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An analysis of the day supervisor's activities

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AN ANALYSIS OF THE DAY SUPERVISOR'S ACTIVITIES

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TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
Statement of the Problem	1
Importance of the Problem	2
Scope and Limitation	3
Definition of Terms	3
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
Time and Place of Study	14
Methods Used to Collect Data	15
IV. FINDINGS	17
Presentation and Discussion of Data	17
V. SUMMARY AND RECOMMENDATIONS	37
BIBLIOGRAPHY	40

CHAPTER I

INTRODUCTION

"This is the age of supervision; its need is especially important in nursing to insure competence on the part of personnel caring for the sick."¹ The administration of nursing care is becoming more and more complex, largely due to the scientific advances being made in medicine. With the constant changes in the medical and nursing fields today, those in nursing service supervision must provide an opportunity for employees to keep abreast of the times.

The supervisor has many opportunities to encourage and mold the development of the staff within her nursing units by word and example. However, because in nursing service both administrative and supervisory functions are usually carried out by the supervisor, activities serving to stimulate and develop personnel and improve the setting for learning may give way to the pressures of administration.²

Statement of the Problem

Do the activities of the medical-surgical supervisor indicate that she fulfills the role of an administrative supervisor rather than that of a clinical supervisor?

¹Cecelia Perrodin, Supervision of Nursing Personnel (New York: The Macmillan Co., 1954), p. 1.

²Edythe Alexander et al., Nursing Service Administration (St. Louis: C. V. Mosby Co., 1962), p. 44.

Importance of Problem

The supervisor can help nursing personnel adjust to continuing changes in medical and nursing care, for by virtue of her nursing and administrative knowledge she should be able to assume an educative role to serve the common purpose of better patient care. Now more than ever before, nursing service needs to recognize its responsibility for providing continuing professional education for its staff. Encouraging learning, especially in the areas of the sciences basic to nursing, human relations and communications, must be an aim of nursing service. No responsibility of nursing service administration and supervision exceeds that of helping the personnel function at an optimum level so as to insure comprehensive patient care. No basic educational program can produce a graduate staff nurse who knows all and can do all. The basic preparation of the graduate nurse gives her some skills and tools and sets her on the road to continued learning. Members of nursing service have an obligation to aim high in their attitude towards the knowledge they require for practice.³

The supervisor needs to be aware of the situations which arise during any one day in which she has an opportunity to guide and support, stimulate and develop her personnel. The investigators were interested in seeing how much of the day supervisor's activities were administrative in nature. The experience of the investigators indicate that nursing service administration defines the role of the supervisor as an administrative supervisor rather than as a clinical supervisor. The interest in this study is based upon the

³Herman Finer, Administration and the Nursing Service (New York: Macmillan Co., 1957), p. 11.

belief that in the face of so many administrative activities, the role of the supervisor may be predominantly administrative in character. Attention was focused upon the supervisor's typical daily activities to ascertain whether they were administrative or clinical in nature.

Scope and Limitations

In this study, daily activities of the medical-surgical supervisor were selected for investigation. Six medical-surgical supervisors on day duty in four hospitals in one geographical area of New England were observed. Since the sample of supervisors in this study is very small, generalisations from the data can not justifiably be made to any other sample of supervisors.

Definition of Term

Administrative Activities: Those activities concerned with the provision of materials, facilities and the operation of the hospital in general.

Clinical Activities: Those activities which serve to stimulate and develop personnel.

A clear-cut distinction between these two types of activities cannot always be made because situations may arise when both administrative and clinical activities can occur (e.g. the handling of a medication error). In situations where there is an opportunity to perform either type of activity, the investigators will focus attention upon integration or selection of activities.

Preview of Methodology

Observation was the method used to collect the data, and the case method was used to present the data for analysis. By observing the supervisor's activities during an eight hour period it was believed a more accurate picture might be obtained to show whether the majority of her activities were administrative. By presenting the data in the form of cases, a pictorial description of the actual activities would be available for analysis.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

Probably no position in nursing is more nebulous, misunderstood, and fraught with difficulties than that of the supervisor. And probably no function in nursing is less understood and more obscure than supervision.⁴

As a part of the complex social structure of a hospital, nursing service administration provides facilities for ensuring nursing care to patients. The middle position in the organizational structure of this administration is that of the supervisor. A supervisor is defined as:

one who is responsible for developing and supervising the nursing service of two or more units, each of which is in charge of a head nurse. The units may be inpatient clinical services, operating, delivery, accident or central supply rooms, or outpatient departments. The title [Supervisor] is also used for one who assists in supervising the nursing service as a whole during the afternoon-evening or night periods.⁵

The objectives of supervision in nursing service administration are to provide optimal quality of care for every patient and to develop each staff member to her highest potential.⁶

⁴Helen M. Donovan, "What Is Supervision?" Nursing Outlook, V (June, 1957), p. 371.

⁵American Hospital Association and National League of Nursing Education, Hospital Nursing Service Manual, A Manual Prepared by a Committee of the American Hospital Association and National League of Nursing Education (New York: National League of Nursing Education, 1950), p. 15.

⁶Jean Barrett, The Head Nurse (New York: Appleton-Century-Crofts, Inc., 1962), p. 283.

