanics of the study were explained each director expressed her interest and willingness to cooperate in the study. Liberty was given to the investigator to spend the necessary time in each agency to administer the questionnaires to the nursing personnel in any fashion she wished. An understanding was reached that an appropriate notice would be one containing information which all nursing personnel concerned with direct care of patients should know in order to perform this care effectively.

Each director of nursing service informed the investigator by telephone when such a notice was to be sent to the patient units. The investigator endorsed the choices and visited the hospitals to administer the questionnaires six or seven days after the notices arrived on the units. Fridays,

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[1] Appendix A.

Saturdays, and Sundays were avoided for visits to the hospitals because persons on duty were fewer in number on those days.

The length of time between issue of notice and follow-up was chosen arbitrarily. It would not be unreasonable to expect a person to remember having seen or heard about a notice six or seven days earlier, whereas a longer time interval might inversely affect one's memory about such a fact. A shorter time for follow-up was not considered feasible: if an individual were off duty for three or four days after a notice arrived, sufficient time would not have been allowed for her to become aware of the notice before answering the questionnaire.

Tools Used to Collect Data

It was decided that the use of the questionnaire would be the most appropriate device for collecting the necessary data since it was desired to determine from people if they knew about a specific notice, and their feelings toward official notices in general. Final decision regarding question content was based on a check list of points set down by Jahoda, Deutsch, and Cook.[2] Supplementary information was obtained by interviews with the charge nurses in relation to the manner in which they usually handled new notices on their wards.

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[2] Jahoda, M., Deutsch, M. and Cook, S., Research Methods in Social Relations, Part II, pp. 431-433.

Composition of the questionnaire

The questionnaire was divided into three parts; the first four questions and sub-questions pertained solely to a specific notice, and to the activities of the respondents in relation to it. The second part of the questionnaire, questions five through eleven, concerned itself with all official notices and personal reactions to this type of communication were sought; for this purpose an open-end question was provided for suggestions and recommendations. A request for information concerning personal data comprised the final section of the questionnaire.

For trial purposes the questionnaire was administered to the personnel on one unit of one hospital seven days after an appropriate notice arrived on that unit. Five graduate nurses including the assistant head nurse, and one nurses' aide answered it. A different notice was then used for study in this hospital, and the trial ward was excluded from participation.

The questionnaire was then prepared in its final form. Question 1 and 4a[3] were different for each hospital and could not be prepared in advance. In addition, it should be noted that question number 10 was different for Hospital C[4] in order to conform to the type of formal communication used in

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[3] Appendix A.

[4] Appendix A.

that hospital.

On the day the investigator visited the hospitals to collect data she was introduced to each nurse who was in charge of the wards where personnel would be participating in the study. After this orientation, data-collecting began. Before administration of the questionnaire each charge nurse was asked what the usual procedure was for that unit when an official notice was delivered.[5] The procedure was discussed with the investigator who also observed if the notice in question was in evidence on the unit.

The questionnaire was personally administered to the nursing personnel by the investigator; in this way the study and its purposes were clarified when necessary. Opportunity was available for discussion of the problem by participants, and the investigator was able to suggest that pertinent remarks be recorded on the questionnaire. The length of time required for completion of the questionnaire varied from three to seven minutes with the individual respondents.

All nursing personnel on one unit answered the questionnaire before the investigator proceeded to another area. Persons who were not on duty but were present on the wards for personal reasons, and were willing to participate in the study, were included. Only two persons on duty excluded them-

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[5] Appendix B.

selves from the study: they were two nurses on one ward in Hospital C who were unable to leave the bedside of a seriously ill patient.

After administering the questionnaires to personnel on a unit, the investigator did not return to that unit for the purpose of obtaining other participants. As had been planned, however, during the afternoons of the days on which data were collected, two groups of personnel were encountered in some instances, one reporting on duty, and one reporting off duty. At such times the questionnaires were administered to both groups.

CHAPTER IV

PRESENTATION OF DATA

Setting for Presentation

Methods used to send formal communications for nursing personnel to the ward units varied in the four hospitals studied.

Hospitals A and B were similar. Each notice was printed on large, white paper. In Hospital B, in addition to the specific information contained in each notice, the investigator was informed that a statement was often made that a notice should be read during report for a certain number of days.

A new design for disseminating information to personnel on the patient units had been initiated in Hospital C approximately one month previous to the time this study was conducted. The plan for this system was to send a weekly information sheet to all nursing department units and to other suitable places. The use of this "Official Information Sheet" replaced the previous policy of sending individual notices at irregular intervals. This publication contained not only notices relative to change of policy, but items of general information;[1] it was for the use of all nursing department personnel. The color of this sheet was distinctive in that it was blue printed with red ink.

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[1] Appendix D.

In addition to the printed material circulated which explained the areas of information to be covered by the weekly information sheet, extensive orientation had been given to the nursing staff in Hospital C in preparation for its introduction and use. Emphasis appeared to be on individual responsibility for reading and being aware of the material on this communication. Through written statements on the questionnaires, interviews, and unsolicited recorded comments, the investigator received the impression that nursing personnel were aware of their responsibility in relation to this system and were willing to assume it.

The notice which was followed up in Hospital C for this study was one of a number of items which appeared on the fifth weekly information sheet that was published. On the same sheet was an item relative to the fact that the investigator would be in the hospital for the purpose of collecting data for this study.

In Hospital D notices were printed either on large, white paper, or on half-sized pink "inter-office communication" forms. The investigator was unable to make a distinction between differences in the purposes of these two forms. The notice chosen to be studied in this hospital was printed on an "inter-office communication" form.

Questionnaires were administered to personnel following reception on the wards of notices[2] which are summarized as

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[2]Appendix C.

follows:

Hospital A: "Location of pacemakers." It was intended that each person would know where a pacemaker could be obtained quickly for emergency use. (The pacemaker is the name applied to a machine used to treat cardiac arrest.)

Hospital B: "Wheelchair Patients." The importance of instructing patients in safety measures when wheelchairs are used was the theme of this memo. A statement in the heading indicated that it be read during morning report each day for one week.

