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A comparative study of functions of a rehabilitation head nurse and a surgical head nurse

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A COMPARATIVE STUDY OF FUNCTIONS OF
A REHABILITATION HEAD NURSE AND
A SURGICAL HEAD NURSE

By

Sister M. Timothy O.S.F.
Bachelor of Science Public Health Nursing
Marquette University, Milwaukee, Wisconsin

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First Reader:

Lena M. Plaisted
Lena M. Plaisted

Second Reader:

Dorrian Apple
Dorrian Apple

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CHAPTER I

INTRODUCTION

There has been rapid growth in the establishment of rehabilitation centers in the United States due in part to the increase in the number of chronically ill and disabled who need rehabilitation services. Concomitant with the growth of facilities is an increased demand for nursing personnel to staff the rehabilitation units in general hospitals and special centers. Although nurses have opportunities to apply certain aspects of rehabilitation in all nursing care situations, it appears that an increasing number of nurses are expected to perform specifically as rehabilitation nurses and as members of multidisciplinary teams in specialized rehabilitation centers.

This raises the question as to whether or not the functions these nurses perform are significantly different from the functions performed by nurses who are responsible for the nursing care of patients on other types of hospital units. If there is a difference in the functions they perform does the differential indicate a need for a more extensive preparation in rehabilitation for the nurses who are to function in rehabilitation settings than for

nurses who work in acute medical-surgical units?

STATEMENT OF THE PROBLEM

How do the functions performed by a head nurse of a rehabilitation unit compare with the functions performed by the head nurse of a general surgical unit within the framework of a large general hospital? The study was conducted so as to answer the following questions:

1. What are the functions performed by the head nurse in a general surgical nursing unit?
2. What are the functions performed by the head nurse in a rehabilitation unit?
3. How do the functions of these two head nurses compare; in what areas and to what extent are they alike or different?

JUSTIFICATION OF THE PROBLEM

Rehabilitation nursing is a new field as a specialty and although many nursing functional studies have been conducted none has been devoted specifically to the function of the nurse in rehabilitation. Since there is a need for an increased number of nurses who are

prepared to function in this field it is hoped that some information may be obtained from this study which would indicate the type of preparation future nurses in rehabilitation should have.

SCOPE AND LIMITATIONS

This study is centered on the functions performed by two head nurses employed within the same large general hospital in an eastern city. Observations through the use of the shadow technique were made of each head nurse for a total of sixteen hours out of the forty hour working week. The observation periods were limited to four hours each, and were arranged so as to cover all aspects of the nurses' functional performances during the eight hour day. The type of functions the nurse performed, the amount of time spent in each functional activity, and the personnel with whom the head nurse interacted, was observed and recorded.

The writer recognizes that rehabilitative aspects of care are present in most nursing situations and that all nurses perform certain rehabilitative nursing functions as practitioners of nursing. However, this study was concerned with a comparison of the functional activities of two head nurses: one head nurse who coordinated the nursing activities for patients admitted to a surgical

hospital unit where the rehabilitative needs of the patients were not specifically stressed; and the other head nurse who administered the nursing functions of a specialized rehabilitation unit where the patients were severely handicapped and were admitted especially for a concentrated rehabilitation program. It is evident that such a small sampling of nurses being observed for the comparison is one of the limitations of this study.

DEFINITION OF TERMS

The term head nurse as used throughout this study is defined as "a professional nurse who is responsible for an organized hospital unit within which nursing care is directly and/or indirectly provided."¹

Rehabilitation nursing as considered is based upon Morrissey's statement that: "nursing broadened and extended beyond the alleviation of the ills of the body to the relief of the problems and needs of the whole patient."²

¹American Nurses Association, Functions, Standards and Qualifications for Practice for the Head Nurse, a statement prepared by the Committee on Functions, Standards, and Qualifications for Practice (New York: American Nurses Association General Duty Nurses Section, 1958).

²Alice Morrissey, Rehabilitation Nursing (New York: G.P. Putnam's Sons, 1951), p. 62.

Rehabilitation takes in all phases of nursing care from the "mending of tissue and bone to the healing of the mind and the spirit."³

PREVIEW OF METHODOLOGY

The list of standards and functions for practice for head nurses published by the American Nurses Association was utilized as a guide in formulating categories for the observer's sheet.⁴ The method for collecting and analyzing the data was patterned after the method illustrated in the manual, How to Study Nursing Activities in a Patient Unit.⁵

Ten categories with nine sub-categories were established as the result of reviewing the literature on head nurse functions and were selected by the writer as representative of the main areas in which a head nurse is expected to perform her activities. A code was established for each activity category and for personnel with whom the head nurse interacted. Through the use of this code

³Ibid.

⁴Department of Hospital Nursing, National League for Nursing, The Head Nurse at Work (New York: National League for Nursing n.d.), pp. 1-3.

⁵Margaret Arnstein, How to Study Nursing Activities in a Patient Unit, Washington, D.C., United States Department of Health, Education and Welfare, Public Health Service Publication No. 370 (Washington: U.S. Government Printing Office, 1954), p. 15.

system the observer recorded the amount of time spent in performing each function as well as the type of personnel with whom the nurse interacted and the time spent in each of these contacts.

Observations of the functions performed by the head nurses were carried out using the shadow technique. Each head nurse was observed for a total of sixteen hours in four periods but so arranged as to ultimately include all periods of an eight hour day, the usual working hours of the head nurses on the units of the hospital in which the study was conducted.

The head nurses to be participants in the study were selected by the writer with permission of the director of nursing. Since there was only one rehabilitation unit within the hospital the head nurse voluntarily participated in the study. The head nurse of one of the surgical units was asked to participate because her professional background was similar to the nurse on the rehabilitation unit, and the ward routines, administrative activities, and physical set up of the surgical unit selected were more nearly comparable to the rehabilitation unit than any of the other surgical units within the hospital. The head nurses observed were both graduates from a diploma school of nursing and had been graduated

four years. A special administration course for head nurses had been given to both graduates before they assumed their respective positions. The rehabilitation nurse had no special preparation other than a one semester university course in rehabilitation. She had been in the head nurse position for one year, while the surgical nurse had been a head nurse for approximately three years.

