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# Identification of dependent nursing procedural information in selected references

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**IDENTIFICATION OF DEPENDENT NURSING PROCEDURES AND AVAILABLE  
PROCEDURAL INFORMATION IN SELECTED REFERENCES**

**BY**

**Florence Bell Green  
Bachelor of Science Degree in Nursing, Wheaton College, 1957**

**Evalyn Emma Nicholson  
Bachelor of Science Degree in Nursing, Augustana College, 1950**

**Carolann Reaves  
Bachelor of Science Degree, Boston University, 1959**

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Boston University  
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**First Reader:**

Janice E. Hayes  
Janice E. Hayes

**Second Reader:**

Lois Montelro  
Lois Montelro

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## TABLE OF CONTENTS

CHAPTER		PAGE
I.	INTRODUCTION . . . . .	1
	Statement of Problem . . . . .	2
	Justification of Problem . . . . .	2
	Scope and Limitations . . . . .	3
	Definition of Terms . . . . .	4
	Preview of Methodology . . . . .	4
II.	THEORETICAL FRAMEWORK OF THE STUDY	5
	Review of Literature . . . . .	5
	Statement of Hypothesis . . . . .	13
III.	METHODOLOGY . . . . .	14
	Selection and Description of Sample . . . . .	14
	Tools and Procurement of Data . . . . .	15
IV.	FINDINGS . . . . .	18
	Presentation and Discussion of Data . . . . .	18
V.	SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS . . . . .	33
	Summary . . . . .	33
	Conclusions . . . . .	34
	Recommendations . . . . .	35
	BIBLIOGRAPHY . . . . .	37
	APPENDICES . . . . .	40

LIST OF TABLES

TABLE		PAGE
1.	Dependent Procedures Observed in Three Agencies . . . . .	19
2.	Tabulation of Procedural Information of Observed Dependent Procedures Found in Five Sources . . . . .	22
3.	Tabulation of Procedural Information of Observed Dependent Procedures Found in Three Hospital Manuals . . . . .	25
4.	Nursing Personnel and Dependent Procedures Which They Performed . . . . .	29

## CHAPTER I

### INTRODUCTION

Expanding functions and activities are the visible indications of changes within the nursing profession which are but the reflections of a changing society. Within the past twenty years pressures evolving from the transfer of activities from physicians to nurses and from the advancement of medical science have been instrumental in producing some of the most rapid alterations of traditional concepts and values nursing has ever known.

While many of the new activities and functions are independently defined and controlled by the profession, there are also many dependent procedures which are new and are being required of the nurse as the physician performs more complicated therapies. These new duties require a high degree of knowledge, skill and judgment if the nurse is to make a worthy contribution to the medical care of her patients. She should understand the necessity for her services, as well as the dimensions of her contributions, and although the pace of acquisition of new procedures is rapid, she must keep the gap closed between doing as told and doing with understanding. Empiricism as a guide of action is untenable, yet it is in operation today as one views the lag between the increasing nursing implications of expanding medical knowledge on the one hand and the tendency to preserve traditional patterns of behavior on the other.

It is believed by the investigators that an example of this is the willingness of some nurses to perform new nursing activities as told, without the benefit of prior knowledge from nursing literature.

#### Statement of the Problem

This study was conducted to identify dependent nursing procedures being performed by graduate nurses and to determine the availability of procedural information concerning these activities in selected nursing literature.

#### Justification of the Problem

The code of ethics adopted by the American Nurses' Association states that the nurse is responsible, morally and legally, for her professional actions and judgement. As she becomes more proficient in her skills, it is assumed by both society and the law that she also grows in knowledge and understanding of the implications of any act which she performs, in the nature of the technique, the precautions she must use, and the reasons for them.<sup>1</sup> This responsibility not only applies to the independent functions of nursing, but perhaps even more specifically to the dependent activities. The nurse's understanding of what she is doing and of the reason it is significant to the patient's care, is one aspect of professionalism that prevents blind action which is directed by the doctor.

It is proposed that a study of dependent activities and of the sources

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<sup>1</sup>"The Nurse Must Know," The American Journal of Nursing, LXII, No. 3 (March, 1962), p. 65.

of information concerning them may suggest the need for increasing the scope of selected literature, including hospital manuals, to be of more value to the practitioners.

#### Scope and Limitations of the Study

This study was conducted on surgical units of three Boston hospitals varying in size from three hundred to one thousand beds. All three of the agencies were teaching institutions, each being associated with one or more of the three medical schools in the city and each being involved in research programs.

The sample was composed of a total of thirteen registered nurses, one nonregistered nurse, one student nurse, and four licensed practical nurses who were observed performing their evening functions for two hours on eight occasions. The three investigators made separate observations in each of the agencies over a period of eight evenings distributed throughout a three week interval.