Hospital C: This notice clarified the procedure for caring for patients receiving radium treatments. It stated that no special care is needed for such patients.

Hospital D: This notice was to inform personnel that certain articles for use by patients could be obtained from Central medical supply. This was a change from the place where they had been stored previously.

Discussion of the data will parallel the sequence of questions in the questionnaire.

Findings and Analysis

Table I shows the total number and percentages of individuals who were aware of notices in their respective hospitals. One hundred and sixteen persons or 57 per cent knew about the notices; 43 per cent, almost one-half of the respondents, did not know about notices which were intended for them.

TABLE I

NUMBER AND PERCENTAGE OF RESPONDENTS IN EACH HOSPITAL ACCORDING TO THEIR AWARENESS OF SPECIFIC NOTICE

	HOSPITALS								Totals in Four Hospitals	
	A		B		C		D			
	No.	%	No.	%	No.	%	No.	%	No.	%
People who knew about notice	35	75	31	60	23	51	25	65	116	57
People who did not know about notice	12	25	21	40	22	49	14	35	69	43
TOTALS	48	100	52	100	42	100	40	100	185	100

It can be seen in Figure 1 that the percentage of people in each hospital studied who knew about the specific notice ranged from 75 per cent in Hospital A to 51 per cent in Hospital C. Although Hospital A ranked highest in the number of people who saw the notice, there remained 25 per cent who did not see it.

Table II reveals that in Hospital A the largest percentage of respondents, 78 per cent, knew about the notice by reading it themselves. The remainder of respondents in this hospital learned about it by a combination of methods. In no

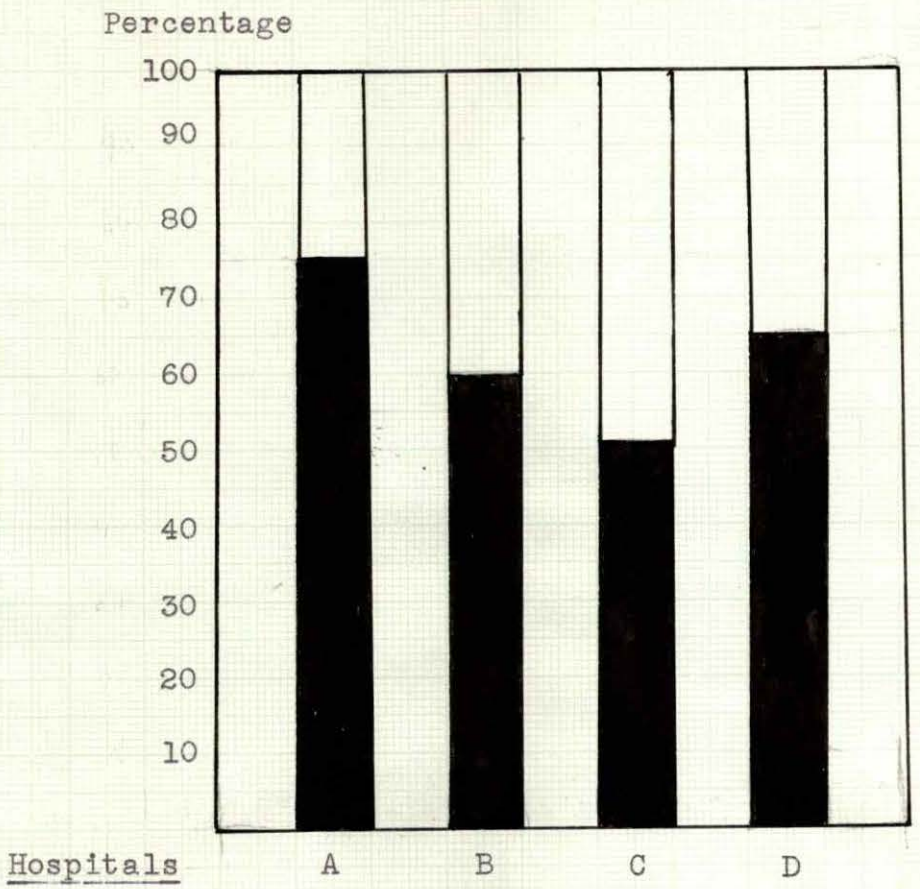

FIGURE I

PERCENTAGE DISTRIBUTION OF ALL RESPONDENTS ACCORDING TO WHETHER THEY WERE AWARE OF NOTICES

Were aware of notice

Were not aware of notice

instance was charge nurse activity (methods b and c) solely responsible for the awareness of the notice by personnel. In view of the fact that 83 per cent (Figure 2) of the charge nurses interviewed stated that they usually posted a notice when it arrived on the unit, this finding is not unexpected.

TABLE II

NUMBER AND PERCENTAGE DISTRIBUTION OF RESPONDENTS IN EACH HOSPITAL ACCORDING TO METHODS BY WHICH THEY BECAME AWARE OF NOTICES

METHOD	HOSPITALS							
	A		B		C		D	
	No.	%	No.	%	No.	%	No.	%
a. Read it yourself	28	78	4	13	14	61	12	46
b. Read to you during report	0	0	17	55	0	0	0	0
c. Told by charge nurse to read it	0	0	1	3	0	0	6	23
d. Told about it by a co-worker	0	0	0	0	1	4	2	8
Combinations of two or more of above methods	8	22	9	29	8	35	6	23
TOTALS	36	100	31	100	23	100	26	100

More people in Hospital C read the notice themselves than learned about it by any other method, and head nurse activity alone is absent in this hospital, also. These facts are significant in view of the philosophy underlying the method in use, that is, self-motivation for reading the weekly information sheet.

It is significant that the method by which 55 per cent of the people in Hospital B knew about the notice was by hearing it during report. It should be recalled that the questionnaire in that hospital was administered following a notice which stated that the notice should be read during morning report each day for one week. Comparison of the questionnaire data with the interviews with charge nurses in Hospital B gives some indication of the relationship between head nurse activity (Table II, methods b and c) and awareness by personnel of the notice. On two wards in this hospital where everyone questioned knew about the notice the nurses in charge stated that this notice was read every day as directed, and two people on each of these wards commented that they had heard it read during morning reports several times that week. In contrast, on one ward, Ward O, where the charge nurse said that notices were usually posted and made no reference to having read this one daily during report, only two of nine respondents knew about it; one of the persons who did not know about it was an assistant head nurse.