In the literature, supervision is defined as both a line function and a staff function. Supervision, as a line function, has been considered by Finer as a slight specialization of function founded on a thorough knowledge of administration.⁷ Supervision, as a staff function, is defined by Perrodin as a " . . . service devised to improve nursing care by the promotion, stimulation, and fostering of personnel growth and welfare."⁸ Traditionally, the supervisor was an administrator. However, in recent literature, the clinical aspects of the supervisor's role is equally stressed.

Function of Supervision: Administrative

Any administrative function "aims at assuring that qualified individuals are available, able, willing, and eager at the appropriate time and with the necessary equipment to do the work at hand and anticipated."⁹ By comparing the functions of administration as described by Finer (APODSCORB)¹⁰ and the functions of supervision, it is evident that the functions of a supervisor and administrator may frequently overlap. The functions of these two can not be completely separated, and it is rather, a relationship of coordinating and sharing of duties.¹¹ A sharing of duties is seen also in the eight functional elements of nursing service administration as listed

⁷Finer, loc. cit., p. 183.

⁸Perrodin, loc. cit., p. 154.

⁹James W. Tower, "What are Administrative Functions?" American Journal of Nursing, LIV (January, 1954), p. 38.

¹⁰Alexander, loc. cit., p. 89.

¹¹William H. Burton and Leo J. Brueckner, Supervision--A Social Process (New York: Appleton-Century-Crofts, Inc., 1955), p. 96.

by Finer:

1. Aims, policies, organization
2. Staffing
3. Planning and directing nursing care
4. Coordination of interdepartmental activities
5. Community health planning
6. Plant, supplies, and equipment
7. Budgeting
8. Records and reports.¹²

"She [the supervisor] is the link in an unbroken chain of administrative responsibilities leading upward from her and again downward and outward."¹³

The supervisor is the sentinel of administration. To the worker, she represents management, its aims, policies, interests, and/or lack of interest.¹⁴ The focus of administration is on people.¹⁵ It is this vast human resource that is the primary responsibility of the supervisor.¹⁶

The administrative activities of the supervisor may include interviewing new employees, assigning employees, orienting new workers, interpreting hospital and personnel policies, and selecting new appointments. Other duties may include supervising and directing the procurement and use of supplies and equipment, analyzing and evaluating the kind and amount of nursing service required in each unit, coordinating activities with other hospital personnel for the interest of maximum efficient administration of the institution, and informing and advising the assistant director of nursing service

¹²Finer, loc. cit., p. 156.

¹³Ibid., p. 178.

¹⁴Richard T. Viguers, "What It Takes to be a Good Supervisor," Modern Hospital, XCI (July, 1958), p. 63.

¹⁵Tower, loc. cit., p. 38.

¹⁶Viguers, loc. cit., p. 63.

in her area regarding all activities of the nursing service on her units.¹⁷ Consequently, in a broad sense, the task of administration is to enable the practitioner.¹⁸ This is also the primary task of supervision.

Function of Supervision: Clinical

The clinical activities of the supervisor are those which are concerned with the stimulation and development of personnel. " . . . the supervisor strives, though indirectly, to insure good nursing care. This she does through provision of a well-prepared, alert progressive, and dynamic staff."¹⁹

Teaching is one of the means by which the supervisor can foster personnel growth. Nursing service provides an ideal setting in which nurses can improve their clinical competence.²⁰ The basic educational preparation gives the new graduate nurse fundamental skills in nursing. Rapid changes in current medical principles together with the increasing complexity of good clinical patient care make it necessary for the nurse to continue her learning. Teaching, therefore, can be a powerful tool to increase the clinical competence of the nursing personnel.²¹ To guide the learning process of personnel, the supervisor must understand that learning is an active

¹⁷U. S. Department of Health, Education, and Welfare, How to Study Supervisor Activities in a Hospital Nursing Service, A Manual Prepared by the Staff of Division of Nursing Resources (Washington, D.C.: U. S. Government Printing Office, 1957), p. 18.

¹⁸Alexander, loc. cit., p. 87.

¹⁹Ferrodin, loc. cit., p. 1.

²⁰Gladys Nite, "Learning Every Day," American Journal of Nursing, LX (December, 1960), p. 1761.

²¹Ibid.

process which takes place in the learner.²² Equally important is her understanding that the needs of the learner are centered around problems. For example, the nurse who is caring for a patient on cortisone will more likely see the need to learn about cortisone in this problem-centered situation than a nurse who is not caring for this patient. For effective learning, both clinical practice and theory are necessary.²³

Staff development is a slow, on-going process. The supervisor participates in formal staff educational programs and informal ones. Many of the learning needs of the personnel can be met by the supervisor during her rounds. Incidental teaching can be most effective, especially when it is related to the needs of the learner. Therefore, teaching is a primary means through which the supervisor guides and stimulates the professional growth of the nursing staff and indirectly improves patient care. This is consistent with Finer's conviction that the very heart of nursing service is consummate mastery of clinical knowledge.²⁴

Leading is another means by which the supervisor can stimulate staff growth and development. The supervisor, by well-directed democratic leadership, can provide a climate which enables the staff to perform and progress on the job. In this climate there is an opportunity for the person to work to his maximum. The democratic leader recognizes that not all people are endowed with equal ability, health, or motivation, and that education will emphasize the difference. The leader also recognizes that all people have

²²Perrodin, loc. cit., p. 18.

