AN ANALYSIS OF THE NURSING AND NON-NURSING FUNCTIONS PERFORMED BY EVENING SUPERVISORS IN INTERMEDIATE GENERAL MONTANA HOSPITALS

by

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ABSTRACT

The purposes of this study were to (1) determine the functions being performed by the evening supervisors in a selected sample of Montana hospitals and (2) analyze the functions through a classification of the functions into nursing and non-nursing activities.

A survey was made by sending questionnaires to evening supervisors in intermediate general Montana hospitals. Nursing and non-nursing functions were performed routinely or occasionally by all the supervisors who answered the questionnaire. Nursing functions were classified as direct nursing care and supervisory activities. Non-nursing functions were classified as clerical, dietary, housekeeping, maintenance, medical, messenger, pharmaceutical, X-ray work and laboratory work.

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CHAPTER I

THE PROBLEM

On January 1, 1956, each patient in the average non-federal hospital in the United States received 4.8 total hours of nursing care during a twenty-four hour period. Ten years previously each patient received 3.3 hours.[1] Does this indicate that the hospitals are better staffed and that patients are receiving more and better nursing care? Yet one continues to hear the cry that a vast nursing shortage prevails in many hospitals. Or does it indicate that more nurses are being employed in order to perform non-nursing functions instead of those which involve caring for the patient?

NATURE OF THE PROBLEM

In analyzing the above facts a picture of what is happening in hospital history is necessary. In a testimony before a Sub-committee on Health and Science of Interstate and Foreign Commerce Committee, House of Representatives on June 14, 1956, R. Louise McManus presented the following statistics:

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[1] Faye G. Abdellah and Eugene Levine, "Developing a Measure of Patient and Personnel Satisfaction with Nursing Care," Nursing Research, Vol. 5, No. 3:100, (February, 1957).

Year	Number of hospitals	Bed Capacity	Ratio of beds to people
1873	173	34,000	1 to 1,265
1909	4,359	421,000	1 to 215
1953	6,840	1,573,014	1 to 100 [2]

She stated that the reason for the above changes are (1) a growing recognition of the importance of good health care and hospital service, (2) the willingness of people to pay for care, (3) the development of prepayment plans and (4) advances in medical science. In many instances the demand is well beyond the available facilities.[3]

In a study of nursing service done by the National League of Nursing Education and published in 1948, the number of general staff nurses was found to be larger than any number previously recorded (a fact often forgotten). But because of the continuing hospital expansion, along with changes in medical practice, the need for nursing personnel in hospitals has increased. Shorter stay of patients and early ambulation are an illustration of the changes in medical practice. It means that the beds are occupied twice as frequently with acutely ill patients. The increased needs of these patients leads to an increased demand on total nursing time.[4]

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[2]R. Louise McManus, "How to Meet Increasing Nursing Needs," The Yearbook of Modern Nursing 1957-1958, (New York: G. P. Putnams Sons, 1958), p. 412.

[3]Ibid.

[4]_____, A Study of Nursing Service in One Children's and Twenty-one General Hospitals, (New York: National League for Nursing Education, 1948), pp. 10, 54.

Changes in medical practices have also led to the development of several other professional workers, each of which has a specialized service to render to the patient. These workers include the dietitian, the occupational therapist, the physical therapist, the social worker and the various technicians. They visit the patient, perform their service and then go, frequently leaving the nurse with the responsibility for continuing with or the supervising of tasks which accomplish their therapeutic objectives.[5] This represents a greater demand on nursing time.

The task of the nurse co-ordinating in the patient's interest is further complicated by the increasing number of other workers who come to the hospital ward unit daily for a variety of essential services. The nurse in charge must plan with nursing personnel and the doctor for the patient's care. She is also concerned with the patient's visitors. She is involved in time with hospital personnel who deliver drugs, linen, food and supplies and take away refuse, soiled linen and used supplies, and must see that there is co-ordination of work of the ambulance attendent, dietary worker, plumber, carpenter, electrician, painter, housekeeper and others.[6] All this represents a high demand on the nurse's time especially those in positions of head nurses and supervisors. It leads the

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[5]McManus, op. cit., p. 412.

[6]Ibid.

administrators, the public and even the nurses themselves to believe that a nursing "shortage" exists.

However, another aspect in this prevalent nursing problem is being considered. R. Louise McManus in her address to the Subcommittee of the House of Representatives goes on to state:

> Many nursing leaders feel that there is really not so great a shortage of professional nursing personnel but, rather, a gross misuse of the professional nursing skills available. If nurses would or could be relieved today of all their present duties which do not require nursing knowledge, skill or judgment and if these tasks were taken over by workers whose training is much shorter and less expensive there would be a more nearly ample supply of professional nursing skills available to be utilized for professional services.[7]

STATEMENT OF THE PROBLEM

What are the functions, nursing and non-nursing, being performed by evening supervisors in intermediate general Montana hospitals? As far as it is known to the investigator, no attempt has been made to study the functions of a group of graduate professional nurses in the state of Montana.