It is interesting to note that more individuals in Hospital B knew about the notice by hearing it read during report, and yet only 31 per cent of the charge nurses stated that they usually bring notices to the attention of their nursing personnel. (Figure 2) It would appear from this that the charge nurses do not assume the responsibility for bringing notices to the attention of their personnel unless specifically directed to read a notice a designated number of times.

In Hospital B, 50 per cent of the charge nurses interviewed and 15 per cent of the respondents stated that all nursing personnel were expected to sign each notice when they had read it. Although the notice concerning wheelchair patients had been signed on only two units, the investigator believes this may have been due to the fact that the notice was being read to the staff. It was also noted by the investigator that the notice was kept on the charge nurses' desks on half of the units visited, undoubtedly to make it accessible for reading during report. This practice, however, probably caused a decrease in the number of people who, although they were not present during morning report, might have seen the notice on the bulletin board.

These findings indicate that there are at least two methods used in Hospital B for assurance that information contained in official notices is brought to the attention of nursing personnel:

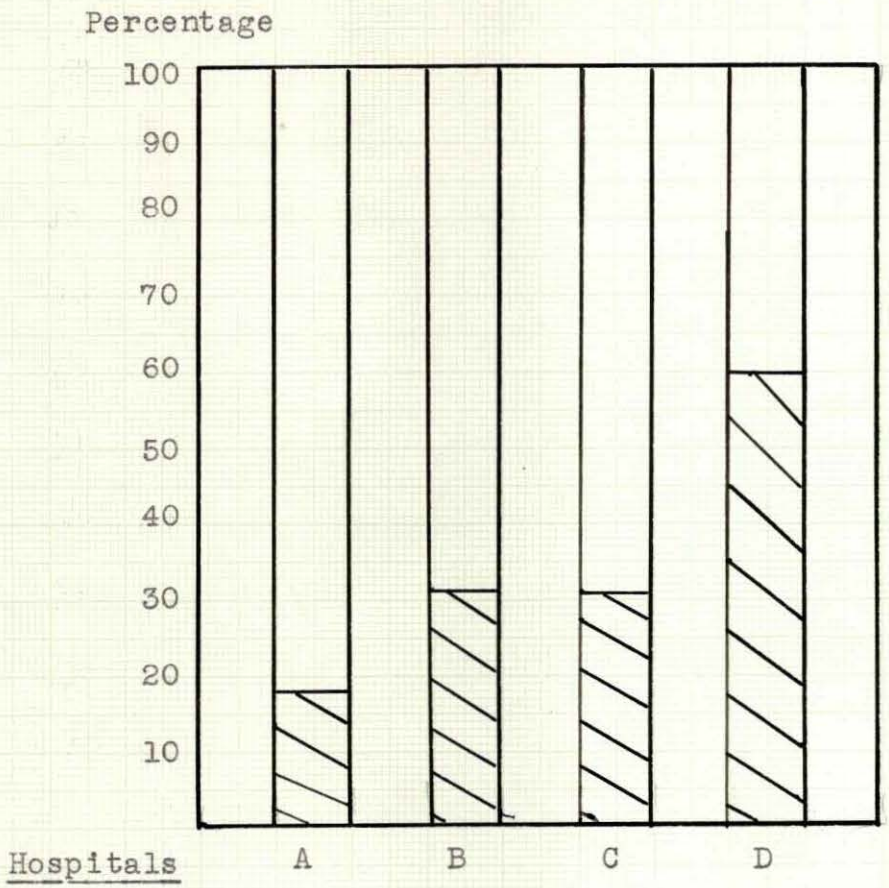

FIGURE 2

COMPARISON OF PERCENTAGE OF CHARGE NURSES IN FOUR HOSPITALS ACCORDING TO THEIR USUAL PROCEDURE FOR HANDLING NEW NOTICES

(1) the use of a statement on an individual notice directing each charge nurse to read it to the staff a designated number of times, and (2) the policy of requiring nursing personnel to sign a notice when they had read it.

Figure 2 shows that 60 per cent of the charge nurses in Hospital D stated that they call the attention of the members of their nursing staffs to notices when possible. They said that due to irregular staffing patterns of their units, attendance at each nursing report was often low; for this reason it was impractical to read formal notices during report, although this was a desirable practice.

A total of thirty persons, (16 per cent of all respondents) who were aware of notices knew about them through a variety of methods as shown in Figure 3. The method, a, "read it yourself," by which most personnel in Hospital A read the notice is also present in all combinations of methods in Hospital A.

Since instructions were given with the notice in Hospital B for it to be read during report, it is not surprising that respondents here (Figure 3) knew about the notice through methods which contained this method, b, "read to you during report," more often than any other group of respondents.

In Table II and Figure 3 it can be seen that the method, "told about it by a co-worker," was insignificant in bringing notices to the attention of staff members.