²³Florence G. Blake, "The Supervisor's Task," Nursing Outlook, IV (November, 1956), p.642.

²⁴Finer, loc. cit., p. 144.

some areas of competencies and can contribute to the nursing team. Democratic leadership is a process of enabling people to function at the fullest potential. The democratic leader encourages self-direction, provides opportunity for creative expression, and respects the uniqueness of each individual.²⁵

Example is another powerful supervisory tool. The supervisor can provide a climate which is cordial and permissive. In this environment the supervisor permits the realization of a dually important goal: namely, the professional growth of staff members and the development of potential leaders among her staff. In setting this climate, the supervisor is thoughtfully guided by a basic skill in human relations. Therefore, the degree of individual growth is dependent upon the effectiveness of the supervisory process.²⁶ Consequently, the effective supervisor needs a good understanding of administration, above average clinical competence, understanding of democratic management, and skills in human relations.²⁷

Recent studies have suggested that the clinical activities of the supervisor are not utilized effectively. Mathews investigated the opportunities for a supervisor to provide growth of her staff members and herself.²⁸ The investigation was concerned with five supervisory nursing situations on a

²⁵Burton, loc. cit., pp. 83-84.

²⁶Barbara Mathews, "The Supervisory Process in Promoting Growth" (unpublished Master's field study, School of Nursing, Boston University, 1954), p. 102.

²⁷Donovan, loc. cit., p. 374.

²⁸Mathews, loc. cit., p. 1.

pediatric service in a large metropolitan hospital.²⁹ Mathews used observation to collect the data and the case method to present the data.³⁰ Each of the five cases presented involved the process of supervision by the head nurse, supervisor, and/or director of nursing service.³¹ From the analysis of the cases, Mathews concluded that opportunities were available for promoting growth of personnel in each situation and that through the supervisory process, the quality of nursing care may be improved and the quantity of nursing care increased.³² She stated that the hazards of failure to seize available opportunities for promoting growth resulted in time misspent.³³

Nasissee investigated the activities of one supervisor in a general medical and surgical hospital.³⁴ She studied the effectiveness of the supervisor's functions in relation to staff development.³⁵ Nasissee was concerned with the activities of the supervisor in general and in relation to the head nurses on two wards.³⁶ Observation was the method used to collect the data.³⁷ In one analysis of her data, she categorized the activities of the supervisor in general. Nasissee concluded that in broad groupings of categories the supervisor spent 30.5 percent of her time in the area of

²⁹Ibid., p. 3-4.

³⁰Ibid., p. 5.

³¹Ibid., p. 4.

³²Ibid., p. 102.

³³Ibid.

³⁴Arline Nasissee, "A Study of the Activities of a Supervisor in Relation to Two Head Nurses, One Experienced, One Inexperienced" (unpublished Master's field study, School of Nursing, Boston University, 1959), p. 2.

³⁵Ibid., p. 12.

³⁶Ibid., p. 17.

³⁷Ibid., p. 16.

personnel, 24.6 percent of her time on all aspects of patient care, 19.1 percent of her time on equipment, supplies, housekeeping, and maintenance, 16.6 percent of her time on educational programs, and lastly, 9.2 percent of her time on hospital policy and procedure.³⁸ Her first hypothesis that a supervisor will spend more time with an inexperienced head nurse on details of administration and patient care was supported; however, her second hypothesis that a supervisor will spend equal time with each head nurse on in-service development of personnel was not supported.³⁹ The writer recommended that in light of her findings the supervisor re-evaluate her activities in relation to her function as a developer of personnel.⁴⁰

Shea observed one clinical supervisor in a 400 bed teaching research hospital.⁴¹ Her hypothesis was that the nursing supervisor does not take full advantage of opportunities available to her for incidental teaching during nursing rounds.⁴² She collected and presented her data by the case method.⁴³ The analysis of five cases showed that the teaching opportunities were numerous and that the supervisor recognized these opportunities for teaching in the majority of incidences. It was also found that the supervisor employed some appropriate and familiar methods of teaching, but that as a whole, the teaching methods lacked imagination and variation of technique.⁴⁴ Consequently, the hypothesis was partially supported.⁴⁵

³⁸Ibid., p. 43.

³⁹Ibid., p. 44

⁴⁰Ibid., p. 47.

⁴¹Kathleen Shea, "An Analysis of the Supervisor's Incidental Teaching Function during Rounds" (unpublished Master's field study, School of Nursing, Boston University, 1962), p. 24.

⁴²Ibid., p. 23.

⁴³Ibid., p. 25.

⁴⁴Ibid., p. 95

⁴⁵Ibid., p. 96.

Thus, in summary, administrative activities operate on many levels in the nursing service organization, and they are inherent in the position of the supervisor.⁴⁶ However, there are many traditionally expected administrative activities of the supervisor which may unduly tax available time at the expense of her clinical activities.

Statement of Hypothesis

The medical-surgical supervisor is likely to place more emphasis on the administrative aspects of her role than on the clinical aspects.

⁴⁶Donevan, loc. cit., p. 372.

