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Donna Jean Fischer

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Donna Jean Fischer, RN, B.A.

A Culminating Project submitted to the
Faculty of the Lindenwood Colleges in
partial fulfillment of the requirements
for the Degree of Master of Science.

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Proposed Culminating Project

TITLE: The Reorganization of a Nursing Unit

Abstract:
The change of management on a medical-progressive care unit will be
observed for A) acceptance with a relatively favorable attitude by sub-
ordinates, B) a specific organizational plan designed to level and impose
the nature the individual's ability and desire to behave in accord with
new management's positions.

Introduction:
People interpret organizational change in different ways. Those affected
can be expected to band together in a close knit unit to fight change. In
the reorganization of a nursing unit this is especially true because of
"shift" work.

Method:
The reorganization of a medical-progressive care unit will be observed in
the following way:

1) Direct observation.
2) Interview questions.
3) Observation of nursing units in other institutions.
4) Regular meetings with Administrator/Nursing Head Nurse.

Hypothesis:
The reorganization process will be accomplished and accepted by the staff
through:

1) Regular staff meetings with all shifts.
2) Regular meetings with individuals as necessary.
3) Specific criteria for work duties for each shift.

<u>Advisors</u>

Ms. Patricia Cook, RN, Director
Dr. Arlene Taich, Ph.D., Faculty Advisor
Joseph Liposky, J.D. Advisor

This project is dedicated to
Dr. Arlene Pitiusky Taich
without whose faith and encouragement
it would not have been completed.

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Committee In Charge
of Candidacy

Patricia Cook, RN, M.A.
Chairperson

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Advisor

Chapter I
Introduction

Identification of Problem

The primary objective of this study is to observe methods of management style and their effect on a nursing unit. One way to view a nursing unit is as a system.

A basic distinction in systems is to think in terms of "open" and "closed" organizations. An "open" system is in constant interaction with the environment. (Gaynor and others, 1973, p. 45). This interaction provides the stimuli for continued organizational growth and vitality. In a "closed" system a certain quality called entropy must increase to a maximum and eventually the process comes to a stop at a state of equilibrium. (Von Bertalanffy, 1968, p. 39). The implication of this theory is that:

1) To the extent an organization is an "open" system, it is adaptive and re-energyzing.

2) To the extent that an organization is a "closed" system, it is stagnant and disintegrable.

The focus of this study is a "closed" system reacting to its environment. That environment consisting of the larger hospital organization.

The consequences due to a "closed" system of management is devastating. When a unit operates as a "closed" system, the interaction between physicians and nurses is negative. Negative experiences lead to fewer interactions. Fewer interactions imply a break in communication.

The negative spiral is essentially intropic in nature and threatens increasing organizational disarray.

Under these conditions, individual effectiveness is decreased as is the achievement of the overall goal of patient care. (Von Bertalanffy, 1968, pp. 39-40).

Research Setting

The setting to be studied is a twenty-seven bed medical progressive care unit in a 200 bed acute care general hospital. The hospital is located in a large metropolitan area (pop. 622,000). The population it serves is elderly and of the lower socio-economic level.

The hospital has a medical staff of 150 - which includes physicians and dentists. The working members of the health care team number seven hundred (700).

A complete line of laboratory, radiological and rehabilitation sources are offered. There is also a speech and hearing center available. The institution is one hundred ten (110) years old and has been known for pioneering treatment in the areas of mental health and alcoholism. The hospital is administered by a religious order of Roman Catholic Brothers.

Background

The first step in managing change is recognizing that something needs changing. The evidence that something needs to be changed can come from nursing staff, patients or other administrators.

Planned change is a purposeful, designed effort to bring about improvement in a system with the assistance of a change agent. The change

agent gathers data and analyzes the symptoms. Selection of a solution is based on knowledge of the nature of the problem and its cause.

This study presents a case history and provides a discussion of the need for change, i.e., the change from a "closed" system to an "open" system.

Description of Organization

The medical-progressive care unit (division) is located on the sixth floor of the hospital. It consists of fifteen rooms. Twelve rooms are semi-private, two bedrooms and three are private one-bedrooms.

Each room is decorated with brightly painted walls and drapes made of multi-colored material. The furniture consists of a bed, bedside cabinet, over-bed table and chair.

The practice of this hospital is to use a method of primary nursing. In this method of organization the staff nurse is to provide for the delivery of care to a defined number of patients.

This method calls for the assignment of occupied as well as unoccupied beds. When there is an admission to an unoccupied bed, there is no question who will be responsible for the care of the new patient. In terms of organization of work assignments, it is very effective, because responsibility for delivery of patient care is defined.

Organizational Structure

The power structure in the unit (division) consists of:

1) Head Nurse and Assistant Head Nurse - Day Shift 7-3.

2) Assistant Head Nurse - Evening Shift 3-11.

3) Assistant Head Nurse - Night Shift 11-7.

This power structure adhered to the hospital's organizational plan.

The author was able to observe how this organizational plan functioned because she held the position of Assistant Head Nurse - Nights.

The power structure of this organizational plan was theoretical in nature. In reality all "power" was centered with the Head Nurse and the day shift.

The work experience of the author led to the following observations:

1) There was no effort on the part of the Head Nurse to communicate with the Assistant Head Nurses.

2) The managerial style was one that defeated the Assistant Head Nurses' motivation and which constantly refused to delegate authority. Example: The Head Nurse refused to give the Assistant Head Nurse, 11-7, control of evaluations for the employees on the shift.

Research Hypothesis

The reorganization process of management from a "closed" system to an "open" system should be accomplished and accepted by the staff through the following methods:

1) Regular staff meetings with all shifts.

2) Regular meetings with individuals as necessary.

3) Specified criteria for work duties for each shift.