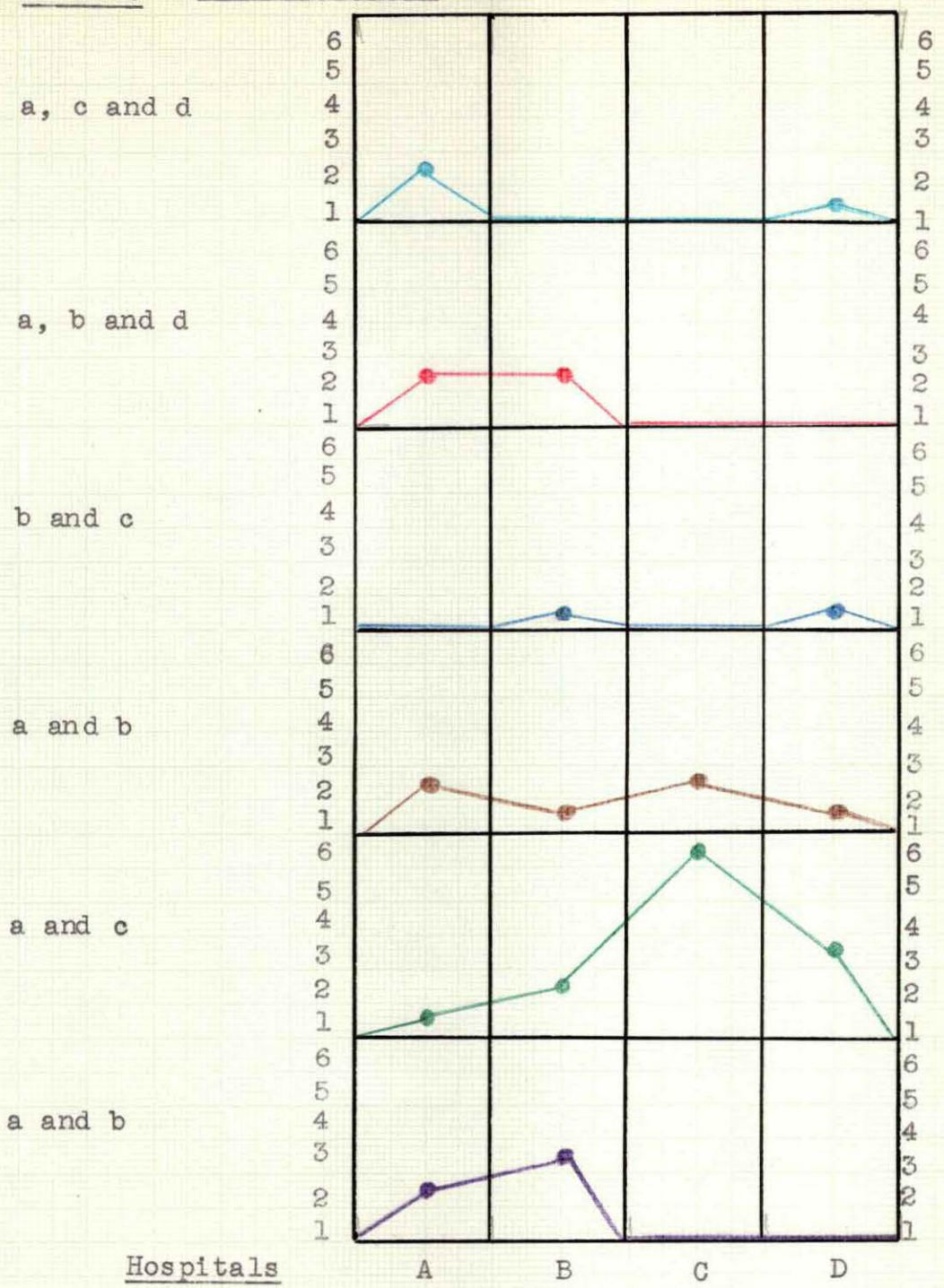

FIGURE 3

NUMBER OF PERSONS IN FOUR HOSPITALS WHO BECAME AWARE OF NOTICES BY COMBINATION OF METHODS

Key to Methods

a = Read it themselves
b = Read to them during report
c = Told by charge nurse to read it
d = Told about it by a co-worker

Figure 4 indicates the percentage of persons in the registered nurse, student nurse, and nurses' aide categories who did not see the notice in their hospital. It is surprising to discover the large percentage of registered nurses and student nurses in this distribution. One might expect that since they are members of a professional group, more of them would have been aware of notices which affected their work. The percentages in this table become more significant when it is understood the individual circumstances of some of the respondents.

In Hospital A four of the ten graduate nurses who did not know about the notice were part-time "float" nurses who were not assigned permanently to a ward unit; in addition they frequently did not begin their respective tours of duty at the same time as did full-time nursing personnel. Five graduate nurses had been working in this hospital for short periods of time, one for three months, and the other four from three to six weeks. Although most individuals in this hospital knew about the notice by reading it themselves, only one of the group of people who did not know about the notice stated that she routinely looked at the bulletin board. She also stated that she apparently missed this particular notice. The other eleven people checked the method that they usually "happen" to see notices, or were told by the charge nurse to read them. If chance is relied upon in this way, it is not surprising

