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Date December 1971

A DESCRIPTIVE STUDY OF LICENSED PRACTICAL NURSES AND NURSES' AIDES IN TWO MONTANA HOSPITALS

by

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ABSTRACT

The utilization of nursing personnel is a subject of much concern in the health care industry today. The principal objective of this study was to determine how services of licensed practical nurses (LPN's) and nurses' aides (NA's) were utilized in two urban hospitals in Montana. The researcher attempted to determine, through the use of taped structured interviews and task lists, not only tasks the LPN's and nurses aides were performing but their feelings regarding their ability to perform them. The answers received were compared to the job descriptions of the hospitals by which the participants were employed.

Conclusions of the study were that LPN's were under-utilized, while NA's worked within the range of their job descriptions. LPN's felt that they were not allowed to perform to their capacity, while NA's felt that they were working at the level for which they were prepared. LPN's and NA's did most of the direct nursing care of patients and performed essentially the same tasks.

The study indicated to the researcher the need to examine further the actual tasks performed by LPN's and NA's in an effort to clarify roles and define parameters of function and responsibility. Further examination is also needed as to the types of in-service programs given to LPN's and NA's to ascertain if they are in fact meeting the needs of this group.

CHAPTER I

INTRODUCTION

General Information

Nursing today is faced with a multitude of problems, one of the greatest of which is the proper utilization of nursing personnel. In recent decades, there has been increasing pressure to expand the use of ancillary personnel, such as practical nurses and nurses' aides, to provide adequate care for hospital patients. The cause of this pressure has been threefold: (1) the rapid technological progress in the medical field, (2) the demands of an affluent society for comprehensive health care, and (3) the increased government interest in providing health care for all segments of society. With the technological advances in medicine, it is now frequently necessary for patients to be admitted to a hospital to undergo the complicated diagnostic examinations and sophisticated treatment required. The general affluence of the society, along with medical insurance plans, has given the majority of Americans the ability to demand and pay for hospitalization when they are in need of medical care. The government has supported the less affluent with medical care plans such as Medicare and Childrens' Aid.

Traditionally, the professional nurse has assumed responsibility for the direct nursing care of her patients. However, the expansion and diversification of hospital services have increased the number and complexity of tasks on the nursing unit enormously, and

> The nurse remaining on the ward has found herself essentially 'nursing through others,' directing the activities of nurse aides and assistants, while frequently performing the necessary, though hardly related, tasks of supervision of housecleaning, assessing patient charges, training nonprofessional employees, and ordering supplies.[1]

Unfortunately, prestige and salary have increased for professional nurses in proportion to the distance they have moved away from the patient, and bedside nursing has become an insignificant function with a low salary.[2] In recent years, too, there has been an increasing demand for nurses to assume many of the duties and responsibilities which have been traditionally medical; and the attempt on the part of nurses to meet this demand for advanced professional skills has created a vacuum below. The quality of patient care has been seriously threatened by the fact that the void has been filled with large numbers of ancillary personnel who are performing many tasks beyond their competence and training. "A cursory inspection of large hospitals, and even smaller ones, shows that necessary nursing care is being performed primarily by aides and practical nurses."[3] Proper instruction and supervision of

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[1]"National Committee for the Study of Nursing and Nursing Education: Summary Report and Recommendations," American Journal of Nursing, LXX (February, 1970), p. 281.

[2]Gertrude Cherescavich, "Role of the Clinical Specialist," Hospital Topics, XLV (July, 1967), p. 74.

[3]Genrose Alfano, "Nursing is Vital in Theory but Expendable in Practice," in "Nursing in the Decade Ahead," American Journal of Nursing, LXX (October, 1970), p. 2116.

such personnel is essential and the professional nurse, increasingly occupied with administrative and medical duties, has been unable to provide the teaching and supervision necessary.[4]

Despite all attempts being made to recruit and train nurses to fill present vacancies, there is little doubt that the present unfavorable ratios of professional to nonprofessional nurses will continue indefintely into the future.[5] Today, with society demanding more and better delivery of health care, nursing is realizing the necessity for re-examination of re-allocation of its manpower resources. The lack of clear definitions of nursing roles has resulted in extensive overlapping of responsibility and duplication of effort.

Purpose of the Study

The purpose of this study was to obtain a clear picture of the actual tasks performed by licensed practical nurses and nurses' aides in two urban hospitals in Montana. An attempt was made to relate education, background, and experience to the actual tasks they were performing, and to determine areas of need where in-service education might be of value.

Statement of the Problem

The problem was to determine whether or not licensed practical nurses (LPN's) and nurses' aides (NA's) function within the realm of tasks prescribed by their respective institutions; to identify tasks for which LPN's and NA's believe they were either well prepared

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[4] Toward Quality in Nursing, Report of the Surgeon General's Conference Group on Nursing, Public Health Service Publication No. 992 (Washington, D. C.: Department of Health, Education, and Welfare, February, 1963), p. 4

[5] Ibid., p. 20

or inadequately prepared to perform; and to make recommendations within the limits of the study concerning the use of this information in planning in-service programs for LPN's and NA's.

Objectives of the Study

1. To identify specific tasks performed by LPN's and NA's and relate them to the job descriptions of their employing institutions.

2. To ascertain the views of LPN's and NA's in terms of their own abilities to meet the expectations set forth by their respective institutions.

3. To indicate whether or not any relationship exists between the types of tasks performed by LPN's and NA's and their educational background and experience.

Assumptions

1. LPN's and NA's do most of the direct nursing care of patients.

2. The need for LPN's and NA's to feel satisfaction in the performance of tasks is an important consideration in terms of influence on patient care.

Population

The population for the study included twenty-two licensed practical nurses and forty-one nurses' aides from two urban hospitals in Montana.

Methodology

The methodology involved the use of a taped structured interview and an individual task list.

Limitations

The value of the structured interview was limited to some degree by the fact that each participant was seen for only one short period of time.

The task list was to be completed in one week's time. The participants were cooperative and did list additional tasks performed, but the short time span may have prevented their listing other tasks which they would routinely perform but did not happen to perform during that particular week.

An important limitation was the fact that the researcher was unable to observe participants in the actual performance of their duties to supplement the information submitted on the task lists.

Another possible limitation was the fact that each hospital supported training programs for both professional and practical nurses. The presence of students who require clinical experience might prevent the participants from performing duties which would otherwise be routinely theirs.

Definition of Terms

Ancillary personnel are those individuals, other than physicians and professional nurses, engaged in direct or indirect care of patients and including LPN's, NA's, orderlies, laboratory and X-ray technicians, dietary and housekeeping personnel, and ward clerks.

Direct nursing care encompasses those activities occuring in the presence of the patient which involve the provision of care and include carrying out nursing procedures; giving or assisting the patient with personal hygiene; conversing and exchanging pleasantries with the patient; observing the physical condition and behavior of the patient; escorting the patient; listening to comments, requests, wishes, and complaints of the patient; making interpretations to the patient; teaching the patient; and assisting physicians with treatments or procedures.

A director of in-service education is a professional nurse responsible for planning, implementing, and supervising educational activities for nursing personnel.

G. E. D. refers to a series of general educational development tests, completion of which certifies the equivalent of a high-school diploma.

A head nurse is a professional registered nurse who has full-time responsibility for the administration of patient care and general management of one nursing unit.

In-service education includes all educational activities directed toward the improvement of personnel performance in caring for patients.

A job description is a statement of an institution's policy regarding the scope and limitations of a given nursing position, generally including an outline of duties and responsiblities and the minimum qualifications required for the position.

A licensed practical nurse is an individual who has graduated from an approved practical nurses' school and is licensed by a state agency; or an individual who has satisfactorily completed the LPN examination according to the waiver clause, Montana State Law Number 66-1221, and is licensed by the state of Montana.

A nurses's aide is an individual trained on the job to assist the professional nursing staff in giving patient care.

A nursing unit is an area in the hospital where nursing care is given to patients.

O. J. T. is on-the-job training of individuals with no previous experience or formal training in the position for which they are employed.

A team leader is a licensed professional nurse who is responsible for all nursing care given to an assigned group of patients.

Team nursing is the method of providing total nursing care for an assigned group of patients by the use of personnel with various levels of nursing skill, under the direction of a team leader.

T. L. C. is tender, loving care.

Overview of Remainder of the Study

The remainder of the study includes the following: Chapter II a review of pertinent literature, Chapter III an explanation of methodology, Chapter IV analysis of data, Chapter V the summary, conclusions and recommendation of the study.

CHAPTER II

REVIEW OF THE LITERATURE

A review of the literature indicates that there is much confusion regarding the proper utilization of nursing personnel. Medical professional and administrative literature, as well as nursing literature, reflects a great concern about improving the delivery of health care services. Medical, administrative, and nursing leaders are critically viewing the health manpower supply and putting forth various suggestions for the most effective use of present manpower resources. The increasing demand for health services from a growing population has imposed heavy responsibilities on the deliverers of health care.

Relationships between the various members of the health team have changed radically and are likely to continue changing in the decades ahead. The literature reflects great confusion regarding "roles" and lines of authority and responsibility for members of the health care team.

> Doctors, in a recent statement of the American Medical Association trustees, have undertaken to say what the role of the nurse should be, and nurses, through the American Nurses' Association's Commission on Nursing Education, have attempted to differentiate the 'central focus of the physician's work,' and neither has paid much attention to the many other allied health professionals who are getting ready in the wings, soon to be an integral part of the act. Misinformation, poor communication and unilateral actions are the order of the day.[1]

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[1] "Who is Supposed to be Doing What?" California Medicine, CXIII (September, 1970), p. 69.

New career patterns in the health care field are receiving widespread attention. The pediatric nurse practitioner[2,3,4,5] and the physician's assistant[6,7,8] are examples of innovations and changing patterns at the professional level, and there are numerous articles discussing the expansion of the role of the

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[2]L. C. Ford and H. K. Silver, "The Expanded Role of the Nurse in Child Care," Nursing Outlook, XV (September, 1967), pp, 43-45.

[3]Nancy Martin, "Freeing the Doctor From Well-Baby Care," Medical Economics, XLIV (November 13, 1967), pp. 118-127.

[4]Donald W. Schiff, Charles H. Fraser, and Heather L. Walters, "The Pediatric Nurse Practitioner in the Office of Pediatricians in Private Practice," Pediatrics, XLIV (July, 1969), pp. 62-68.

[5]S. G. Stearly, A. Noordenbos, and V. Crouch, "Pediatric Nurse Practitioner," American Journal of Nursing, LXVII (October, 1967), pp. 2083-2087.

[6]Kathleen G. Andreoli and Eugene A. Stead, Jr., "Training Physicians' Assistants at Duke," American Journal of Nursing, LXVII (July, 1967), pp. 1442-1443.

[7]Robert D. Coye and Marc F. Hansen, "The Doctor's Assistant: 'A Survey of Physicians' Expectations'," Journal of the American Medical Association, CCIX (July 28, 1969), pp. 529-533.

[8]Joseph Kadish and James W. Long, "The Training of Physician Assistants: Status and Issues," Journal of the American Medical Association, CCXII (May 11, 1970), pp. 1047-1051.

nurse in other areas as well.[9, 10, 11, 12]

Changing career patterns are also reflected in the utilization of lower-echelon nursing personnel. The role of the licensed practical nurse has been greatly expanded during the past few decades, largely because of the shortage of registered nurses. In a recent study of nursing personnel in four eastern hospitals, Lambertson concluded that "the scope of responsibility of practical nurses increased proportionately as the ratio of staff nurses to practical nurses decreased."[13] During the day tour of duty, staff nurses assumed responsibility for selected procedures, but "during the evening and night tours of duty, practical nurses assumed these responsibilities for the same patients whose care was assigned during the day to registered nurses."[14] In another article, Rasmussen points

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[9]Rose Marie Chioni and Carol Panicucci, "Tomorrow's Nurse Practitioners," Nursing Outlook, XVIII (February, 1970), pp. 32-35.

[10]Josephine A. Cipolla and Gilbeart H. Collings, Jr., "Nurse Clinicians in Industry," American Journal of Nursing, LXXI (August, 1971), pp. 1530-1534.