Chapter II
Literature Review

Definitions Related To Operations

Medical Progressive Care Unit - Nursing unit (division) which provides care for patients requiring skilled medical intervention. These patients have usually passed life threatening problems, but still require special monitoring. The unit (division) is located adjacent to the Intensive Care Unit.

Head Nurse - A Registered Professional Nurse filling the job description of the same title. (see Appendix A). The Head Nurse shall coordinate the efforts of nursing personnel in matters of patient care, quality control and staff development on a nursing unit. The Head Nurse shall maintain the standard of nursing care and promote the professional growth of employees. The Head Nurse is responsible for 24 hour operation of the Nursing Unit.

Assistant Head Nurse - A Registered Professional Nurse filling the job description of the same title. (see Appendix B). The Assistant Head Nurse will be responsible for promoting utilization of patient-oriented care system on his/her respective shifts. He/she also is responsible for assisting the Head Nurse with administrative and managerial functions on the respective shift.

Staff Nurse - A Registered Professional Nurse filling the job description of the same title. (see Appendix C). The staff nurse shall provide high quality, continuous nursing in the assigned area, in a manner consistent with the philosophy, objectives and policies of the department of nursing

service. Using the modified primary nursing concept, the nurse shall have
responsibility for the care of a designated group of patients.

Head Nurse - Manager is a unique new concept which views the head nurse
role as a pivotal position, that links nursing care with management. The
position requires a wider scope of abilities: 1) It demands a clinical
nursing expertise. 2) It requires the responsibility for translation of
concepts and goals into concrete activities. (Stevens, 1980, pp. 36-38).
The head nurse must have the expertise to lead in crisis intervention,
i.e., any life threatening situation. She has the responsibility for the
translation of the policies and procedures of the institution to ensure
proper patient care.

Review of Similar Institutions

The Progressive Care Units were reviewed at three (3) institutions.
The units were reviewed in terms of size and general mode of operation.

Review of Institutional Statistics

	Number of Hospital Beds	Number of Unit Beds
Institution #1	300	15
Institution #2	400	10
Institution #3	600	20

Figure 1.

Comparison showed the twenty-seven and twenty bed units the most
similar in size and mode of operation.

1) Both have the capacity to monitor patients by telemetry.

Telemetry is a device by which a cardiac patient may be monitored without restriction of activity.

2) Both accept "overflow" admissions until other facilities are available.

3) Nursing Personnel assignments are made on the basis of patient census. This means the nurse assigned the least number of patients will receive the first admissions into the unit. This function is rotated among the nurses.

Literature Review

The review of the literature for this study will focus on:

1) Organizational Analysis

2) Principles of Leadership

3) Management Relations.

Organizational Analysis

Organizational analysis is a system and/or diagnostic method used for the collection of data for the purpose of problem identification. The focus of analysis is directed toward:

1) improving problem-solving ability.

2) increasing ability to adapt to rapid change.

3) provides updated concepts and methods of management.

Doona's (Journal of Nursing Administration, Jan. 1977) theory or concept views nursing as taking place within an organizational system. According to Doona, the systems concept focuses on the principle of

interdependency. Each facet of an organizational structure is dependent on its component parts.

Each part receives an input and produces an output in only one way.

The approach used must focus on the uniqueness of the individual and the process of collaboration and cooperation. (Doona, Journal of Nursing Administration, Jan. 1977).

Principles of Leadership

Stevens (Journal of Nursing Administration, Jan.-Feb. 1977) views the Head Nurse position as a pivotal role, linking nursing management and nursing care.

Stevens says that it is important that the head nurse views herself as a manager; otherwise, she is likely to be directed by her environment rather than in command of it. That is, the head nurse would be likely to be led by her peers instead of leading them.

The system for selecting and employing head nurses presents some obstacles to development of the self-image as manager. Selection of a head nurse is typically the promotion upward of a staff member rather than the hiring of an individual experienced in the head nurse role. The first obstacle then is the earlier peer relationships of the promoted head nurse and staff. This established pattern of interaction complicates the internalization of the management role. (Stevens, Journal of Nursing Administration, Jan.-Feb. 1977).

Management Relations

According to Brunner (Journal of Nursing Administration, Oct. 1977),

"communication" is the most frequently cited problem in management.

Communication is the process that links the organization together. Ineffective communication can be deleterious for any organization. (Brunner, Journal of Nursing Administration, Oct. 1977).

Veninga (Journal of Nursing Administration, Aug. 1973, pp. 13-16) cites two important measures which prevent misunderstandings:

1) Open and honest staff meetings that insure a good flow of relevant information both up and down the line.

2) A supervisor who is concerned about the subordinate who is doing the task rather than the task being done by the subordinate.

In the subject institution of this investigation, there were no regular staff meetings and there were no regular meetings with staff members for the purpose of task evaluation and/or job performance. The situation, therefore, obviated effective communication and was indicative of poor leadership. As a result, the interdependent action of unit personnel was strained as was morale.

Head Nurse-Manager

The role of the nurse manager is distinctly different from that of the staff nurse. The nurse manager fills the link between nursing management with nursing care.

Stevens (Journal of Nursing Administration, Jan.-Feb. 1977) states the nurse manager has the responsibility to view situations from both the employee and management standpoints. Some of the areas Stevens says should be considered are:

1) Justification for grievances presented.

2) Validity of solutions offered.

3) Counter recommendations.

According to Stevens, the nurse manager must realize that reactions to incentives are conditioned by such factors as personality, experience and background. Stevens says the nurse manager must have the ability to recognize the types of defensive behavior and identifying problems before they accumulate and take their toll on staff members.

The performance and activity of the nurse manager can be related to two factors:

1) Degree of delegation exercised.

2) Personal competency and willingness to accept the responsibilities of the role.