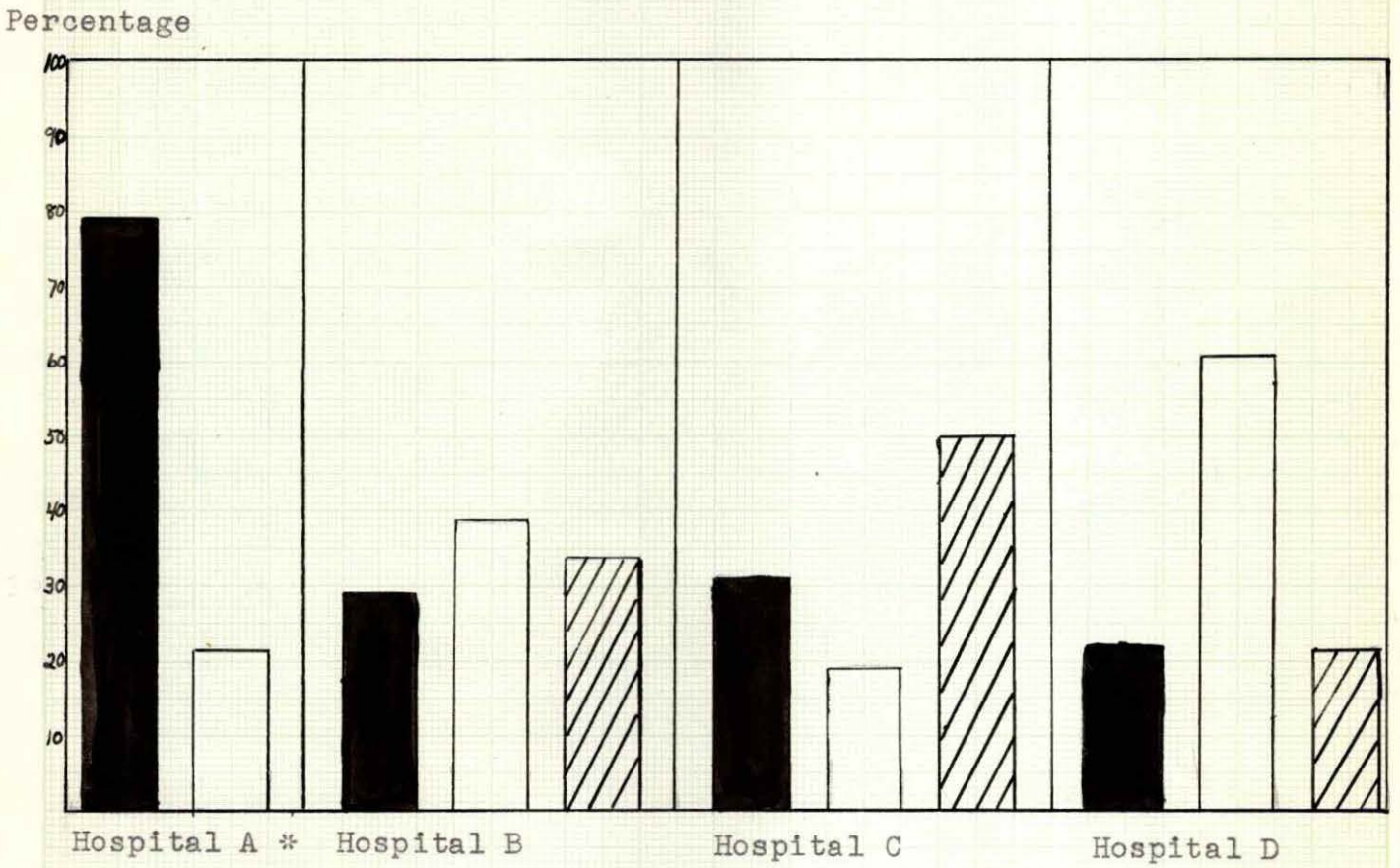

FIGURE 4

DISTRIBUTION OF PERSONS ACCORDING TO PROFESSIONAL LEVEL WHO DID NOT SEE NOTICES

Graduate nurses

Student nurses

Nurses' aides

*Nurses' aides not questioned in Hospital A

that there was a lack of knowledge about a notice. Likewise, it is not surprising that individuals who stated that they were usually told about notices or reminded to read them did not know about this notice, since only 18 per cent of the charge nurses stated that they usually call the attention of their respective staffs to written memos.

In Hospital B seven of the twenty-one people who did not see the notice were assigned to one ward unit, Ward 0, where, as indicated earlier in the study, the head nurse did not state that she had read the notice to her staff and only two persons of nine respondents knew about the notice.

Other people in Hospital B who did not know about it included two "float" nurses, three nurses' aides who worked from 3:00 p.m. - 11:30 p.m., and one who worked from 8:00 a.m.-4:30 p.m., and two students who had been on duty for two days, but were not present during morning report. This data demonstrated that reading a memo during morning report only is not sufficient, since there are personnel whose hours on duty do not fall into a regular pattern, so that they are not present during morning report.

Two assistant head nurses in Hospital B did not know about the notice. One of these persons was assigned to Ward 0. The fact that she was not aware of it undoubtedly accounts for the fact that the major number of respondents from this ward were also unaware of it.

In Hospital C, eight of the twenty-two individuals who did not see the notice had been there for one year or over, and three of them were students in their last year of school. Only two respondents who did not see the notice had been in Hospital C for a short time, one nurses' aide who had been employed for one month, and a second-year student who had transferred from another school one month prior to the study.

There were three assistant head nurses in Hospital C who did not know about the notice.

No pattern was evident in Hospital C among the persons who were unaware of the notice. This finding and the fact that the use of the weekly information sheet was comparatively new, and as previously stated, personnel seemed to understand its purpose and their responsibility toward it, would point to the fact that anticipating its arrival on the ward unit and reading it had not yet become a habit with all individuals.

In Hospital D, of the fourteen people who did not know about the notice studied, seven were first year students. (Five first year students were aware of the notice.) This would indicate that in this hospital, this group of students needs special consideration in relation to bringing formal notices to the attention of personnel. Three nurses' aides did not know about the notice; two of these aides were employed on the 3:00 p.m. - 11:30 p.m. shift permanently, and one of these individuals stated that she had been at the

hospital only eight weeks (including classes), and had not been told about notices.

In answer to question number three concerning comprehension and clarification of the specific notice in each hospital, respondents in Hospitals A, C, and D stated that the notices could be understood and that interpretation and clarification was not requested, nor was it given. The investigator believes that the notices studied in these hospitals were self-explanatory and did not require clarification. Fifteen per cent of the respondents who knew about the notice in Hospital B stated that the notice was interpreted or clarified, although this was not requested by any respondents. Due to the fact that 61 per cent of the respondents knew about the notice because it was read at report, it could be assumed that some charge nurses discussed the notice and its implications with the members of their respective staffs.

All respondents stated that they knew where notices were put when they were received on the units; bulletin boards or hooks were designated by all to be the usual place. However, 61 per cent of all respondents in Hospital C were extremely specific about the location of the special hook provided for the weekly information sheet. This compares with 23 per cent of the respondents in Hospital D, 19 per cent of the respondents in Hospital A, and 16 per cent of the respondents in Hospital B who stated in very specific terms where notices are put. It will be recalled that in Hospital

C there was extensive orientation to the use of the information sheet before its inception. The data indicates that most people probably knew exactly where to find this sheet each week.

The investigator could observe no relationship between being on duty the day the notice arrived, and being aware of the notice. The data was also inconclusive in respect to a person being on duty 11:00 p.m. - 7:00 a.m. on the day the notice was received, and awareness by her of the notice.

Table 3 demonstrates the methods by which all respondents usually knew about notices which arrived on their ward units.

In Hospital A more people knew about notices usually by "happening" to see them and by routinely looking at the place where notices were put. It is obvious that it was not the custom in this hospital to read official notices to the staff, since only one person checked that this was a method by which she usually knew about notices.