[11]Dorothy Merenes, "Recent Trends in Expanding Roles of the Nurse," Nursing Outlook, XVIII (May, 1970), pp. 30-33.

[12]Laura L. Simms, "The Clinical Nursing Specialist: An Approach to Nursing in the Hospital," Journal of the American Medical Association, CXCVIII (November 7, 1966), pp. 675-677.

[13]Eleanor C. Lambertson, "Availability of RNs Affects Responsibilities of Others," Modern Hospital, CXIV (March, 1970), p. 132.

[14]Ibid., p. 132.

out that the difference between registered nurses and licensed practical nurses is a difference in degree of responsibility for a function, rather than a difference in the function itself.[15]

The nurses' aide has also assumed increasing importance in the provision of patient care in recent years. These individuals, usually trained on the job, are among the lowest paid employees of the hospital. Because of the economic advantages, there is a great temptation to use these individuals in place of those with professional and practical nursing skills. Our proposed 'solutions' to health manpower shortages typically involve placing more and more direct patient care in lesser and lesser trained hands.[16]

The literature of professional health care groups expresses a recognition of the need for expanding roles and changing career patterns for nursing personnel. The American Medical Association, in its position paper of 1970, emphasized the need for experimentation and innovation in the educational preparation of all levels of nursing personnel. According to the statement of the AMA Committee on Nursing,

> Considerable effort is needed to integrate effectively the present system of nursing education so that persons of ability and motivation can more readily achieve their highest level of competency

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[15]Etta H. Rasmussen, "Changing Organizational Relations," Pamphlet W-12: Reprinted from the American Journal of Nursing, LXII (October, 1962), pp. 407.

[16]Marjorie M. Ramphal, "Freedom to Choose What?" American Journal of Nursing, LXX (April, 1970), p. 753.

> and status. Credit for related courses, challenge examinations, credit for experience, evening educational resources, and recognition for achievement in clinical fields are mechanisms which would facilitate mobility.[17]

The basic concern of hospital administration is the maximum utilization of nursing personnel. As one author puts it,

> The term 'efficiency' might be equated with the term 'economy,' because efficiency is concerned with obtaining economy through the attainment of the greatest amount of productivity while expending the least amount of effort.[18]

In numerous articles, administrators examine the feasibility of improving the training of the nurses' aide and giving her more status by opening promotional opportunities.[19,20] They contend that improving methods of selecting, training, and supervising nurses' aides will enable these individuals to assume positions of greater responsibility in the nursing unit.

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[17]"Medicine and Nursing in the 1970's: A Position Statement," Journal of the American Medical Association, CCXIII (September 14, 1970), p. 1882.

[18]John R. Landdeck, "Efficiency and Quality of Patient Care," Hospitals, XLIV (September 16, 1970), p. 41.

[19]Charles R. Shuffield, "Upgrading Nursing Aides," Hospitals, XLIV (December 16, 1970), pp. 61-64.

[20]Patricia Ann Lang, "From Brooms to Blood Pressures," Nursing Outlook, XVIII (October, 1970), pp. 25-27.

Nursing itself has long recognized the need for further education of practical nurses and nurses' aides. Practical nurse programs have been supported by both the American Nurses' Association and the National League for Nursing and have made tremendous strides in the past few decades.

> The nursing assistant came into being during World War II when the extreme shortage of professional nurses made it mandatory that nursing delegate some routine tasks to individuals of less preparation. This led to the development and subsequent licensure of vocational or practical nurses, who function under the direction of the physician or the nurse depending on the setting.[21]

The American Nurses' Association recognized in 1965 the need for vocational training for nurses' aides and other ancillary personnel. The Association recommended short, intensive, pre-service programs in vocational institutions, rather than on-the-job training.[22] That this concept has not been completely accepted is evidenced by the fact that the majority of training of nurses' aides is still being done in individual hospitals.

Nursing literature today emphasized the necessity for career

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[21]Rheba De Tornay, "Expanding the Nurse's Role Does Not Make Her a Physician's Assistant," American Journal of Nursing, LXXI (May, 1971), p. 974.

[22]"American Nurses' Association's First Position on Education for Nursing," American Journal of Nursing, LXV (December, 1965), pp. 106-111.

ladders and upward mobility for all levels of nursing personnel, with increasing attention being focused on the non-professional group.[23,24,25] One article described a plan for the upward mobility of nurses' aides and pointed out three advantages of the program: (1) it gives the individual upward mobility and status, (2) it provides a pool of personnel more highly-qualified to assume responsibility, and (3) it provides a guided experience in teaching for the staff nurse, who is the clinical instructor for the aides in the course.[26]

Three omissions which became strikingly apparent to the researcher in the course of her review of the literature were: (1) the lack of any minimum criteria for the selection of nurses' aides, (2) the lack of any standardized curriculum for their training, and (3) the lack of a clear, legal definition of the position.

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[23]May W. Aisen, "Up the Vocational Stairs," American Journal of Nursing, LXX (December, 1970), pp. 2614-2617.

[24]E. Martin Egelston, "Licensure and Career Mobility," Hospitals, XLIV (December 1, 1970), pp. 42-46.

[25]Carol N. D'Onofrio, "Aides -- Pain or Panacea?" Public Health Reports, LXXXV (September, 1970), pp. 788-801.

[26]Dorothy A. Rehm, "Design for Staff Growth," American Journal of Nursing, LXX (September, 1970), pp. 1930-1933.

CHAPTER III

RESEARCH METHODOLOGY

Procedure

The basic instruments of research were a structured interview (Appendix A) and a task list to be completed by each LPN and NA included in the study (Appendix B). In addition, interviews were conducted with the directors of nursing of each hospital and with the head nurses of the units where the population was employed. In each hospital, the director of in-service education served as coordinator between the researcher and the study group and assisted in the selection of participants.

Formal interviews were conducted with twenty-two licensed practical nurses and forty-one nurses' aides from all nursing service areas of each hospital and from all three shifts. Participants were asked to complete the task lists given to them and to add any additional tasks performed, but not listed on the form.

Structured Interview

The taped structured interview was designed to elicit subjective rather than objective answers in order to avoid stereotyped replies and allow for freedom of expression. The researcher hoped to determine what differences, if any, existed between the concepts of the LPN's and NA's regarding their jobs and the concepts as set forth in the job descriptions of the nursing service and hospital administration. The questions were designed to obtain information about the educational background and experience of the individuals interviewed and to ascertain their personal feelings regarding the types of tasks they performed, the value of the services they provided, their own ability to meet the expectations of the nursing service, and the amount of personal satisfaction they derived from their work.

The initial questions pertained to educational background and experience. The first question sought: (1) to determine levels

of formal education of persons who go into nonprofessional nursing, (2) to determine whether or not there is any relationship between the level of formal education and the types of tasks performed, (3) to examine the type of nursing training they received, (4) to ascertain whether or not their formal education helped them in learning nursing tasks and procedures. The second question was designed to bring to light any correlation between the length of experience and the types of tasks performed, and to determine whether length of experience and/or the amount of formal training were given primary consideration in the assignment of tasks to the individual.

The third, fourth, and fifth questions supplemented one another and attempted to discover whether or not there was a relationship between the adequacy of training and the ability to perform. The third question inquired as to whether or not the respondents' training was sufficient to allow them to be comfortable when they started to work -- to become readily familiar with the routines of the ward, to ask pertinent questions when necessary, and to establish rapport with patients and members of the staff. Questions four and five were asked to determine if they thought they were actually being used at the level for which they were prepared. This group of questions asked LPN's and NA's to define the parameters of their jobs as they saw them.

Questions six and seven were also supplemental to each other, the former inquiring if the in-service education the hospital offered was adequate and meaningful and the latter asking the participants to define what they considered good in-service.

The eighth question sought to determine the priority and importance of relationships between participants and the three pivotal groups with whom they were involved in their work -- physicians, nurses, and patients.

In question nine, interviewees were asked what they thought was their own unique contribution to care of the patient; and whether they thought this contribution was a team or a personal effort.

Question ten requested a recall of the tasks performed on one specified day. The researcher hoped that the results might provide significant additions to the formal task list each was asked to submit during the course of the study, and would help prove the validity of what they said they did and what they actually did.

Task List

The task list set up by the researcher was limited to routine technical procedures commonly performed by ancillary personnel. References to psychological and emotional support of the patient were deliberately omitted. It was hoped that the participants would use the blanks provided for additional tasks to list those tasks which they themselves performed most frequently and considered the most important.

CHAPTER IV

ANALYSIS OF THE DATA

The population for the study was selected from all nursing areas of the two hospitals. Individuals from all three shifts were included in order to obtain the broadest possible sampling (Table 1).

TABLE 1

DISTRIBUTION OF THE POPULATION[a]

	Hospital A		Hospital B	
	LPN	NA	LPN	NA
Days	9	10	6	10
Evenings	3	9	2	5
Nights	2	5	0	2
Total	14	24	8	17

[a]Source: Nursing Services, Hospital A and Hospital B.

The researcher conducted a personal interview with each participant. All personnel involved were cooperative and appeared to be interested in contributing to the study. The writer believes that the information submitted was carefully considered and is valid.

Data obtained from the structured interviews and task lists appear in tabular form in Appendix C (page 33) and Appendix D (page 75).

Structured Interview

The first two questions of the interview requested information regarding the age, educational background, formal training, and experience of the individuals involved in the study (Table 2).

TABLE 2

RANGE OF AGE, EDUCATION, AND EXPERIENCE[a]

	22 LPN's			41 NA's		
	Low	Avg	High	Low	Avg	High
Age	24	42	61	19	35	64
Education	GED	12 yrs	12 yrs	8 yrs	11 yrs	13 yrs
Training	OJT	7 mos	12 mos	4 hrs	5 wks	10 wks
Experience	5 mos	10 yrs	18 yrs	3 mos	5 yrs	15 yrs

[a]Source: Nursing Services, Hospital A and Hospital B.

Since the researcher had no opportunity to observe the participants in the performance of their jobs, she was unable to make a valid judgement regarding relationships between length of training and experience and the tasks performed. However, the LPN's with waivers indicated that experience was a factor in upgrading positions. All of these people were initially nurses' aides who were given the opportunity to take the qualifying examination for licensure as practical nurses, using experience in lieu of training.

Question 3: "Have you found that your training prepared you for what is now expected of you on your ward?"

	Yes	No	Undecided
LPN	95%		5%
NA	51%	22%	27%

Comments from the school-trained LPN's indicated almost unanimous satisfaction with their initial training. One individual, however, was uncertain and commented, "I was trained in a small hospital and they didn't do things the same as here." LPN's with waivers indicated that they considered experience adequate training.

NA's who were satisfied with their initial training made no comments as to why. Those in the "no" and "undecided" groups commented primarily on their inability to obtain sufficient information in class and on the importance of their experience. They also mentioned a lack of experience in such areas as obstetrics, pediatrics, and surgery.

Question 4: "Do you think you could do more than what is asked or expected of you?"

	Yes	No	Undecided
LPN	59%	27%	14%
NA	42%	46%	12%

The majority of LPN's felt that they were somewhat limited in their work and could do more, particularly in the area of administering medications. Most of the NA's felt there was not much more they could do, but some felt that they could do more in the area of treatments and two felt they could give medications.

Question 5: "Do you feel that you are asked or expected to do more than you can?"

	Yes	No	Undecided
LPN	9%	77%	14%
NA	12%	68%	20%

The majority of LPN's felt that they were rarely asked to do more than they could do. They indicated that if they were asked to perform some duty they did not feel capable of doing, they could refuse.

The majority of NA's shared the feeling of the LPN's that they were seldom asked to perform tasks above the level of their capability; and they, too, felt they could refuse.

Question 6: "Do you feel the hospital continues to give you training that helps you keep up with your job?"

	Yes	No	Undecided
LPN	86%	9%	5%
NA	88%	2%	10%

On the whole, the LPN's felt that they were receiving adequate in-service training. However, their comments indicated a marked variation in the numbers and types of classes attended.