SEQUENCE OF PRESENTATION OF MATERIAL

The philosophy of rehabilitation which guides the study is one which the investigator holds from past experience, from reviewing the literature, and from contact with people in this field of nursing. It will be presented in the following chapter. The technique for gathering the data will be described in Chapter III. Chapter IV will present the findings and the analysis of the data. The summary, conclusions, and recommendations based on the findings will be the content of Chapter V., followed by the list of biographical sources.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

REVIEW OF LITERATURE

The scope of rehabilitation nursing and its needs today can be more readily understood as one reviews the development and growth of the so called, "rehabilitation movement," which has taken place since World War II. The rehabilitation programs set up by the Veteran's Administration and the Armed Forces marked the beginning of steady progress in the growth of rehabilitation programs and facilities. Some of the major milestones were the Hill-Burton Programs and the expansions of the Vocational Rehabilitation Act in 1954, following the report of the Baruch Committee in 1946, which outlined a plan for community rehabilitation services. Caniff summarized the growth of centers this way:

Today, dependent on the strictness of the definition used, we have between one hundred and two hundred comprehensive rehabilitation centers and possibly up to 2,000 rehabilitation facilities with more limited services. Ninety per cent of these centers throughout the Country today had their beginnings since 1945.¹

¹Charles E. Caniff, "Rehabilitation Centers Administration," Paper read before the annual meeting of the Rehabilitation Council of Boston (Boston: May 19, 1960), pp. 1-5. (Mimeographed.)

Concurrent with this expansion of facilities to care for the increasing number of chronically ill persons is the increasing demand for professionally prepared personnel. This is particularly true in the field of nursing.

A review of the past three years of articles in Rehabilitation Literature demonstrates a very obvious scarcity of information on the nurse and her functions in rehabilitation. The need for nurses to take a more active participation in rehabilitation nursing services within the rehabilitation centers throughout the country is great. Nurses have been accused of being passive in demonstrating the dynamic role they actually have on the rehabilitation team.

The importance of having enough nurses qualified to work in this field of specialization was emphasized by Rusk:

The quality of medical care that can be provided for a patient in a designated rehabilitation service may be dependent, to a relative degree on the quality of nursing care that is available constantly during the restoration process. Hence, a physician in rehabilitation and all those on the rehabilitation team will recognize the value of the numerous intricate nursing particulars that aid in the rehabilitation of any sick or disabled person.

It is difficult to define rehabilitation nursing with absolute exactness, because the role of the rehabilitation nurse is a complex one. It may be said that nursing care in a specialized rehabilitation department is broadened partly because the nurse may

find many opportunities here to render a high type of a comprehensive patient care and partly because she may work in close proximity with a number of rehabilitation workers who are motivated, as she is, by the concept of total patient care. In rehabilitation services the nurse is at once practitioner of nursing arts, a nursing educator, and, at times, a nursing coordinator. Much may depend upon her ability to relate to non-nursing groups and on her basic attitude toward rehabilitation in general.

The basic principle of all nursing practice is the concept that every patient is a person who must be served in many ways in order to aid in restoring him to dignity and usefulness. Every act or procedure of nursing must be directed toward the care of the whole patient. Nurses in specialized rehabilitation services and those who practice the principles of rehabilitation in all areas of basic bedside nursing care are deeply aware of the fact that skillful nursing on the physical level is not enough--that nursing ministrations must be balanced between the technical treatments and procedures of bodily care and careful attention to the needs of the mind and spirit.²

Hartigan, consultant of the National League for Nursing, presented a paper at the regional conference of the National League for Nursing's Department of Public Health Nursing in which she stressed the role of the nurse when she said:

The nurse is the person who has the greatest opportunity to help a patient make the early adjustment to his illness which means so much in his total recovery. She is the one to whom the patient looks for not only personal care, but also information, encouragement, motivation, guidance, and assistance. No one can doubt that meeting these needs of the

²Howard Rusk, Rehabilitation Medicine (St. Louis: C.V. Mosby Co., 1958), p. 149.

patient is the nurse's responsibility. . . . No other worker has the opportunity which is afforded the nurse. . . . it is quite remarkable that frequently the nurse has been omitted from the list of members of the rehabilitation team, and that often she has been willing to be omitted.³

Other than the general responsibilities listed in the literature there seemed to be very few studies which bore on how the nurse in a rehabilitation unit spends her time and how she performs as compared to the nurse in other types of units. Many time and activity studies have been carried out with various nursing personnel but the literature revealed none that had been specifically undertaken in a rehabilitation patient unit environment.

A study of nursing activities to discover how activities were being allocated among nursing personnel was carried out by the United Community Services throughout Metropolitan Boston in 1958. The purpose of this study was to determine what activities were usually carried out by various nursing groups. The results revealed that there were no significant differences in the distribution of nursing activities among hospital groups of different sizes and between different types of units (medical-surgical

³Helen Hartigan, "Nursing Responsibilities in Rehabilitation," Nursing Outlook, (Vol. II, December, 1954) pp. 649-650.

obstetric, pediatric).⁴

A demonstration project called "Nursing in Rehabilitation Study" was carried out at the University of Washington School of Nursing from January 1956 to December 1958, and there were some very significant findings in the area of rehabilitation for nurses. At the time the study was conducted there was no planned rehabilitation nursing program of a continuous nature being offered to nurses in that area. The report states:

There was evidence of interest and concern about the role, responsibilities and functions of the nurse as one of the health team who was, or should be expected to assist with the rehabilitation of the ill or disabled. Nurses planning advanced study were inquiring about courses in rehabilitation nursing.⁵

One of the purposes of the study was to identify attitudes, understandings, and/or skills which the nurse should have to assist her to meet the rehabilitative needs of patients. Another purpose was to ascertain whether or not these differ qualitatively or quantitatively from those she should possess to meet other patient needs.

⁴United Community Services Joint Sub-Committee on Nursing Activities, Nursing Activities Study. A Report Prepared by the Hospital Council-Nursing Council (Boston, Mass: United Community Services, 1959), p. 24.

⁵Helen C. Anderson, "Nursing in Rehabilitation Project." A Report of Project at the University of Washington School of Nursing (Washington: 1959), p. 3. (Mimeographed.)

The following findings of the Washington University School of Nursing study appeared to be pertinent to the problem under consideration in this field study:

It became apparent that 'rehabilitation needs' were not integral parts of other needs or composites of needs, but were integral of which all other needs were parts. It was concluded that the term 'rehabilitation needs' was synonymous with the frequently used terms 'total needs.'

It could be proposed with some logic at this point that the understandings, attitudes or skills which a nurse should possess to assist in meeting the rehabilitation needs of patients differ neither in kind nor degree from those required for meeting 'total needs.' However, all available information led to the conclusion that for nursing to be maximally rehabilitative, to comply with the implications contained in the definition of rehabilitation nursing, required a difference in the degree of these behaviors. The nurse should possess understandings, attitudes, interests and appreciations of high order. . . . and although a higher degree of competence concerning skills such as crutch walking, ambulation, transfer activities and selected therapeutic techniques was considered most desirable; the skills for which a higher degree of performance was considered most important were skills of communication, human relations, motivation, and observation.