It is interesting to note in Table III that 15 per cent of the respondents from Hospital B indicated that notices were usually read to the staff by the charge nurse, and 7 per cent of the respondents stated that they were usually reminded to read them or told about them by the charge nurse. It will be recalled that 31 per cent of the charge nurses stated that they usually called the attention of members of their staffs to official notices. Thus, a difference in opinion was shown between charge nurses and nursing personnel

in relation to the usual manner in which official communications were handled on the ward units.

TABLE III

NUMBER AND PERCENTAGE DISTRIBUTION OF RESPONDENTS ACCORDING TO METHODS BY WHICH THEY USUALLY BECAME AWARE OF NOTICES

Methods	HOSPITALS								Total No.
	A		B		C		D		
	No.	%	No.	%	No.	%	No.	%	
a. "Happen to see them."	12	25	13	25	4	9	1	2.5	26
b. Routinely look at the place where notices are put.	14	29	17	33	25	56	17	42.5	73
c. Told about them or reminded to read them.	5	11	4	7	5	11	8	20	22
d. Read to staff by charge nurse.	1	2	8	15	0	0	3	7.5	12
e. Combination of above methods.	14	29	8	15	10	22	8	20	40
No answer	2	4	2	3	1	4	3	7.5	8
TOTALS	48	100	52	100	45	100	40	100	

More people in Hospital B than in any other hospital stated that the usual method by which they knew about notices was by hearing them read to the staff by the charge nurse. The fact that frequently a statement was added to a formal notice stating that a notice should be read for a designated number of days probably accounts for this finding.

In Hospital C the largest number of respondents usually knew about notices by routinely looking at the place where notices were put. A larger percentage of people in this hospital than in any other found out about notices by this method. This finding is not surprising since, as discussed before, personnel in Hospital C were oriented toward self-direction in learning about new notices weekly. Also, it will be remembered, a majority of people in this hospital knew exactly where notices were posted weekly. On the contrary, in view of the philosophy in this hospital, it is unexpected to find that nine persons usually learned about notices by "happening" to see them.

In Hospital D more people knew about formal communications by routinely looking at the place where notices were put. This finding can be correlated with the one in Table II which shows that most people knew about the notice studied in Hospital D by reading it themselves. It can be assumed, then, that more individuals read the notice studied after deliberately looking for a new notice, than by finding it by chance.

A contrast can be observed in Hospital D between Figure 2 where it is shown that 60 per cent of the charge nurses interviewed stated that they usually bring new notices to the attention of the staff, and Table III where 28 per cent of the respondents (eleven persons) stated that they usually know about new notices through head nurse activity, methods c and d. Yet it was discussed earlier that many head nurses in this hospital said it was difficult to read new notices during report because of the instability of the staff during these times.

Forty of the total number of respondents checked a combination of methods as the means by which they usually knew about new notices. This is shown in Table IV.

It is interesting to note that in three hospitals the choice of methods checked by respondents most often as the ones by which they usually knew about notices, was paralleled by the choices made by the individuals who checked a combination of methods for the same question. Thus, in Hospital A, methods a, "happen to see them," and b, "routinely look at the place where notices are put," were checked by more people who made a single choice and were also included in all combinations of methods checked by respondents in this hospital. This also applies to Hospitals C and D in reference to method b, "routinely look at the place where notices are put."

TABLE IV

NUMBER OF PERSONS IN FOUR HOSPITALS WHO USUALLY BECOME AWARE OF NOTICES BY COMBINATION OF METHODS

Methods	HOSPITALS			
	A	B	C	D
a and b	4	1	0	1
a and c	6	0	0	0
b and c	4	2	3	4
b and d	0	1	0	1
a and d	0	2	0	0
c and d	0	2	0	0
a, b and c	0	0	2	0
a, b, c and d	0	0	3	0
b, c and d	0	0	2	2
TOTALS	14	8	10	8

Key to Methods

a. "Happen" to see them
b. Routinely look at the place where notices are put
c. Told about them or reminded to read them
d. Read to the staff by the charge nurse

Also, in Hospital D, the method a, "happen" to see them, was checked by only one respondent, and was not included in any combinations checked by individuals in this hospital.

Sixty-nine respondents in the four hospitals stated that they usually became aware of notices through charge nurse activity, that is, methods c and d. Table V demonstrates a discrepancy between this opinion and the methods by which these same individuals actually became aware of the notices studied, or were not aware of them at all. In Hospitals A and C head nurse activity was five times lower than is usual, as stated by respondents. In Hospital B the number of individuals who were informed about the specific notice by the charge nurse more closely approximated the number who stated that they usually knew about notices in this way. It will be remembered that special instructions were given with the notice in Hospital B for it to be read daily for one week. In Hospital D approximately 50 per cent of the individuals who stated that they usually knew about official notices through head nurse activity knew about the notice studied in this fashion. These findings would indicate that nursing personnel expected charge nurses to assume responsibility for bringing written notices to their attention.

TABLE V

COMPARISON OF THE RESPONDENTS IN FOUR HOSPITALS WHO STATED THEY WERE USUALLY AWARE OF NOTICES THROUGH HEAD NURSE ACTIVITY WITH THE METHODS BY WHICH THEY STATED THEY WERE AWARE OF THE NOTICES STUDIED

	USUALLY AWARE OF NOTICES VIA CHARGE NURSE ACTIVITY				
	Hosp. A	Hosp. B	Hosp. C	Hosp. D	TOTALS
Aware of notice studied via charge nurse activity	3	14	3	10	30
Unaware of notice studied, or aware via other than charge nurse activity	13	6	12	8	39
TOTALS	16	20	15	18	69

Table VI indicates the number and percentage of individuals in the four hospitals who thought the use of formal communications was a good method for imparting important information to them. It also shows the distribution of individuals who made suggestions relative to this method.

It is very significant that in Hospital A where the highest percentage of individuals knew about the notice studied, fewer individuals there considered formal communica-

tions a good method for transmitting important information. Hospital A and Hospital B rank highest in the number of suggestions offered. In Hospital C where a definite system for communicating formal announcements was in use all respondents apparently thought that it was valuable. Respondents in this hospital had comparatively few suggestions for improving the method. This finding is very interesting in view of the previous finding that only 51 per cent of the respondents knew about the notice studied in this hospital.