PURPOSE OF THE STUDY

It was felt by the investigator that many non-nursing functions were being performed in the position she held as evening supervisor in a general Montana hospital prior to entering graduate school. Hours

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[7] Ibid., p. 412.

and minutes which could have been spent providing better patient care were taken with the filling of drug requisitions (for newly admitted patients and replacing stock supplies) from the hospital pharmacy. This function could have been more efficiently performed by a person trained in the pharmaceutical field (not to mention the legal implications). Tasks which involved securing and transporting linen, drugs and supplies could have been done by an individual with less professional training and at less expense to the hospital.

Discussion with evening supervisors and instructors who had previously held such a position revealed that they felt that their time was also taken by many non-nursing tasks. However, research was and continues to be needed in this state and throughout the United States to demonstrate the validity of "what everybody knows." This represents a primary step in determining what changes are needed to make better use of the functions which the professional nurse has been educated to perform.

This research study proposes to do the following: (1) determine the functions being performed by the afternoon supervisors in a selected sample of Montana hospitals and (2) analyze the functions through a classification of the functions into nursing and non-nursing activities.

DEFINITION OF TERMS

Nursing function. A group of nursing activities so related to each other that each activity contributes to the solution of some nursing problem.[8]

Non-nursing function. A group of activities which do not require action by a graduate professional nurse employed as an evening supervisor.

Evening supervisor. Supervision represents the vital link between the director of nursing and the head nurse of a nursing unit. The professional nurse may supervise one, two or all nursing units within the hospital depending on the size of the hospital and the time interval in which she supervises. In all instances she is responsible for the supervision of patient care and of all nursing personnel. On the evening and night shifts she may seem to represent the head nurse, the director of nursing service and the hospital administrator for these people usually work during the daytime hours. In reality the supervisor on these shifts co-ordinates the policies of these people to cover the twenty-four hour day. This research study is concerned with the functions of the evening supervisor only. She usually supervises between three in the afternoon until eleven o'clock at night. "Afternoon," "p.m." and "relief" are terms synonymous with "evening."

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[8]Faye G. Abdellah, "Methods of Identifying Covert Aspects of Nursing Problems," Nursing Research, Vol. 6, No. 1:4, (June, 1957).

Intermediate general Montana hospitals. The number of patient beds available classifies the hospitals in Montana. The intermediate group includes those with thirty to ninety-nine beds. A general hospital offers services to medical, surgical, obstetrical, pediatric and psychiatric patients.

PROCEDURE

Since evening supervision was the position held by the writer prior to entrance into graduate school, this field of professional nursing was selected for the study. At first it was thought that spending six evenings with the evening supervisor in the local hospital would have more value in terms of a time study in analyzing the nursing and non-nursing functions for this research study. However, one evening with the supervisor pointed to the difficulties of obtaining a true picture of the many varied activities which were performed. A time study would have to be done on several consecutive days which was impossible due to the investigator's class conflicts. In addition, the resulting study would be valuable only in obtaining a picture of functions performed by the evening supervisors in the local hospital. Obtaining a time study in any other hospital for comparative value was not possible due to the distance and time involved.

It was then decided to use the questionnaire method to determine the functions of the afternoon supervisor in a selected group of Montana hospitals. The intermediate general classification was chosen

because the local hospital was in this group and could serve as a test group. The number of hospital beds in the classification indicated that the majority of them would employ afternoon supervisors.

A list of functions was compiled from the activities which were performed by the investigator in her previous supervisory position, from those observed being performed by the supervisor in the local hospital and from activities publicized in articles written about evening supervisors. The list was put in a questionnaire form (see Appendix, page 40) so that the individual filling it out could check whether the activity was done routinely (considered part of the position), occasionally (done when no one else was available to do it) or never. Space was provided so that additional functions could be listed. Introductory questions in relation to hospital policy, years of experience, additional educational preparation, choice of administrative personnel to call in handling difficult situations and services available in the hospital were added.

Three registered nurses employed as evening supervisors in the local hospital acted as a test group for the questionnaire. Individual conferences were held with the members of the group and revisions were made as a result of the suggestions made.

Two copies of the questionnaire and a cover letter (see Appendix, page 39) were sent to the director of nursing service in each of the remaining eighteen intermediate general Montana hospitals. It was hoped that each director of nursing service would give the

questionnaires to the nurses who were employed as evening supervisors in her respective hospital.

A tabulation and an analysis of the results obtained from the questionnaires were planned. Deductive reasoning would be used to draw inferences in relation to the selected group of Montana hospitals. Suggestions for further research studies in the area of nursing functions would follow.

ORGANIZATION OF REMAINDER OF THE PAPER

The next chapter contains a review of studies made regarding functions in areas throughout the United States. Chapter III presents the questionnaire results and an analysis of the data obtained. The concluding chapter contains a summary of the study, conclusions of significance based on the results of the study and recommendations for further study.

CHAPTER II

REVIEW OF THE LITERATURE

The American Nurses' Association has appropriated funds to sponsor a broad scale study on nursing functions. The University of Washington has published information on a study made in the state of Washington which summarizes major nursing problems and touches on the research needed in the area of functions. Studies were made in three hospitals whose administrators and directors of nursing service realized that their graduate professional nurses were performing non-nursing activities. This chapter briefly outlines the steps these hospitals took to remedy their individual situations.