CHAPTER III

METHODOLOGY

Selection and Description of Sample

Initially, the Director of Nurses in each hospital was contacted and an appointment made with the investigators to discuss the field study in more detail. Permission to conduct the study in each hospital was obtained from each Director. The Director then contacted her supervisors and asked for volunteers. Six day medical-surgical supervisors in all, volunteered to participate in the proposed study. The hours and days for observation were arranged and the purpose of the study explained to each supervisor. Because the supervisor's awareness of the real purpose of the study would likely affect her behavior, the purpose of the study was disguised and explained by the investigator as a study of routine daily activities of the day medical-surgical supervisor.

The investigators were introduced informally to the nursing personnel on the various units and when describing the study to this group the purpose was again disguised.

Time and Place of the Study

The data were collected over a period of three weeks. In order to give the data more continuity, supervisors were observed Monday through Friday. Saturdays and Sundays were excluded as the nature of week-end coverage somewhat demands that the supervisor be an administrator. Each supervisor was observed for a total of eight hours at two hour intervals so that

ultimately she was observed for a complete tour of duty.

Three general hospitals, two with a bed capacity of 340 to 375 and one with a bed capacity of 150, located in a large metropolitan area were used.⁴⁷ All three hospitals provided diagnostic, surgical and medical services to patients. The two larger hospitals provided services for medical research and cooperated with a local University School of Medicine. All three hospitals sponsored a school of nursing.

Methods Used to Collect Data

A modification of the case method was used to collect and present the data for this study. The case method is an account of real life incidents based upon observations of activities on the spot, as they occur. Each case has two parts: a description of the observed situation and an analysis.

During the collection of data the use of a notebook enabled the observer to record activities and conversations at the time they occurred. If however, the investigator sensed that this writing was creating a disturbance, she recorded only a few key words to assist in the subsequent reconstruction of the event. Immediately following each significant event, the investigator wrote down the content and facts observed. Not all of the observations made during the study were included. The observations chosen were based on the pertinence of the data to the purpose of the study. Each case typified the daily activities of the supervisors observed by the two investigators.

Each observer had to constantly guard against making interpretations or

⁴⁷Hospital, Vol. XXXVI, No. 15, part II, Guide Issue (August, 1962), pp. 107-108.

passing judgement on what she saw and heard. She had to listen attentively and record the facts as they occurred. The time for interpretation and judgement came after the case was written in final form and was ready to be analyzed. Care was taken throughout the writing of each case to transcribe only the facts as she obtained them and not to inject any of her own feelings or interpretations as the case unfolded.

When each supervisor had been observed for eight hours, the investigators began to select, arrange and, to some extent, interpret the many observations. Three cases were composed and analyzed.

CHAPTER IV

FINDINGS

Presentation of Cases

Case I

Cast of Characters

Miss Green Medical-Surgical Supervisor
Miss White Assistant Director of Nursing
Miss Brown Graduate Staff Nurse
Miss Black Graduate Staff Nurse

On a particular morning Miss Green started out her day by checking vacation schedules. The observer was told that the night before Miss Green spent several hours graphing tentative vacation schedules for each of her wards. She spent one hour and forty-five minutes reviewing the vacation schedules with the head nurses on her three wards, and she made the necessary changes. She then spent fifteen minutes looking for relief coverage for one ward for the week-end. Miss Green returned to the office and phoned to arrange to see Miss White. Miss White was unavailable at that time so a conference was scheduled for the next day in order to review the vacation schedules.

It was reported earlier by the head nurse on Miss Green's visit to a ward that Miss Black had injured her shoulder while on duty several weeks previously. Because her shoulder continued to bother her, Miss Black now

requested time be allowed for her to have an X-ray. Miss Green sent Miss Black to X-ray. Realizing that Miss Black would be off the ward for some time, Miss Green returned to the Nursing Service Office to look for help for the ward. Miss Green was unable to send someone else to replace Miss Black so Miss Green returned to the ward and took over Miss Black's assignment for an hour. Meanwhile X-ray personnel sent Miss Black back as they could not X-ray her then. Miss Green and Miss Black worked together in completing the assignment. While making a bed, Miss Green discovered that Miss Black was not familiar with the use of a sling at the foot of a bed for handling of soiled linen. Miss Green placed the sling on the bed.

Miss Black: I don't know what you are doing.

Miss Green: I am making a sling for soiled linen.

Miss Black: I never saw it used before.

Miss Green: You must have seen the other staff members and students using it.

Miss Black: No one ever showed me. I usually see them put it linen on floor or chair.

Miss Green: Well, this is our way of doing it—the nice thing about the sling is that you do not have to touch linen with your hands, and you can hold it away from you.

Then Miss Black placed the pillow in a pillowcase and put it on the bed. Miss Green picked up the pillow and changed the position.

Miss Green: Don't put rough edges of the pillow at the patient's neck. How about this walker in here? Let's get it out of here if the patient is not using it—one less piece of equipment around.

Having completed this unit, Miss Green and Miss Black walked across the hall and started making another bed. Miss Green used the sling again and made the bed. Miss Black stripped a discharge bed and did not use the sling. Miss Black then left the room. For the next hour Miss Green continued her patient rounds.

During the next half hour she looked for EKG leads for the pacemaker and found spare leads in the Nursing Service closet. She then called the ward to have the secretary pick up the leads. Continuing her rounds, she questioned the precaution technique on a patient with septic abortion.