NA's, too, expressed general satisfaction with the in-service programs; but like the LPN's, they were unclear about the numbers and types of classes attended. A few expressed doubt as to the value and content of the training sessions.

Question 7: "What are some of the things the hospital and the staff do to help you?"

LPN's named a variety of classes, and said films were used often. Three mentioned the use of ward conferences. As a whole, they had

difficulty remembering what types of in-service they had had.

NA's had difficulty remembering specific classes. They mentioned ward conferences given by nursing students on the ward. Some expressed negative feelings about the content and instructors of formal in-service classes. Some felt that the instruction was "over their heads" and that they were not learning enough about the physical and emotional problems of the patients. Many felt that the staff was not always helpful in answering their questions. One comment which seemed particularly significant was, "I don't like what's offered. I don't feel that RN's should teach. They don't know enough about nurses' aides jobs."

Although LPN's and NA's said that they had adequate in-service training, they did not seem to be getting what they wanted from the classes. The fact that most of them could not remember what classes they had had indicated a lack of real value in the present system of in-service.

Question 8: "How do you see your work as it relates to: Doctor, Nurse, Patient?"

The majority of LPN's stated that they had little or no contact with the doctor. A few said they assisted the doctor with examinations and dressing changes. Two assisted the doctor in the delivery room, and two made rounds with the doctors "at times." The most common comment was "little contact." The majority of NA's also said they had little or no contact with the doctors. Some did say that, at times, they held pediatric patients for the doctors, but most felt that they had nothing to do with the doctors directly. Their typical comments were "nothing," "very little," and "don't help them directly."

The majority of LPN's saw themselves as assisting the nurse in many areas. They felt their relationship with the RN's was one of co-workers. Typical comments included "report, observe, and assist

each other," "we are the nurses' feet," and "chart lots, and we interchange work." Although the NA's felt they assisted the nurse often, they did not feel as strongly about what they did for her as did the LPN's. Typical comments were "assist at times," "assist and report things," "help with whatever she wants," and "errand girl, help with charts."

LPN's saw themselves with the patient much of their time, doing physical care for the patient's comfort. Some of their comments were "complete care and treatment, everything except medications," and "keep patients comfortable, most of the work is with patients." The majority of NA's felt they spent their time with the patients, doing most of the patient care. Typical comments included "keep them clean, cheer them up, most of my time with the patients," "we are the ones that are with them most of the time -- more than the RN's, make them comfortable and meet their needs," "close to the patients -- spend most of my time listening, talking, and making them comfortable," and "mothering them and doing almost everything."

The researcher felt that the answers to these questions regarding relationships to the three groups -- doctors, nurses, and patients -- placed the LPN's and NA's with the patients at the bedside.

Question 9: "What do you think is the most important thing you do as a member of the nursing team?"

The majority of LPN's saw themselves at the bedside, caring for the patients' physical and emotional needs and using their training and knowledge giving care and comfort. Typical answers were "help care for the patients and help them recover, give them treatments based on knowledge," "patient care -- the physical things, also talk and listen, spend extra time with the patient who is lonely -- TLC is important," and "go-between for the patient, nurse, and doctor -- have direct contact eight hours a day and you see them more than anyone else."

NA's, too, saw themselves as caring for both the physical and emotional needs of the patient at the bedside. They saw their job as doing basic care for the patient and making him as confortable as possible, as well as observing and reporting to the nurse. Typical answers were "patient care, bath, grooming, and oral hygiene, physical comfort, visit with them and try to find out their problems -- for lots of them talking is good, particularly with the older patients," "keep the patients as comfortable as possible, give them personal care, observe and report to the nurse -- we are closer to the patient almost all of the time," and "we're really the middle-man between the patient and the nurse."

The answers to these questions reflect the feelings of the LPN's and NA's regarding their own importance to the patient, again emphasizing that they see themselves with the patient at the bedside.

Question 10: "Can you tell me in detail what you did today?"

This question was intended mainly to provide a means of identifying tasks in addition to those contained in the task lists completed by the respondents. The participants' reports of their one day's work indicated that they were doing the type of tasks they reported on the task lists (Table 3).

TABLE 3

TASKS CORRESPONDING TO TASK LIST[a]

Task List Number	Task	LPN	NA
1	Give bed baths	11	31
3	Feed patient	3	8
5	Give H. S. Care		2
7	Take temperature orally	9	21
10	Chart pulse and respiration		6
11	Assist patient in and out of bed	2	4
13	Transport patient to other areas	2	
14	Do Intake & Output on Patients	2	2
19	Scrub and assist doctor in D. R.	1	1
20	Change sterile dressings	2	1
21	Change colostomy dressings	1	
26	Catheterize patient to empty bladder	2	
27	Chart care, condition, observations	10	5
28	Give cleansing enemas	2	6
30	Care for patient in isolation	1	1
31	Set up isolation area	1	
35	Bath for newborns	1	
36	Feed newborns	1	
47	Use suction to clear throat and mouth	1	
50	Admit patients to ward	2	5
51	Discharge patients		2
54	Test urine for sugar	2	1
56	Take blood pressure	5	7
58	Terminate IV fluids	2	

[a]Source: Task Lists and Structured Interviews.

Additional tasks listed or mentioned by the participants were related tasks which would normally be part of the duties of nonprofessional personnel.

Task List

The task list was compared with the job descriptions of LPN's and NA's employed by the two hospitals (Appendix E, p. 80). The job descriptions for both institutions were similar, listing duties predominately patient-centered and involving direct nursing care at the bedside. One of the hospitals differentiated between school-trained

and waivered LPN's, giving the former supervisory responsibility, such as team leading, and responsibility for the administration of medications other than fractional dosages. The other institution made no differentiation between the two. Both hospitals expected LPN's to assume greater responsibility than the NA's, although the routine duties which each group performed were very similar.

The job descriptions for the NA's in both institutions also listed duties predominatly patient-centered and involving direct nursing care at the bedside. One job description indicated that NA's could do no direct supervision, but could assist with orientation and on-the-job training for new ward aides. Job descriptions for LPN's and NA's in both hospitals, in addition to listing specific duties, carried a standard phrase, such as "and performs other related duties."

Comparison of the results of the task list with the job description for both institutions indicated that all tasks listed fell well within the limits established. The task lists showed that LPN's were performing at the same level as the NA's the majority of the time. The researcher had hoped that the spaces provided for the listing of additional tasks might indicate that LPN's services were being used in the areas of supervising, dispensing medications, and performing specialized procedures requiring a higher level of competence and judgement. However, the duties they listed were mostly routine tasks which could be performed by either NA's or LPN's.

The list of additional tasks indicated some interest on the part of both LPN's and NA's in supporting the patient emotionally and psychologically. (Appendix D, pp.75-79). However, the greatest evidence of their concern with this aspect of patient care was found, not in additions to the task list, but in the comments elicited by interview question 9 (Appendix C, pp. 62-66). Frequent references were made regarding the importance of supporting the patient by talking to him, listening to him, and reassuring him.

CHAPTER V

SUMMARY

One of the most critical problems facing the health care industry today is proper utilization of ancillary personnel, and there has been increasing pressure to expand the use of nursing personnel such as LPN's and NA's. Three factors contributing to the pressure are: (1) rapid medical technological progress, (2) increased public demand for health services, and (3) government interest in providing health care to the nation.

The prinicpal objective of this study was to determine how LPN's and NA's services were being used in two urban hospitals in Montana. Information was obtained from LPN's and NA's regarding the actual tasks they performed and compared to the job descriptions of the hospitals by which they were employed. Information as to how they felt about their ability to perform these tasks was also obtained. The researcher attempted to determine if there was any relationship between the formal training and experience of these participants and the types of tasks they were performing as well as the levels of responsibility they were assuming. The researcher assumed that LPN's and NA's do most of the direct nursing care of the patient and that job satisfaction is an important factor in terms of influence on patient care.

A structured interview and a task list were the tools of the study. The population included twenty-two LPN's and forty-one NA's from the two hospitals. Each participant completed a task list and was personally interviewed by the researcher.

The study was limited by lack of time for adequate observation of participants' job performance, by the relatively small population, and by the fact that only two hospitals were involved.

Conclusions

1. The majority of LPN's were under-utilized and did not perform at the level outlined in their job descriptions; NA's performed duties which fell within the range of their job descriptions.

2. The majority of LPN's felt they were not being used to their capacity; the majority of NA's felt they were working at their proper level.

3. Data collected in the study was insufficient to provide conclusive evidence of any relationship between the types of tasks performed and education, background and experience.

4. LPN's and NA's did most of the direct nursing care of patients.

5. LPN's and NA's obtained greatest job satisfaction through giving direct nursing care to patients.

6. The in-service training presented did not altogether meet the needs of LPN's and NA's.

Recommendations

1. Further studies should be conducted in hospitals of varying sizes and types to determine whether or not LPN's and NA's are allowed freedom to function in their capacity.

2. In addition to the tools used in this paper, future studies should include observation of job performance of participants over an extended period of time.

3. Future studies should be conducted with a view to establishing legal certification for the use of NA's in hospitals.

4. Further studies should be conducted to establish criteria for the selection of NA's.

5. Future studies should be conducted with a view to establishing a formal course of study for uniform national certification of NA's.

6. Future studies should be conducted to determine what type of in-service would be most beneficial to LPN's and NA's.

7. Future studies should be conducted to determine the views of professional registered nurses regarding the types of tasks LPN's and NA's are capable of performing.

APPENDICES

APPENDIX A

STRUCTURED INTERVIEW

(CONFIDENTIAL)

POSITION: LPN_____ NURSES' AIDE _____ AGE_____ WARD_____

1. Education:

2. Experience:

3. Have you found that your training prepared you for what is now expected of you on your ward?

Yes_____ No_____ Undecided_____

Comment:

4. Do you feel that you could do more than what is asked or expected of you?

Yes_____ No_____ Undecided_____

Comment:

5. Do you feel that you are asked or expected to do more than you can?

Yes_____ No_____ Undecided_____

Comment:

6. Do you feel that the hospital continues to give you training that helps you to keep up with your job?

Yes_____ No_____ Undecided_____

Comment:

7. What are some of the things the hospital and staff do to help you?

Comment:

8. How do you see your work as it relates to:

   1. The Doctor

   2. The Nurse

   3. The Patient

9. What do you think is the most important thing you do as a member of the nursing team?

10. Can you tell me in detail what you did today?

APPENDIX B

TASK LIST

NAME_____ TITLE_____ DATE_____

Routinely = any task you consider a part of your present job

Occasionally = any task which you do when needed, even if it is someone else's regular duty

Never = task you never do at any time

		Routinely	Occasionally	Never
1.	Give Bed Baths	_____	_____	_____
2.	Assist Patient to Complete Bath	_____	_____	_____
3.	Feed Patient	_____	_____	_____
4.	Assist Patient with Feeding Himself	_____	_____	_____
5.	Give H. S. Care	_____	_____	_____
6.	Give and Remove Bedpan	_____	_____	_____
7.	Take Temperature Orally	_____	_____	_____
8.	Take Temperature Rectally	_____	_____	_____
9.	Take Pulse and Respiration	_____	_____	_____
10.	Chart Pulse and Respiration	_____	_____	_____
11.	Assist Patient In and Out of Bed	_____	_____	_____
12.	Collect Lab Specimens	_____	_____	_____
13.	Transport Patients to Other Areas of Hospital	_____	_____	_____
14.	Do Intake and Output on Patients	_____	_____	_____
15.	Clean and Wrap Sterile Packs	_____	_____	_____

		Routinely	Occasionally	Never
16.	Sterilize Instruments, Packs, and Solutions	____	____	____
17.	Prepare Patients for Delivery and Surgery	____	____	____
18.	Scrub and Assist Doctor in Surgery	____	____	____
19.	Scrub and Assist Doctor in Delivery Room	____	____	____
20.	Change Sterile Dressings	____	____	____
21.	Change Colostomy Dressings	____	____	____
22.	Prepare and Give Oral Medication	____	____	____
23.	Prepare and Give Hypodermic Injection	____	____	____
24.	Prepare and Give IV Fluids	____	____	____
25.	Prepare and Give IV Medication	____	____	____
26.	Catheterize Patient to Empty Bladder	____	____	____
27.	Give Patient Care, Condition, and Observations	____	____	____
28.	Give Cleansing Enemas	____	____	____
29.	Give Oil Retention Enemas	____	____	____
30.	Give Care to Patient in Isolation	____	____	____
31.	Set up Isolation Area	____	____	____