AMERICAN NURSES' ASSOCIATION

Nurses themselves are aware that research is needed in the area of functions. In 1950, the American Nurses' Association appropriated funds to sponsor a broad scale study of nursing functions for a five year period. In a preliminary report published in 1956, reports of the research studies in seventeen states who had applied and been granted funds were still coming into A. N. A. headquarters. The studies when completed will provide a scientific basis for steps to improve nursing service and patient care.[9]

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9 _____, Nurses Invest in Patient Care, A Preliminary Report on a Five Year Program of Studies of Nursing Functions, (New York: American Nurses' Association, May, 1956), p. 5.

Montana was not one of the seventeen states who applied for funds in order to study nursing functions. Montana nurses helped pay for this study through the payment of their annual dues to the Montana Nurses' Association, the state organization in affiliation with the American Nurses' Association.

STATE OF WASHINGTON

In a study of nursing care and education in the state of Washington, the summary of major nursing care problems included the following statement: "Nursing shortages have been increased by the use of nurses in the performance of non-nursing functions or those which may be cared for by other personnel."[10] For instance, the securing, transportation, storage, care and upkeep of equipment and supplies do not require specialized nursing knowledge. Time spent in running errands and on clerical work could be better spent in direct nursing service to patients.

In the study mentioned above analyzing hospital jobs was one of the areas touched in nine recommendations.

> A great many research studies are needed in a considerable number of hospitals to study better utilization of housekeeping, laundry, pharmacy, messenger and clerical workers for the sake of both financial and nursing resources. By being relieved of extraneous duties, nurses should be able to render more efficient

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[10]Jean A. Curran and Helen L. Bunge, Better Nursing, A Study of Nursing Care and Education in Washington (Seattle: University of Washington Press, 1951), p. 104.

> and economical service and be more available for direct nursing care at the bedside. As pointed out by the Committee on the Functions of Nursing, the proper task of the nurse is nursing care and nursing administration.[11]

HARPER HOSPITAL STUDY

"It is not so much the number of nurses that are available, but how their skills are used that is important," stated Miss Lucy Germain, Director of Nursing and Nursing Education, Harper Hospital, Detroit, Michigan, at the annual convention of the Wisconsin State Nurses' Association in October, 1952.[12]

The overall aim of the study conducted at the Harper Hospital from July 1, 1950, until January 1, 1952, was "to plan ways and means for providing adequate and safe patient care in the most economical manner for the hospital and the patient and to give job satisfaction to personnel."[13] A survey taken as part of this study asked the professional nurses: (1) what each thought her job was and (2) what department - nursing, housekeeping, clerical, etc., - she thought should be responsible for doing each task that she performed.[14]

After completion of the study the following changes effecting

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[11] Ibid., p. 17.

[12] Lucy Germain, "How Can We Improve Nursing Care?" Nursing Outlook (May, 1953), p. 289.

[13] _____, "The Harper Hospital Study," American Journal of Nursing (August, 1952), p. 984.

[14] Ibid., p. 985.

nursing service were made: (1) a central messenger service, (2) transfer of housekeeping duties to the housekeeping department, (3) transfer of dietary duties to food service department, (4) exchange linen carts, (5) improved central supply room service, (6) addition of clerical workers to each floor and (7) work simplification methods taught through an inservice education program.[15]

MEMORIAL CENTER HOSPITAL STUDY

Harriet Klein, the Director of Nursing at the Memorial Center for Cancer and Allied Diseases in New York City, felt that the best way to give patients better care was to relieve nurses of non-nursing duties so they could spend most of their time with patients. She originated the idea of a floor manager who would be responsible for the general operation of the unit and all services except nursing care.[16]

The floor manager plan was started on one unit. The functions performed on the unit were listed and it was determined who should be responsible for each one. A full time nurse supervisor was selected to initiate the program but eventually they planned to have a person (not a nurse) trained under the administrative staff to act as the floor manager.

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[15]Ibid., p. 985.

[16]_____, "Non-Nurse Managers for Hospital Divisions," American Journal of Nursing (March, 1952), p. 323.

Functions for which the floor manager was held responsible included greeting each patient, taking him to his room, introducing his neighbors, taking charge of auxillary services such as operation of the signal bell, keeping the room neat and orderly, having mail and flowers delivered and having the unit cleaned and prepared for a new patient. She would also maintain the floor's standards of equipment and supplies and supervise the general housekeeping and maintenance of the entire division.[17]

Miss Klein felt that the program was so successful on one unit that she planned to initiate it on all floors. She expected that the nurses would grow in professional stature with sloughing off a heavy load of non-nursing duties and opportunity to devote their time to improvement and application of nursing knowledge and skills.[18]

BLODGETT MEMORIAL HOSPITAL STUDY

"There is no shortage of nurses, there's just a shortage of intelligence in using the nurses we have," is the essence of the philosophy of Ronald Yaw, Director of the Blodgett Memorial Hospital.[19] He, with the help of the Director of Nursing, selected two nurses, one in supervision and one in education, to study the problem.

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[17]Ibid., pp. 323-324

[18]Ibid., p. 324.

[19]Jane Barton, "In Solving the Nursing Shortage - It's Intelligence That Counts," Modern Hospital, Vol. 80:51, (May, 1953).