One limitation of this study was the small sample used for observations. Only three Boston hospitals were used although these were teaching institutions and involved in research programs. They were chosen by the authors as places where advances in medical care and treatment could be well observed. The observations were restricted to a definite time span during the twenty-four hour period. In one of the agencies the patients involved in dependent nursing procedures were all men, and they were not observed until twenty-four hours

after surgery. The patients in North and South Hospitals were in various stages of recovery from surgery, from immediately after operation and throughout convalescence.

#### Definition of Terms

**Dependent nursing procedure:** a course of action which for support, relies on, or is subject to, these three minimum requirements:

1. It is performed under the order and the direction and/or supervision of a duly licensed physician.
2. The performer comprehends cause and effect.
3. The order must be legal.<sup>2</sup>

The words "procedure" and "activities" will be used interchangeably in this study.

#### Preview of Methodology

The nursing activities of evening nurses in three agencies were observed during the hours of seven and ten in the evening by the three investigators. All dependent procedures seen, except for medications, were checked as to source of order and as to procedural description in selected literature. When no description was found, the practitioners were interviewed to discover their sources of procedural information.

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<sup>2</sup> Milton J. Lesnick and Bernice E. Anderson, Nursing Practice and the Law, (Philadelphia: J.B. Lippincott Co., 1955), p. 277.

## CHAPTER II

### THEORETICAL FRAMEWORK OF THE STUDY

#### Review of Literature

The role and functions of all health team members are today being affected by changes which are the products of medical and social progress. New relationships and responsibilities demand new information as a safe foundation for changing activities.

The acquisition of expanding knowledge and functions must be continually guided by the legal aspects which characterize the particular profession. Thus, as the professional nurse accepts new duties and acquires different skills she will need to be fully aware of the legal implications. In this chapter, the influence of change on the profession and the practitioner and some of the legal problems involved will be discussed.

Changes in the profession are inevitable even though they may be resisted and retarded.<sup>1</sup> Nursing of the past has produced effective patterns of action and traditional expectations from the public and the practitioner alike, yet perpetuation of the past on the basis of its adequacy is incompatible with present day demands on and expectations of the profession.<sup>2</sup> In many situa-

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<sup>1</sup>Martha E. Rogers, Educational Revolution in Nursing (New York: Macmillan Co., 1961), p. 1.

<sup>2</sup>Eleanor C. Lambertson, Education for Nursing Leadership (Philadelphia: J. B. Lippincott Co., 1958), p. 7.

tions, the nurse finds that the functions she must perform are in conflict with what she has been taught and has been expected to do in the past.<sup>3</sup>

Nursing as a profession is organized to meet society's needs and therefore is obliged to alter its patterns to meet the requirements of a changing social order.<sup>4</sup> This age is unique in that the rate at which adaptations are expected to be made is ever accelerating.<sup>5</sup> It is hopeful that as changes evolve, they will in themselves reveal the type and extent of knowledge required for the education and preparation of safe practitioners. "Social needs, social changes and the evolution of professional curriculum are unseparable."<sup>6</sup>

As new philosophies of health, new techniques, and new drugs and equipment have been devised, "many of the physician's tasks of yesterday have become accepted nursing practice today."<sup>7</sup> The trend for the nurse to take over the doctor's tasks is continuing.<sup>8</sup> Contemporary physicians want nurses to be co-workers who can think and function effectively, not puppets

<sup>3</sup>Thora Kron, Nursing Team Leadership (Philadelphia: W. B. Saunders Co., 1961), p. 9.

<sup>4</sup>Rogers, op. cit., p. 59.

<sup>5</sup>E. D. Pellegrino, "The Nurse Must Know, the Nurse Must Speak," The American Journal of Nursing, LX, No. 3 (March, 1960), p. 360.

<sup>6</sup>Lambertson, op. cit., p. 73.

<sup>7</sup>"Talking About Patient Care," The American Journal of Nursing, LXI, No. 5 (May, 1961), p. 56.

<sup>8</sup>Ibid., p. 56.

whose every movement they must dictate.<sup>9</sup> Pellegrino stated:

The interpretation of the place of nursing in the contemporary medical science is based on participation. The nurse must be a more direct, more active, more productive participant in patient care, and in a new way.<sup>10</sup>

Johnson agrees that modern medical concepts require the doctor to spend more time with the patient and, out of necessity, to rely more upon the nurse and other personnel.<sup>11</sup> The nurse has become an accepted member of the medical team, and there is evolving an increasing coordinate responsibility of both medicine and nursing to define limits and mutual interests as they function together.<sup>12</sup> "A team nourishes its own members so that their interrelated functions become more meaningful to each other and to the patient and community served."<sup>13</sup>

The content of nursing is not extracted from any other discipline, although its knowledge and skills may overlap and interrelate with those of many other professions.<sup>14</sup> Nurses are responsible for designing their functions and

<sup>9</sup>Faye G. Abdelleh et al., Patient-Centered Approaches to Nursing (New York: Macmillan Co., 1960), p. 37.

<sup>10</sup>Pellegrino, op. cit., p. 361.