Conclusions relating to the learning needs of nurses were reached. The need common to most nurses was to learn to apply present skills and abilities more effectively. The second most common need was to acquire a broader concept of rehabilitation. Other needs related to more effective participation as a member of the health team, and with patient teaching. Other needs related to understanding self and patient, recognizing and dealing with the emotional needs of patients, improving observation and communication skills, and to some extent improving skills related to the restoration of physical abilities of the patient.⁶

⁶Ibid., pp. 53-54.

The conclusions in regard to the learning needs of nurses support the writer's belief on the need for specialized training for nurses in the area of rehabilitation. Kottke and Wallace, in discussing factors that need consideration in planning a rehabilitation service, appear to imply this same need when they state:

Surveys have indicated the importance of integrating the instruction given to patients in the various therapy departments with their various activities during the rest of the day on the in-patient services. In order to facilitate this, personnel employed on the floor nursing unit (nurses, attendants and all) must have reasonably good general technical skills and must have an intimate knowledge of the therapy program for each patient. It also implies fundamental shift in concept of patient care on the part of personnel employed on the floor nursing unit from that of passive bed care to that of the patient's active participation in his own care.⁷

Terry stressed the need for special preparation for head nurses on rehabilitation units this way:

The head nurse or supervisor on a rehabilitation unit or on a ward where there are patients being rehabilitated needs to have special training for this aspect of her job. It, of course would be extremely valuable if she could have special training in physical therapy and occupational therapy. It is important that she have special rehabilitation training. If the nurse is going to be a leader in this work and responsible for the instruction of her nursing staff, it is essential that she have this special training. She is the key person while

⁷Helen M. Wallace and John Kottke, "Factors to be Considered in Planning a Rehabilitation Service," Journal of American Medical Association (December 1958), pp. 2253-2257.

the patient is in the hospital.⁸

Gordon comments on the need for more training for nurses in all areas in the field of rehabilitation:

The nurse is often omitted from reckoning when thinking of the rehabilitation team. She is more than ever the handmaiden to medicine in the new context of comprehensive long term care. Although a beginning has been made in rehabilitation nursing, the practice has hardly permeated from a few foci in this country. Nursing schools give the subject little attention in their curriculum. Yet the nurse is of enormous importance. She is the constant attendant to the patient, the guide, the listening post. . . .⁹

BASES OF HYPOTHESIS

It is the writer's belief that nurses are not fully aware of the important role they must play in the field of rehabilitation today. This lack of awareness, however, may be due to the fact that there are few nurses who have a complete understanding of what is included in the field of rehabilitation. In reviewing the literature similar viewpoints were expressed by the majority of authorities in the field of rehabilitation

⁸Deborah MacLurg Jensen (ed.), Principles and Technics of Rehabilitation Nursing (C.V. Mosby Company, 1957), p. 69.

⁹Edward Gordon, "More Training for Nurses in Rehabilitation," Rehabilitation Literature (October 1959), p. 290.

and support the writer's own philosophy. The nursing care required in rehabilitation, as has been stressed, is more than just technical skills and physical ministrations to the patient. It is a philosophy that includes all aspects of human motivation and behavior. In order to provide true rehabilitative care and assume a position of leadership, a nurse needs to have insight into the philosophy of rehabilitation and additional preparation in the skills of rehabilitation nursing. Do all nurses need additional preparation in rehabilitation or does the nurse working in a rehabilitation center perform enough different functions that require this extensive preparation? This study has been an attempt to investigate the functions of two head nurses, one employed on a rehabilitation unit, and one on a surgical unit.

A review of the literature, the writer's experiences in rehabilitation, and specifically the data from the Washington University Rehabilitation Nursing Project were helpful in formulating the hypothesis for this study.

STATEMENT OF HYPOTHESIS

Head nurses in rehabilitation units function differently in some areas of nursing care from head nurses on surgical units. If the hypothesis proves correct it

would seem reasonable to argue that there is a need for nurses to have special preparation to enable them to carry out their role as a member of a team in the care of these patients.

CHAPTER III

METHODOLOGY

In order to determine accurately the functions performed by the two head nurses involved in the study it was felt that the most effective method to collect data would be to observe both nurses by means of the shadow technique. There were sixteen hours of observation carried out with each nurse. The observer spent four hours at a time shadowing the nurse. Four hours of the sixteen occurred on week ends and the remaining twelve hours of observations were on week days so as to cover a variety of activities and any special activities that might occur during the week end as a result of altered staffing patterns. All observations were confined to periods between 7 A.M. and 3:30 P.M. since these are the hours head nurses are on duty.

SELECTION AND DESCRIPTION OF SAMPLE

The study was conducted in a large general hospital which had one thirty-two bed unit designated as a rehabilitation patient center. During the study however

the census on the unit was never over twenty patients. This unit had the following administrative staff: a lay administrator and an assistant; a physician in charge of medical service on the unit and his assistant, who was a nurse; and a secretary. In addition there were various consultant physicians for patients as well as resident and interne staff. The administrative responsibility in relation to nursing personnel on the unit was vested in the Nursing Service Department of the hospital. This unit was provided with a small physical and occupational therapy area enabling patients to receive treatments without leaving the unit. Three physical therapists, two occupational therapists, and a social worker were also part of the staff of the unit.

Due to the complex staffing structure on the rehabilitation unit, it was decided that in order to determine how the head nurse functioned, it would be necessary to gather detailed time and activity records of how she spent her day, and also with whom she interacted throughout her working day. The philosophy of rehabilitation as expressed in Chapter II includes communication and interaction as important aspects of multi-disciplinary team functioning, and therefore it was considered important to find out how the head nurse functioned in these particular areas.

A particular surgical unit was chosen as the one which would be utilized to observe head nurse functions for comparison with the rehabilitation nurse, the reasons being that the physical arrangement of the ward and the educational experience of the nurse in that unit were comparable. However, the administrative structure of this unit was not as complex as that described on the rehabilitation unit.

The nursing staff plan of the units and the daily patient census on the days of observation are presented in Tables 1 and 2. The rehabilitation nurse is designated as the "R" nurse and the surgical nurse by the letter "S" in these tables and throughout the remainder of this study.

TABLE 1
NURSING PERSONNEL STAFFING PLAN

Type of Personnel	"R" Nurse's Unit				"S" Nurse's Unit			
	Periods of Observation*							
	1	2	3	4	1	2	3	4
Assistant Head Nurse	1	0	1	0	1	1	0	1
Professional	0	2	1	1	3	3	2	2
Students	1	2	2	1	3	3	3	7
Non-Professional	3	1	4	3	6	3	5	5
Secretary	1	0	1	1	0	2	1	2
Total	6	5	9	6	13	12	11	17

*Each period consisted of four hours of observation.

TABLE 2
PATIENT CENSUS

Units	Periods of Observation*			
	1	2	3	4
Rehabilitation	18	20	19	20
Surgical	45	45	45	44

*Each period consisted of four hours of observation.