		Routinely	Occasionally	Never
32.	Clean Isolation Area After Patient Discharge	____	____	____
33.	Give Sitz Bath	____	____	____
34.	Give Sponge Bath for Temperature Reduction	____	____	____
35.	Bath for Newborns	____	____	____
36.	Feed Newborns	____	____	____
37.	Prepare and Insert Tube for Feeding Newborn or Premature	____	____	____
38.	Give Breast Care to Mother Before and After Nursing	____	____	____
39.	Care for Patient Recovering from Anesthesia	____	____	____
40.	Insert Retention Catheter	____	____	____
41.	Give First Aid to Patient Suffering from Shock	____	____	____
42.	Give First Aid to Patient With Fracture	____	____	____
43.	Assist Physician with Examination of Patient	____	____	____
44.	Apply Restraints	____	____	____
45.	Set up Mist Tents	____	____	____
46.	Set up O_2 at Proper Setting for Mist Tent	____	____	____
47.	Use Suction Machine to Clear Throat and Mouth	____	____	____
48.	Use Suction to Clear Tracheotomy Tube	____	____	____

		Routinely	Occasionally	Never
49.	Give IPPB Treatment	____	____	____
50.	Admit Patient to the Ward	____	____	____
51.	Discharge Patients	____	____	____
52.	Care for Infants in Incubator	____	____	____
53.	Take Phone Reports from Lab and X-Ray	____	____	____
54.	Test Urine for Sugar	____	____	____
55.	Answer Telephone on Ward	____	____	____
56.	Take Blood Pressure	____	____	____
57.	Chart Blood Pressure	____	____	____
58.	Terminate IV Fluids	____	____	____
59.	Terminate Blood Transfusions	____	____	____

Tasks Not Listed That You do Perform

1.	_____	____	____	____
2.	_____	____	____	____
3.	_____	____	____	____
4.	_____	____	____	____
5.	_____	____	____	____
6.	_____	____	____	____
7.	_____	____	____	____
8.	_____	____	____	____
9.	_____	____	____	____
10.	_____	____	____	____

APPENDIX C

RESULTS OF INTERVIEWS

EDUCATION AND TRAINING: LICENSED PRACTICAL NURSES

Code	Age	Last Grade Completed	LPN School W / S*		Length of Training	Experience
1	24	GED		x	12 mos	7 yrs
2	25	12th		x	12 mos	4 yrs
3	29	12th	x		OJT	5 yrs
4	35	12th		x	12 mos	11 yrs
5	36	12th		x	12 mos	4 yrs
6	37	12th		x	12 mos	6 yrs
7	37	12th		x	12 mos	7 yrs
8	37	12th		x	12 mos	3 yrs
9	38	3 mos NT**	x		OJT	9 yrs
10	39	12th		x	12 mos	3 yrs
11	40	GED		x	12 mos	18 yrs
12	41	12th	x		10 wks	5 yrs
13	42	GED	x		OJT	13 yrs
14	46	12th	x		OJT	18 yrs
15	46	10th		x	12 mos	5 mos
16	48	12th	x		OJT	14 yrs
17	48	30 mos NT		x	12 mos	10 yrs
18	50	12th		x	12 mos	13 yrs
19	50	12th		x	12 mos	4 yrs
20	56	18 mos NT	x		OJT	15 yrs
21	60	8th	x		OJT	21 yrs
22	61	12 mos NT	x		OJT	18 yrs

*Waiver/LPN School

**Nurses' Training

EDUCATION AND EXPERIENCE: NURSES' AIDES

Code	Age	Last Grade Completed	Length of Training	Experience
23	19	9th	9 wks	6 mos
24	19	12th	8 wks	6 mos
25	20	12th	5 wks	3 mos
26	20	12th	2 wks	18 mos
27	20	12th	5 wks	5 mos
28	21	12th	8 wks	1 yr
29	21	12th	2 wks	2 yrs
30	22	24 mos NT (MSU)	OJT	1 yr
31	22	12th	10 wks	18 mos
32	22	12th	10 wks	2 yrs
33	23	12th	1 wk	2 yrs
34	24	12th	10 wks	3 yrs
35	24	13th	3 wks	20 mos
36	24	12th	OJT	31 mos
37	25	10th	OJT	13 mos
38	26	8th	9 wks	5 mos
39	28	12th	10 wks	6 yrs
40	28	8th	10 wks	30 mos
41	28	12th	16 hrs	2 yrs
42	28	10th	9 wks	28 mos
43	29	12th	8 wks	4 mos
44	29	12th	OJT	18 mos
45	30	12th	6 wks	18 mos
46	32	12th	10 wks	19 mos
47	36	10th	5 wks	10 yrs
48	37	12th	2 wks	4 yrs
49	38	8th	OJT	11 yrs

Code	Age	Last Grade Completed	Length of Training	Experience
50	40	12th	2 wks	15 yrs
51	41	12th	4 hrs	15 yrs
52	42	12th	10 wks	7 yrs
53	45	12th	7 wks	1 yr
54	47	9th	OJT	10 yrs
55	48	9th	3 wks	10 yrs
56	54	9th	6 wks	7 yrs
57	57	12th	10 wks	6 yrs
58	57	8th	6 wks	7 yrs
59	57	8th	OJT	12 yrs
60	58	8th	16 hrs	15 yrs
61	59	12th	9 wks	8 mos
62	60	9th	OJT	7 yrs
63	64	12 mos NT	OJT	14 yrs

QUESTION 3: LICENSED PRACTICAL NURSES

"Have you found that your training prepared you for what is now expected of you on your ward?"

Code	W/S*	Yes	No	Und	Comment
1	S	x			
2	S	x			
3	W	x			
4	S			x	I was taught in a small hospital. They didn't do things the same as here.
5	S	x			Definitely well trained.
6	S	x			Very good instructors.
7	S	x			Couldn't do it without all the training I had.
8	S	x			
9	W	x			All the experience really helped.
10	S	x			
11	S	x			
12	W	x			
13	W	x			Experience was the main thing.
14	W	x			
15	S	x			
16	W	x			Experience.
17	S	x			
18	S	x			
19	S	x			Very good training.
20	W	x			
21	W	x			Experience and the actual work.
22	W	x			Experience has been the main teacher.

*Waiver/LPN School

QUESTION 3: NURSES' AIDES

"Have you found that your training prepared you for what is now expected of you on your ward?"

Code	Training	Yes	No	Und	Comment
23	9 wks	x			
24	8 wks		x		Not enough for Peds, but OK for adult care.
25	5 wks	x			Basic was good, but still need training in Peds.
26	2 wks		x		Didn't cover much. Picked up most of my work on the floor.
27	5 wks			x	Some ways yes, some ways no. A lot of difference from days to nights.
28	8 wks	x			Started on Peds. OJT was good.
29	2 wks			x	Doesn't fit this position (OB), but OK for others.
30	2 yrs NT		x		Did not have enough time at the hospital.
31	10 wks	x			
32	10 wks		x		They put me right on Peds and I had to learn all over again.
33	1 wk	x			I got a lot out of it.
34	10 wks	x			
35	3 wks			x	It helps, but the experience did too.
36	OJT		x		Learned to work on the job. Didn't want to work in a specialty (Peds).
37	OJT		x		This is a much bigger hospital and everything is different.
38	9 wks	x			
39	10 wks	x			
40	10 wks	x			
41	16 hrs	x			

Code	Training	Yes	No	Und	Comment
42	9 wks		x		Not enough about surgical procedures.
43	8 wks			x	It helps, but it's not enough.
44	OJT	x			
45	6 wks			x	You can't get it all in class.
46	10 wks			x	Would like to have learned more about illness, so you could be prepared.
47	5 wks	x			
48	2 wks	x			
49	OJT	x			
50	2 wks		x		
51	4 hrs		x		But OJT taught me as I went along.
52	10 wks			x	Mostly self-taught.
53	7 wks	x			
54	OJT	x			That's the way you learn -- by by experience.
55	3 wks			x	As far as the baths go, but the rest you learn by experience.
56	6 wks	x			
57	10 wks	x			For the most part, good.
58	6 wks			x	Not given pediatrics. Had to learn on the job.
59	OJT			x	Experience helped.
60	16 hrs	x			Along with experience.
61	9 wks	x			
62	OJT	x			
63	1 yr NT			x	Nurses's aides do more than nurses did in those days (1929).

QUESTION 4: LICENSED PRACTICAL NURSES

"Do you feel that you could do more than what is asked or expected of you?"

Code	W/S*	Yes	No	Und	Comment
1	S	x			I could give medications.
2	S		x		
3	W	x			In another hospital, so many more things you could do. I gave medications and hypos.
4	S	x			Not used to capacity in the delivery room.
5	S	x			Could give medications.
6	S	x			They don't let me give medications now.
7	S	x			Could give medications. Now I've forgotten how.
8	S	x			Could discontinue IV's and pass medications. We're not allowed to calculate dosages.
9	W			x	Could do some things, but not without legal backing.
10	S	x			
11	S		x		
12	W			x	They don't let me give medications.
13	W		x		
14	W	x			Feel I am limited.
15	S		x		
16	W	x			
17	S		x		
18	S	x			Have done lots more in the past.
19	S	x			
20	W	x			

*Waiver/LPN School

Code	W/S*	Yes	No	Und	Comment
21	W		x		
22	w			x	I could orient new nurses' Aides

*Waiver/LPN School

QUESTION 4: NURSES' AIDES

"Do you think you could do more than what is asked or expected of you?"

Code	Training	Yes	No	Und	Comment
23	9 wks		x		
24	8 wks		x		
25	5 wks		x		
26	2 wks	x			Could chart on patients and take blood pressures.
27	5 wks		x		
28	8 wks	x			Could pass Aspirin at times and do dressing reinforcements.
29	2 wks	x			
30	2 yrs NT	x			
31	10 wks		x		
32	10 wks	x			
33	1 wk	x			Treatments.
34	10 wks		x		
35	3 wks	x			Could pass medications and take out IV's.
36	OJT		x		
37	OJT		x		
38	9 wks	x			
39	10 wks	x			Treatments.
40	10 wks		x		
41	16 hrs	x			Definitely. Have done much more in the past.
42	9 wks		x		
43	8 wks			x	
44	OJT		x		
45	6 wks	x			Change dressings.

Code	Training	Yes	No	Und	Comment
46	10 wks		x		You do enough. You really do more than nurses' aide's work.
47	5 wks		x		
48	2 wks	x			
49	OJT	x			
50	2 wks		x		
51	4 hrs	x			I prefer to do patient care.
52	10 wks	x			
53	7 wks		x		
54	OJT			x	
55	3 wks		x		
56	6 wks	x			
57	10 wks			x	I think I could do more.
58	6 wks			x	I like responsibility.
59	OJT		x		
60	16 hrs		x		
61	9 wks			x	
62	OJT	x			
63	1 yr NT		x		

QUESTION 5: LICENSED PRACTICAL NURSES

"Do you feel that you are asked or expected to do more than you can?"

Code	W/S*	Yes	No	Und	Comment
1	S		x		
2	S	x			Doctors sometimes do.
3	W		x		
4	S		x		
5	S		x		
6	S		x		
7	S		x		
8	S			x	Sometimes they do on other floors.
9	W		x		If they do ask, I refuse.
10	S		x		
11	S		x		
12	W		x		
13	W	x			Sometimes they give complete responsibility for IV's.
14	W	x			In the past, yes. Not now.
15	S		x		
16	W			x	At times, if they show me how, I will; but no, if I can't do it.
17	S		x		If I can't do it, I don't do it.
18	S		x		
19	S		x		
20	W		x		
21	W			x	Sometimes I'm not too sure. Will not give medications.
22	W		x		

*Waiver/LPN School

QUESTION 5: NURSES' AIDES

"Do you feel that you are asked or expected to do more than you can?"