<sup>11</sup>Dorothy E. Johnson, "The Significance of Nursing Care," The American Journal of Nursing, LXI, No. 11 (November, 1961), p. 63.

<sup>12</sup>Daisy E. Bridges, "What the Nurse Expects of the Doctor," World Medical Journal, VIII, No. 5 (September, 1961), p. 328.

<sup>13</sup>Hildegard E. Peplau, Interpersonal Relations in Nursing (New York: G. P. Putnam's Sons, 1952), p. 7.

<sup>14</sup>Rogers, op. cit., p. 27.

roles, the body of nursing knowledge and techniques, and the methods used to attain their objectives of nursing care. Since new discoveries all necessitate the development of techniques to help put them into practice, nursing, as a profession, is obliged to recognize the need for changes, assume responsibility to make them, and be accountable for applying them.<sup>15</sup> This requires the awareness and efforts of each member of the nursing profession.

One of the marks of any professional person is the possession of an attitude of inquiry, an open-mindedness, a willingness to evaluate present practices, and the ability to apply scientific principles to the solution of problems.<sup>16</sup>

Recognition of the direction in which progressive change is moving is imperative. The nursing profession on the national level has been endeavoring in recent years to define more clearly the roles and functions of various positions within the profession. For example, The Functions, Standards, and Qualifications, of the General Duty Section of the American Nurses' Association includes the following statements:

∟The nurse∟ applies scientific principles in performing nursing procedures and techniques through constant evaluation in the light of nursing and medical progress.

∟The nurse∟ participates in revising procedures and techniques. Exercises sound judgment in adapting nursing procedures to

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<sup>15</sup>Bertha Harmer and Virginia Henderson, Textbook of the Principles and Practices of Nursing (New York: Macmillan Co., 1955), p. 608.

<sup>16</sup>Loretta E. Heidgerken, "Some Problems in Modern Nursing," Nursing Outlook, VII, No. 7 (July, 1959), p. 396.

individual patient needs.<sup>17</sup>

Implied in these statements is the fact that the nurse needs not only a sound, broad background for performing nursing procedures, but also an awareness of the necessity to evaluate them critically, and to revise and individualize them as required by advances in medical knowledge. The Committee on Current and Long Term Goals of the American Nurses' Association reiterates the responsibility of each nurse in relation to identifying her own activities:

Basic changes in professional nursing emerged with the increased need for a practitioner who could perform critical, independent therapeutic functions for patients. Effective performance of these functions requires the ability to independently assess, evaluate, and interpret health needs and to follow these judgments with appropriate actions. Therefore, the professional nurse must master a complex, rapidly growing body of knowledge. The nursing profession always has recognized the inseparable relationship between the quality of practice and the quality of education.<sup>18</sup>

In the past one hundred years the application of methods utilized by physical scientists to evolve clinical problems has eventuated in the improvement of patient care. Today's nurse is finding it increasingly imperative to understand and utilize the principles of basic physical and biological sciences.<sup>19</sup>

If she is to understand modern methods of diagnosis as applied to her patient, if she is to take part in the scientific observations necessary

<sup>17</sup>American Nurses' Association, General Duty Nurses' Section, "ANA Statement of Functions, Standards and Qualifications," *The American Journal of Nursing*, LVI, No. 7 (July, 1956), p. 898.

<sup>18</sup>American Nurses' Association, A report prepared by the Committee on Current and Long Term Goals (May, 1960).

<sup>19</sup>Pellegrino, *op. cit.*, p. 361.

for diagnosis, therapy, and research, she must be imbued with the scientific method.<sup>20</sup>

This more extensive understanding of the basic sciences will also better equip the nurse to contribute to the identification of nursing science through critical analysis of the practitioner's activities.

Various methods are utilized to keep nurses informed about changes in practice and concepts. Many employing agencies offer well-planned programs of inservice education through which the graduate nurse is given the opportunity to evaluate her old knowledge and skills in the light of new advancements.<sup>21</sup> Such programs make it possible for nurses to move freely from one geographical area of the country to another or from one nursing area within the hospital setting to another with security and the knowledge that changes in basic nursing patterns can be easily learned.<sup>22</sup> Other means of keeping informed of new procedures and nursing trends are workshops, institutes, and an increasing amount of literature being made available to those who accept their responsibility for continuing their own education.

The rapid expansion of knowledge and the changes in nursing activities which are evolving as a result of advances in medical science carry the hazard of making the nurse more vulnerable to legal action. The absence of a

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<sup>20</sup>*Ibid.*, p. 361.

<sup>21</sup>Loretta E. Heidgerken, "Inservice Education and Research," *Nursing Outlook*, VII, No. 8 (August, 1959), p. 474.