Tables 3 and 4 are presented to further describe the locale of the study and specifically the diagnoses of the patients on each unit at the time the study was conducted.

TABLE 3
PATIENTS ON THE REHABILITATION UNIT

Number	Diagnosis	Co-Existent Diagnosis
2	Quadraplegia	
1	Poliomyelitis	Muscular Dystrophy
1	Paraplegia	Lower Extremity Amputee
1	Cerebral Hemorrhage	Hemiplegia
1	Parkinson Disease	Wrist Surgery
1	Fractured Femur	Diabetes
3	Above Knee Amputees	
1	Spinal Fusion	
1	Ileostomy	Carcinoma
1	Skin Graft	Spinal Cord Injury
1	Burn Contractures	
2	Below Knee Amputees	
1	Fractured Ankle	
2	Hemiplegias	

TABLE 4
 PATIENTS ON THE SURGICAL UNIT

Number	Diagnosis
2	Malignant Melonoma
2	Ulcers
1	Osteomyelitis of Sternum
2	Hernia
2	Pancreatitis
5	Cholecystitis
2	Hemorrhoidectomy
1	Gastric Carcinoma
1	Cellulitis of Burn
2	Cecostomy
1	Jejunal Fistula
1	Liposarcoma
1	Abdominal Mass
1	Malignancy of Lung
1	Gastro-Intestinal Bleeding
1	Esophogeal Burns
3	Thyroidectomy
1	Mesenteric Embolus
2	Abdominal Fistula
1	Pneumonia
1	Adhesions
2	Gastric Resection
3	Hiatus Hernia
2	Gangrene Extremity
1	Radical Neck Resection
1	Hypersplenism

TOOLS USED TO COLLECT DATA

The nineteen activity categories and code patterned after those listed in the Public Health Manuals¹

¹Arstein, op. cit., pp. 13-22; Elinor D. Stanford, How to Study Supervisor Activities in a Hospital Nursing

are defined and presented as follows:

I. PLANNING PATIENT CARE

- A. Immediate
- B. Daily Schedule
- C. Weekly Schedule

Immediate planning for care or advance planning of weekly and daily hours to all unit personnel. Directions given pertinent to this area, discussions and exchange of information with individuals regarding these assignments, and also the planning of the head nurse's own assignments.

II. PATIENT CARE MANAGEMENT AND SUPERVISION

- A. Direct: All activities in the presence of the patient and for his benefit or the assisting of doctors with care.
- B. Indirect: Care not in the physical presence of the patient, charting, care of equipment, exchange of information regarding his condition.

III. ORIENTATION OF PERSONNEL

Includes the theoretical introduction to the ward as well as the tour and explanation of the physical facilities to the new members either graduate or non-professional. It also includes a student nurses orientation to the unit, but not any other type of teaching.

IV. TEACHING

- A. Personnel: conducting formal and informal instructions for ward staff, including

Service (Washington: U.S. Government Printing Office, 1954), pp. 3-9.

planned and spontaneous teaching, demonstrations, observation and evaluation of performance.

- B. Student Nurses: teaching and conferring with and about students and supervising them; including planning for their educational clinical experience and for classes, spontaneous and planned, interpretation of school policies, evaluation and guidance, participation on committees, and exchange of information about students program with nursing educators.
- C. Patient: instructions and explanations in regard to their care and treatment, preparation for discharge, etc.
- D. Patient's Family: instructions as to care and treatment, supplies, condition of patient, and his home care.

V. MAINTENANCE OF EQUIPMENT AND SUPPLIES

Requisition of supplies, storage, issue of, and keeping of records. Instructions and discussions with ward clerks in these matters.

VI. HOUSEKEEPING AND MAINTENANCE

All activities of maintenance of cleanliness, orderliness, and safety of ward, requisitions for service between other departments. All discussion and exchange of information regarding housekeeping and maintenance.

VII. EVALUATION, GUIDANCE AND PERSONNEL COUNSELING

- A. In-Service Development: day by day analysis of workers, giving of directions and guidance in regard to personal development in the performance of duties.

- B. Conferences: keeping of records and planned sessions of evaluation with the staff.

VIII. HOSPITAL POLICY AND PROCEDURES

- A. Interpreting: discussions of hospital policy to individuals regarding regulations, or procedures, and the attendance at meetings.
- B. Public Relations Functions: interaction between head nurse and the general public within the community, the hospital, serving on committees, meetings, compiling reports and data.

IX. PROFESSIONAL GROWTH AND DEVELOPMENT

- A. Education: activities and educational advancement for the head nurse's knowledge and skills, meetings, discussions, classes, and information exchange.
- B. Research: participation in nursing studies (including this one), discussions, and exchange of information in this area.

X. PERSONAL

Nurse activities which are of a personal nature, conversations, coffee breaks, and lunch time.

It was then felt that the head nurses would interact at various times with ten groups of personnel on the unit in the performance of her head nursing function.

A list of the personnel selected were coded as follows:

- A Administrator
- B Assistant Head Nurse

Su Supervisor
MD Physician on Ward
SN Staff Nurse
SW Social Worker
PT Physician Therapist
Aux Auxillary Personnel
S Students
Pt Patient or Family

An observer's recording sheet was constructed in four column arrangement so that during the observation periods the observer could check the time the activity was observed, the actual observed activity, and with whom the head nurse interacted in performing the function. The fourth column allowed for brief description of the function. A sample of one of the record sheets may be found in Appendix A.

PROCUREMENT OF DATA

The data for this study were procured through the utilization of these tools in observing the functions of the two head nurses. The observations were carried out using the shadow technique. Each head nurse was observed for a total of sixteen hours in four periods so arranged as to include all periods of two eight hour days.

At the completion of sixteen hours of observation of each nurse the results were tabulated and analyzed. These data are presented in Chapter IV.

CHAPTER IV

FINDINGS

PRESENTATION AND DISCUSSION OF DATA

The data obtained through the observations will be presented for each of the head nurses; first in relation to time spent by each in the nineteen functional categories, secondly in terms of time spent by each in interaction with the various types of personnel on the unit, and thirdly in relation to the number of contacts each made with personnel.