Miss Green: What kind of precaution is she on?

Miss Brown: She is on "gown and mask" and was transferred from OB last night. The order is for strict precaution, but the doctor said we do not have to carry this out. He is leaving her on precautions so she will not be transferred and will stay in this room.

Miss Green: That is not right—either she is on precautions or she is not. There can be no in-between. Let me check on this, but in the meantime follow the precaution technique as set up.

Miss Brown: OK.

Still on rounds, Miss Green suggested to a staff nurse that she medicate a young patient with recent abdominal surgery who was having "gas pains," and she also suggested the use of a rectal tube. She explained both to the patient and said these would make her more comfortable.

After lunch she checked the problem of precautions with Miss White and was told that the staff must follow the precaution technique as stated in

the doctor's order. She telephoned the message to the ward. For the next two hours Miss Green was in the Nursing Service office on the phone. She called about ten nurses to find coverage for three wards which did not have an evening charge nurse and to find additional help for the week-end. At the end of this period by shifting nurses, each ward was covered by a charge nurse.

Case II

Cast of Characters

Miss Smith	Medical-Surgical Supervisor
Miss Jones	Beginning Practical Nurse Student
Mrs. Gray	Assistant Director of Nursing
Mrs. Collins	Charge Nurse
Miss Kelly	Head Nurse of Pediatrics
Miss Jerome	Nursing Student
Miss Hall	OR Supervisor
Mr. Meyers	Patient
Mrs. Ayres	Patient
Mrs. Hayes	Patient

Since there was no nursing report by the night supervisors, Miss Smith started her day by going to one of her wards to make patient rounds. On the way to the nurse's station to check the daily assignment and narcotic count, she stopped in the kitchen. While there, she noted that melted ice cream had dripped on the lower shelves in the refrigerator. She went on to the nurse's station; and after stating that the refrigerator in the kitchen was dirty, she asked the charge nurse to have someone clean it.

After Miss Smith glanced at the assignment, she approached Miss Jones about a team conference to be held later that morning.

Miss Smith: Miss Jones, are you prepared to present your patient at team conference?

Miss Jones: (nodded yes)

Miss Smith: You are going to bring out the positioning of this patient during a lumbar puncture and the fact that a tourniquet was placed around the patient's neck, aren't you?

Miss Jones: (nodded yes)

Miss Smith: (spoken to all at the nurse's station) Doctor Green will discuss the procedure in more detail at the conference. This is not the usual procedure for an LP.

While making patient rounds, Miss Smith walked into the room of a cardiac patient. The patient was out of the room at the time, and the doors and windows were open. A steam vaporizer was turned on.

Miss Smith: (to the observer) The student caring for this patient obviously doesn't understand the principle behind the vaporizer and neither does the patient. (She went to the charge nurse who was in the utility room and said) You know the windows and doors should be closed in Mr. Meyer's room. The vaporizer is on.

Mrs. Collins: Oh—I don't think he will need it anyway.

Around nine o'clock Miss Smith arrived at her second ward. She asked if the assignment and narcotic count were satisfactory; and finding that they were, she started on patient rounds. Mrs. Ayres and Mrs. Hayes in room 301 were both feeling quite depressed. Mrs. Ayres, while weeping, expressed discouragement over the fact she had been in the hospital a long time. Because of an elevated temperature, her discharge was delayed. Miss Smith reminded Mrs. Ayres that things like this happen but that she had improved while in the hospital. Miss Smith reminded her to be sure to eat a good breakfast. Mrs. Hayes, a chronic cardiac, expressed concern for

impending surgical treatment of her ulcer and expressed fear that her heart would not withstand the surgery. Miss Smith told Mrs. Hayes to discuss her feelings with the doctor. Miss Smith then sought out the head nurse and said, "I wonder if you would ask the house officer or physician in charge for an order for some Librium or something like that for Mrs. Hayes. She is quite upset."

Miss Smith then visited the pediatric ward.

Miss Smith: You have three nurses scheduled today, and I need to "float" one.

Miss Kelly: I only have two, because one is sick. We have twelve patients and need the three of us to feed the babies.

Miss Smith: I can "float" you someone. I need a graduate to cover Ward F and can send you a graduate from that ward. My problem is that both graduates on Ward F are foreign and unregistered. One refuses to take charge although he probably can do it. So I can send one from Ward F to you. The staffing on Ward F is adequate.

Miss Kelly: I don't want a "float."

Miss Smith: I don't know what else I can do.

Miss Kelly: You are the supervisor so do what you want. (She turned away.)

Miss Smith then made patient rounds on this unit.

When she arrived at Ward F, Miss Smith sought out the student who was in charge until noon.

Miss Smith: How are you doing? Are you behind?

Miss Jerome: Things are ok. We had two patients return from the recovery room--one with a transurethral resection and the other with a vein ligation. The "TUR" is bleeding some--the doctors know--

Miss Smith: I am not interested in that as much as I am interested in how you are coming in your work.

Miss Jerome: Ok, things are fine.

Miss Smith then made patient rounds and reminded a graduate to remove two suction carts from a patient's unit. She told the graduate nurse that she had asked that this be done two days ago. Before leaving Ward F, Miss Smith called Miss Kelly to remind her to send one of her graduate nurses to Ward F to take charge.