<sup>22</sup>"Why Inservice Education?" *Nursing Outlook*, VII, No. 3 (March, 1959), p. 133.

clear and precise definition of nursing by the law, by the profession or by schools of nursing increases this hazard<sup>23</sup> and requires that each nurse be certain of what she may do with and without the order of the physician. Several attempts have been made to clarify the functions and prerogatives of the professional nurse. Lesnick and Anderson have described the legal status of nursing by indicating that certain nursing functions are independent, while others are dependent in nature. They describe independent nursing functions as those which can be carried out by the nurse without a doctor's order; dependent nursing functions as those for which a nurse needs a doctor's order.<sup>24</sup>

An expected sequence of events in nursing as science knowledge increases is an increase in the dimensions of nursing practice. New nursing procedures and techniques will be developed and the area of independent nursing may be expected to widen. This predicted increase in procedures is because of transference of some medical functions to nursing, as well as an expanded knowledge of nursing and science in general.<sup>25</sup>

...the law is gradually becoming more liberal in allowing nurses to undertake procedures that were previously considered the practice of medicine, particularly in areas where specialists in nursing are becoming more and more frequent and prominent.<sup>26</sup>

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<sup>23</sup>Abdellah, et al., op. cit., p. 9.

<sup>24</sup>Milton J. Lesnick and Bernice E. Anderson, Nursing Practice and the Law (Philadelphia: J. B. Lippincott Co., 1955), p. 271.

<sup>25</sup>Joseph Terenzio, "Some Legal Aspects of Evening and Night Nursing Supervision," Nursing Outlook, IV, No. 11 (November, 1956), p. 607.

<sup>26</sup>Louis J. Regan, Doctor and Patient and the Law (St. Louis: C. V. Mosby Co., 1956), p. 480.

The nurse practice acts are not too specific in stating what the registered nurse may do; they lack a detailed definition of nursing. The only positive fact is that "it is clear that the registered nurse may not practice medicine."<sup>27</sup> The problem, from a legal point of view, is to draw a line of demarcation between nursing and medicine.

As nurses accept unusual patient-care responsibilities their major concern will be focused on the legal limits of nursing practice which state that they must act under the order and the direction of a licensed physician, must understand the cause and effect of the order and that the order must be legal.<sup>28</sup> Nurses who carry out orders without understanding their effects are negligent if injury results. No doctor may order a nurse to perform an act and assure her that he will assume full responsibility, because no person may absolve another of liability.<sup>29</sup> A registered nurse is not, generally, held liable for the negligence of practical nurses or auxiliary help; however, she assumes the responsibility of proper judgment of the competency and ability of these people prior to delegating a task.

Regan states that nurses are not to carry out verbal medical orders except in the emergency life and death situation and that both doctors and nurses are liable for any accidents which may be a consequence of the failure to trans-

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<sup>27</sup>Lesnick and Anderson, *op. cit.*, p. 277.

<sup>28</sup>*Ibid.*, p. 280.

<sup>29</sup>*Ibid.*, p. 286.

late medical orders to writing.<sup>30</sup> In theory, the nurse is given license to perform any medical act providing she knows the cause and effect. She is expected to have sufficient information to enable her to function effectively or she must know where to find added information when it is needed. To accept an order to perform any activity without understanding is contrary to legal and professional requirements. Utilization of the scientific method in identifying and describing nursing activities implied by the changes in physicians' functions is a part of the professional responsibility of nurses.<sup>31</sup>

There is much activity in nursing education now. Many things are happening and will continue to happen. Changes will come. Let us work to bring about the changes we want rather than to accept the changes forced upon us.<sup>32</sup>

#### Statement of Hypothesis

Nurses are performing dependent nursing procedures for which they have had no specific preparation and about which there is no written information.

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<sup>30</sup>William Andrew Regan, (ed.), The Regan Report on Nursing Law, II, No. 4 (September, 1961), p. 1.

<sup>31</sup>Abdellah, et al., op. cit., p. 11.

<sup>32</sup>Mildred Montag, "Nursing Programs in Community Colleges," From a speech given at the Founders' Day Program, Boston University, May 13, 1960, Reported in Publication Series, I, No. 2 (June, 1960), by the Boston University School of Nursing Alumni Association, p. 9.

## CHAPTER III

### METHODOLOGY

#### Selection and Description of Sample

The three general hospitals used for collection of data were selected on the basis of familiarity. Each of these agencies was a teaching institution connected with nursing schools, diploma and/or collegiate, and one or more medical schools. The hospitals varied in size from three hundred to one thousand beds, and each was located in a different geographical area of Boston. Extensive medical and nursing research was being conducted in all three agencies.

The authors requested and received permission to have an interview with the person responsible for endorsing nursing research in each of the agencies selected. The methods used for collection of data were observation and the short, unstructured interview.

Observations were conducted in general surgical units because of the more rapid turnover and the more probable occurrence of nursing procedures. The two selected units of forty-six patients each at North Hospital included general surgical patients exclusive of obstetrical, gynecological, genitourinary, orthopedic, eye, ear, nose and throat, and neurosurgical. At South Hospital the two units investigated were a special care unit of nine beds and

a general surgical unit with a forty-seven bed capacity. All types of surgery were included with the exception of obstetrical. The two forty bed units in West Hospital which were selected included all general surgery except obstetrical, genitourinary, orthopedic, cardiovascular, eye, ear, nose and throat, and neurosurgical.