Figure 1 illustrates the distribution of the time spent by the "S" nurse in the nineteen categories. This nurse spent approximately sixty-five per cent of her working day within the category concerned with patient care management. Fifteen per cent of her day was spent in the direct care category. In the category of indirect care; that is providing for care of the patient through other channels, the nurse spent a total of forty-nine and one half per cent of her time. The remaining thirty-five per cent of the nurse's day was divided between thirteen other categories. In these thirteen remaining categories

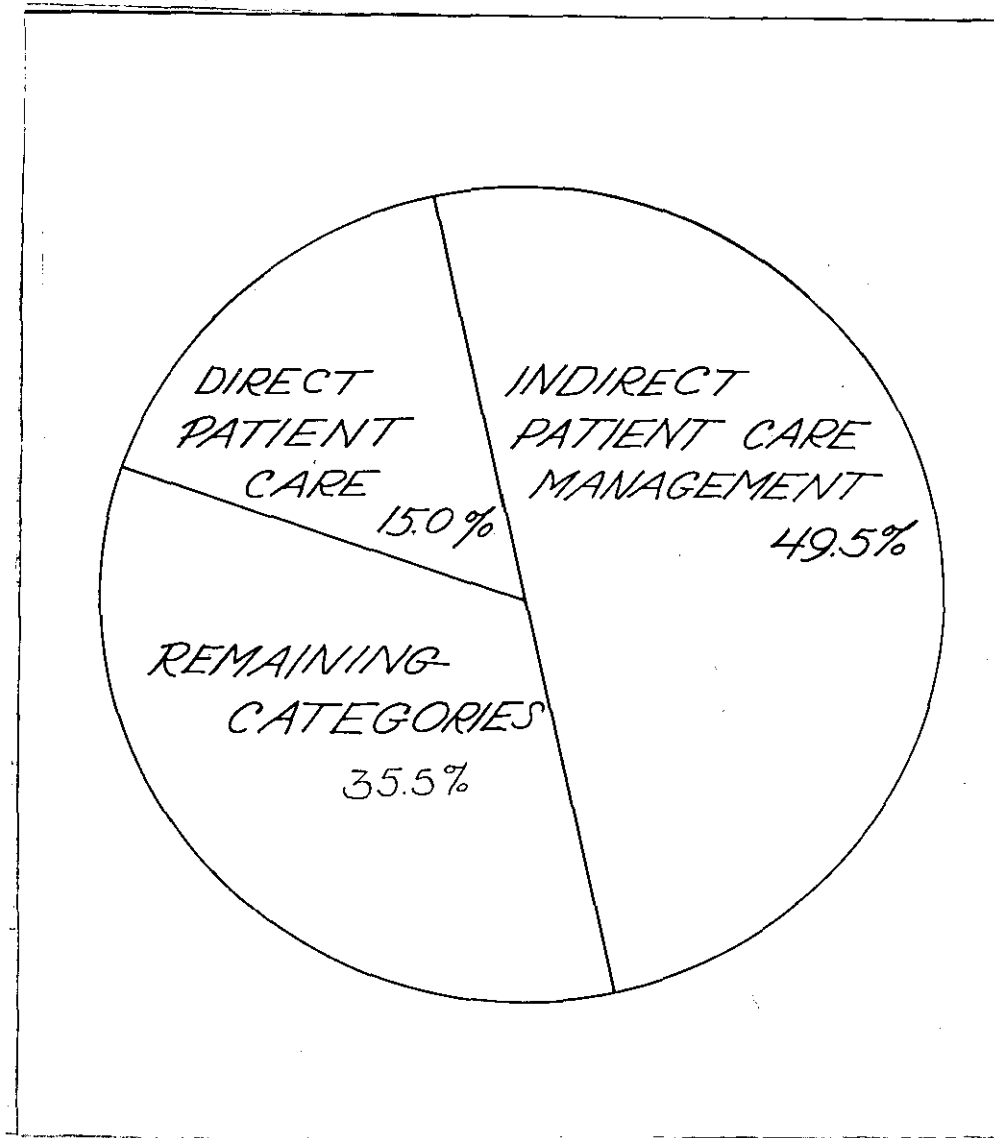


Figure 1 -- Distribution of Time of Surgical Nurse

the nurse's time was of approximately equal distribution with the exception of Category IX A, professional growth and development. This category occupied nine and four tenths per cent of her time. Since the study was conducted in a teaching hospital, opportunities were ever present for the nurse to advance in professional knowledge and education. Head nurse meetings were conducted weekly and were informative and educational in nature. Daily rounds on the ward with the physicians' team was another type of learning experience available to head nurses.

In four of the nineteen categories the surgical nurse had no time recorded by the observer. These categories were: housekeeping and maintenance, public relations, evaluation conferences, and the orientation of new members to the staff.

Neither of the two head nurses had time recorded for orientation during the periods of observation. This was discussed with the head nurses and it was discovered that the formal program of orientation is under a separate staff education department in this particular hospital. The program is organized so that new employees are orientated as a group every two weeks and during the weeks the study was conducted there were no new employees on the units.

A minimum amount of time was given by the surgical nurse in Category VII A, evaluation of personnel. There was no planned formal conferences and the time for informal conferences and discussions was limited to one per cent or ten minutes.

Figure 2 illustrates the distribution of the "R" nurse's time throughout the day. The two categories to which no time was given were those of orientation and formal evaluation conferences. The "R" nurse spent fifty-three per cent of her daily time in the category of patient care management but twenty-one per cent of this was in direct care or service to the patient, while thirty-two per cent was in providing indirect patient care. There were fifteen additional categories in which her activities were divided. As was true of the surgical nurse, the largest percentage of time in areas other than patient care management was spent in Category IX A, educational development, through the various channels of rounds, special clinics, and meetings. During the observation periods it was noted that "R" nurse, as a member of a team on this unit, took part in more types of meetings and group conferences than did the surgical nurse, who attended only head nurse meetings. The content of these meetings on the rehabilitation unit varied from planning for