After lunch Miss Smith returned to the nursing service office. She reported to Mrs. Gray an incident that had occurred on the week-end. Mrs. Gray suggested that this be handled by the OR Supervisor. Miss Hall was contacted and came to the nursing service office to meet with Miss Smith.

Miss Hall: I already heard about this incident. But what is your side of the story?

Miss Smith: On Saturday I had asked the graduate nurse in the recovery room to call me when she came to work on Sunday. After she had straightened up the recovery room, I wanted her to "float." The graduate told me I could call her and that she would not call me. At the time I thought this was a poor attitude but did not say anything. On Sunday she only had one case. Around 11:00 I stopped by the recovery room and checked the patient.

I felt the patient could return to the ward and asked her about this. The graduate said that the patient's blood pressure had dropped eight points, from 120 to 112, and she thought the patient should stay. I did not agree that this was a valid reason but gave the graduate the benefit of the doubt. I told her to keep the patient another half-hour, and if no change in the blood pressure to return the patient to the ward. I asked her also if she wanted the OR personnel to help her to transfer the patient. She told me, "No, this is not their job." A half-hour later I called and found the patient's blood pressure was back to 120. I asked her to return the patient to the ward, to go to lunch, and then to go to Ward E for the afternoon. They were expecting six admissions that afternoon. This was at 11:30, and she did not get to Ward E till 1:40. I asked her where she had been, and she gave me no answer.

The two supervisors discussed this problem, and it was decided that Miss Hall would follow through on this.

Miss Smith returned to Ward D and made out the assignment for the next day. This took thirty-five minutes. She then talked to an older, licensed practical nurse who expressed concern about working the evening shift. Miss Smith explained that there was need for an extra person to help cover. She asked the practical nurse to report later to her on how this assignment worked out and if she could manage two evening shifts once in a while. After this Miss Smith continued her patient rounds.

Case III

Cast of Characters

Miss Court Medical-Surgical Supervisor

Miss Ryan Charge Nurse

Miss Daly Assistant Head Nurse

Miss Court started her day by checking the assignments on each of her wards. Having done this she made nursing rounds to all the patients on Ward A with the charge nurse. When rounds were completed Miss Court went to the Assistant Director's office for a report on the occurrences within the hospital since three o'clock the previous day. During the conference it was pointed out to Miss Court that one of her charge nurses had failed to report that a private duty nurse had not been ordered for a patient who was felt to be potentially suicidal. When report was finished Miss Court proceeded to the ward on which this incident had occurred. She asked the charge nurse why she had not approached the physician in charge for an order for a private duty nurse.

Miss Ryan: I didn't know the patient's history. The resident hadn't completed it yet.

Miss Court: You know the need to have this type of patient watched?

Miss Ryan: I didn't know the patient had a psychiatric history. I couldn't ask the doctor for an order if I didn't know the patient was disturbed.

Miss Court again emphasized the need to have this patient covered and then left the ward.

Miss Court: (To the observer) I know that people tend to become defensive in a situation like this, but what bothers me, is

I am sure this charge nurse doesn't know the hospital policy regarding this. Even if the order was written I am sure she wouldn't connect this with a definite policy. I will bring this up at the next head nurse meeting for probably not too many of the head nurses are aware of such a policy.

Miss Court then made patient rounds on two other wards. Before seeing the patients she reviewed the kardex for any possible changes. She checked with the head nurses regarding admissions and asked if there were any problems.

Miss Daly: We had a bad time this morning. A doctor came to change a dressing and we had no dressing sets. Central Supply will not give us sterile sets if we do not have the old sets to return. I don't know where our instruments go. I can understand Central Supply's policy but I can also understand the doctor not wanting to wait for equipment. I borrowed one finally. This seems to be a vicious cycle. I don't know where the instruments go.

Miss Court: This is a continual problem. I'm sure some of the instruments are carried off the ward. Why not try keeping dirty instruments in a bowl next to the clean ones. This way the instruments wouldn't be in the utility room where everyone goes. Maybe you will have to try an instrument count again.

Miss Daly: I hate to do that but it seems the only way. The graduates complain that this is another thing to do at the end

of each shift. I'll change the location of the dirty ones and see if this will help.

Miss Court: I'll check later with Central Supply to see if they will give you more instruments.

During the remainder of her rounds Miss Court reminded a graduate that it would be easier for the patient when lying flat in bed to use a straw for drinking. She also reminded a student to lift a patient up in bed and proceeded to help her accomplish this. Miss Court then spent forty-five minutes with the chief anesthesiologist and a salesman discussing tracheotomy tubes and the different types needed for each ward. She had originally gone to see the anesthesiologist about a certain patient's need for a new tracheotomy tube and then became involved in this discussion.

Miss Court spent the afternoon attending an executive meeting at which hospital and nursing administrative problems were discussed.

Analysis of Case I

Since the investigators have defined activities concerned with the operation of the hospital in general as administrative activities, the first two hours of Miss Green's day were spent in this way. Although staff and vacation planning are essential to the effective operation of the hospital and safe care of the patient, the investigators question whether this is an activity to be performed by the supervisor.