Code	Training	Yes	No	Und	Comment
23	9 wks		x		
24	8 wks		x		
25	5 wks			x	Sometimes they do. If I can't do them, I just say "no".
26	2 wks		x		
27	5 wks		x		
28	8 wks		x		
29	2 wks	x			Sometimes.
30	2 yrs NT		x		
31	10 wks		x		
32	10 wks		x		
33	1 wk	x			
34	10 wks		x		
35	3 wks		x		
36	OJT		x		
37	OJT		x		
38	9 wks		x		
39	10 wks			x	
40	10 wks		x		
41	16 hrs			x	
42	9 wks		x		
43	8 wks		x		
44	OJT		x		
45	6 wks		x		
46	10 wks		x		Nothing I feel I'm not capable of doing.

Code	Training	Yes	No	Und	Comment
47	5 wks	x			Sometimes. Dressing changes and blood pressures.
48	2 wks		x		
49	OJT		x		
50	2 wks		x		
51	4 hrs			x	If they're short of help, they sometimes do.
52	10 wks			x	Sometimes there are things I don't think I should do and I say "no".
53	7 wks		x		
54	OJT		x		
55	3 wks	x			
56	6 wks			x	
57	10 wks	x			
58	6 wks		x		
59	OJT		x		
60	16 hrs			x	Once in awhile.
61	9 wks		x		
62	OJT		x		
63	1 Yr NT			x	

QUESTION 6: LICENSED PRACTICAL NURSES

"Do you feel that the hospital continues to give you training that helps you to keep up with your job?"

Code	W/S*	Yes	No	Und	Comment
1	S	x			Regular classes once a month.
2	S	x			About every two months.
3	W	x			
4	S			x	They have everything but my specialty (OB).
5	S	x			
6	S	x			
7	S	x			Not much interest is shown by employees.
8	S	x			Time is inconvenient.
9	W	x			Once a week.
10	S		x		Haven't been to many.
11	S	x			Always something. One a month.
12	W	x			Very much. Once a month.
13	W	x			Better than they used to be.
14	W	x			Once a month.
15	S	x			
16	W	x			
17	S	x			About once a month.
18	S	x			Every month.
19	S	x			It's our own fault if we don't take advantage of it.
20	W	x			
21	W	x			One a month.
22	W		x		They don't have too many.

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QUESTION 6: NURSES' AIDES

"Do you find that the hospital continues to give you training that helps you to keep up with your job?"

Code	Training	Yes	No	Und	Comment
23	9 wks	x			
24	8 wks	x			
25	5 wks	x			
26	2 wks	x			Have them on the ward.
27	5 wks	x			One a month.
28	8 wks	x			Not enough.
29	2 wks	x			One a month.
30	2 yrs NT	x			Maybe not enough. I don't think there is much interest among the employees, though.
31	10 wks			x	No set time for classes.
32	10 wks	x			One a month.
33	1 wk	x			
34	10 wks	x			Once a month.
35	3 wks	x			
36	OJT	x			Two since I've been here (6 mos).
37	OJT	x			Have them quite often.
38	9 wks	x			One a month.
39	10 wks	x			One or two a month.
40	10 wks	x			Used to have classes once a month, but don't now.
41	16 hrs		x		They don't offer anything interesting.
42	9 wks	x			
43	8 wks	x			
44	OJT	x			
45	6 wks	x			Need more classes.

Code	Training	Yes	No	Und	Comment
46	10 wks			x	Had them last year, not this year.
47	5 wks	x			
48	2 wks			x	They have them sometimes.
49	OJT	x			Off and on.
50	2 wks	x			Every three months.
51	4 hrs	x			
52	10 wks	x			Definitely.
53	7 wks	x			One a week.
54	OJT			x	Have them off and on.
55	3 wks	x			Have them mostly on the ward.
56	6 wks	x			
57	10 wks	x			But I don't get to go very often.
58	6 wks	x			Used to have them more, but no so much this year.
59	OJT	x			Not much lately.
60	16 hrs	x			One a month.
61	9 wks	x			
62	OJT	x			Last year we had one a month, but not so many this year.
63	1 yr NT	x			

QUESTION 7: LICENSED PRACTICAL NURSES

"What are some of the things the hospital and the staff do to help you?"

Code	W/S*	Comment
1	S	Films. Classes on reaction to pain, catheter care, suction care, and isolation.
2	S	In-service in all kinds of things.
3	W	Film on "Mrs. Reynolds Needs a Nurse."
4	S	Class on cardiac arrest.
5	S	We've had films.
6	S	Classes on isolation, heart disease, body mechanics, toxemia, and insulin reaction.
7	S	Classes reviewing equipment.
8	S	Class on CVAs.
9	W	Classes on colostomy care and isolation.
10	S	Can't think of any classes, but I've been to a few.
11	S	Ward is going to have meetings once a week. We have had classes on CVA and isolation.
12	W	Had one class on isolation. Can't remember the rest.
13	W	Classes on isolation and colostomy care.
14	W	Classes on isolation, body mechanics, and general review of new equipment. RNs and head nurses tell us about patients.
15	S	Classes on cardiac arrest, range of motion, and some ward conferences.
16	W	Classes on inhalation therapy. Attended a seminar on ICU and CCU.
17	S	Films and talks.
18	S	One class on body positioning and one on isolation.
19	S	Review of new techniques and procedures and a class on supplies
20	W	Can't remember the last class. We have ward conferences.

Code	W/S*	Comment
21	W	Refresher course. Review of new equipment. Class on inhalation therapy.
22	W	Classes on new equipment.

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QUESTION 7: NURSES' AIDES

"What are some of the things the hospital and the staff do to help you?"

Code	Training	Comment
23	9 wks	Isolation class. Movies. Some staff conferences.
24	8 wks	Class on mental health. Students give ward conference on patients on the ward.
25	5 wks	Classes on isolation and review of new things. We have a manual for new nurses' aides.
26	2 wks	Team conferences by students about patients. Class on TUR.
27	5 wks	Just an isolation class.
28	8 wks	Class on traction. General review of new equipment. No ward classes.
29	2 wks	Class on body mechanics and one on cancer.
30	2 yrs NT	Classes on body mechanics and isolation.
31	10 wks	Class on isolation.
32	10 wks	Review of new equipment. Some classes regarding policies like fire drill.
33	1 wk	Class on isolation and movies.
34	10 wks	Isolation class. Review of everything new. Team conferences.
35	3 wks	Isolation classes.
36	OJT	Lectures. Cardiac care class for pediatrics.
37	OJT	No comment.
38	9 wks	Isolation class.
39	10 wks	Class on OB care.
40	10 wks	Films. Classes on isolation and CVA.
41	16 hrs	Isolation class. I don't like what's offered. I don't feel that RNs should teach; they don't know enough about nurses' aides jobs.
42	9 wks	Classes on emergency disaster plan and mental health.

Code	Training	Comment
43	8 wks	Isolation class.
44	OJT	Classes on isolation and body mechanics. RNs explain on the wards.
45	6 wks	Resuscitation class. Would like to have something on new equipment.
46	10 wks	Not much this year.
47	5 wks	Classes on different parts of the body; one on isolation; some on depression, crisis, and death. I like these very much.
48	2 wks	Have had some programs, one on P.T. Would like to know more about patients. Staff doesn't always explain.
49	OJT	Films. Ward conferences with students.
50	2 wks	Isolation class and films.
51	4 hrs	Some classes are over my head. Have had classes on isolation, CCU, and lots of different things.
52	10 wks	Classes on medical terminology, isolation, and about Rh babies.
53	7 wks	Classes on isolation, colostomy care, and review of new things.
54	OJT	Classes on isolation and suction technique. Staff helps by explaining.
55	3 wks	Films. Class on catheterization.
56	6 wks	Classes on CVA and orthopedic patients. Staff is very good about explaining.
57	10 wks	Classes on positioning and turning patients and isolation.
58	6 wks	Staff on Pediatrics helps; they give classes. Used to have in-service last year.
59	OJT	Class on cardiac arrest. Not very much lately. No ward conferences.
60	16 hrs	Not much in-service. Only every once in awhile.

Code	Training	Comment
61	9 wks	Colostomy class. OJT. Review of isolation and diabetes.
62	OJT	Not much this year. Some ward classes with students.
63	1 yr NT	Films. Class on isolation. Not much else.

QUESTION 8: LICENSED PRACTICAL NURSES

"How do you see your work as it relates to: Doctor, Nurse, Patient?"

Code	W/S*	Doctor	Nurse	Patient
1	S	None.	Reports, observation, and assist each other.	Most of the time with patients.
2	S	Assist with women's physical examinations.	Do lots with nurse.	Like patient care, but do treatments a lot.
3	W	Not much time with doctor.	Frequently assist nurse.	Most of my time with patients.
4	S	Scrub for deliveries.	Assist with BPs and preps.	Take care of patients in labor and delivery.
5	S	Make rounds with doctor and take orders; assist with dressing changes.	We are the nurse's feet.	Complete care and treatments. Everything except medications.
6	S	Seldom assist	Desk and treatments.	Quite a lot of the time.
7	S	Assist doctor occasionally.	Assist nurse occasionally.	Spend almost all of my time.
8	S	Assist with dressing changes and cut-downs	Assist often.	Anything they need.
9	W	Don't see him often.	Help all the time.	About eight hours a day.
10	S	Not much contact.	Assist nurse most of time.	Spend almost all of my time.

Code	W/S*	Doctor	Nurse	Patient
11	S	Not much.	Assist her some.	Most of the time.
12	W	None.	Very closely.	All the time I can.
13	W	None.	Assist in just about everything.	Everything except medicines and starting IVs.
14	W	Assist with scrubs in delivery room.	Chart lots, and we interchange work.	Keep patient comfortable. Most of work is with patients.
15	S	Not much.	Assist often.	Everything for the patients.
16	W	Not much.	Assist almost all the time.	All I can. In ICU all the time. On the floor I do medications.
17	S	None.	Assist in many things.	Patients are what I'm here for.
18	S	Little contact.	Assist her.	Most of the time.
19	S	Assist with dressing changes.	Share responsibility.	Largest portion of my time.
20	W	Not much.	Assist the nurse.	Major portion of my time.
21	W	Make rounds at times.	Assist very often.	Everything I can.
22	W	Sometimes assist him changing dressings.	Help the nurse.	All the time with patients.

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QUESTION 8: NURSES' AIDES

"How do you see your work as it relates to: Doctor, Nurse, Patient?"

Code	Training	Doctor	Nurse	Patient
23	9 wks	Nothing.	Somtimes.	Take care of patients.
24	8 wks	Never.	Assist them.	Most of my time at the bedside.
25	5 wks	Very little.	Assist nurse with holding patients.	Everything. I care for the patients, play with patients, and talk to patients.
26	2 wks	Not much.	Not much.	Most of my time.
27	5 wks	None.	Quite a bit.	A lot.
28	8 wks	Assist with holding patients.	Assist them.	Give most of the patient physical care.
29	2 wks	Assist him with doing circumcisions.	Assist all the time.	Take care of the babies' needs.
30	2 yrs NT	Not much.	Assist at times.	We are the ones that are with them most of the time. More than RN's. Make them comfortable and meet their needs.
31	10 wks	Never.	Assist and report things.	Give baths, make comfortable. Meet needs. Most of the time with patients.

Code	Training	Doctor	Nurse	Patient
32	10 wks	Assist with cut-downs and starting IVs.	Help her with holding patients.	About 6 hours a day.
33	1 wk	Nothing.	Help with treatments.	Half my time.
34	10 wks	Not much.	Help with whatever she wants.	90% of my time is with patients.
35	3 wks	Not much.	Assist often.	We're the closest to the patient there is.
36	OJT	Very little.	Assist them.	Care for patients.
37	OJT	Nothing.	Not too much.	Most of my work is with the patients.
38	9 wks	None.	Assist at times.	All of my time.
39	10 wks	Not much.	Help quite often.	That's where it is.
40	10 wks	Not often.	Sometimes we report.	Most of my time.
41	16 hrs	Nothing.	Assist.	Close to the patients. Spend most of the time listening, talking, and making them comfortable.
42	9 wks	Never.	Help them.	Work with the patients.
43	8 wks	Not much.	Assist.	Listen to patients, make them comfortable, encourage them.