The most suitable hours for observation and interview for the purposes of this study were considered to be between seven o'clock and ten o'clock in the evening when there were fewer interferences with nursing activity. The investigators observed those graduate nurses or their counterparts who were performing dependent nursing procedures on the selected units. The sample included thirteen registered nurses, one nonregistered nurse, one student nurse and four licensed practical nurses. The periods of observation occurred over a three week period during which time each of the authors spent two hours per evening for eight evenings collecting data in her agency. The combined hours of observation during the investigation were forty-eight.

#### Tools and Procurement of Data.

The observation procedure decided upon was identical in all three agencies. The observer arrived on the unit and introduced herself as a nurse and university student conducting a field study concerned with dependent nursing procedures which have not to date been described in selected nursing literature or the agency's nursing procedure manual. However, in South Hospital a notice was also sent to the units by the Director of Nursing explaining

the presence of the author in the agency. The authors then asked permission to follow the nurse for a two hour period, during which time all dependent nursing procedures were observed. The dependent procedures did not include medications unless the method of administration was considered new. The observers then listed the procedure using a previously prepared checklist.<sup>1</sup> Immediately following the observation of a dependent procedure, the doctor's order book was checked for the presence or absence of a written order. If no written order was found, the nurse was asked the origin of the order.

The availability of written information describing the dependent procedure was confirmed by surveying selected references after the observation period had been completed.<sup>2</sup> These references were selected on the basis of: (1) the most recent and factually complete textbooks familiar to the authors, (2) the assumption that the most current procedures are presented through the official organ of the nursing profession, and (3) the realization that peculiarity of nursing activities resulting from specialization and/or research, may be found in each agency. The textbooks were to describe procedures written prior to 1959 and the periodical covered the period of time between 1959 and the present. For any dependent nursing procedures not located in the references, the nurse was asked, "Where did you learn how to perform this procedure?" This brief interview was either conducted on the next observational visit or at the time and place agreed upon by the nurse and the observer. At

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<sup>1</sup>See Appendix A.

<sup>2</sup>See Appendix B.

the conclusion of data collection by all three authors, the information was tabulated in preparation for analysis.

## CHAPTER IV

### FINDINGS

#### Presentation and Discussion of Data

Analysis of the material obtained through observation made possible the following comparisons: the variation in the number and types of dependent procedures performed in the three hospitals, the diversity of persons involved in carrying out these functions, the degree of incorporation in the selected literature of necessary information for the performance of the observed dependent procedures, and the presence of formulated directions in the hospital procedure manual of each agency. All orders were found in written form in the doctors' order book and Kardex of two agencies and in the doctors' order book and on treatment cards in the third agency.

In preparation for making these comparisons, a list of common terminology was compiled into which the dependent procedures from all three hospitals were classified. These were then placed into seven categories.<sup>1</sup> The dependent procedures observed in each hospital were then tabulated as shown in Table 1. It did not seem pertinent to show the number of times each of the dependent nursing procedures was performed. No conclusions were made on the comparison of procedures concerning possible influence of the research

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<sup>1</sup>See Appendix C.

TABLE 1  
DEPENDENT PROCEDURES OBSERVED IN THREE AGENCIES

Dependent Procedures	Hospitals		
	North	South	West
I. Advancement of Harris tube	x		
II. Application of:			
A. Colostomy bag	x	x	
B. Common duct humping set	x		
C. Dressings			
1. Draining wound with tube on suction	x		x
2. Gastrostomy	x		x
D. External urinary drainage	x		
E. Peck in draining wound	x		x
III. Instillation of wound catheters		x	x
IV. Irrigation of wound catheters	x		
V. Nursing care of patient with:			
A. Cardiac monitor	x		
B. Chest catheters	x	x	
C. Hypothermia		x	
D. Ileal bladder		x	
E. Intubation			
1. Continuous gravity drainage	x		
2. Instillation	x	x	x
3. Intermittent gravity drainage	x		
4. Irrigation	x	x	
F. Perfusion		x	
G. Tracheotomy	x	x	x
VI. Preparation of bile feeding			
A. Abdominal tube	x		
B. Oral	x		

TABLE 1, continued

Dependent Procedures	Hospitals		
	North	South	West
<b>VII. Use of:</b>			
A. Cuffed tracheotomy tube	x		
B. Electric thermometer	x	x	
C. Endotracheal suction	x		
D. Hemovac	x	x	
E. Intermittent blood pressure cuff inflation (to increase jugular pressure)	x		
F. Intermittent positive pressure breathing	x	x	
G. Resuscitator	x		
<b>Total</b>	<b>24</b>	<b>12</b>	<b>6</b>

unique to each agency. The authors were also aware that some of the dependent procedures appearing in Table 1 were, in fact, being carried out in all three agencies, but either not during the observation period or not on the selected units. There were but two dependent procedures, care of the patient with intubation instillation and care of the patient with a tracheotomy, seen by all three investigators during the process of the study. Although the size of North and South hospitals and the units studied varied, eight dependent procedures were found to be in common. All dependent procedures observed at West Hospital were also seen in the other two agencies studied.