The incident involving Miss Black who had injured her shoulder indicated a number of opportunities for teaching which were partially recognized and utilized by Miss Green. Miss Green explained the reason for using a sling in making a bed; however, a subsequent incident revealed that this teaching was not effective. A few minutes later, while stripping a bed Miss Black failed to use the sling. Why? There seems to be three possible explanations for this and three activities the supervisor might have performed.

1. Miss Black did not see the usefulness of this procedure. A more detailed explanation involving bacteria, cross contamination and medical asepsis may have encouraged understanding.
2. Miss Black had not seen the other personnel on the ward use this procedure. This could be a clue to Miss Green to collect data regarding the use of this procedure. Findings may reveal a need to re-evaluate this procedure and/or re-orient personnel to the technique of this procedure.
3. Miss Black did not understand the technique involved in forming the sling. If this is the reason, a return demonstration might have helped.

Comments such as "Don't put the rough edges of the pillow at the patient's neck" and "How about this walker in here?" lead the investigators to believe Miss Green assumed Miss Black understood the reasons for these comments. Telling someone what not to do is not a guarantee that it will not be done again. Miss Green may have felt she had communicated effectively with Miss Black; however, since there was no response from Miss Black, one can not assume she understood.

This situation was one in which there was an opportunity to perform either type of activity. The investigators do not have evidence that an accident report was completed nor that Miss Green talked with the head nurse concerning the hospital policy with regard to personnel injuries and the possible implications this injury might have for hospital administration.

In locating EKG leads for a pacemaker, Miss Green was performing an administrative activity. However, one can question if providing equipment for the ward is a responsibility of the supervisor.

In reference to the "precaution incident," Miss Green made an attempt to clarify this issue. When the doctor placed the patient on precautions so that she would not be transferred an administrative problem arose. Since the charge nurse accepted this explanation as a valid reason for precautions, she may not have understood the primary purpose of precaution technique and its implications. In any event, Miss Green made no attempt to discuss the basis for such technique and thus neglected her clinical role. The investigators question whether Miss Green needed to refer this problem to Miss White. It would seem to be more appropriate to discuss this with the physician who wrote the order. It seems that the supervisor needed to emphasize to the charge nurse that this was not the proper precaution technique

described by hospital procedure for a patient with septic abortion; that this order was written while the patient was on the obstetrical service, and that new orders may be necessary.

Although this was mainly an administrative problem, there were opportunities to teach the charge nurse about the principles of precautions, and also the effect on the patient of unnecessary isolation.

The remaining two hours of Miss Green's day were spent in performing the administrative activity of staffing. In summary, Miss Green spent four hours performing strictly administrative activities. The remaining four hours were a combination of both activities; however, the emphasis during this time seemed to be weighted towards administrative aspects.

Analysis of Case II

In checking the ward assignments, narcotic count and kitchen, Miss Smith performed administrative activities. In preparing for a team conference, Miss Smith was performing a clinical activity. The team conference itself provides an excellent opportunity for learning since the needs of the adult learner are problem centered. A great deal of learning can also occur in the time spent in preparation for the team conference. The manner in which Miss Smith questioned Miss Jones did not give Miss Smith any real indication of the material Miss Jones had prepared to discuss nor did it give Miss Jones an opportunity to reveal this information. Before Miss Smith can plan for individual growth and development she must determine Miss Jones's knowledge in the care of a patient who had a lumbar puncture. Since Miss Jones is a beginning Practical Nurse Student, she will need considerable guidance in the organization of and the material for her presentation. It appears that this contact between supervisor and student was not as valuable as it might have been.

The "vaporizer incident" pointed out another learning experience and an opportunity for personnel development that was not utilized. Miss Smith indicated she recognized the student's lack of understanding of the principles behind the use of a vaporizer; however, she made no attempt to teach the student. Instead, Mrs. Collins was approached and her response indicated no concern for the problem even though she was in charge of the ward and responsible for her patients' care. Here was not only an opportunity to teach the principles of vapor therapy to Mrs. Collins and the student but also to enable Mrs. Collins to strengthen her role as a leader.

The way in which Miss Smith performs her clinical activities sets an

example for her personnel. The patients in Room 301 expressed their feelings quite freely to Miss Smith; however, she did not relay this information to the head nurse or to the other personnel caring for these patients. Miss Smith's suggestion to the head nurse that she ask the doctor for an order for Librium indicated to this head nurse that this was the way an anxious patient was treated. The head nurse might take this direction as an indication that the administration of medication is more important than the use of communication skills in her interpersonal relations with patients. Here was an opportunity for Miss Smith to stimulate creativity on the part of the nursing personnel in providing individualized patient care.

The fact that Miss Smith did not receive a morning report presented a barrier to communication in the pediatric incident. Miss Smith was unaware that a staff nurse was ill until she visited the ward mid-morning. Miss Smith was faced with the administrative problem of taking one member of Miss Kelly's already limited staff for another ward. Although Miss Kelly resented the request, she did allow the nurse to be sent to the other ward. So Miss Smith was able to carry out this administrative activity, although she did not attempt to handle Miss Kelly's feelings. The need to float people from one ward to another occurs frequently and is associated with emotional overtones. The supervisor indicated to the observer that Miss Kelly had been asked to float her staff members frequently and that she could understand her defensiveness. In view of this Miss Smith may have had reason to ignore Miss Kelly's feelings at this time.