TABLE VI

COMPARISON OF NUMBER AND PERCENTAGE OF RESPONDENTS WHO THOUGHT THE USE OF OFFICIAL COMMUNICATIONS WAS A GOOD METHOD FOR TRANSMITTING IMPORTANT INFORMATION AND THE NUMBER AND PERCENTAGE OF RESPONDENTS WHO OFFERED SUGGESTIONS FOR OTHER METHODS

	HOSPITALS									
	A		B		C		D		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Thought official communications good method for transmitting important information	35	73	45	87	45	100	37	92.5	162	88
Suggestions offered for other methods	22	47	24	46	4	9	14	35	64	35

One hundred per cent of the suggestions from all respondents in the four hospitals stated that it would be desirable if the head /charge/ nurses would read notices to the staff, or otherwise bring them to the attention of nursing personnel. Included in the comments were suggestions for ward conferences, meetings with the head nurses, and the use of individual notices to each person. One respondent suggested that the loudspeaker be used to inform nursing personnel of important notices.

Other comments were as follows: in Hospital C a different place for the special hook for the weekly information sheet was suggested; in Hospital B, respondents commented that "Notices are too impersonal," "There should be reasons given from the other departments for changes, such as Central Supply," and "There are too many and they are too long."

All respondents in the four hospitals stated that, when necessary, someone could explain the meaning of notices (question no. 9). The persons whom the respondents designated could do this were head nurses, supervisors, and instructors. The latter group were mentioned most frequently by first year students.

Comparison of the above finding with the previous one concerning clarification and interpretation (p. 50) is interesting. Although it was found that only in one hospital was interpretation provided for the specific notice studied, all respondents felt that there was someone who could do this when it was necessary.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The study was done to determine some methods used to bring information contained in official written notices to the attention of nursing personnel, and to attempt to determine the effectiveness of these methods by the number of persons in a given hospital who were aware of a specific notice.

Data for the study was obtained from one hundred and eighty-five individuals on thirty-five patient units in four general, medical-surgical hospitals in or near a large metropolitan city. Collection of data was accomplished by administering a questionnaire to nursing personnel affected by official notices. Each hospital was visited approximately seven days after a specific notice relative to patient care was received on the patient units. The investigator personally administered the questionnaires to personnel on duty at these times.

From the data obtained the following conclusions are drawn:

1. No method in use was completely effective in that in no hospital were all personnel aware of information contained in an official notice which they should have known. The first hypothesis is not supported. Findings in the study of one hospital indicated that even when the head nurse assumed the responsibility for bringing a notice to the attention of

her staff, a large number of people did not know about it.

2. Head nurse activity was low in bringing notices to the attention of nursing personnel.

3. In one hospital where charge nurses were specifically directed to read an official notice during morning report, many members of the nursing staff who were not present at this time remained unaware of the notice.

4. In the hospital where a clearly defined system was in effect nursing personnel were cognizant of it, and stated that they were willing to assume responsibility for their part in it. However, there was an unmeasured element in operation so that the system was only fifty-one per cent effective for bringing official notices to the attention of all personnel.

5. Thirty-five per cent of all respondents suggested that more effective communication would result if head nurses would bring official notices to their attention. Thus, the second hypothesis of the study is partially supported.

6. Extraneous factors which contributed toward the lack of awareness of notices by personnel were:

Assignment of graduate nurses who work on a part-time basis to various units

Length of time of employment in the agency

Length of time as student in school of nursing

Assignment of nurses' aides to the 3:00 p.m.-11:30 p.m. shift

On the basis of the findings of the study the following recommendations are made:

1. Nursing administrators should evaluate their philosophies concerning the use of written communications in terms of the type of information which is disseminated through this medium. Some of the information transmitted in this manner at present may be more effectively learned through on-going educational processes, such as patient-centered ward conferences, and other aspects of in-service education.

2. Consideration should be given to the finding that a large number of nursing personnel believe that more effective communication will result if head nurses share the responsibility for communicating formal memoranda.

3. Re-evaluation of the system in use in Hospital C for transmitting official notices should be done at a later date when the system has been in use for a longer period of time.

4. Investigation should be made of the "extraneous factors" that interfere with awareness of formal communications.

5. Further research is needed in determining effectiveness of written communications by evaluating behaviour changes.

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APPENDIX A

APPENDIX A

COPY OF QUESTIONNAIRE USED IN STUDY

Your participation is requested in answering this questionnaire. It is part of a study to attempt to determine how official notices are brought to the attention of the nursing staff. Official notices are memos or announcements which are sent to the patient units to inform the staff of new or modified policies and procedures. It is hoped that you can provide us with information which will help us in evaluating this procedure in your hospital.

Permission for this study has been obtained from the hospital and from Boston University School of Nursing. You will not be identified.

Directions: Some of the questions may be answered by placing a check mark in the appropriate parentheses. Other questions require a brief answer.

*1. Do you know about the section of a recent notice concerning the care of patients receiving radium treatment? Yes ( ) No ( )

2. If so, how was it brought to your attention?

   a. Did you read it yourself? Yes ( ) No ( )

---

*This question, No. 1, was used in the questionnaire in Hospital A. For variation of this question for the other Hospitals, B, C, and D, see p. 60.

b. Was it read to you at report? Yes ( ) No ( )

c. Were you told about it by a co-worker? Yes ( ) No ( )

d. Were you told by the nurse in charge that it had arrived on the unit and asked to read it? Yes ( ) No ( )

e. If you learned about it in any other way, please explain here

_____

_____

_____

3. If you saw this notice,

a. Did you understand it? Yes ( ) No ( )

b. Did you ask for interpretation or clarification? Yes ( ) No ( )

c. Was the notice interpreted or clarified by the nurse in charge? Yes ( ) No ( )

*4. On last Tuesday

a. Were you on duty? Yes ( ) No ( )

b. Did you work 3:00 p.m.-11:30 p.m.? Yes ( ) No ( )

c. Did you work 11:00 p.m.-7:00 a.m.? Yes ( ) No ( )

5. Is there a specific place on your unit where notices are put? Yes ( ) No ( )

---

*The day referred to was the day the notice arrived on the units in each hospital.