It was found in this study that eight to nine hours a day which should have been devoted to nursing care were spent on errands - to the pharmacy, the laboratory, X-ray, laundry and surgery. It was also found that the nursing staff spent an inordinate amount of time dispensing drugs after the pharmacy closed, that linen supply on floors was inadequate and that nurses were spending time trying to get rooms made up for new patients at the busiest time of the day.[20]

Projects which resulted when the above factors became known included the establishment of a messenger system and a transfer of non-nursing functions to a floor manager and to the housekeeping department.[21]

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[20] Ibid., pp. 52-55.

[21] Ibid., pp. 55-56.

CHAPTER III

ANALYSIS OF THE QUESTIONNAIRE

RETURNS FROM THE SAMPLE

There were nineteen hospitals in the classification of intermediate general Montana hospitals. The local hospital was in this classification and acted as a test group. Of the eighteen hospitals to which questionnaires were sent, eleven replied within the first month. A post card reminder brought replies from the remaining seven hospitals. This provided a one hundred per cent response from the selected sample.

Eight hospitals or forty-two per cent of the group did not employ registered nurses as evening supervisors. It was thought that the hospitals with the least number of patient beds would be in this group but only two of the above eight contained less than fifty beds (forty-six and forty-seven). One hospital in the group had eighty-six patient beds.

Fifty-eight per cent or eleven hospitals in the sample employed evening supervisors. Of the twenty-three supervisors who could have filled out a questionnaire (including the three in the test group) eighteen or seventy-eight per cent of the group replied. These eighteen questionnaires provided the data which this technical paper analyzes.

ANALYSIS OF INTRODUCTORY QUESTIONS

The first question asked whether the hospital had a policy which explained the functions of the evening supervisor. Ten supervisors replied "yes" while eight replied "no." Almost half of the group did not have their job defined and they performed activities, not knowing what the hospital administration expected of them in the supervisory position. Definition of the activities of the nursing department represents a primary step in determining whether a hospital is utilizing nursing personnel effectively and economically.

Questions two and three pertained to the supervisor's education and experience. Two nurses had obtained their bachelor of science degree and one of these two had also gone to graduate school for two quarters. The third nurse who mentioned having any additional educational preparation listed education courses at a college and a university. This same nurse added "in-service training" which probably described the preparation that the remaining fifteen supervisors with nursing diplomas received. The years of experience in supervision ranged from three months to twenty years. The majority of the group had held the position less than ten years.

Thirteen members of the group who answered the questionnaire were employed as full-time supervisors. The remaining five relieved the evening supervisor on her days off. One of the full-time supervisors added that she also covered one of the floors. An additional

question regarding the coverage of the floors might have revealed that more of the supervisors were expected to fulfill the functions of an afternoon staff nurse in addition to afternoon supervisory activities. This would be attributed to the few number of patient beds provided by the hospitals in the test group.

The director of nursing was the preferred person to call about handling a situation which arose in the hospital. Ten supervisors chose their immediate nursing administrator. Five others apparently would by-pass their director and call the hospital administrator. One answered, "depends on situation," while another said she would call the "doctor on call." There was no answer on one questionnaire.

Question six revealed that all the hospitals provided medical, surgical, pediatric and emergency room services. None provided a psychiatric service. This was added to the list of nursing services because two of the hospitals in the intermediate general Montana classification were hospitals which a railroad company provided for employees and their dependents. However, the questionnaire results indicated that they did not provide a psychiatric service for their employees or that their psychiatric patients were sent to larger railroad hospital centers. All but one of the above mentioned railroad hospitals provided an obstetrical service.

ANALYSIS OF THE FUNCTIONS

The functions listed in the questionnaire were tentatively classified by the investigator. Her advisor, an evening nursing

supervisor and a staff nurse evaluated the classification and their suggestions were incorporated into the final classification. The functions were analyzed under two broad classifications: (1) nursing activities and (2) non-nursing activities.

Nursing Functions

The percentage of supervisors who checked routinely, occasionally or never for the functions classified as direct nursing care are presented in Table I, page 20. With the exception of circulating for deliveries and emergency surgery the majority of the functions were performed routinely or occasionally by the evening supervisor. Sixty-seven per cent did patient charting routinely but sixty-one per cent occasionally gave medications and treatments. One-third of the group were expected to cover a floor as far as charting but the same third did not give medications and treatments. Perhaps a person with less professional training was expected to perform this activity.

Most of the group routinely administered intravenous solutions and handled emergency room cases. None felt that feeding patients was a routine activity.

TABLE I

PERCENTAGE OF EVENING SUPERVISORS WHO PERFORMED DIRECT NURSING CARE FUNCTIONS ROUTINELY, OCCASIONALLY OR NEVER IN INTERMEDIATE GENERAL MONTANA HOSPITALS

No.	Function	Percentage Performed Routinely	Occasionally	Never
3.	Give evening cares	5.5	78.0	16.5
4.	Give medications and treatments	33.0	61.0	6.0
5.	Do patient charting	67.0	33.0	
6.	Administer intravenous solutions	61.0	39.0	
9.	Circulate for deliveries	28.0	33.0	39.0
11.	Circulate for emergency surgery	11.0	44.5	44.5
12.	Assist with applying casts	33.0	50.0	17.0
13.	Handle emergency room cases	67.0	33.0	
18.	Teach patients (such as crutch walking, testing urine, giving insulin	28.0	55.5	16.5
21.	Give care of the body after death	33.0	50.0	17.0
44.	Perform admission routine (such as T.P.R., blood pressure, clothes check)	28.0	44.0	28.0
48.	Feed patients		56.0	44.0