In the way she handled the situation on Ward F Miss Smith gave a definite clue that she was more concerned with the administrative aspects of her role than with the clinical aspects. Miss Jerome started to report to

Miss Smith about the patients but she was interrupted by the supervisor. Miss Smith seemed to be saying: "I'm interested in the administrative aspects of my role and not the clinical." As a result Miss Jerome will be likely to see the supervisor as primarily administratively oriented. Interaction may, henceforth, be in the area of administration.

The "Recovery Room incident" appears to be an administrative problem for Miss Smith; however, it has clinical significance for Miss Hall who was not a participant in this study.

From Miss Smith's point of view the daily assignment on Ward D was often made out poorly by the charge nurse. Because of this Miss Smith made out the next day's assignment herself. By not including the charge nurse in this activity she failed to utilize an opportunity to guide her in this experience. One does not teach someone by taking away her responsibility. This is clearly another opportunity for personnel development.

Miss Smith's interaction with the licensed practical nurse was administrative in nature.

In summary, this case presented many opportunities to perform clinical activities. However, emphasis was again on the administrative activities.

Analysis of Case III

In checking the assignment on each ward, Miss Court performed an administrative activity. Nursing or patient rounds can be both clinical and/or administrative, depending upon the emphasis of the supervisor. Making patient rounds is a means whereby the supervisor can evaluate patient care.

The giving of the nursing report in itself is an administrative activity even though information gained from the report could lead to administrative and/or clinical activities later. For instance, failure on the part of the charge nurse to seek an order for a private duty nurse to stay with a potentially suicidal patient could have legal, as well as moral, implications for this hospital. Therefore, Miss Court acted administratively. At the same time Miss Court, sensing that Miss Ryan did not understand the hospital policy regarding suicidal precaution, had an opportunity to teach her. Miss Court only stated what needed to be done and did not follow this with an explanation. Miss Court's intent to bring this to the attention of the head nurses at a future date did not meet Miss Ryan's need now.

In the situation with Miss Daly, Miss Court performed another administrative aspect of her role. Both the assistant head nurse and the supervisor were concerned with equipment. The investigators question again if the supervisor should be so concerned with equipment.

Following this, Miss Court made patient rounds, and there was evidence of clinical activity on her part, for example, suggesting the use of a straw and helping to move a patient in bed.

The remainder of the day was spent performing administrative activities which included a forty-five minute discussion with the Chief of Anesthesiology and a salesman regarding the purchase of tracheotomy tubes and a

two hour meeting with other members of the Executive Committee. Therefore, the majority of Miss Court's activities were administrative.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

It is the conclusion of the investigators that the activities of the medical-surgical supervisor as evidenced in this study do indicate she fulfilled the role of an administrative supervisor rather than that of a clinical supervisor. The investigators also concluded that the supervisor had many opportunities to encourage and mold the development of the staff on her wards. As stated in Chapter I, the investigators' interest in this study was based upon the belief that in the face of so many administrative activities, the supervisor does not perform so as to aid in the growth and development of her nursing personnel.

This study appeared to indicate that activities serving to stimulate and develop personnel and improve the setting for learning gave way under the pressures of administration. Analysis of Case I revealed that four hours were spent in strictly administrative activities. During the other four hours there was evidence of both administrative and clinical activities. Analysis of Case II revealed that the activities of Miss Smith could not be clearly defined as administrative or clinical but a combination of both. However, in carrying out her role as a supervisor, Miss Smith emphasized the administrative aspects of these combined activities. Analysis of Case III showed that two hours and forty-five minutes were spent in performing clearly defined administrative activities. The remainder of the day was spent in performing both clinical and administrative activities. Here again the administrative aspect of these combined activities was emphasized.

The activities of all three supervisors were either purely administrative or a combination of administrative and clinical. In the performance of the combined activities the administrative aspect was emphasized.

Many of the opportunities for performance of clinical activities occurred while the supervisors were making patient rounds. Of the total twenty-four hours observed, only four hours and forty-five minutes were spent away from the patient area. The supervisors spent this time in attendance at meetings or on the phone procuring staff for ward coverage. Even though the majority of the supervisors' time was spent in the patient area, there were no activities observed that were clearly clinical. Many opportunities presented themselves on ward rounds whereby the supervisor might have taken part in the development of her personnel, but these opportunities were not utilized by the supervisor. The "Precaution Incident," in Case I, the "Vaporizer Incident" and the incident with Miss Jerome in Case II and the incident with Miss Ryan in Case III were examples of these opportunities.

RECOMMENDATIONS

1. Nursing Service Administration re-define the role of the medical-surgical supervisor. Evaluation of present day activities of the medical-surgical supervisor is necessary. There are some activities (for example, procuring staff and handling vacation schedules) which the investigators feel could be performed by an administrative secretary. Some of the traditionally expected activities of the medical-surgical supervisor could be re-assigned to non-professional personnel.

2. Periodic time analysis by the medical-surgical supervisor herself to determine her own distribution of activities.
3. The medical-surgical supervisor re-evaluate the quantity and quality of her clinical activities.
4. The medical-surgical supervisor make patient rounds with the head nurse or charge nurse so that not only administrative problems but also clinical problems related to patient care can be discussed.
5. Other studies be done similar to this one to gain more information in regard to the medical-surgical supervisor's activities.

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