If so, where?_____

_____

6. Do you feel that you are usually aware of notices that concern you which arrive on your unit? Yes ( ) No ( )

7. If so, how do you know about these notices?

   a. You "happen" to see them? ( )

   b. You routinely look at the place where notices are put? ( )

   c. You are told about them or reminded to read them? ( )

   e. Other_____

   _____

8. Is the meaning of official notices usually clear to you? Yes ( ) No ( )

9. When necessary, is there someone who can explain notices to you? Yes ( ) No ( )

   If so, who?_____

10. *Do you think the use of official notices is an effective method for communicating important information to you? Yes ( ) No ( )

11. What other methods do you suggest?_____

    _____

    _____

*In Hospital C the following variation of this question was used: Do you think the use of the blue "Official Information Sheet" is an effective method for communicating important information to you? Yes ( ) No ( )

General Information

1. Are you a graduate nurse? ( ) -assistant head nurse?
   practical nurse? ( )
   student nurse? ( ) -year of enrollment_____
   nurses' aide? ( )

2. How long have you worked in this hospital?
   _____years, _____months?

3. How long have you worked on this unit?
   _____years, _____months?

4. On what basis are you working? Full time? ( )
   Part time? ( )

5. Are you a graduate of this school of nursing? Yes ( )
   No ( )

Thank you very much.

APPENDIX B

Question No. 1 in Questionnaires Used in Hospitals B,C, and D.

Hospital B: Do you know about the recent notice concerning instructions to patients using wheelchairs?

Hospital C: Do you know about the section of a recent notice concerning the care of patients receiving radium treatment?

Hospital D: Do you know about the recent notice concerning the place where suspensories, sanitary belts, and colostomy outfits are obtained now?

APPENDIX B

Question Used For Interviews With Charge Nurse

What does the head nurse or charge nurse do on this unit with a formal, written, notice when it arrives on the unit?

APPENDIX C

APPENDIX C

COPY OF NOTICES WHICH PRECEDED STUDY

Hospital A

February 5, 1957

To: All Nursing Areas, Supervisors and Nursing Education

From: Miss Marks

Subject: Location of Pacemaker

We now have Pacemaker, Monitors and defibrillators in the following areas of the hospital.

4F 1 Pacemaker with Monitor and defibrillator

EW 1 Pacemaker with Monitor

9S 1 Pacemaker with Monitor

7E 1 Pacemaker

OR 1 Pacemaker with Monitor and defibrillator

1 Pacemaker with Monitor

1 Pacemaker

DR 2 Pacemakers

If a Pacemaker is removed from its original sight, please sign it out on the sheet provided for this purpose.

After use the Pacemaker is to be returned to its original location.

HOSPITAL B

March 9, 1957

TO: Charge Nurses

FROM: Miss Johnson

SUBJECT: WHEELCHAIR PATIENTS

PLEASE READ AT MORNING REPORT EACH DAY FOR ONE WEEK

When getting patients up in a wheelchair, it is the responsibility of the person doing this to instruct the patient in the use of the wheelchair.

Many patients have fallen because they did not know that the chair would tip over if they bent forward to pick up something, tie their shoes, etc.

May we please have your cooperation in the above matter?

NURSING DEPARTMENT

Hospital C

Official Information Sheet

March 13, 1957

1. Procedure change. There will be no more concentrated zepherin chloride (acqueous) sent to the floors. A solution 1-1000 will be stocked and may be used at room temperature. Appropriate changes will be made in the procedure book as it is revised.

2. Procedure clarification. No special care, other than general cleanliness and nutrition, is needed for patients who are receiving radium treatment. Any orders written by the physician will be followed as usual. If the dressing should become detached from the patient during treatment, it should be saved at the bedside for inspection by the radiologist.

3. Miscellaneous. Miss Gloria Speck, R.N., graduate student at Boston University School of Nursing, is collecting information on "Communications" at this and other hospitals for her masters thesis. She will be here the week of April 15 and will ask several nurses and aides to fill in questionnaires which take about five minutes to complete. Miss Speck will identify herself and give necessary instructions to all those whom she wishes to include in her study.

4. Miscellaneous. Oil of peppermint will no longer be stocked on the floors.

HOSPITAL D

Inter-office Communication

February 19, 1957

TO: Head nurses

FROM: Nursing Office

Starting today, suspensories, sanitary belts, and colostomy outfits may be obtained from Central medical supply. The customary requisition will be necessary to obtain the above articles.

APPENDIX D

APPENDIX D

COPY OF INSTRUCTION SHEET RELATIVE TO USE OF WEEKLY "INFORMATION SHEET" in Hospital C

NURSING DEPARTMENT
Hospital C
Official Information Sheet

Feb. 12, 1957

It is proposed on a trial basis to print a weekly official information sheet which will be sent to all nursing department units and to other suitable places or persons. The information is for the use of all nursing department personnel. The sheets will be prepared by the nursing office and will include the following general areas:

1. Personnel information (payroll, vacations, Blue Cross)
2. Nursing procedure change
3. Changes affecting other departments
4. Changes within nursing department
5. Miscellaneous

General regulations as to use of these sheets are:

1. Supervisor will supply an adequate clip for holding sheets, most recent to be placed on top.
2. The sheets will be hung in an easily accessible place in each unit.
3. Sheets are to be placed in the clip immediately on receipt.
4. Only supervisors may remove sheets from the clip.

1. Procedure change. Effective on receipt of this notice, patients bed cards are to be placed at the foot of the bed instead of the head. This is to facilitate identification of patients.

2. Procedure change. Please note the change in making of the anesthesia bed.

3. Miscellaneous. The narcotics law precludes the storing of valuables in the narcotic closet.

4. Miscellaneous. X-ray requisitions, when possible, should be made out using addressographer plate and showing patient's location in hospital.