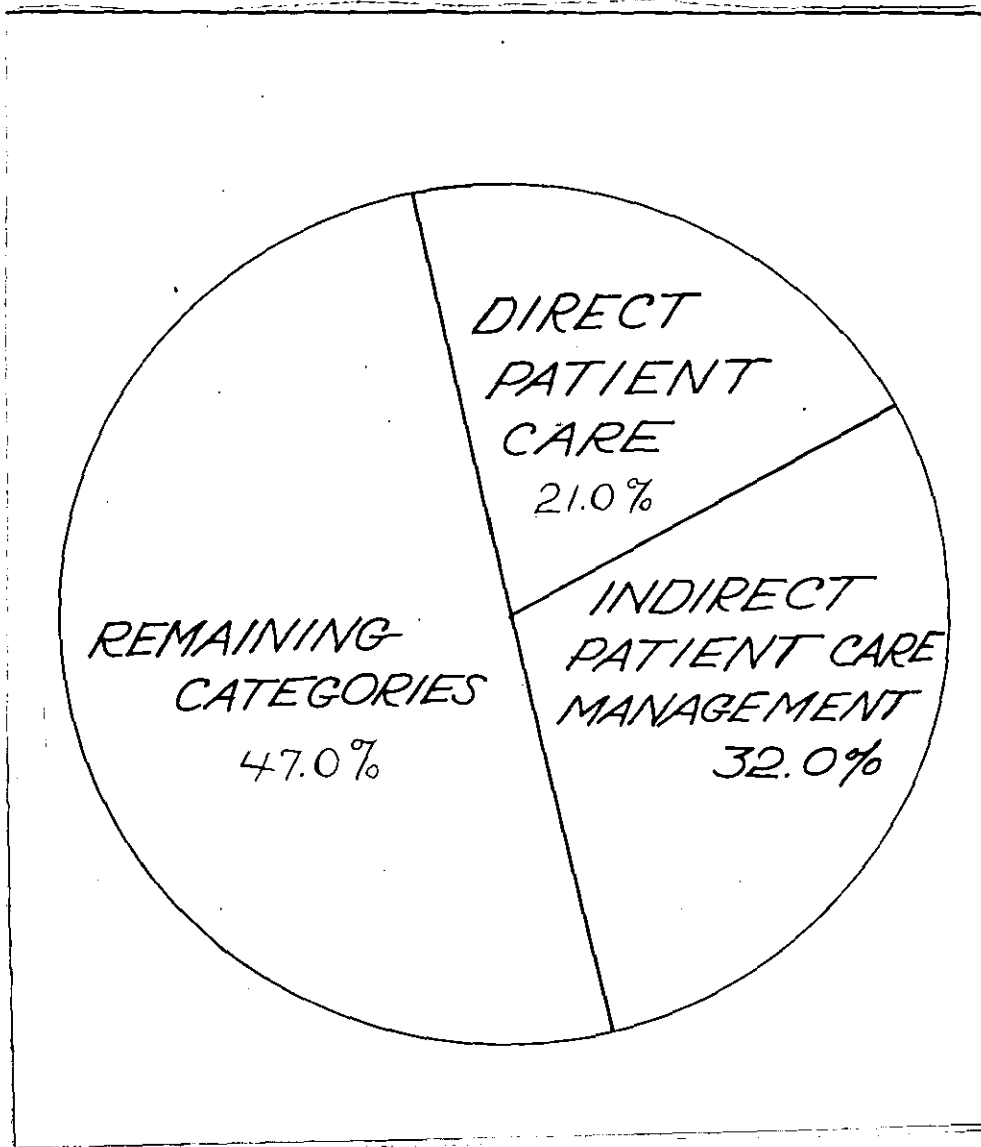


Figure 2 -- Distribution of Time of Rehabilitation Nurse

patient programs with the various disciplines, policy making meetings with the chief physician, to head nurse meetings, and all were held on, or very close to the ward. The "R" nurse told the writer that she estimated she spent approximately ten hours weekly in attendance at meetings.

Table 5 summarizes the amount of time spent by the "S" nurse in the nineteen categories, arranged in rank order.

TABLE 5
DISTRIBUTION OF TIME "S" NURSE SPENT IN CATEGORIES

Functional Categories	Time	
	Minutes	Percentage
II A Indirect patient care	475	49.5
B Direct patient care	146	15.0
IX A Professional growth	94	9.4
IV B Teaching students	30	3.1
VIII A Interpreting policy	30	3.1
I B Planning daily care	29	2.3
A Planning immediate	22	2.3
V Maintenance, equipment	22	2.3
IX B Professional research	22	2.3
IV D Teaching family	13	1.3

TABLE 5 - Continued

Functional Categories	Time	
	Minutes	Percentage
VII A Evaluation, informal	10	1.0
I C Planning weekly schedule	10	1.0
IV C Teaching patients	9	0.9
A Teaching personnel	6	0.6
III Orientation	0	0
VI Housekeeping	0	0
VIII B Public relations	0	0
VII A Formal evaluation	0	0
Total	960	100.00

Table 6 gives the time in minutes and percentage in the functional categories for the "R" nurse, arranged in rank order.

TABLE 6
DISTRIBUTION OF TIME "R" NURSE SPENT IN CATEGORIES

Functional Categories	Time	
	Minutes	Percentage
II A Indirect patient care	310	32.1
B Direct patient care	209	21.0

TABLE 6 - Continued

Functional Categories	Time	
	Minutes	Percentage
IX A Professional growth	105	11.0
X Personal	55	5.7
I A Immediate planning	35	3.6
IV C Teaching patients	35	3.5
I B Daily planning	33	3.4
V Maintenance, equipment	31	3.2
VIII B Public relations	30	3.1
A Interpreting policy	26	2.7
IV A Teaching personnel	20	2.0
IX B Research	20	2.0
VI Housekeeping, maintenance	14	1.4
IV B Teaching students	12	1.2
VII A Informal evaluation	10	1.0
I C Weekly Planning	10	1.0
IV D Teaching Families	5	0.5
III Orientation	0	0
VII B Formal Evaluation	0	0
Total	960	100.00

In the comparison of the time records it was evident that both nurses spent the greatest portion of the day in activities within the category of patient care management. The category IX A, professional growth, ranked second in the amount of time spent by both nurses. In the categories of orientation and formal evaluation no time had been recorded for either nurse. This was due in part to the fact that during the periods of observation there were very few new employees or changes in the rotation of student nurses on either the rehabilitation or surgical unit. Only a small percentage of either nurse's time was devoted to the weekly planning of assignment schedules. Both nurses stated that frequently assignments were not carried out during the hours of their working day. It is interesting to note that the rehabilitation nurse spent most of her teaching time in the instruction of patients, while the surgical nurse's teaching efforts were directed toward the patient's family and the nursing students. The surgical nurse had little opportunity for public relation activities. On the other hand, the rehabilitation nurse had considerable opportunity to participate in public relation activities because of her contacts at meetings and in conferences with various community leaders since the team approach

was used in the care, referral and follow up of patients on the unit.

Figures 3 and 4 are presented to graphically illustrate the comparison of time spent by each of the head nurses in the nineteen categories.