Table II, page 22, shows the percentage rating of supervisory nursing functions. With the exception of function numbers 29, 32, 35, 37 and 63, the supervisors performed the activities routinely or occasionally. Making patient care assignments and the weekly time schedule for members of the evening staff was considered a function of the day staff by more than half of the supervisors answering the questionnaire. The lack of volunteer worker programs in smaller Montana cities would apparently explain the fact that most did not supervise volunteer workers. Obtaining staff to cover the next shift was not considered a routine or even an occasional activity by sixty-one per cent of the group tested. This was an interesting fact to the investigator because in her own experience many hours were spent obtaining staff to cover the night shift when nursing personnel for that shift called in ill.

The majority of the group of supervisors indicated that they left the handling of inquiries about borrowing or buying hospital equipment to the administration personnel on the day shift. Very few felt that it was their routine activity to counsel members of the evening staff.

TABLE II

PERCENTAGE OF EVENING SUPERVISORS WHO PERFORMED SUPERVISORY NURSING FUNCTIONS ROUTINELY, OCCASIONALLY OR NEVER IN INTERMEDIATE GENERAL MONTANA HOSPITALS

No.	Function	Percentage Performed		
		Routinely	Occasionally	Never
1.	Receive report of each patient's condition from a member of the day staff	100.0		
2.	Make rounds visiting patients	100.0		
8.	Make rounds with doctors	56.0	44.0	
19.	Answer outside calls regarding a patient's condition	67.0	33.0	
25.	Call doctors about a patient's condition (on the ward, not in emergency room)	72.0	28.0	
28.	Give report of each patient's condition to night supervisor	100.0		
29.	Make patient care assignments	44.0	6.0	50.0
30.	Orient new personnel to the evening shift	44.0	39.0	17.0
31.	Explain changing hospital policy to evening staff	39.0	39.0	22.0
32.	Make out weekly time schedule for evening staff	11.0	11.0	78.0
33.	Counsel members of evening staff (about problems with other personnel, dissatisfaction with shift being worked)	16.5	55.5	28.0
34.	Demonstrate use of new equipment and supplies to evening staff	33.0	67.0	
35.	Supervise any volunteer workers	6.0	33.0	61.0
36.	Attend nursing staff meetings	72.0	28.0	
37.	Obtain staff to cover next shift		39.0	61.0
40.	Contact the doctor on each new admission	78.0	22.0	
63.	Handle inquiries about borrowing or buying hospital equipment	5.5	39.0	55.5

Non-nursing Functions

All of the functions in Table III, page 24, were classified as clerical activities. Seven of the twelve listed functions were considered by the supervisors as being done routinely or occasionally.

Calling the pathologist if an autopsy is to be performed was not done by more than half of the group because the Montana towns in which the hospitals were located did not provide enough work of that nature to support a practicing pathologist.

Handling business office forms on admissions was done by more than half of the group. Handling business office forms on dismissals, collecting a patient's bill if he was dismissed during the shift and arranging for placement of patients in nursing homes were apparently felt to be functions of members of the day staff.

TABLE III

PERCENTAGE OF EVENING SUPERVISORS WHO PERFORMED CLERICAL FUNCTIONS ROUTINELY, OCCASIONALLY OR NEVER IN INTERMEDIATE GENERAL MONTANA HOSPITALS

No.	Function	Percentage Performed Routinely	Occasionally	Never
14.	Call laboratory technician	66.5	28.0	5.5
16.	Call X-ray technician	72.0	22.0	6.0
22.	Call mortician	67.0	33.0	
23.	Call pathologist if autopsy is to be performed	33.0	11.0	56.0
26.	Arrange for placement of patients in nursing homes		22.0	78.0
27.	Arrange for ambulance service if needed by patient being dismissed	28.0	50.0	22.0
38.	Obtain special nurses	44.0	50.0	6.0
39.	Handle admissions (determining the room to which each patient will go)	61.0	28.0	11.0
41.	Handle business office forms on admissions (taking family names, assigning hospital number to chart)	33.5	22.0	44.5
42.	Handle business office forms on dismissals	28.0	16.5	55.5
43.	Collect patient's bill if he is dismissed during your shift		6.0	94.0
62.	Serve as a witness for operative permits	44.5	44.5	11.0

Table IV shows functions of a dietary nature. The majority of the group did not plan patient's diets or assist in preparation of the patient's diet trays. Occasionally the supervisors helped serve and collect trays.

TABLE IV

PERCENTAGE OF EVENING SUPERVISORS WHO PERFORMED DIETARY FUNCTIONS ROUTINELY, OCCASIONALLY OR NEVER IN INTERMEDIATE GENERAL MONTANA HOSPITALS

No.	Function	Percentage Performed		
		Routinely	Occasionally	Never
45.	Plan patient's diets		11.0	89.0
46.	Assist in preparation of patient's diet trays		39.0	61.0
47.	Serve and collect trays	6.0	61.0	33.0

Housekeeping functions are shown in Table V. Cleaning and straightening the operating room was the only activity not done routinely or occasionally by more than half of the supervisors in the group. Having an operating room nurse on call probably explained this fact.