Organizational Analysis

The approach used in this study is to direct the analysis toward the managerial style of the unit. This approach was used to advantage because the author held the position of Assistant Head Nurse, 11-7 shift.

The existing managerial style proved to be one that defeated individual motivation and management constantly refused to delegate authority. Examples which help validate this statement are as follows:

1) There was no attempt on the part of the Head Nurse to communicate with the Assistant Head Nurse(s) at regular intervals.

2) Refused to give control of staff evaluations to the appropriate Assistant Head Nurse.

These factors led to feelings of frustration and the result was communication with the Director of Nursing. The outcome was the objective

to develop a managerial style which:

1) would focus on the principle of interdependence.

2) would have the ability to motivate others.

3) would have the ability to motivate achievement.

These are desirable virtures because they focus on the principle of interdependence. This system concept focuses on the following ideals:

1) Each facet of an organizational structure is dependent on its component parts.

2) The knowledgeable leader recognizes this principle as applicable to staff-management relations.

3) The productivity of the staff is dependent on the direction, encouragement and know-how of the manager. (Stevens, Journal of Nursing Administration, Jan.-Feb. 1977).

Chapter III
Theoretical Orientation

Project Proposal

The change of management on a medical-progressive care unit will be observed for A) acceptance with a relatively favorable attitude by subordinates, B) a specific organizational plan designed to level and impose the nature the individual's ability and desire to behave in accord with new management's positions.

The reorganization will be observed in the following way:

1) Direct observation.

2) Interview Questions.

3) Observation of nursing units in other institutions.

4) Regular meetings with Administrator/Nursing Head Nurse.

The reorganization process will be accomplished and accepted by the staff through:

1) Staff meetings at regular intervals.

2) Meetings with individual staff members at regular intervals.

3) Development of specific criteria for work assignments.

These components were developed to incorporate the variables that would emcompass the management techniques that were lacking under the present style.

Chapter IV
Research Design

Sample and Setting

The research methodology is designed to incorporate the following components:

1) Direct Observation.

2) Management Profile Questionnaire.

3) Interview.

These variables were chosen to arrange a design of specific objectives.

The objective was to obtain a triangulation of variables that would add validity to the study due to the small sample.

The sampled population for this study was staff Registered Professional Nurses from the Medical-Progressive Care Unit in the general hospital described earlier. Diploma, Associate Degree, and Baccalaureate prepared nurses fill these positions. The sample was chosen by random selection of names.

The sample includes staff from the day, evening and night shifts. Because the leadership/management of the unit involves all three (3) shifts, the author sought representation from all the shifts.

Sampling Plan

The size of the sample totaled nine professional nurses. The sample was equally divided between the day, evening and night shifts. This was to assure each shift was represented since all the shifts were affected by management. This is 64% of the whole sampling frame.

Instrumentation

The instruments used in the collection of data were:

Management Profile Questionnaire (see Appendix E). This question-
naire was designed and published for use by the American Journal of Nurs-
ing. It is a series of questions that can be used in two ways:

1) Managers can use these questions to rate themselves.

2) Employees can use these questions to rate their managers.

It had been previously used by the Director of Nursing on the mana-
gers upon coming to the institution. In this study the questionnaire is
to be used by the sample to rate the manager. The small sample to be
used is a threat to validity of the results; therefore, no attempt will
be made to generalize the results of this study to any other situation.

Interview

(See Appendix F.) An interview schedule was constructed with a
series of questions. These questions were designed to interpret the feel-
ings about management into words. These questions will be placed to each
nurse selected to be part of the sample. The validity may be challenged
because the author is known by the subjects; however, the triangulation
of methods will hopefully provide reciprocal strengths in areas of validity.

Observation

(See Appendix G.) Periods of observation will be made at random
times on each shift. The dates and times of each period of observation
is chosen by a random selection method. The validity of the observation
periods might be challenged because the author is a member of the staff

of the unit on leave for the Residency requirement for the Graduate Council.

Because of the threats to validity due to small sample size and the interactive effect of the researcher on the subjects, the choice was made to utilize three research methods. It is the hope that this decision will mitigate the biasing of the observed results. As this is an exploratory venture, findings and conclusions are only relevant to the specific institution under investigation.

Questions Related To Hypothesis

This study was designed to answer the following questions:

1) Will reorganization of a nursing unit be accepted with a favorable attitude?

2) Will specific criteria develop desired behavior in accord with new management's position?

Chapter V
Data Analysis

The Director of Nursing presented a reorganization plan to be imple-
mented according to a scheduled time-table. This plan was as follows:

October 7, 1980   The decentralized organizational structure was intro-
                     duced.

October 21, 1980   The organizational narrative, job descriptions and
                     assessment forms were presented as tools to assist
                     with a career decision.

November 18, 1980   Assessment forms were due, and personnel were asked
                     to reassess his/her position and reapply for a posi-
                     tion in the new structure.

December 1-31   Interviews were scheduled with those that indicate
                     an interest in a new management position.

January, 1981   New positions were finalized and announced.

This reorganization plan was designed for the development of the
entire Nursing Department. This study centers only on its impact on the
unit under investigation.

Performance and attitudinal data were collected to determine whether
the reorganization plan served to allow the staff nurse to support the
change from a "closed" system to an "open" system.

The data from Appendices E and F was used to verify that change was
not only possible, but would occur according to plan. The data supported
the notion that with an increase in communication and the opportunity to
feel a part of the decision-making process, the individual attitude would
be one of acceptance for the reorganization plan.

The reorganization plan was designed to include:

1) Regular staff meetings with all shifts.

2) Regular meetings with individuals as necessary.

3) Specific work criteria for work duties for each shift.

Each of these components served to allow the staff nurse the opportunity to achieve a level of designed competence in accordance with job expectations.