Code	Training	Doctor	Nurse	Patient
44	OJT	Once in a great while.	Not much.	Most of my time.
45	6 wks	Don't help them directly.	Assist quite a bit.	As much as I can.
46	10 wks	Very little.	Quite a bit.	Most of the time.
47	5 wks	Nothing.	Assist a little bit. Help with IVs and give pills.	Keep them clean. Cheer them up. Most of my time with patients.
48	2 wks	Not much.	Lots of things.	Mother them and do almost everything.
49	OJT	Not much.	Assist often.	Almost all of my time with patients.
50	2 wks	Not much.	Help each other.	Most of the time.
51	4 hrs	Very little.	Report to nurse.	Most of my time spent with patients.
52	10 wks	Scrub with the doctor in delivery room.	Errand girl. Help with charts.	Most of the time.
53	7 wks	Nothing.	Lots of times we help her.	For the patients, all bedside care, treatments, and changing dressing.

Code	Training	Doctor	Nurse	Patient
54	OJT	Nothing.	Assist if needed.	Much of my time.
55	3 wks	Not much.	Assist.	Three-quarters of my time.
56	6 wks	Not much.	Report and observe.	We are the ones who wait on them.
57	10 wks	Nothing.	Help all the time.	Most of my time.
58	6 wks	Nothing.	Report to them.	We explain what the doctor says to the patient, listen and talk to them.
59	OJT	Very little.	Assist them.	With the patients all the time.
60	16 hrs	Don't help often.	Assist her all the time.	Most of my time.
61	9 wks	Nothing.	Sometimes.	Oh yes. Most of the time.
62	OJT	Not much.	Assist quite often.	Spend all of my time caring for the patients.
63	1 yr NT	Nothing.	Assist them.	Care for patients at the bedside.

QUESTION 9: LICENSED PRACTICAL NURSES

"What do you think is the most important thing you do as a member of the nursing team?"

Code	W/S*	Comment
1	S	Help care for the patients and help them recover. Give them treatments based on knowledge.
2	S	Physical care for the patients.
3	W	Caring for patients -- their comfort. Meet their needs, and all the physical things.
4	S	Help patients in labor. Try to explain what is happening.
5	S	Care for patients, their comfort. Keep them clean. Give them what they ask for when they ask for it. I give them the best possible care I can.
6	S	Patient care. I like it.
7	S	I work as an aide's aide. Also do dressing changes and catheterizations, but help aides all the time. I'm not doing what I was trained for.
8	S	Care for patients. Physical and emotional support.
9	W	Bedside care. I don't like charting and desk work, but do like patient care.
10	S	Give treatments and care for patients.
11	S	General bedside nursing. Mostly with patients.
12	W	I work with patients. That's where we are.
13	W	Patient care -- the physical things. Also talk and listen. Spend extra time with the patient who is lonely. TLC is important.

Code	W/S*	Comment
14	W	I take care of the patients. I like it the best.
15	S	I'm a go-between for patients, nurse, and doctor. I have direct contact eight hours a day. You see them more than anybody else.
16	W	Most patient-centered.
17	S	Patient-centered and physical care.
18	S	Most patient care at the bedside.
19	S	I work with all of them -- the doctor, the nurse and the patient. Most of the time I do treatments.
20	W	Work with the patients.
21	W	Make patients happy and comfortable as I can. I talk with patients, but not like the students.
22	W	Bedside care with patients.

QUESTION 9: NURSES' AIDES

"What do you think is the most important thing you do as a member of the nursing team?"

Code	Training	Comment
23	9 wks	Taking care of the patient, everything we can.
24	8 wks	Taking care of patients.
25	5 wks	Keep patients as comfortable as possible. Give them personal care. Observe and report to the nurse. We're closer to the patients almost all the time.
26	2 wks	Keep patients comfortable. Give basic care, talk, and listen.
27	5 wks	Keep patients comfortable. Mostly at the bedside.
28	8 wks	Patient care. Talk, and give TLC.
29	2 wks	Feed, change babies. Help mothers with breast and bottle babies.
30	2 yrs NT	Help RN do patient-care things.
31	10 wks	Take care of patients. Make them feel at home. I talk to them.
32	10 wks	With patients. Talk and listen.
33	1 wk	No comment.
34	10 wks	Patient care. Bath. Grooming and oral hygiene. Physical comfort. Visit with them. Try to find out their problems. For lots of them, talking is good, particularly the older patients.
35	3 wks	Close to patients. Do things for them. Observe and tell nurse.
36	OJT	Patient care. Clean, feed, and entertain children.

Code	Training	Comment
37	OJT	With the patients. Help explain what is being done. Prepare them for surgery. Mostly physical things.
38	9 wks	Mostly with patients. Physical things -- bath temps, etc.
39	10 wks	Work with patients. Keep them comfortable and happy.
40	10 wks	Keep patients comfortable. Care for their physical comfort.
41	16 hrs	Try to make their stay in the hospital as comfortable as possible. Treat them as friends. If they are afraid, like with death, I try to make them feel they are not alone.
42	9 wks	Give patient care, physical and emotional.
43	8 wks	Patients are most important. Spend my time there.
44	OJT	Care for patients. With them all the time.
45	6 wks	Give patient care. Report condition to the nurse.
46	10 wks	We are really the middle-man between the patient and the nurse. We're with the patients most of the time and care for them, outside of their medicines and treatments. I see my job as listening and observing.
47	5 wks	Keep patients happy and comfortable. Meet their needs.
48	2 wks	Take care of patients. Do most of the things at the bedside.
49	OJT	Service to patients -- physical and anything to help them.
50	2 wks	Mostly with patients to care for them. Listen to them. Some patients are very happy when you just listen.

Code	Training	Comment
51	4 hrs	Patient care. Help them to get well.
52	10 wks	Help give patients confidence in themselves. Support them any way possible.
53	7 wks	At bedside with patients.
54	OJT	Care for patients at the bedside. Listen a lot. Talk with them.
55	3 wks	Keep patients in good frame of mind. Give them physical care.
56	6 wks	Helping patients with physical care. Try to be cheerful.
57	10 wks	Give patients care and see to their wants. Give bed baths and care for patients.
58	6 wks	Keep little patients comfortable. See to their physical comfort. Work with teenagers; they want attention. They like to be babied. They always say "Thank you."
59	OJT	Taking care of the patients.
60	16 hrs	Take care of patients, their desires and wants.
61	9 wks	With the patients. Do little things. Pat their shoulders and encourage them.
62	OJT	With patients. Keep them cheerful. Encourage them to help themselves. Listen a lot.
63	1 yr NT	Caring for the sick. Find great challenge, especially with the little folks.

QUESTION 10: LICENSED PRACTICAL NURSES

"Can you tell me in detail what you did today?"

Code	W/S*	Comment
1	S	Got report. General treatment nurse. Checked Kardex and treatment cards. Took new surgical patient's BP. Answered lights. Changed dressings. Irrigated catheter. Filled ice bags and hot packs. Discontinued IVs.
2	S	Got report. Did temps and AM care. Passed and picked up trays. Had five patients assigned. One complete bath; the rest were partial. Answered lights. Gave orange juice to a diabetic. Spent a lot of time with my patients.
3	W	Got report. Did temps. Passed water. Prepared patients for supper. Passed and picked up trays. Fed one patient. PM care.
4	S	Got report. Helped restock delivery room. Changed syringe boats. Made up charts. Stored linen. Scrubbed in delivery room.
5	S	Two burn patients. Baths, put on cream. Beds. Checked IVs. Talked to mother who was concerned about child. We use reverse technique on them. Spent most of the day with these patients.
6	S	Didn't work in my own area. Helped on Peds. Had two little boys and one little girl. Checked neuro signs on little girl. Did routine care.
7	S	Treatment nurse. I organized my work so I could know what to do. Did BPs, routine treatments, checked dressings and drainage from catheters. Changed colostomy. Irrigated a catheter. Took care of tracheostomy. Gave oral hygiene to a patient.

Code	W/S*	Comment
8	S	Took temps. Passed out ward water. Prepared patients for breakfast. Passed out trays. Got report. Was assigned four patients. All but one were complete baths. Answered lights.
9	W	Made rounds. Put up NPO signs. Check BPs, IVs, and dressings. Turned patients. Irrigated catheter. Checked diet sheet. Charted. Got surgical patients ready.
10	S	Took temps. Did Clinitest on a patient. Passed and picked up trays. Helped others with care. Did temps, backrubs, and clinitest. Gave an enema.
11	S	Did treatments, BPs, and one catheterization. Turned, positioned, and assisted patients. Got patient up and walked him. Checked IVs and lights.
12	W	Got report. Treatment room nurse. Filled ice bags. Did irrigations (NG tube, Emerson and sump pumps). Catheterized one patient. Admitted patient for surgery.
13	W	Got report. Made rounds. Checked croupettes, ice bags, and BPs. Fed babies. Changed beds. Checked I & Os. Checked diet slip.
14	W	Worked in the nursery. Took care of baby in incubator. Routine care for other infants. Helped with three new-baby examinations, two home examinations. Diapered babies; took them to breast. Cleaned nursery.
15	S	Took temps. Did AM care. Got report. Helped with trays. Assigned four patients. Two complete baths, two showers. Made up four units. Started oxygen on one patient. Did treatments and dressings. Answered lights. Gave an enema. Charted.

Code	W/S*	Comment
16	W	I float. Worked in inhalation therapy and assisted in emergency room. Checked stock and equipment. Not too busy tonight.
17	S	Got report. Took temps. AM care. Had five patients assigned. All but one were tub baths. Fed one patient. Answered lights. Helped with a paraplegic patient.
18	S	Had three patients. Fed babies and children. Encouraged parents to feed their own children. Took care of treatments for my own patients. Stayed with new surgical patient. Specialed critical patient rest of day.
19	S	Did treatments, BPs. Bed boards for patient. Checked new orders. Took care of returned surgical patients. Checked dressings, IVs, draining catheters. Took a patient to the examining room. Answered lights. Put Levine tube down.
20	W	Got report. Was assigned five patients. Helped admit one patient. Had three complete baths, two partials.
21	W	Took report. Had five patients assigned. Had one infant who was pretty bad. Tried to feet it. Reported difficulty to the nurse. Took infant to x-ray. Came back and cleaned up one small child-tub bath. Had a sixteen-year-old with seizures; bathed him. Got one child ready for surgery. Charted on patients. Helped with a little one in mist. Helped doctor to examine an infant.
22	W	Took report. Helped feed patients. Took temps. Had five assigned patients. They were light patients. Did one clinitest.

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QUESTION 10: NURSES' AIDES

"Can you tell me in detail what you did today?"

Code	Training	Comment
23	9 wks	Five patients assigned. Fed, bathed baby, and changed crib. Had two little girls and I took care of a thirteen-year-old boy. Patient back from OR. Took BP on patient. Helped with trays. Played with children.
24	8 wks	Got report. Five patients assigned. Two one-year-olds and three teenagers. Bathed children, talked to them. One went to surgery. Charted on own patients.
25	5 wks	Five patients assigned. Two surgicals -- didn't go until PM. Gave baths to my patients. Made beds. Took BP on one patient. Took temps. Fed babies. Gave an enema. Talked to doctor about little boy -- possilbe hydrocephalic. Baby's prognosis not good. Answered lights. Helped hold patient for shots.
26	2 wks	Took temps, passed water, and did AM care. Got report. Assigned eight patients, students took care of two. One went to surgery. Helped with trays. One bed bath, rest partials. Fed two people.
27	5 wks	Temps. Passed trays. Straightened beds. Gave backrubs and answered lights. Messenger for the nurse -- patient wanted hypo, pills, etc. Walked patient. Helped patient get up.
28	8 wks	Got report. Made rounds. Passed juices and soft drinks. Washed patients for supper. Passed trays. Fed baby. Fed year-and-a-half-old infant. Checked children. Took temps. Charted on patients.