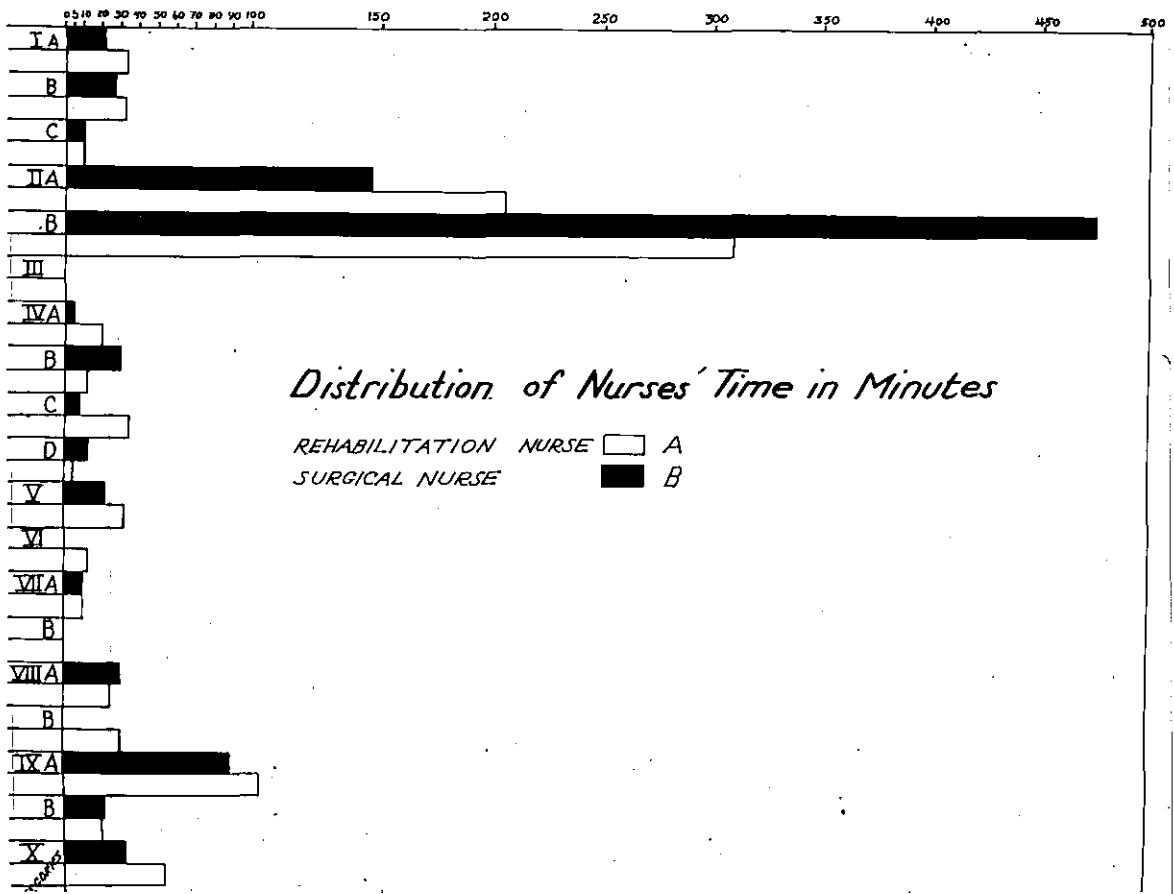


Figure 3 -- Compares the time spent by the two nurses in the nineteen areas.

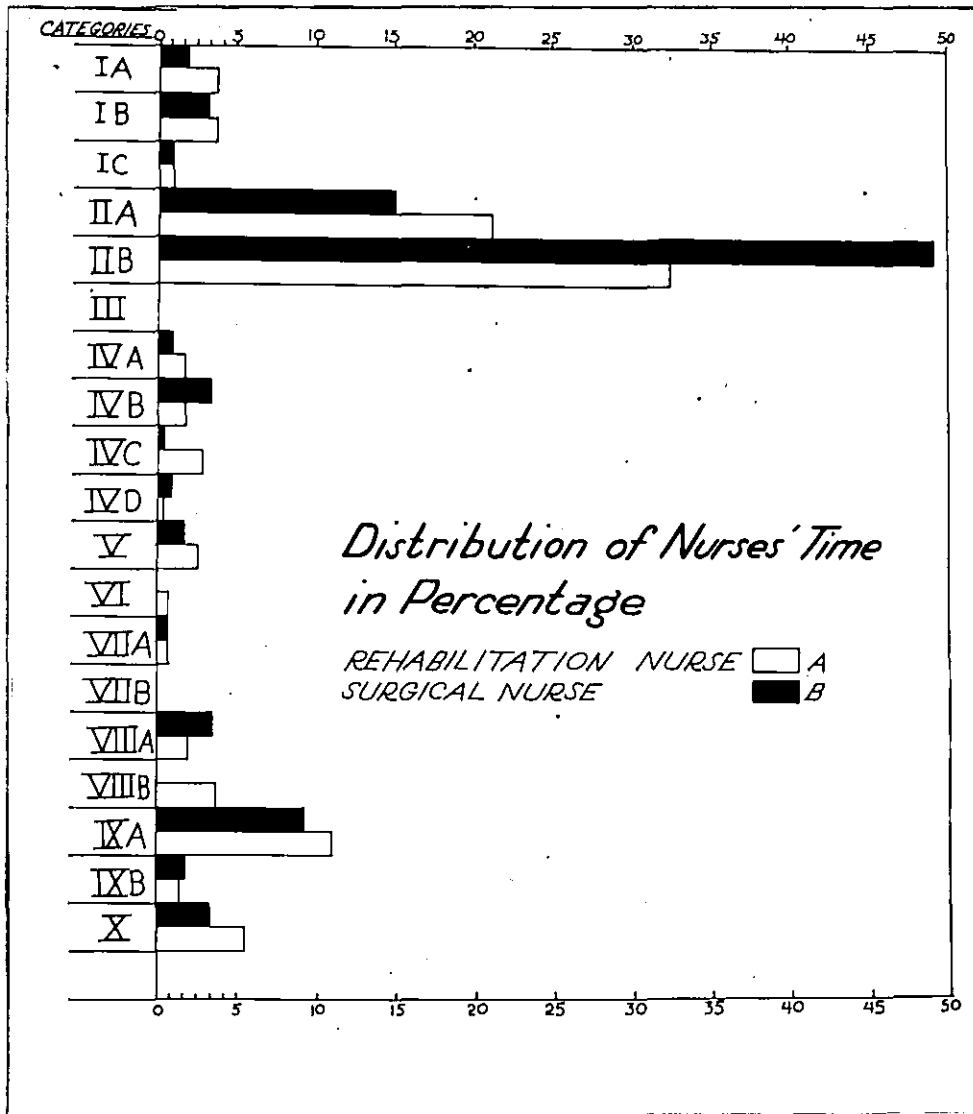


Figure 4 -- Illustrates the comparison of time spent by the nurses in the nineteen areas with the time distribution converted into percentage.

Through a further analysis of the time spent in the category of patient care management it appeared that, although both nurses spent most of their time in this area as might be expected, the "S" nurse spent fifty per cent of this time in indirect patient care and fifteen per cent in direct care. Three fourths of her day was spent in this one category. The "R" nurse, on the other hand, spent one half of her day in patient care management but the time was more evenly distributed between direct and indirect care. This seems to indicate that although both head nurses spent the majority of the time in activities categorized as patient care management, the "R" nurse spent considerably more time directly at the bedside with the patient than did the "S" nurse. The "S" nurse's activities were chiefly giving indirect patient care, which consisted of checking the charts and cardex, physicians's orders, and arranging for care. Very little of her time was spent at the patient's bedside.