Table I, page 20, showed that the majority of the supervisors handled the emergency room cases and this table shows that most of them felt it was a routine activity to clean and straighten the emergency room after it was used.

Inspecting utility rooms, medicine rooms and diet kitchens was checked as a routine activity by almost three-fourths of the group.

TABLE V

PERCENTAGE OF EVENING SUPERVISORS WHO PERFORMED HOUSEKEEPING FUNCTIONS ROUTINELY, OCCASIONALLY OR NEVER IN INTERMEDIATE GENERAL MONTANA HOSPITALS

No.	Function	Percentage Performed		
		Routinely	Occasionally	Never
55.	Clean patient units		56.0	44.0
56.	Clean and straighten emergency room after use	50.0	39.0	11.0
57.	Clean and straighten delivery room after use	11.0	50.0	39.0
58.	Clean and straighten operating room after use		22.0	78.0
59.	Inspect utility rooms, medicine rooms and diet kitchens for cleanliness	72.0	17.0	11.0

Table VI shows two maintenance functions. All of the supervisors routinely or occasionally inspected equipment to see that it was in running order. Over one-half of the group occasionally replaced light bulbs and fuses.

TABLE VI

PERCENTAGE OF EVENING SUPERVISORS WHO PERFORMED MAINTENANCE FUNCTIONS ROUTINELY, OCCASIONALLY OR NEVER IN INTERMEDIATE GENERAL MONTANA HOSPITALS

No.	Function	Percentage Performed		
		Routinely	Occasionally	Never
49.	Inspect equipment to see that it is in running order (such as emergency oxygen apparatus)	50.0	50.0	
60.	Replace light bulbs and fuses		56.0	44.0

Four activities considered to be the functions of a doctor are listed in Table VII. One-half of the group of supervisors routinely administered blood transfusions and more than one-half felt that it was a routine activity to notify relatives of a patient's death. Administering anesthesia for deliveries and asking relatives for autopsy permission was done either routinely or occasionally by two-thirds of the group.

TABLE VII

PERCENTAGE OF EVENING SUPERVISORS WHO PERFORMED MEDICAL FUNCTIONS ROUTINELY, OCCASIONALLY OR NEVER IN INTERMEDIATE GENERAL MONTANA HOSPITALS

No.	Function	Percentage Performed Routinely	Occasionally	Never
7.	Administer blood transfusions	50.0	39.0	11.0
10.	Administer anesthesia for deliveries	44.0	17.0	39.0
20.	Notify relatives of a patient's death	61.0	39.0	
24.	Ask relatives for autopsy permission	28.0	39.0	33.0

As shown in Table VIII the messenger functions revealed a variety of percentage results. Transporting equipment, supplies and linen to the various wards was done occasionally while delivering drugs to the wards was done routinely by most of the group. Obtaining the patient's old charts from the record room was apparently an activity done by someone else on the evening shift or left for members of the day shift.

TABLE VIII

PERCENTAGE OF EVENING SUPERVISORS WHO PERFORMED MESSENGER FUNCTIONS ROUTINELY, OCCASIONALLY OR NEVER IN INTERMEDIATE GENERAL MONTANA HOSPITALS

No.	Function	Percentage Performed Routinely	Occasionally	Never
51.	Transport equipment (such as oxygen tents), supplies and linen to the various wards	17.0	61.0	22.0
54.	Deliver drugs to wards	56.0	11.0	33.0
61.	Obtain patient's old charts from record room	11.0	33.0	56.0

Five classifications had only one function listed under each one. They are discussed in the following paragraphs.

Function number 50 asked whether the supervisors dispensed supplies and linen during the shift. Twenty-eight per cent performed the activity routinely, thirty-nine per cent, occasionally, and thirty-three per cent of the group never performed the activity. A function which could be done more efficiently and economically by a laundry

supervisor during the daytime hours was performed by two-thirds of the group answering the questionnaire.

Fifty per cent routinely, thirty-three per cent occasionally and seventeen per cent never fill drug requisitions from the hospital pharmacy (function number 53). Four-fifths of the group are expected to perform a function of a pharmaceutical nature.

None of the supervisors were expected to perform any X-ray work (function number 17) but seventeen per cent of the group occasionally performed laboratory work (function number 15). Two of the three supervisors who checked occasionally also added a note stating that the technical work consisted of running a urinalysis only.

The majority of the group did not feel that assisting in cleaning, wrapping and sterilizing equipment and supplies (function number 52) was a routine activity. Eleven per cent put a check in the routine column, thirty-three per cent performed the function occasionally while fifty-six per cent checked the never column.

In the space provided to list additional activities one supervisor stated that she scheduled surgery and double checked the surgery schedule for the next day. She also added that she replaced the telephone operator for one-half of each shift and a full shift for two days a week !

Two supervisors added that they were expected to arrange for spiritual counseling whenever necessary.