The result of the survey of arbitrarily selected source materials, exclusive of hospital procedure manuals,<sup>2</sup> is compiled in Table 2. Comparison of the two books by Ferguson and Sholtis and Shafer, et al, revealed that the latter contains the greater number of procedures, though both were found to be the most inclusive of all selected references. From this study it appeared Emerson and Esgdon, and Fuerst and Wolff are poor sources of information concerning methods of performance of dependent nursing procedures. Furthermore, *The American Journal of Nursing* does not keep the nurse informed of medical advancements. Perhaps due to the fact that much of the new equipment is still in the research stage. It also points out that nurses use their professional journal as a medium for discussing nursing care more frequently than for description of technical aspects of new equipment.

Table 3 indicates the dependent procedures observed in each agency,

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<sup>2</sup>See Appendix B.

TABLE 2

TABULATION OF PROCEDURAL INFORMATION OF OBSERVED  
DEPENDENT PROCEDURES FOUND IN FIVE SOURCES

Dependent Procedures	Sources				
	A. J. N. 1959-1962	Emerson and Bregdon 1959	Ferguson and Sholtis 1959	Fuerst and Wolff 1960	Shafer, et al. 1961
I. Advancement of Harris tube			X		X
II. Application of:					
A. Colostomy bag	X		X	X	X
B. Common duct humping set			X		
C. Dressings					
1. Draining wound with tube on suction			X		X
2. Gastrostomy			X		X
D. External urinary drainage	X		X	X	X
E. Pack in draining wound	X		X		X
III. Instillation of wound catheters					
IV. Irrigation of wound catheters					

TABLE 2, continued

Dependent Procedures	Sources				
	A. J. N. 1959-1962	Emerson and Bragdon 1959	Ferguson and Shottis 1959	Fuerst and Wolff 1960	Shafer, et al. 1961
V. Nursing care of patient with:					
A. Cardiac monitor	X				X
B. Chest catheters	X		X		X
C. Hypothermia	X		X		X
D. Rectal bladder	X		X		X
E. Intubation					
1. Continuous gravity drainage	X		X		X
2. Instillation	na	na	X	X	X
3. Intermittent gravity drainage					X
4. Irrigation	X		X		X
F. Perfusion	X				X
G. Tracheotomy		na	X		X
VI. Preparation of bile feeding					
A. Abdominal tube					X
B. Oral					

TABLE 2. continued

Dependent Procedures	Sources				
	A. J. N. Emerson and Bragdon 1959-1962	Ferguson and Sholtis 1959	Fuerst and Wolff 1960	Shafer, et al. 1961	
VII. Use of:					
A. Cuffed tracheotomy				x	
B. Electric thermometer					
C. Endotracheal suction					
D. Hemovac					
E. Intermittent blood pressure cuff inflation (to increase jugular pressure)					
F. Intermittent positive pressure breathing					
G. Resuscitator					
Totals	10	14	4	18	

Key: x --- Information present  
na --- Information not adequate

**TABLE 3**  
**TABULATION OF PROCEDURAL INFORMATION**  
**OF OBSERVED DEPENDENT PROCEDURES FOUND IN THREE HOSPITAL**  
**MANUALS**

Dependent Procedures	North Hospital		South Hospital		West Hospital	
	Observed	Recorded	Observed	Recorded	Observed	Recorded
I. Advancement of Harris tube	x					
II. Application of:						
A. Colostomy bag	x	x	x			
B. Common duct humping set	x					
C. Dressings						
1. Draining wound with tube on suction	x				x	x
2. Gastrostomy	x				x	
D. External urinary drainage	x					
E. Pack in draining wound	x				x	
III. Instillation of wound catheters			x	x	x	
IV. Irrigation of wound catheters	x					

TABLE 3, continued

Dependent Procedures	North Hospital		South Hospital		West Hospital	
	Observed	Recorded	Observed	Recorded	Observed	Recorded
<b>V. Nursing care of patient with:</b>						
A. Cardiac monitor	X					
B. Chest catheters	X	X	X	X		
C. Hypothermia			X			
D. Ileal bladder			X			
E. Intubation						
1. Continuous gravity drainage	X					
2. Instillation	X	X	X	X	X	
3. Intermittent gravity drainage	X					
4. Irrigation	X	X	X	X		
F. Perfusion			X	X		
G. Tracheotomy	X	X	X	X	X	X
<b>VI. Preparation of bile feeding</b>						
A. Abdominal tube	X					
B. Oral	X					