The data showed an increase in work productivity in keeping up nursing care plans and checking emergency cart among those subjects who answered in a positive way concerning an increase in communication and a positive attitude in feeling a part of the decision-making process.

Analysis of the data is as follows. Each component was evaluated separately and by shift.

Day Shift
Management Profile

Subject I   Answered 80% of the profile questions in a positive way.

Subject II   Answered 70% of the profile questions in a positive way.

Subject III   Answered 50% of the profile questions in a positive way.
                 Indicated no effective change in management.

Interview

Subject I   Answered questions to indicate a 90% change in the communication with management.

Subject II   Answered questions to indicate an 80% change in communication with management.

Subject III   Answered questions to indicate only a 25% change in communication with management.

Observation

Subject I   Displayed an increase in work productivity. Examples:
Kept current nursing care plans. Did pre-operative teach-
ing to patients.

Subject II   Displayed an increase in work productivity. Example: Kept
current nursing care plans. Did emergency cart checks.

Subject III   Displayed no effort to perform extra duties.

Evening Shift
Management Profile

Subject I   Answered 75% of questions in a positive way.

Subject II   Answered only 60% of questions in a positive way. Indicates
no effective change noted.

Subject III   Would not consent to fill out profile.

Interview

Subject I   Answered 85% of questions in a positive way.

Subject II   Answered 25% of questions in a positive way. Attitude -
"Wait and see what happens."

Subject III   Would not consent to interview.

Observation

Subject I   Displayed an increase in work productivity. Example:
Checked emergency cart when not assigned.

Subject II   Would do extra duties only when assigned.

Subject III   No observation because subject would not consent.

Night Shift
Management Profile

Subject I   Answered 75% of questions in a positive way.

Subject II   Answered 65% of questions in a positive way.

Subject III   Answered 80% of questions in a positive way.

Interview

Subject I   Answered questions to indicate a 65% increase in communi-
                 cation.

Subject II   Answered questions to indicate a 75% increase in communi-
                 cation.

Subject III   Answered questions to indicate only a 25% increase in com-
                 munication.

Observation

Subject I   Displayed an increase in work productivity. Example:
                 Worked extra shifts, checked emergency cart.

Subject II   Displayed an increase in work productivity. Example: Made
                 out board indicating the procedures due during the day
                 shift.

Subject III   Did not observe because subject would not consent.

Chapter VI
Summary

A study was conducted to observe change of management in a medical-progressive care unit and if this change could be accomplished and accepted with a favorable attitude.

The primary finding in this research was that with the development of criteria for the reorganization, the change from a "closed" system to an "open" system could be accomplished with an attitude in accord with new management's positions.

This study supports the view that an "open" system of management does produce a higher percentage of involvement in the professional settings.

Recommendations

The investigator suggests further research conducted in other hospitals with organizational structure similar to one used in this study to gain further validation of the findings. Repeating this study with 2-3 nursing units and comparing 2-3 nursing units within the same hospital and comparing the data could prove helpful.

Since the restructuring has occurred in the unit on which the study was conducted, a second study could be suggested to measure the effectiveness of the changes introduced.

Vita Auctoris

Ms. Donna Jean Fischer was born on August 17, 1945 in Chicago, Illinois. She is a Registered Nurse licensed in the State of Missouri since 1970. She obtained a Bachelor of Arts degree in Psychology from St. Louis University in 1973.

She has held staff nurse positions in Incarnate Word Hospital, Bethesda General Hospital, St. John's Mercy Medical Center and Alexian Brothers Hospital. She has also held the position of Head Nurse at St. Louis City Hospital.

She has worked in the unit on which the study was conducted for 4 years. She held the position of Assistant Head Nurse - Nights during the study.

Appendix A

Job Description

Head Nurse

POSITION: HEAD NURSE

DATE REVISED: August, 1980

JOB PURPOSE/SUMMARY:

The Head Nurse shall coordinate the efforts of nursing personnel in matters of patient care, quality control and staff development on a nursing unit. The Head Nurse shall maintain the standard of nursing care and promote the professional growth of employees. The Head Nurse is responsible for 24 hour operation of the Nursing Unit.

DUTIES:

1. Coordinates nursing care with medical care through patient rounds, patient care plan review and conferences.

2. Meets regularly with personnel to encourage active participation in the formulation and implementation of high quality patient care.

3. Assists in interpreting and maintaining the objectives, policies and procedures of the unit and the Department of Nursing Service.

4. Evaluates and counsels employees.

5. Recommends promotion/transfer/termination. Interviews and places new employees.

6. Participates actively in committees to evaluate and improve nursing care.

7. Evaluates and recommends for purchase the supplies and equipment utilized by nursing service on the unit.

8. Coordinates patient care activities with other departments as appropriate.

9. Assists in preparing and maintaining control of nursing service budget for assigned unit anticipated changes.

10. Identify short and long term goals for the unit.

11. Performs other assigned functions.

RESPONSIBILITIES:

A. Available for scheduled meetings which occur outside the individual's regular working hours.

B. Available to participate in out-of-town programs if requested to attend.

C. Has degree of initiative consistent with keeping self informed of current developments in nursing at local, state and national levels.

D. Assumes responsibility for own behavior and the behavior of assigned employees.

E. Recognizes own professional and personal growth needs and assumes responsibility for meeting those needs.

F. Has sound judgement with the realization that errors and/or incompetence may have serious consequences, i.e. can be costly in terms of human life as well as money.

G. Has ability to communicate effectively with people from widely divergent social, cultural, educational and economic backgrounds.

H. Has a well groomed appearance which is acceptable to the general public.

I. Has good physical and emotional health.

J. Has the ability to give sustained attention to many details recognizing their importance to the composite.

QUALIFICATIONS:

Education: Graduate of state approved school of nursing

Experience: Demonstrated competence in clinical nursing.