Code	Training	Comment
29	2 wks	Work in OB. Scrubbed. Got report. Bathed babies. Cleaned area. Disposed of garbage. Held two babies for circumcision. Took babies to mothers; brought them back. Refed, if necessary. Cleaned nursery for the next shift.
30	2 yrs NT	Made one bed. Admitted two patients. Passed trays. Answered lights. Emptied urinals. Gave backrubs.
31	10 wks	Had two patients, one eighteen-year-old and one sixteen-year-old. Gave both baths. Talked to them. Answered lights. Helped with trays. Did BPs. I used to do all the treatments.
32	10 wks	Made rounds. Assigned five patients. Changed babies and beds. Admitted a patient. Got patients ready for supper. Passed trays. Fed patients. Took temps and BPs. Passed juices. Fed babies. Cleaned up.
33	1 wk	Took temps. AM cares. Got report. Helped with trays. Had two patients. Talked with patients. They were self-baths. Made beds. Gave an enema. Answered lights.
34	10 wks	Four patients. One shower. One bed bath. One to OR. One partial. Cleaned the room. Walked with one patient. Helped student LPNs.
35	3 wks	Took temps. Got report. Assigned seven patients. Cleaned beds. Forced fluids. Answered lights. Checked IVs. Helped with trays. Checked I & O sheets. Read to patients. Chatted with parents.
36	OJT	Got report. Five patients assigned. Two went to surgery. Gave three baths. Passed juices. Entertained children. Took temps. Charted on own patients.
37	OJT	Got report. Made rounds. Checked IVs. Answered lights. Gave bedpans. Not too busy a night.

Code	Training	Comment
38	9 wks	Got report. Made rounds. Took BPs. Checked patients. Answered lights. Not too busy tonight.
39	10 wks	Had seven patients. Got report. Tock temps, BPs. Comforted patient. Gave sitz bath and treatments.
40	10 wks	Four patients assigned. Temps, water, AM care. Helped with trays. Gave one enema. Three complete baths, one tub bath. Answered lights.
41	16 hrs	Assigned six patients. Changed two beds. One problem patient; talked and sat with her. Got her up. Passed trays. Answered lights. Helped position patients. Gave PM care.
42	9 wks	Report. Was just learning the ward, so followed someone else around.
43	8 wks	Made beds. Got patient up with a binder. Water and pass trays. Admitted two patients. Answered lights. One enema. Encouraged patient to get up.
44	OJT	Temps. AM care. Helped pass trays. Got report. Got patients started on baths. Assigned ten patients but had help. One complete bath on time-consuming patient. Walked patient. Finished baths.
45	6 wks	Made rounds. Got them ready for supper. Fed children. Picked up trays. Took temps. Checked patients. Passed juice and water. Got patients ready for bed.
46	10 wks	Six patients, one surgical. Two went to x-ray. Two partials and one complete bath. Answered lights. Took temps. Helped with trays. Helped another girl get a patient up and make a bed. Much time taken up answering lights. It all takes time. You listen a lot. Patients need to talk. Wish I had more time to spend with them. It makes them feel better.

Code	Training	Comment
47	5 wks	Eight patients assigned. Temps, passed water, and gave AM care. Helped pass trays. Got report. Helped patient on cart for x-ray. Made bed. Started to work with my patients. Gave an enema. Finished patient. Gave another enema. Two patients went home. Finished up patients. Answered lights. Changed one bed. One surgical patient went to OR. Got a lady up. Made a surgical bed. Helped admit patients.
48	2 wks	Trays. AM care. Report. Assignment of five patients plus one surgical. Two baths, three partials. Put on heat cradle. Patients had lots of questions regarding themselves.
49	OJT	Got report. Five patients assigned. One shower, one tub, one complete bath. Two surgical patients. Helped with trays. Made beds. Finished patients.
50	2 wks	Eight patients. Most self-help. One time-consuming. Likes to be done last. Changed dressings. Helped with trays. Helped with isolation patient.
51	4 hrs	Had five patients assigned. Passed out water. Took temps. AM care. Got report. Had one patient for bed bath, four for self-care. Two were on bedrest. Had I & O on one patient. Helped put a surgical patient back to bed. Gave him sips of water. Visited with patients. Patients tell you things they don't tell doctors and nurses.
52	10 wks	Scrubbed for delivery room. Cleaned delivery room. Instructed students in cleaning delivery room. Sat with patient in labor and gave her moral support. Filled out birth certificates.
53	7 wks	BPs. Turned patients. Checked patients. Answered lights. Asked for sleeping pills for pain. Gave bedpans. Did one clinitest. Took patient to bathroom. Checked I & Os. Charted on patients.

Code	Training	Comment
54	OJT	Six patients assigned. Took temps. Did AM care. Got report. Took linen to patients' rooms. Three complete baths, one tub, and two partials. Student helped to get patient up. Answered lights. Straightened up for 3-11 shift.
55	3 wks	Temps. Two aides worked together. Gave AM care. Got report. Helped with trays. Two aides had eleven patients. Two patients went to surgery. Did their patients. Checked IV. Had a blind lady. Fed her, got her up, combed her hair.
56	6 wks	Five patients. Did temps and AM care. Charted temps. One complete, three partial baths. One surgical patient. Got report. Answered lights.
57	10 wks	Worked with a team (two aides). Had twelve patients. Did temps. Passed water. Gave AM care. Got report. Started working. Had 11:30 temps. Helped with trays. Helped feed. Busy.
58	6 wks	Worked with burn patients. Took their temps, changed their beds. Checked IVs. Specialed them.
59	OJT	Got report. Floated to another ward. Did four complete baths. Made beds. Was busy.
60	16 hrs	Eight patients. Two full baths. Six beds made. Answered lights. Helped get patient to surgery.
61	9 wks	Worked in newborn nursery. Got report. Scrubbed. Cared for infants. Stocked supplies. Took babies to mothers.
62	OJT	Got report. Fed and bathed infants. One older child (sixteen), complete bath, helped to ambulate. Took temps. Admitted a patient. Checked IV.
63	1 yr NT	Had six patients, one was dismissed. Two eight-month babies. Two eighteen-year-olds, one with back pain, one with abdominal pain. One went to surgery.

APPENDIX D

TASK LIST RESULTS

QUESTIONS		ROUTINE		OCCASIONAL		NEVER	
		LPN	NA	LPN	NA	LPN	NA
1.	Give bed baths	14	31	6	9	2	1
2.	Assist patients to complete bath	13	28	8	11	1	2
3.	Feed patient	14	29	7	12	1	0
4.	Assist patient with feeding himself	13	31	8	10	1	0
5.	Give H. S. Care	8	18	8	19	6	4
6.	Give and remove bedpan	21	39	1	2	0	0
7.	Take temperature orally	18	40	4	1	0	0
8.	Take temperature rectally	16	37	6	3	0	1
9.	Take pulse and respirations	22	39	0	2	0	0
10.	Chart pulse and respirations	21	23	1	11	0	7
11.	Assist patient in and out of bed	21	39	1	2	0	0
12.	Collect lab specimens	20	31	2	9	0	1
13.	Transport patient to other areas of hospital	11	25	11	16	0	0
14.	Do Intake & Output on patient	19	37	3	4	0	0
15.	Clean and wrap sterile packs	4	3	5	11	13	27
16.	Sterilize instruments, packs, and solutions	0	1	6	2	16	38
17.	Prepare patients for delivery and surgery	10	23	7	10	5	8
18.	Scrub and assist doctor in surgery	1	0	1	0	20	41
19.	Scrub and assist doctor in delivery room	2	1	1	0	11	40
20.	Change sterile dressings	10	1	9	15	3	25
21.	Change colostomy dressings	14	6	3	19	5	16
22.	Prepare and give oral medication	2	0	6	4	14	37
23.	Prepare and give hypodermic injection	2	0	4	0	16	41

QUESTIONS		ROUTINE		OCCASIONAL		NEVER	
		LPN	NA	LPN	NA	LPN	NA
24.	Prepare and give IV fluids	0	0	0	0	22	41
25.	Prepare and give IV medications	0	0	0	0	22	41
26.	Catheterize patient to empty bladder	14	3	7	3	1	35
27.	Chart patient care, condition, and observations	22	30	0	10	0	1
28.	Give cleansing enemas	18	35	4	6	0	0
29.	Give oil retention enemas	15	19	7	15	0	7
30.	Care for patient in isolation	13	26	9	10	0	5
31.	Set up isolation area	13	19	8	13	1	9
32.	Clean isolation area after patient discharge	7	16	8	14	7	11
33.	Give Sitz bath	19	30	3	10	0	1
34.	Give sponge bath for temperature reduction	12	17	10	19	0	5
35.	Bath for newborns	5	4	5	12	12	25
36.	Feed newborns	5	9	5	11	12	21
37.	Prepare and insert tube for feeding newborn or premature	0	0	0	0	22	41
38.	Give breast care to mother before and after nursing	5	3	5	6	12	32
39.	Care for patient recovering from anesthesia	9	18	11	15	2	8
40.	Insert retention catheter	11	1	6	1	5	39
41.	Give first aid to patient suffering from shock	5	0	8	8	9	33
42.	Give first aid to patient with fracture	3	1	3	7	16	33
43.	Assist doctor with examination of patient	4	6	17	15	1	20
44.	Apply restraints	11	21	10	15	1	5
45.	Set up mist tents	6	10	5	14	11	17

QUESTIONS		ROUTINE		OCCASIONAL		NEVER	
		LPN	NA	LPN	NA	LPN	NA
46.	Set up oxygen at proper setting for mist tent	6	11	4	18	12	12
47.	Use suction machine to clear throat and mouth	16	6	6	26	0	9
48.	Use suction to clear tracheotomy tube	12	4	8	21	2	16
49.	Give IPPB treatment	1	0	4	3	17	38
50.	Admit patients to the ward	20	34	2	5	0	2
51.	Discharge patients	19	38	3	2	0	1
52.	Care for infants in incubator	7	10	3	6	12	25
53.	Take phone reports from lab and x-ray	1	5	11	13	10	23
54.	Test urine for sugar	20	20	2	16	0	5
55.	Answer telephone on the ward	9	13	10	27	3	1
56.	Take blood pressure	22	34	0	6	0	1
57.	Chart blood pressure	21	24	1	8	0	9
58.	Terminate IV fluids	7	9	12	12	3	20
59.	Terminate blood transfusions	5	6	4	7	13	28

ADDITIONAL TASKS LISTED ON TASK LIST FORMS

TASK		LPN	NA
1.	Tube feed	3	
2.	Irrigate naso-gastric tube	6	
3.	Irrigate catheter	5	
4.	Pass and pick up food trays	5	12
5.	Answer lights	11	10
6.	Fill ice bags	5	4
7.	Apply heat pads	4	4
8.	Give phisohex scrubs	2	
9.	Care for deceased	5	2
10.	Apply eye ointment	3	
11.	Apply eye compress	3	
12.	Use and care for equipment (Sump and Emerson pumps)	9	4
13.	Reassure patients and relatives and explain equipment used	6	
14.	Special critical patients coming from operating room	1	
15.	Work with traction patients	3	2
16.	Assist doctors on rounds	1	
17.	Check neurological signs	1	2
18.	Work with circle bed	2	2
19.	Measure and fit belts and binders	1	
20.	Assist students	2	1
21.	Prep surgical patients	1	
22.	Help and assist mentally confused patients	1	
23.	Observe and time contractions in labor room	3	1
24.	Relieve nurse for lunch and supper break	1	

TASK		LPN	NA
25.	Give douches	1	
26.	Instill medications in bladder	1	2
27.	Irrigate wounds	1	
28.	Range of motion exercises	2	2
29.	Work with Byrd respirator	3	
30.	Work with monitoring equipment	1	
31.	Relieve at switchboard		1
32.	Feed infants with cleft palates	1	
33.	Mix infant formula	1	2
34.	Order supplies	3	
35.	Take patients histories	2	
36.	Clean various areas of the hospital		7
37.	Attend in-service meetings		1
38.	Run errands		4
39.	Float to other floors		7
40.	Assist physician with circumcisions		2
41.	Do peri care		4
42.	Remove catheter	3	1
43.	Shampoo hair		1
44.	Make phone calls for patients		4
45.	Reassure patient when necessary		3
46.	Apply head and pillow traction		1
47.	Help patients with P. T. exercises		1
48.	Read to and comfort children		3

APPENDIX E

JOB DESCRIPTIONS: LPN AND NA

LICENSED PRACTICAL NURSE

General Statement of Duties

Administers routine nursing procedures in caring for patients.