In comparing the categories in which the two nurses spent most of their time, and in comparing the two aspects of patient care management, direct and indirect, the chi square test was used to determine if the observed difference in time spent by the two nurses in these two categories was significant. The computed Chi-square of

4.1 led to the rejection of the null hypothesis at the .05 probability level. Therefore, there is a significant difference in the time spent by the two head nurses in these two categories.¹

The data from the observer's records regarding the various members of staff personnel with whom the head nurses interacted are presented in Table 7.

TABLE 7
NUMBER OF MINUTES SPENT WITH PERSONNEL

Personnel	"R" Nurse	"S" Nurse
	Minutes	
Administrator	98	0
Assistant Head Nurse	58	9
Supervisor	52	45
Physician	215	90
Staff Nurse	65	112
Social Worker	158	0
Physical Therapist	95	0
Auxillary Workers	81	28
Student Nurse	40	27
Patients	39	8

The rehabilitation head nurse spent more time with every type of personnel except one than did the surgical

¹Sidney Siegel, Nonparametric Statistics (New York: McGraw Hill Book Co., 1956), p. 249.

nurse, as Table 7 indicates. Application of the sign test² to the data in the table showed that there was a statistically significant difference between the two nurses in the amount of time spent with various personnel. There is less than one chance in a thousand for the difference in the amount of time spent by the two nurses with various types of personnel to have occurred by accident.

Table 8 indicates the number of contacts the two nurses had with various members of the staff throughout their working day.

TABLE 8
NUMBER OF CONTACTS WITH STAFF PERSONNEL

Personnel	"R" Nurse	"S" Nurse
	Number of Contacts	
Administrator	3	0
Assistant Head Nurse	7	2
Supervisor	7	12
Physician	11	6
Staff Nurse	4	8
Social Worker	4	0
Physical Therapist	6	0
Auxillary Workers	16	4
Student Nurse	6	4
Patient	5	2
Total	69	37

²Ibid., pp. 68-70.

The rehabilitation nurse made more contacts with eight of the categories of personnel than did the surgical nurse, while the reverse was true in the case of two of the categories of personnel. Application of the sign test³ to these data in Table 8 disclosed that there was not a statistically significant difference between the two nurses, though the difference that was observed was of the kind predicted, since the rehabilitation nurse made more contacts.

³Ibid., pp. 67-70.

CHAPTER V

SUMMARY

As the scope of rehabilitation has enlarged with the increase in the number of chronically ill individuals today, the demands for nurses who are skilled in the care of these patients has also increased. In reviewing the literature, and through contact with nurses working in the field of rehabilitation, it became evident that a need existed for nurses who are to function as a member of a team in a center for rehabilitation to have specialized training and preparation. It seemed logical, therefore, to discover how the nurse in rehabilitation functioned and in what way these functions compared to those performed by a nurse in another type of nursing unit.

The data for this study were obtained by observing the functions performed by two head nurses in the same general hospital. Observations were made utilizing the shadow technique. A head nurse on an acute surgical unit was chosen as one who would be observed and whose functions would then be compared to those performed by

the head nurse on a specialized unit for rehabilitation who was also observed. Both head nurses were comparable as to educational background and experience. The observation periods were carried out for four hours duration at four different times of the working day which allowed a total of sixteen hours or nine hundred and sixty minutes of observation of each nurse. Categories were formulated of the functions to be observed, and a code system established to be utilized in the recording. The observer recorded the type of function, the time spent performing each function, the type of personnel with whom the head nurse had contact in carrying out her functions, and the amount of time spent with each type of personnel, as well as the number of contacts she made throughout the day.

CONCLUSIONS

The hypothesis tested was that head nurses in rehabilitation units function differently in some areas of nursing care from head nurses on surgical units. It was found that there was a statistically significant difference in the following areas:

1. The rehabilitation head nurse spent more time in the area of direct nursing care at the bedside of the patient than did the surgical

head nurse. This included such activities as counseling, teaching, as well as managing patients' physical care.

2. The surgical head nurse spent one half of her time in the areas of indirect patient care, keeping records and checking orders, thus allocating only a small portion of her time to the other functional areas for which she had managerial responsibility.

On the basis of these differences, the hypothesis was accepted.

Other major specific findings were:

1. The rehabilitation nurse attended more types of meetings than did the surgical nurse. She also had more frequent contacts with team members and spent longer periods of time in each contact than did the surgical nurse.
2. The two categories in which both nurses spent only ten minutes or 0.1 per cent of their time were staff development through evaluation, and in the planning of time schedules.
3. The rehabilitation nurse spent seven per cent of her time in teaching activities and fifty per cent of this time was concerned with the

teaching of patients, two per cent in teaching personnel and approximately one per cent in the instruction of nursing students.

4. The surgical nurse spent six per cent of her time in teaching activities but one half of this was in the instruction of nursing students. Less than one per cent was spent teaching personnel, and the remaining two per cent in the teaching of patients and their families.
5. The rehabilitation nurse was called upon to participate in meetings and discussions regarding administration and policy making on the unit, to assume a leadership role in team conferences and planning with the other members of the professional and para medical groups.
6. The rehabilitation nurse spent more time in interacting with a greater variety of personnel through discussion and consultation than did the surgical nurse.

RECOMMENDATIONS

1. That a similar study be carried out as to the functions of nurses in rehabilitation, utilizing a larger sample of nurses for comparison.
2. That nurses working in rehabilitation units have special preparation in the areas of rehabilitation philosophy, human relations, and communications, thereby preparing them to function on an equal basis with other members of the rehabilitation team.
3. That nurses accepting positions in rehabilitation be given some orientation to the activities and functions of the para medical groups with whom they work.
4. That the differences in functions performed by the nurse as indicated in this study be considered in the overall staffing plans on rehabilitation units.

5. That the nurse caring for the acutely ill patient include more of the rehabilitative aspects of care in her contact with patients and delegate more of her indirect care activities to auxiliary workers.

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A P P E N D I X

DATE March 2, 1960NURSE "R"

OBSERVER _____

TIME	ACTIVITY CODE	WITH WHOM	DESCRIPTION
8:55 A.M.	II B	M.D., S.N.	Morning Conf.
9:05 A.M.	II B	B	Report from B
9:15 A.M.	II B	B	Information on Head Nurse Meeting
9:25 A.M.	V	Aux	Ordering Supplies
9:55 A.M.	IV C	Su	Referral Slips
10:15 A.M.	II		Irrigation, Visiting Pt.
10:55 A.M.	VII A	Su	Student records
11:05 A.M.	IV C	S.W.	Pt. home plans
11:30 A.M.	I C	Su	Help staff shortage
11:40 A.M.	X		Lunch
12:15 P.M.	IV A		Plan for discussion
12:20 P.M.	VIII B		Tour A.C. of Surg. Visitors