Professional: Currently licensed to practice professional nursing in the state of Missouri.

PHYSICAL DEMANDS:

1. Has good physical and emotional health.
2. Required to move and lift patients and equipment.
3. Works with mechanical and electrical equipment.

SUPERVISED BY AND REPORTS TO:

Assistant Administrator/Nursing Service

MISCELLANEOUS FACTS:

The Head Nurse is both responsible and accountable for the activities and the personnel of their particular unit.

Appendix B

Job Description

Assistant Head Nurse

POSITION: ASSISTANT HEAD NURSE

DATE REVISED: August, 1980

JOB PURPOSE/SUMMARY:

The Assistant Head Nurse will be responsible for promoting utilization of patient-oriented care system on his/her respective shifts. He/she also is responsible for assisting the Head Nurse with administrative and managerial functions on the respective shift.

DUTIES:

1. Coordinates nursing care with medical care through patient rounds, patient care plan review and conferences.
2. Meets regularly with personnel to encourage active participation in the formulation and implementation of high quality patient care and for sharing of information.
3. Assists in interpreting and maintaining the objectives, policies and procedures of the unit and the Department of Nursing Service.
4. Evaluates and counsels employees in conjunction with Head Nurse and Supervisor.
5. Recommends promotion/transfer/termination. ,
6. Assists Head Nurse in evaluating and suggesting improvements for nursing care.
7. Evaluates and recommends for purchase the supplies and equipment utilized by nursing service on the unit.
8. Coordinates patient care activities with other departments as appropriate.
9. Assists in preparing and maintaining control of nursing service budget for assigned unit anticipated changes.
10. Assist with identifying short and long term goals for the unit.
11. Performs other assigned functions.

RESPONSIBILITIES:

1. Available for scheduled meetings which occur outside the individual's regular working hours.
2. Available to participate in out-of-town programs if requested to attend.
3. Has degree of initiative consistent with keeping self informed of current developments in nursing at local, state and national levels.
4. Assumes responsibility for own behavior and the behavior of assigned employees.
5. Recognizes own professional and personal growth needs and assumes responsibility for meeting these needs.
6. Has sound judgment with the realization that errors and/or incompetence may have serious consequences, i.e., can be costly in terms of human life as well as money.

7. Has ability to communicate effectively with people from widely divergent social, cultural, educational and economic backgrounds.

8. Has a well groomed appearance which is acceptable to the general public.

9. Has good physical and emotional health.

10. Has the ability to give sustained attention to many details recognizing their importance to the composite.

QUALIFICATIONS:

Education: Graduate of state approved school of nursing

Experience: Demonstrated competence in clinical nursing.

Professional: Currently licensed to practice professional nursing in the state of Missouri.

PHYSICAL DEMANDS:

1. Has good physical and emotional health.
2. Required to move and lift patients and equipment.
3. Works with mechanical and electrical equipment.

SUPERVISED BY AND REPORTS TO:

Head Nurse. The Assistant Head Nurse utilizes the Supervisor as a resource person.

MISCELLANEOUS FACTS:

The Assistant Head Nurse is both responsible and accountable for the activities and the personnel of their particular unit

Appendix C

Job Description

Staff Nurse

POSITION: STAFF NURSE

DATE REVISED: July, 1980

JOB PURPOSE/SUMMARY:

The staff nurse shall provide high quality, continuous nursing in the assigned area, in a manner consistent with the philosophy, objectives and policies of the department of nursing service. Using the modified primary nursing concept, the nurse shall have responsibility for the care of a designated group of patients.

DUTIES:

1. Initiates nursing process by making an assessment based upon subjective and objective data, which may include records, consultations, and review of the literature.

   Defines nursing problems based upon patient/family assessment.

   Formulates a plan of care that attempts to modify or eliminate each nursing problem.

   Formulates and implements teaching plans with patients and families.

   Implements a plan of nursing care based upon assessment and the legal orders of the physician.

   Executes nursing procedures according to policy and practice.

   Evaluates the patient's status and makes revision in the plan of care.

2. Coordinates health care activities through communication with patient, families, physicians, and health care team members.

3. Documents all nursing assessments, plan and intervention.

4. Assists in orientation and development of nursing personnel.

5. Assists in planning for equipment and supplies for the unit.

6. Performs other assigned functions.

Special procedures include but are not limited to the following:

    a. In Psychiatry

        1. Prepares medications for and assists with ECT.

        2. Performs alcohol tolerance test under supervision of physician.

        3. Functions as resource nurse.

        4. Functions as leader of a group in special assignments.

        5. Has active role in staff development.

    b. In ICU

        1. Cares for patients with complex devices.

3. Assists with resuscitation of patients.

   c. In OR and Recovery Room

     1. Performs scrub nurse duties.

     2. Assists with assembling instruments for surgical procedure.

     3. Restocks supplies.

     4. Assists with ordering supplies, IV fluids, drugs.

     5. Assumes "on call" responsibilities.

   d. In ER

     1. Wraps sterile packs.

     2. Assists physician with cast application sutures, and preps.

RESPONSIBILITIES

1. Upholding and adhering to all nursing service policies and hospital policies.

2. Recognizing and responding appropriately to emergency situations.

3. Maintaining a reasonable, safe and appropriate environment for patients and employees by:

   a. Supervising and/or performance of housekeeping duties peculiar to area.
   b. Protecting patient from harmful and/or excessive stimuli.
   c. Recognition of own professional and personal growth needs and seeks to meet these needs.
   d. Practicing careful and economic use of supplies and equipment.
   e. Using storage space efficiently.

4. Identifying short and long term needs of area.

5. Participation in conferences, projects or studies:
   a. For improvement of patient care.
   b. For staff development.