CHAPTER IV

SUMMARY, CONCLUSIONS AND SUGGESTIONS FOR FURTHER STUDY

SUMMARY

This study proposed to analyze the nursing and non-nursing functions of evening supervisors in the nineteen intermediate general Montana hospitals. Eighteen supervisors in the eleven hospitals employing evening supervisors completed the questionnaire in regard to activities performed.

Almost one-half of the group did not have their position defined in the hospital policy. With experience ranging from three months to twenty years, only three supervisors had formal education beyond a nursing diploma level.

Analysis of the activities classified as direct nursing care has shown that most of the supervisors were routinely or occasionally performing functions concerned directly with the care of the patient. Supervisory nursing activities presented a much more varied picture. Receiving and giving report of each patient's condition and making rounds visiting patients were activities done routinely by all of the group. Making patient care assignments, making a weekly time schedule for the evening staff, supervising volunteer workers, obtaining staff to cover the next shift and handling inquiries about borrowing or buying hospital equipment were functions felt to be another individual's responsibility because more than one-half of the group checked the "never" column.

Non-nursing activities were being performed routinely of occasionally by most of the group answering the questionnaires. These activities were classified as clerical, dietary, housekeeping, maintenance, medical, messenger, pharmaceutical, X-ray work and laboratory work.

Clerical functions with the exception of those involving dismissal of the patient were done routinely or occasionally by all of the supervisors. Except for cleaning and straightening the operating room after use, the housekeeping functions were done routinely or occasionally by the group. Maintenance and messenger functions were also felt to be routine or occasional activities by most of the supervisors answering the questionnaire.

Medical and pharmaceutical functions were done routinely or occasionally by all of the supervisors. X-ray work was not done by any of the group and laboratory work (usually running a urinalysis) was only performed by three supervisors.

CONCLUSIONS

From an analysis of the functions of evening nursing supervisors in intermediate general Montana hospitals the following conclusions were made: (1) Eight hospitals or forty-two per cent of the intermediate general Montana group did not have evening supervisors. (The remaining conclusions apply to the eleven hospitals which employed evening supervisors.) (2) Evening supervisors routinely and occasionally performed nursing functions within the

following classifications: (a) direct nursing care and (b) supervisory activities. (3) None of the supervisors performed the non-nursing function of taking X-rays. (4) The non-nursing functions performed routinely and occasionally by evening supervisors varied widely in the following classifications: (a) clerical, (b) dietary, (c) housekeeping, (d) maintenance, (e) medical, (f) messenger, (g) pharmaceutical and (h) laboratory.

RECOMMENDATIONS FOR FURTHER STUDY

The study of nursing service done by the National League of Nursing Education in 1948, states that more supervision is needed between 7 p.m. to 8 a.m. than is actually provided and that hospitals generally should give consideration to the supervisory personnel needed during the evening and night periods, and particularly during the evening period.[22] This study has shown that forty-two per cent of the sample did not even have evening supervisors. Research is needed in these hospitals to determine their individual needs for evening supervision.

Almost one-half of the supervisors indicated that the hospitals in which they held a position did not have a policy explaining the functions they were expected to perform. Individual hospitals need to do more research work in the area of job definition.

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22 _____, A Study of Nursing Service, op. cit., p. 57.

The preliminary report on the study of functions made by the American Nurses' Association recognizes that the range of activities is necessarily wide in small rural hospitals and that the focus of attention should be less directed toward that range but more toward those functions which require the attention of the graduate professional nurse.[23]

This technical paper has analyzed the functions of a selected group of graduate professional nurses in a selected group of Montana hospitals. It has demonstrated that non-nursing functions were being performed by this group. Administrators and directors of nursing service in Montana hospitals need to become aware that graduate professional nurses employed as supervisors are performing many non-nursing activities. Time studies under the direction and interest of administrative personnel are needed in the individual hospitals to determine the actual time being spent on non-nursing activities. Then the necessary transfer of functions to housekeeping, clerical, messenger and food service staffs could be made. The end result would be more efficiently and economically operated hospitals.

Nursing educators are also interested in the function studies. Knowing the activities being performed and the expectations of the hospitals in which their graduates will eventually hold a position would help them determine any needs in the total nursing education curriculum.

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[23]_____, Nurses Invest in Patient Care, op. cit., p. 36.

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APPENDIX

June 8, 1959

Dear Director of Nursing Service:

I am a Master's student at Montana State College and, in order to partially fulfill the requirements for a degree, I must write a research paper about a subject in which I am interested. I have chosen to do a study concerning the functions of evening supervisors in intermediate general Montana hospitals. The evening shift implies the time between 3 to 11 or 4 to 12 p.m.

Since your hospital is in this classification I am asking your help. Enclosed are two questionnaires which list the functions of an evening supervisor. Would you give one of these questionnaires to the registered nurse who regularly fulfills the position of an evening supervisor in your hospital and the other to the nurse who relieves the regular supervisor on her days off. A self-addressed envelope is attached to each questionnaire for the convenience of the supervisors filling out the questionnaire.

Thank you for your time. I would appreciate receiving the answered questionnaires as soon as possible. If your hospital does not employ an evening supervisor I would appreciate receiving this information.

Sincerely,

Helen C. Jacobsen

Helen C. Jacobsen, R.N.

The Montana State College School of Nursing Faculty appreciate your assistance in this study. This research should assist in planning the education of nursing students.