TABLE 3, continued

Dependent Procedures	North Hospital		South Hospital		West Hospital	
	Observed	Recorded	Observed	Recorded	Observed	Recorded
VII. Use of:						
A. Cuffed tracheotomy tube	X		X			
B. Electric thermometer	X					
C. Endotracheal suction	X	X				
D. Hemovac	X		X			
E. Intermittent blood pressure cuff inflation (to increase jugular pressure)	X					
F. Intermittent positive pressure breathing	X					
G. Resuscitator						
Total	24	6	12	5	6	2

as well as the numbers of dependent procedures found to be recorded in the individual hospital procedure manuals. The focus of procedural information in North and South Hospitals is related particularly to the nursing care problems of patients throughout the course of complex postoperative therapy. The number of described procedures is too small to draw conclusions about this focus, however. One procedure, insertion of wound catheters, was observed in two hospitals but described in only one source of literature, a hospital manual.

In the search of arbitrarily selected references for the twenty-eight dependent nursing procedures, no references were found for the following:

- I. Irrigation of wound catheters
- II. Preparation of oral bile feeding
- III. Use of:
  - A. Cuffed tracheotomy tube
  - B. Electric thermometer
  - C. Hemovac
  - D. Intermittent blood pressure cuff Inflation (to increase jugular pressure)
  - E. Resuscitator

In spite of the fact that the authors had wanted to watch only registered nurses, staffing situations made this impossible. Other personnel, as well as the registered nurse, were employed to carry out the activities which the investigators had anticipated would be the function of the registered nurse alone. Table 4 shows the classification of nursing personnel and the dependent nursing procedures which they performed. It can be seen that out of a total of twenty-eight different dependent nursing procedures only nine were exclusively

TABLE 4

NURSING PERSONNEL AND DEPENDENT PROCEDURES  
WHICH THEY PERFORMED

Dependent Procedures	Registered Nurse	Non-registered Nurse	Student Nurse	Licensed Practical Nurse
I. Advancement of Harris tube	X			
II. Application of:		X		X
A. Colostomy bag	X			
B. Common duct lumping set	X			
C. Dressings:				
1. Draining wound with tube on suction	X			
2. Gastrostomy	X			X
D. External urinary drainage	X			X
E. Peck in draining wound	X			
III. Insulation of wound catheters	X			X
IV. Irrigation of wound catheters	X			X

TABLE 4, continued

Dependent Procedures	Registered Nurse	Non-registered Nurse	Student Nurse	Licensed Practical Nurse
<b>V. Nursing care of patient with:</b>				
A. Cardiac monitor	X			
B. Chest catheters	X	X		
C. Hypothermia	X			
D. Beal bladder	X	X		
E. Intubation				
1. Continuous gravity drainage	X			X
2. Instillation	X			X
3. Intermittent gravity drainage	X			X
4. Irrigation	X	X		X
F. Perfusion	X	X		
G. Tracheotomy	X	X		X
<b>VI. Preparation of bile feeding</b>				
A. Abdominal tube	X		X	
B. Oral	X			

TABLE 4, continued

Dependent Procedures	Registered Nurse	Non-registered Nurse	Student Nurse	Licensed Practical Nurse
<b>VII. Use of:</b>				
A. Cuffed tracheotomy tube	X		X	
B. Electric thermometer	X		X	
C. Endotracheal suction	X			
D. Hemovac		X		X
E. Intermittent blood pressure cuff	X			
inflation (to increase jugular pressure)	X		X	
F. Intermittent positive pressure breathing			X	
G. Resuscitator	X			X
<b>Totals</b>	<b>25</b>	<b>6</b>	<b>5</b>	<b>12</b>

performed by the registered nurse. Student nurse activity was primarily related to the use of equipment. The licensed practical nurse performed forty-two per cent of the total procedures observed and three of the seven dependent nursing procedures for which no reference was found in the arbitrarily selected literature.

The observed procedures at the three hospitals were few and the procedural descriptions in the source materials were minimal. Of the twenty-eight dependent procedures observed, but three-fourths were described in the selected literature. There was a slight indication that with a larger sample the hypothesis would have been more strongly supported.

## CHAPTER V

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary

This study was undertaken to ascertain whether or not dependent procedures for which there were no references in selected literature were being performed on surgical units in three Boston hospitals. A dependent nursing procedure was defined as a course of nursing action which, for support, relies on, or is subject to, three minimum requirements given by Lesnick and Anderson:<sup>1</sup>

1. The nurse must act under the order and direction and/or supervision of a duly licensed physician,
2. She must comprehend the cause and effect of the order, and
3. The order must be legal.

Each of the three authors observed registered nurses or their counterparts, such as nonregistered nurses, student nurses, and licensed practical nurses, for eight two-hour periods in the evening, spaced throughout the same three consecutive weeks. Following the completion of these observations, a list of twenty-eight dependent nursing functions was compiled.