6. Accepting change of assignments whenever needed.

7. Working cooperatively with other members of the health care team.

8. Personal behavior.

9. Well groomed appearance which is acceptable to the general public and in accordance with the dress code.

QUALIFICATIONS:

Graduate of state approved school of nursing. Currently licensed to practice professional nursing in the state of Missouri.

PHYSICAL DEMANDS:

1. Available to participate in programs if requested.
2. Has good physical and emotional health.
3. Required to move and lift patients and equipment when needed. Works with mechanical and electrical equipment.

SUPERVISED BY AND REPORTS TO:

Head Nurse and Supervisor

/ MISCELLANEOUS FACTS: The Staff Nurse can expect to be oriented to several areas. It is possible that the Staff Nurse may be asked to provide assistance on another unit or in another area.

Appendix D

Job Analysis Form

JOB ANALYSIS QUALITIES NECESSARY

FOR THE JOB OF

ABILITY TO LEARN - To assimilate and apply new information.

ADAPTABILITY - Ability to maintain effectiveness in different situations, handle changing responsibilities, live and work in different areas under different circumstances.

ADJUSTMENT TO ROUTINE - Ability to maintain efficiency and motivation on repetitive tasks. Like many other factors, this one which is closely tied in to questions about job interests and previous employment.

ALERTNESS - Ability to perceive details of the environment and predict what will happen in the near future.

APPEARANCE - Elegance of dress is not important here. The focus should be on whether the individual is clean and satisfactorily well-groomed -- factors reflecting his/ her self-concept and potentially affecting his/her acceptability to fellow employees.

ATTITUDES TOWARD AUTHORITY - Ability to manage others as well as work well with superiors.

CAREER AMBITION - Desire to advance to higher job levels; active efforts toward self-development.

CREATIVITY - Ability to generate, recognize, and/or accept imaginative solutions and innovations in business situations.

DEALING WITH PEOPLE - Ability to get along with others. The nature and significance of interpersonal relationships vary from one job situation to another; some jobs require a very close sense of teamwork, while others simply require the ability to get along reasonably well.

DECISIVENESS - Readiness to make decisions, render judgments, take action of commit oneself.

DEVELOPMENT OF SUBORDINATES - Efforts to maximize human potential of subordinates through training and development activities related to current and future jobs.

ENERGY - Ability to maintain a high activity level.

EXPERIENCE/BACKGROUND - The best predictor of future performance is past performance. Any information about prior training or work, directly or indirectly related to the position to be filled, is pertinent.

FINANCIAL ANALYTICAL ABILITY - Ability to understand and analyze financial data.

FLEXIBILITY - Ability to modify behavioral style and management approach to reach a goal.

INDEPENDENCE - Taking action based on own convictions rather than through a desire to please others.

INITIATIVE - Actively influencing events rather than passively accepting; self-starting. Takes action beyond what is necessarily called for. Originates actions rather than responding to events.

INTEGRITY - Maintenance of societal, ethical, and organizational norms in business practices.

JUDGMENT - Ability to develop alternative solutions to problems, to evaluate courses of action and reach logical decisions.

LEADERSHIP - Effectiveness in getting ideas accepted and in guiding a group or an individual toward task accomplishment.

LISTENING SKILLS - Ability to extract important information in oral communications.

MANAGEMENT CONTROL - Skill in establishing procedures to
   monitor (or regulate) processes, tasks, or the activi-
   ties of subordinates. Ability to evaluate the results
   of delegated assignments and projects.

MOTIVATION FOR WORK - Importance of work in personal satis-
   faction, and the desire to achieve at work.

ORAL COMMUNICATION SKILL - Effectiveness of expression in
   individual or group situations (includes gestures and
   nonverbal communication).

ORAL PRESENTATION SKILL - Effectiveness of expression when
   presenting ideas or tasks to an individual or a group
   given time for preparation (includes gestures and non-
   verbal communication).

ORGANIZATIONAL SENSITIVITY - Skill in perceiving the impact
   and implications of decisions on other components of
   the organization.

PERSUASIVENESS - Ability to organize and present material in
   a convincing manner to gain agreement or acceptance.

PLANNING AND ORGANIZATION - Ability to efficiently establish
   an appropriate course of action for self and/or others
   to accomplish a specific goal, make proper assignments
   of personnel and appropriate use of resources.

POLITICAL SENSITIVITY - Awareness of changing societal and
   government pressures from outside the organization.

PROBLEM ANALYSIS - Skill in identifying problems, securing
   relevant information and identifying possible causes
   of problems.

RANGE OF INTERESTS - Breadth and diversity of interests, con-
   cern for personal and organizational environment, and
   a desire to participate actively in events.

RELIABILITY - It is difficult to predict absenteeism and
tardiness; we do know that these factors are closely
related to job satisfaction, so any questions on work
interests and motivation are relevant. They are also
related to practical factors, like transportation, and
to general attitudes about work.

RESILIENCE - Ability to handle disappointments and rejection
while maintaining effectiveness.

RISK-TAKING - Ability to weigh alternatives and make decisions
in which a calculated risk is taken to achieve maximum
benefits from the decision.

SAFETY CONSCIOUSNESS - Ability to work carefully yet effi-
ciently.

SENSITIVITY - Skill in perceiving and reacting to the needs
of others. Objectivity in perceiving impact of self.
on others.

STRESS TOLERANCE - Stability of performance under pressure
and opposition.

TECHNICAL TRANSLATION - Ability to translate a technical docu-
ment or technical information to understandable form
for laymen.

TENACITY - Tendency to stay with a problem or line of thought
until the matter is settled; perseverance.

USE OF DELEGATION - Ability to use subordinates effectively
and to understand where a decision can best be made.