Supervision Received

Works under the supervision of a member of unit nursing staff.

Supervision Exercised

None.

EXAMPLES OF DUTIES: (Any one position may not include all the duties listed, nor do the listed examples include all tasks found in positions of this class.)

Administers personal hygenic measures: baths, oral hygiene, skin care, assists patients in ambulation, feed patients, observes isolation measures.

Administers treatments: enemas, douches, catheterizations, trach suctioning. Applies hot and cold compresses and packs.

Charts and maintains records of treatments performed.

Attends and participates in nursing care conferences, educational programs, workshops, and personal development programs.

Performs other related duties.

MINIMUM QUALIFICATIONS:

Responsibilities, Skills and Effort

Skill in basic nursing techniques. Must have a desire to serve those who are ill or incapacitated. Ability to work under close supervision and to follow orders. Must be able to adjust to diversified types of personalities and use tact and judgment in dealing with varying situations.

Education

Graduation from high school. Satisfactory completion of the LPN examination according to waiver clause, Montana State Law #66-1221.

Experience

Satisfactory performance as patient care aide before taking LPN examination.

Special Requirements

Current State licensure as a practical nurse.

LICENSED PRACTICAL NURSE II

General Statement of Duties

Administers routine nursing procedures in caring for patients.

Supervision Received

Works under the supervision of a registered nurse.

Supervision Exercised

May assist in assessing patient care needs.

EXAMPLES OF DUTIES: (Any one position may not include all of the duties listed, nor do the listed examples include all tasks found in positions of this class.)

Performs nursing procedures such as: venous pressure monitoring, peritoneal dialysis, physical examination, administration of medication in accordance with the guidelines of the Montana State Board of Nursing. Assist in the operating room and delivery room and Coronary Care Unit.

May act as team leader assisting patient care aides.

Requisitions supplies and equipment necessary to perform treatments.

Utilizes and maintains various types of equipment.

Maintains records of treatments performed.

Provides for the comfort of patients and participates in patient teaching.

Assist in orienting new personnel to unit.

Attends and participates in nursing care conferences, educational workshops, and personal develpment programs.

Performs other related work.

MINIMUM QUALIFICATIONS:

Responsibilities, Skills and Effort

Ability to make independent judgments when performing routine nursing procedures. Ability to maintain a helpful and sympathe-

tic attitude toward patients, and to establish and maintain harmonious working relationships.

Education

Graduation from high school. Satisfactory completion of approved practical nurse training course. Coronary Care Course required if assigned to unit.

Experience

None.

Special Requirements

Current State licensure as practical nurse.

JOB DESCRIPTION: LICENSED PRACTICAL NURSE July 1968

In the Hospital a licensed practical nurse is a person who is licensed to practice in the State of Montana and is trained to care for the subacutely and chronically ill and convalescent patients under the supervision of a registered professional nurse and to assist the registered professional nurse with nursing care of the seriously ill patients.

Those licensed practical nurses who have had in-service training in preparation and administration of medications and/or special treatments and procedures, and who have demonstrated adequate competency to the satisfaction of the Nursing Service, may prepare and administer medications, treatments and procedures.

Licensed practical nurses may chart those duties and procedures they themselves do for the patient. Under no circumstance may the licensed practical nurse accept verbal orders from physicians.

LINE OF AUTHORITY: Directly responsible to the Team Leader.

DUTIES: The Licensed Practical Nurse is prepared to assume those duties of the Nurse Aide plus the following:

I. Routine Nursing Services:
   - A. Assist with physical examinations
     1. Vaginal
     2. Rectal
     3. Proctoscopy

II. Comfort and Hygiene
   - A. Irrigation of functioning and regulated colostomies and catheters
   - B. Vaginal irrigations
   - C. Prepare and give throat irrigation
   - D. Prepare and apply sterile and unsterile dressings
   - E. Prepare and apply hot packs
   - F. Observe and discontinue IVs as directed by the head nurse

G. Prepare and administer medications as directed by the head nurse or medication nurse.

1. Order new supply of drugs

NOTE: Does not include the giving of medications which must be prepared by calculation of fractional dosage, or by converting to or from apothecary or metric system, or any medication to be given by IV.

H. Catheterize patients

1. Retention catheters

I. Maintain airway for patient's immediate comfort:

1. Oral suction
2. Nasopharyngeal suction
3. Tracheal suction

J. Care of patients recovering from anesthesia

K. Scrub for minor surgical operations and at 2nd table for selected cases of major surgery in the operating room

L. Scrub in the delivery room

M. Care of patient, relatives and visitors in emergencies:

1. Apply tourniquet in emergency
2. Apply pressure to stop bleeding in an emergency
3. Give first aid to fainting person
4. Give first aid to patient or visitor with nosebleed

JOB DESCRIPTION

TITLE: Patient Care Aide

JOB SUMMARY: Under close supervision the aide assists the nurse in performing safe, efficient, therapeutic care of the patients. These duties require knowledge, judgment, manual dexterity.

PERFORMANCE REQUIREMENTS: Responsibility for: (Any one position may not include all of the duties listed, nor do the listed examples include all tasks found in positions of this class.)

1. Bed making, bathing, and other hygenic measures.
2. Feeding, recording I-O.
3. Positioning and ambulation.
4. Vital signs.
5. Safety measures: bed rails posey belts.
6. Simple therapeutic measures: skin traction, bed cradles, foot boards, warm and cold applications, enemas, catheter care.
7. Collection of specimens.
8. Admission, transfer, and dismissal of patients.
9. Aseptic technique.
10. Makes observations and reports to nurse in charge.
11. Participates in care conference and educational programs.
12. Performs related duties as required.

	Physical Demands:	Good physical and mental health. Cleanliness and neatness. Ability to lift, carry and move moderately heavy objects. Walking and standing during a work period.
	Special Demands:	Willingness to accept close supervision and instructions from immediate supervisor. Willingness to work knowing that an error may have serious consequences. Capacity to safeguard and maintain professional secrecy in regard to patients, doctors, personnel, and events in hospital environment.
	Job Knowledge:	Know direct lines of authority. Take advantage to teach good health habits by word and example.
	Working Environment:	Works in a well lighted and ventilated patient care area. May be subjected to disagreeable odors. May be exposed to communicable diseases.
JOB RELATIONSHIPS:	Supervised by:	Head Nurse - directly responsible.
	Workers Supervised:	None.
WORK PERFORMED:		Assignments are made daily. Established procedures have to be followed.

QUALIFICATIONS:	Educational:	Preferable, a high school education and course in patient care training.
	Experience:	Previous satisfactory experience in patient care.

JOB DESCRIPTION: WARD AIDE January 1969

Hours of work: 40 hours per week

In the Hospital a Ward Aide is a person who cares for subacutely and/or chronically ill patients and convalescent patients, under the supervision of registered nurses and/or professional student nurses who are in charge of a team.

LINE OF AUTHORITY: Directly responsible to the team leader.

A. QUALIFICATIONS:

Should be a high school graduate. Have no disabilities that will prevent performing any duties assigned. Should have a pleasing personality and enjoy working with people. Maintains a neat and well groomed appearance.

B. TRAINING:

Previous ward aide training desirable. Is trained on the job through a formal training program.

C. DUTIES:

1. Works as a member of the nursing team in giving direct routine care to the patient including patient comfort and hygiene as directed by the team leader and outlined in the job duties.
2. Cleans, assembles and maintains equipment, sets up nursing units, and maintains patient care areas.
3. Attends in-service training programs and special orientation meetings on new procedures, techniques or equipment demonstrations.
4. Charts pertinent duties and procedures they themselves do for patients.
5. Works in any area assigned by nursing supervisor.
6. Assists in the on-the-job training of new ward aides.

D. SUPERVISION:

Does no direct supervision but may assist with orientation and on-the-job training of new ward aides.

JOB DUTIES: WARD AIDE January 1969

I. Routine Nursing Services:
   A. Set up nursing units
   B. Bed making
      1. Make open beds, closed beds, occupied beds, surgical beds, closed cribs, occupied cribs and bassinets.
   C. Care of clothing and valuables belonging to the patients
      1. Temporary safekeeping
      2. Hearing aid
      3. Dentures
      4. Prosthesis
   D. Answer call lights and report needs to nurse.
   E. Assist patients into or out of bed, wheel chair; onto and off stretcher.
   F. Assist patient in walking and to and from bathroom
   G. Observe Oxygen and Mistogen tents in use:
      1. Read guage
      2. Check ice and fill container if need be
      3. Check and empty water pan if necessary
   H. Take vital signs and record:
      1. Blood pressure
      2. Temperature(rectal, oral, axillary)
      3. Pulse
      4. Respiration
   I. Observe patients receiving intravenous solutions
      1. Obtain blood from Lab.
   J. Observe character of and measure elimination:
      1. Urine
      2. Vomitus
      3. Sputum
      4. Feces
      5. Drainage from Wangensteen suction
      6. Bile bag
      7. Hemovac
      8. Abdominal drainage systems
   K. Weigh patients - Infant, Child, Adult
   L. Collect specimens:
      1. Accumulative specimen of urine
      2. Voided, single urine specimen
      3. Feces
      4. Vomitus
      5. Sputum
      6. Assist technician in obtaining blood
   M. Test urine for sugar and acetone
   N. Special types of service:

1. Admission: apply adentiband
2. Transfer
3. Dismissal
4. Preparation for surgical operation: surgical prep
5. Assist with care of body after death

II. Comfort and Hygiene of Patients:
- A. Give baths
  1. Cleansing bed bath
  2. Shower
  3. Sitz
  4. Tub
  5. Water bath for infant
  6. Temperature sponge
  7. Medicated bath
- B. Back rub
- C. Care of mouth and teeth including oral suctioning
- D. Care of hands and feet
- E. Care of scalp and hair
- F. Care of nose
- G. Care of elimination:
  1. Bed pan
  2. Urinal
  3. Commode
  4. Catheter drainage
  5. Regulated colostomy
- H. Feed Patients:
  1. Serve trays
  2. Feed helpless patients
  3. Feed infants
  4. Assist mothers with breast feeding
  5. Determine amount of food consumed or refused
  6. Record appetite on special sheet
  7. Record fluid intake on special sheet
- I. Care of patient with cast
- J. Dress and undress patient
- K. Provide for and maintain physical and mental well-being:
  1. Maintain comfort and safety:
     a. Move patient up in bed
     b. Turn patient
     c. Support patient with pillows
     d. Maintain good body alignment
     e. Give passive exercises as directed
     f. Put patient on air ring

g. Put patient on Decubicare pad
h. Adjust mechanical bed
i. Adjust bedclothes
j. Apply binders - Scultetus, T-binder, Breast binder, Pneumonia jackets
k. Change unsterile dressings

L. Apply arm, leg and body restraints
M. Carry out therapeutic procedures:
1. Enemas: Cleansing, stimulant, carminative, emollient, sedative
2. Pass flatus tube
3. Care of pressure sore
4. Fill and apply hot water bottle
5. Fill and apply ice cap
6. Prepare and give steam inhalations
7. Give perineal care
8. Apply heat lamp
9. Give breast care to nursing and non-nursing mothers
N. Isolation

III. Maintenance of Patient Areas:
A. Care of laundry:
1. Closets
2. Soiled linen
B. Clean and arrange bedside table and equipment
C. Provide and adjust lights
D. Utility room, diet kitchen and closets:
1. Clean
2. Keep in order
3. Clean IV standards, side rails, etc
E. C.S.R. Equipment:
1. Clean and return to utility room
F. Isolation

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