Head, School of Nursing

QUESTIONNAIRE FOR EVENING SUPERVISOR

I. Please answer the following questions:

1. Does your hospital have a policy which explains the functions of the evening supervisor? _____

2. Have you had any additional educational preparation for your position other than obtaining a nursing diploma? _____
If your answer is yes, please list preparation:

3. How many years experience have you had supervising? _____

4. Are you presently employed as a full-time supervisor? _____

5. If you need to consult with another person (such as the administrator, director of nursing service, another supervisor) about handling a situation which arises at the hospital, whom do you call?

_____

6. Check the nursing services available in your hospital:

_____ Medical	_____ Pediatric
_____ Surgical	_____ Emergency room
_____ Obstetrical	_____ Psychiatric

II. Please make a check in the column which most accurately describes the activity for which you are responsible:

ROUTINELY - check this if the activity is considered part of your supervising position. Be sure to include activities which are not performed daily but are considered your responsibility.

OCCASIONALLY - check this if the activity is usually carried out by another member of the staff but is performed by you because no one is available to do it at the time.

NEVER - check this if the activity is never performed.

	ROUTINELY	OCCASIONALLY	NEVER
1. Receive report of each patient's condition from a member of the day staff			
2. Make rounds visiting patients			
3. Give evening cares			
4. Give medications and treatments			
5. Do patient charting			
6. Administer intravenous solutions			
7. Administer blood transfusions			
8. Make rounds with doctors			
9. Circulate for deliveries			
10. Administer anesthesia for deliveries			
11. Circulate for emergency surgery			
12. Assist with applying casts			
13. Handle emergency room cases			
14. Call laboratory technician			
15. Perform any laboratory work (such as EKG, blood count, urinalysis)			
16. Call X-ray technician			
17. Perform any X-ray work			
18. Teach patients (such as crutch walking, testing urine, giving insulin)			
19. Answer outside calls regarding a patient's condition			
20. Notify relatives of a patient's death			
21. Give care of the body after death			

	ROUTINELY	OCCASIONALLY	NEVER
22. Call mortician	_____	_____	_____
23. Call pathologist if autopsy is to be performed	_____	_____	_____
24. Ask relatives for autopsy permission	_____	_____	_____
25. Call doctors about a patient's condition (on the ward, not in emergency room)	_____	_____	_____
26. Arrange for placement of patients in nursing homes	_____	_____	_____
27. Arrange for ambulance service if needed by patient being dismissed	_____	_____	_____
28. Give report of each patient's condition to night supervisor	_____	_____	_____
29. Make patient care assignments	_____	_____	_____
30. Orient new personnel to the evening shift	_____	_____	_____
31. Explain changing hospital policy to evening staff	_____	_____	_____
32. Make out weekly time schedule for evening staff	_____	_____	_____
33. Counsel members of evening staff (about problems with other personnel, dissatisfaction with shift being worked)	_____	_____	_____
34. Demonstrate use of new equipment and supplies to evening staff	_____	_____	_____
35. Supervise any volunteer workers	_____	_____	_____
36. Attend nursing staff meetings	_____	_____	_____
37. Obtain staff to cover next shift	_____	_____	_____
38. Obtain special nurses	_____	_____	_____

	ROUTINELY	OCCASIONALLY	NEVER
39. Handle admissions (determining the room to which each patient will go)	_____	_____	_____
40. Contact the doctor on each new admission	_____	_____	_____
41. Handle business office forms on admissions (taking family names, assigning hospital number to chart)	_____	_____	_____
42. Handle business office forms on dismissals	_____	_____	_____
43. Collect patient's bill if he is dismissed during your shift	_____	_____	_____
44. Perform admission routine (such as T.P.R., blood pressure, clothes check)	_____	_____	_____
45. Plan patient's diets	_____	_____	_____
46. Assist in preparation of patient's diet trays	_____	_____	_____
47. Serve and collect trays	_____	_____	_____
48. Feed patients	_____	_____	_____
49. Inspect equipment to see that it is in running order (such as emergency oxygen apparatus)	_____	_____	_____
50. Dispense supplies and linen during the shift	_____	_____	_____
51. Transport equipment (such as oxygen tents), supplies and linen to the various wards	_____	_____	_____
52. Assist in collecting, cleaning, wrapping and sterilizing equipment and supplies	_____	_____	_____
53. Fill drug requisitions from hospital pharmacy	_____	_____	_____
54. Deliver drugs to wards	_____	_____	_____
55. Clean patient units	_____	_____	_____

	ROUTINELY	OCCASIONALLY	NEVER
56. Clean and straighten emergency room after use	_____	_____	_____
57. Clean and straighten delivery room after use	_____	_____	_____
58. Clean and straighten operating room after use	_____	_____	_____
59. Inspect utility rooms, medicine rooms and diet kitchens for cleanliness	_____	_____	_____
60. Replace light bulbs and fuses	_____	_____	_____
61. Obtain patient's old charts from record room	_____	_____	_____
62. Serve as a witness for operative permits	_____	_____	_____
63. Handle inquiries about borrowing or buying hospital equipment	_____	_____	_____

III. In the space below please list activities which you perform that have not been included in Part II.

Please return this questionnaire in the attached self-addressed envelope. Thank you for your time.

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