WORK STANDARDS - Desire to do a good job for the job's own
sake.

WRITTEN COMMUNICATION SKILL - Ability to express ideas clearly
in writing in good grammatical form.

SKILL ANALYSIS WORKSHEET

DIRECTIONS: Describe a satisfying accomplishment or achievement from your
work experience. Choose a situation in which you were the
active agent who produced the outcome as opposed to something
that merely happened to you. Use simple language, as if you
were talking to a 5 year old child.

The SKILLS column is for indicating in shorthand the skills
you practiced in the course of the achievement.

SKILLS	ACHIEVEMENT

ABILITIES SUMMARY

DIRECTIONS: Summarize your strengths and developmental needs for each skill area. Use your Skill Analysis Worksheets for reference and describe concrete behavior.

STRENGTHS are based on positive behaviors or behaviors that occur often.

DEVELOPMENTAL NEEDS are based on negative behaviors or behaviors that occur rarely.

Leadership: Skill in getting ideas accepted . . . etc. . . . .

STRENGTHS

DEVELOPMENTAL NEEDS

Planning and Organizing: Skill in structuring the work . . . .

STRENGTHS

DEVELOPMENTAL NEEDS

PERSONAL SUMMARY

NAME _____ DATE _____

POSITION(s) INTERESTED IN: _____

_____

_____

Check the box that best describes your readiness for the position:

☐ Ready Now   ☐ Ready in 6 – 12 months   ☐ Ready in 1 – 2 years

Briefly summarize your developmental needs relating to this position and what experiences you need to meet these needs.

TO "DRAW" YOUR NURSING MANAGEMENT SKILLS PROFILE:

1. Complete each of the eight areas of questioning.
2. Score each area separately. (See instructions below)
3. Record the eight scores on the graph provided, which will allow you to see at a glance your strongest and weakest areas.
4. Compute your composite score, as instructions indicate.
5. Check the significance of your score against the author's interpretation.

The profile results should not only serve as an evaluation of how you're doing as a manager, but also make you aware of your weaker areas and give you the incentive to strengthen them.

The author designed this profile for managers at all levels, but he believes it will be especially useful to nurse managers who've learned to manage "by instinct without having ever analyzed the component parts of good management. Those who feel they've become stale and obsolete on the job-without realizing why, and without knowing how to remedy the situation. Those who feel ready to move into or the management ladder, but should take personal stock first.

Take this self-assessment test now, and again 6 months from now to check for improvements and change. Your profile could also serve as the bases for a productive conference between you and your supervisor.

Rate yourself on the statements below on a scale of 1 to 10:
Definite Strength = 10-8; Average Strength = 7-5; Definite Weakness = 4-1.
Total and record the score for each section.
Transfer the final score for each section to the chart at the end of the evaluation.

PLANNING

1. _____ have/has a clear understanding of my/her job responsibilities and of my/her authority. Score_____

2. _____ am/is able to make plans and schedules that turn out to be realistic for the unit. Score_____

3. _____ organize(s) the work to be done, break(s) it down into component parts and then make(s) orderly arrangements for its execution. Score_____

4. _____ make(s) productive use of resources available to me/her in the hospital. Score_____

5. _____ establish(s) priorities for work to be done, whether by staff or me/her. Score_____

6. _____ see(s) to it that each person working for me/her understands both her responsibilities and the extent of her authority. Score_____

7. _____ plan(s) and conduct(s) necessary meetings, but avoid(s) unnecessary ones. Score_____

8. _____ help(s) each member of my/her staff to see how her job fits into the total picture of the hospital. Score_____

9. _____ make(s) use of conferences and seminars to develop the full potential of my/her staff. Score_____

10. _____ do/does my/her best to see that my/her staff members have/has material needed to do their jobs. Score_____

INITIATING

1. _____ recognize(s) and try/tries to correct situations that need improvement.
   Score _____

2. _____ am/is able to look for new approaches to problems and stalemates.
   Score _____

3. _____ make(s) the most of a promising new plan or idea.
   Score _____

4. _____ put(s) worthwhile staff suggestions into operation-whenever feasible.
   Score _____

5. _____ encourage(s) my/her staff to try out new methods and new ideas.
   Score _____

6. _____ face(s) problems squarely-even when it might be easier to avoid or deny them.
   Score _____

7. _____ begin(s) working on new projects without waiting to be told.
   Score _____

8. _____ seek(s) solutions rather than excuses.
   Score _____

9. _____ don't/doesn't hestiate to ask questions when I/she lack(s) the necessary information.
   Score _____

10. _____ I/she am/is willing to take reasonable risks.
    Score _____

DELEGATING

1. _____ I/she have/has no problem delegating responsibility and authority to any of my staff.
   Score _____

2. _____ I/she avoid(s) trespassing on authority, once I've delegated it to others.
   Score _____

3. _____ I/she check(s) periodically to see that the duties I've/she has delegated are being carried out properly.
   Score _____

4. _____ I/she try/tries to define the jobs I/she delegate(s) in order to provide my/her staff with the maximum challenge and opportunity.
   Score _____

5. _____ I/she concern(s) myself/herself with a minimum of detail.
   Score _____

6. _____ I/she try/tries to foster in my/her staff a willingness to work toward our common overall objectives.
   Score _____

7. _____ I/she make(s) the fullest possible use of my/her staff's skills and abilities.
   Score _____

8. _____ I/she provide(s) my/her staff with the necessary skills, information, resources.
   Score _____

9. _____ I/she include(s) staff in the setting of our work objectives and schedules
   Score _____

10. _____ I/she seek(s) a group reaction on an important matter before going ahead.
    Score _____

DECISION MAKING

1. _____ My/her decisions are consistent with the policies, procedures, and objecti of my/her hospital administration.
   Score _____