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<sup>1</sup>Milton J. Lesnick, and Bernice E. Anderson, Nursing Practice and the Law, (Philadelphia: J. B. Lippincott Co., 1955), p. 277.

combining the procedures observed in the three institutions. A survey of selected literature to confirm the presence or absence of written directions for the procedures was carried out. The references used were:

1. The American Journal of Nursing, LIX, No. 1, (January, 1959), to the present.
2. Emerson, Charles Phillips, Jr., and Bragdon, Jane Sherburn. Essentials of Medicine. 18th ed. Philadelphia: J. B. Lippincott Co., 1959.
3. Ferguson, L. Kraer, and Sholtis, Lillian A. Eliason's Surgical Nursing. 11th ed. Philadelphia: J. B. Lippincott Co., 1959.
4. Fuerst, Elinor V., and Wolff, Lu Verne. Fundamentals of Nursing, 2nd ed. Philadelphia: J. B. Lippincott Co., 1959.
5. Shafer, Kathleen Newton, Sawyer, Janet R., McCluskey, Audrey M., and Beck, Edna Lifgren. Medical-Surgical Nursing. 2nd ed. St. Louis: C. V. Mosby Co., 1961.
6. Hospital Procedure Manual of the institution in which the procedure was observed.

Seven of the twenty-eight dependent procedures were not mentioned in the selected references. These were irrigation of wound catheters; preparation of oral bile feeding; and use of cuffed tracheotomy tube, electric thermometer, hemovac, intermittent blood pressure cuff inflation, and resuscitator.

#### Conclusions

Based upon an analysis of the data, the following conclusions were made:

1. The study was not large enough to make a definite statement concerning the hypothesis: Nurses are performing dependent nursing procedures for which they have had no specific preparation and about which there is no written information.

2. The dependent nursing procedures being performed in the three agencies varied considerably, as supported by the fact that only two of the twenty-eight procedures were observed in all three agencies.
3. During the time of the investigation, licensed practical nurses were observed to perform twelve of the twenty-eight observed dependent procedures.
4. The licensed practical nurse performed three of the seven procedures for which no procedural information could be found in the selected literature.
5. The medical-surgical textbook by Shafer, *et al* and the surgical textbook by Ferguson and Sholtis were the most inclusive sources of procedural information.
6. The American Journal of Nursing contained few descriptions of the observed dependent procedures.
7. Less than half of the observed dependent procedures were described in the hospital manuals.
8. Twenty of the twenty-eight observed dependent nursing procedures were described in the selected literature, exclusive of the hospital manuals.

#### Recommendations

As a result of this study the authors recommend:

1. That a larger sample would assure more meaningful results in a future replication of this study.
2. That the same methodology could be used to observe dependent nursing procedures being performed on medical units, and the findings compared and contrasted with those resulting from this study on surgical units.
3. That a combined medical-surgical textbook be kept on each nursing unit.

4. That, because of the possible lag in publication of both textbooks and the professional journal, special effort should be made to keep hospital procedure manuals up to date.

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**APPENDIX A**

## APPENDIX A

## OBSERVATION CHECKLIST

Nurse \_\_\_\_\_ Time Observed \_\_\_\_\_ Observer \_\_\_\_\_

Dependent Procedures	Doctor's Order		Sources of Information
	Doctors' Order Book	Verbal, M.D.	

**APPENDIX B**

## APPENDIX B

The American Journal of Nursing, LIX, No. 1 (January, 1959), to the present.

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Shafer, Kathleen Newton, Sawyer, Janet R., McCluskey, Audrey M., and Beck, Edna Lifgren. Medical-Surgical Nursing. 2nd ed. St. Louis: C. V. Mosby Co., 1961.

Hospital Procedure Manual of the institution in which the procedure was observed.

**APPENDIX C**

## APPENDIX C

## DEPENDENT PROCEDURES OBSERVED

- I. Advancement of Harris tube
- II. Application of:
  - A. Colostomy bag
  - B. Common duct humping set
  - C. Dressings
    - 1. Draining wound with tube on suction
    - 2. Gastrostomy
  - D. External urinary drainage
  - E. Pack in draining wound
- III. Instillation of wound catheters
- IV. Irrigation of wound catheters
- V. Nursing care of patient with:
  - A. Cardiac monitor
  - B. Chest catheters
  - C. Hypothermia
  - D. Real bladder
  - E. Intubation
    - 1. Continuous gravity drainage
    - 2. Instillation
    - 3. Intermittent gravity drainage
    - 4. Irrigation
  - F. Perfusion
  - G. Tracheotomy
- VI. Preparation of bile feeding
  - A. Abdominal tube
  - B. Oral

**VII. Use of:**

- A. Cuffed tracheotomy tube
- B. Electric thermometer
- C. Endotracheal suction
- D. Hemovac
- E. Intermittent blood pressure cuff inflation  
(to increase jugular pressure)
- F. Intermittent positive pressure breathing
- G. Resuscitator