2. _____ My/her decisions are consistent with the broader economic, social and political trends that affect hospital matters.
   Score _____

3. _____ I/she stay(s) within the bounds of my/her authority and abilities in making decisions. Score_____

4. _____ I/she weigh(s) and interpret(s) all the facts and factors in a situation in order to solve a problem. Score_____

5. _____ I/she make(s) use of my/her own background and experience as well as that of my/her staff in reaching conclusions. Score_____

6. _____ I/she accept(s) responsibility for my/her decisions, even though I/she consulted others beforehand. Score_____

7. _____ I/she make(s) decisions promptly, but not hastily. Score_____

8. _____ I/she make(s) clear cut decisions that can be understood and acted upon by my/her staff. Score_____

9. _____ I/she take(s) calculated risks, based on sound decision-making processes. Score_____

10. _____ I/she convert(s) my/her decisions into decisive and effective action. Score_____

COMMUNICATING

1. _____ I/she keep(s) informed on how my/her subordinates are thinking and feeling Score_____

2. _____ I/she encourage(s) others to express their ideas and opinions. Score_____

3. _____ I/she take(s) time to listen with empathy and understanding. Score_____

4. _____ I/she respond(s) to criticisms with my/her reasons--but without defensivenes Score_____

5. _____ I/she reply(s) to questions promptly. Score_____

6. _____ I/she keep(s) my/her staff informed on changes, policies, and procedures which directly affect their work. Score_____

7. _____ I/she acknowledge(s) the good work of staff members and express my/her appreciation. Score_____

8. _____ I/she explain(s) the why of decisions. Score_____

9. _____ I/she make(s) significant contributions in meetings, both by listening intently and by speaking up when necessary. Score_____

10. _____ I/she express/expresses myself/herself without ambiguity in my/her writing and speaking. Score_____

DEVELOPING STAFF

1. _____ I/she select(s) well-qualified people for jobs. Score_____

2. _____ I/she help(s) my/her new employees adjust to the job and the group. Score_____

3. _____ I/she motivate(s) my/her staff to do a better job. Score_____

4. _____ I/she systematicallyevaluate(s) the performance of each employee. Score_____

5. _____ I/she keep(s) my/her employees informed on the evaluations I've/she has made. Score_____

6. _____ I/she use(s) constructive criticism, aimed at helping my/her staff members to do a better job. Score_____

7. _____I/she discuss/discusses career opportunities with my staff.
Score_____

8. _____I/she help(s) them formulate self-improvement plans.   Score_____

9. _____I/she inform(s) higher authorities of the accomplishments and growth of my/her staff members.   Score_____

.10. _____I/she have/has a plan for my/her own growth and development, and am/is actively working on my/her plan.   Score_____

RELATIONSHIPS

1. _____I/she try/tries to be both firm and fair in dealing with staff.
Score_____

2. _____I/she am/is able to "take it" when the going gets rough. Score_____

3. _____I/she am/is able to enjoy my/her work and my/her associates—and to show that enjoyment.   Score_____

4. _____I/she make(s) it easy for people to talk.   Score_____

5. _____I/she take(s) time to look in on my/her staff in their offices and work places.   Score_____

6. _____I/she am/is interested in the personal well-being of others.
Score_____

7. _____I/she participate(s) in community activities.   Score_____

8. _____I/she understand(s) how off-the-job problems can be reflected in on-the-performance.   Score_____

9. _____I/she adjust(s) to personalities and circumstances with tact and perspec
Score_____

10. _____I/she sell(s) ideas to others without pressure.   Score_____

STANDARDS

1. _____I/she use(s) systematic methods to measure performance, productivity, an progress.   Score_____

2. _____I/she develop(s) objectives and performance standards with my/her staff.
Score_____

3. _____I/she reevaluate(s) regularly in order to improve the organization and work standards on my/her unit.   Score_____

4. _____I/she see(s) that standard operating practices are followed, when necess
Score_____

5. _____I/she fix/fixes accountability.   Score_____

6. _____I/she face(s) up to my/her own and the staff's failures to meet my/her standards.   Score_____

7. _____I/she do not/does not seek unreasonably high goals.   Score_____

8. _____I/she do not/does not settle for goals that can be too easily accomplish
Score_____

9. _____I/she am/is willing to recognize when standards should be changed-and to work toward change.   Score_____

10. _____I/she help(s) determine an acceptable range of performance when it's difficult to determine a precise standard.   Score_____

MANAGEMENT SKILLS PROFILE—COMPOSITE SCORES

	SCORE									
	10	20	30	40	50	60	70	80	90	100
Skill										
Planning										
Initiating										
Delegating										
Decision Making										
Communicating										
Developing										
Relationships										
Standards										
TOTALS										
Composite Score										

How to determine your Composite Scoring:
Draw a line connecting all scores.
Add totals at bottom of each column and divide grand total by 8 to get *Composite Score.*

Individual Skill score range	Means:
80-100	Strong area—build on it!
60-80.	Acceptable but could be improved.
40-60	Weak area—face up to it!
Under 40	Expect trouble if not improved soon.

If your Composite Score is:

80-100	Strengths should serve you well if exploited.
60-80	Unbalanced skills may seriously retard your progress. Determine where improvement effort should be concentrated.
Under 50	You may be mismatched as a manager at this time. Retake in 6-9 months.

Appendix F

Interview Questions

Interview Questions

1) Do you feel comfortable with your job?

2) Has your feeling changed with the restructure of management?

3) Name the differences, as you see them, between old and new management.

Appendix G

Observation Script

The date and time of each observation was made by random selection.

The subject was observed on the unit. Observation was made taking report, preparing medication, taking off doctors' orders.

Observation was made only in and/or about nurse's station.

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