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# *The Management of Patient Care*

*Putting Leadership Skills to Work*

*Thora Kron*

W. B. SAUNDERS COMPANY

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## PREFACE

The material in this book is not entirely new. The reader will recognize much of it as coming from the two previous editions of *Nursing Team Leadership*. The author still believes that the philosophy and basic principles of team nursing provide a way for meeting the professional nursing responsibilities in the care of patients. The change in the title of the book reflects its increased coverage of management skills, not a reduction of the emphasis on leadership.

Many institutions are not giving their method of assignment a special name, partly because of the prejudice of the staff against the phrase, "team nursing," but mainly because they are trying new staffing patterns and feel that they do not fit into the pattern generally thought to be necessary for the practice of the team method of assignment. Team nursing cannot be reduced to a series of steps in a procedure telling the nursing practitioner exactly what to do and what not to do. Leadership in all aspects of patient care is still the responsibility of the professional nurse; however, sometimes nurses forget that philosophy and concepts may be implemented in a number of different ways to provide effective care for their patients.

This book is directed toward helping the professional nurse, especially the beginning practitioner, to understand the responsibilities in becoming a leader and to provide her with a simple guide to the various ways in which she may exercise leadership in the *Management of Patient Care*. The ideas and concepts presented in the book are only a starting point from which she can continue the study of methods of increasing her leadership skills in her own situation. Whatever her position—staff nurse, team leader, or head nurse—the professional nurse has the opportunity and the obligation to apply the principles of management in planning, directing, controlling, and evaluating the care of her patients.

The information about changes in nursing and nursing education

has been brought up to date. Bibliographies have also been revised. New material has been added to explain in a simple way some of the methods that nurses can use to become more efficient in their arrangement of supplies and equipment, in studying and revising nursing techniques, in delegating job activities to the various workers on the nursing staff, and in the planning of their own activities. Additional information with illustrations has been included about the various approaches that may be used in the planning of nursing care and in the implementation of the care plan. The responsibility of the professional nurse to exercise her leadership through the management of patient care is emphasized throughout the book.

For those who want to continue the practice of team nursing, or to start this method of assignment of patient care, Part IV discusses the management of patient care using the principles of team nursing.

The phrase, "professional nurse," is employed throughout the book in the legal sense as used in licensure laws of each state except in some specific instances where the newer meaning of professional versus technical nursing is indicated.

The author wishes to thank the many professional nurses throughout the United States and Canada who have contributed so much by their many helpful suggestions and criticisms. Acknowledgment is extended to Helen Hill Blanz, LL.B., for her help in writing the section on the legal responsibilities in nursing.

*Floodwood, Minnesota*

THORA KRON

## *Beatitudes of a Leader*

**Blessed** is the leader who has not sought the high places, but who has been drafted into service because of his ability and willingness to serve.

**Blessed** is the leader who knows where he is going, why he is going, and how to get there.

**Blessed** is the leader who knows no discouragement, who presents no alibi.

**Blessed** is the leader who knows how to lead without being dictatorial; true leaders are humble.

**Blessed** is the leader who seeks for the best for those he serves.

**Blessed** is the leader who leads for the good of the most concerned, and not for the personal gratification of his own ideas.

**Blessed** is the leader who develops leaders while leading.

**Blessed** is the leader who marches with the group, interprets correctly the signs on the pathway that leads to success.

**Blessed** is the leader who has his head in the clouds but his feet on the ground.

**Blessed** is the leader who considers leadership an opportunity for service.

*Author Unknown*

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PART ONE

LEADERSHIP—  
THE GREATEST  
CHALLENGE  
IN  
NURSING TODAY

*For Yesterday is but a Dream,  
And To-morrow is only a Vision;  
But To-day well-lived makes every  
Yesterday a Dream of Happiness  
And every To-morrow a Vision of Hope.  
Look well therefore to this Day!*

from The Salutation of the Dawn,  
from the Sanskrit.



## *Chapter 1*

### *A Look at Nursing Today*

#### **AIMS OF THE HOSPITAL**

The primary aim of any hospital is to care for the sick. Additional aims, such as research and education, are formulated only because they will eventually lead either to the prevention of disease or to the improvement of patient care.

Each department within the hospital enlarges on this primary aim by relating its specific objectives and activities to the patient and his welfare. Thus, the dietary department is concerned with the nutritional care of the patient; the housekeeping department with the care of the patient's environment; the laboratory and x-ray departments with diagnostic and therapeutic techniques designed to help the patient in his recovery; and so on throughout every division within the hospital. In the nursing service department the aim becomes that of giving continuous good patient care to each individual.

#### **NURSING—YESTERDAY AND TODAY**

**Changes in the Field of Medicine.** The discovery of the principles of the microscope, the x-ray, photography, plastics, and the inventions of the twentieth century, such as the radio and television, and the use of the electron microscope and atomic energy have added impetus to medical research. These have brought about a rapid increase in the knowledge concerning the cause and treatment of many diseases.

New drugs are being used in the treatment of measles, small-pox, herpes simplex, influenza, and parkinsonism. Laser energy is being tried in the treatment of detached retina and certain malignant

tumors. Scientists are giving the medical world additional information about the causes and treatment of certain heart, blood, and vascular diseases. The role of DNA in heredity is being studied. New and improved surgical techniques and instruments make possible, and even routine, some operations which a few years ago were unheard of. Hyperbaric surgery reduces mortality in operations on infants with congenital heart diseases. The use of intense cold in the treatment of certain conditions is being tried. Artificial hearts and lungs serve as temporary substitutes for those vital organs, and transplantation of organs such as kidneys, lungs, livers, spleens, and hearts are becoming almost commonplace, but with this increase in transplants have come some disturbing legal and ethical questions concerning who has title to a dead body and what death is. Electronic pacemakers keep damaged hearts beating rhythmically. In several instances severed limbs have been reattached successfully. Plastic materials and certain metals are being used to replace diseased sections of the body. Many facets of psychiatry, geriatrics, public health and sanitation are receiving attention of specialists in these fields.

Although great advances have been made, much remains to be done. At least 25 per cent of the population in the United States do not receive adequate medical care. The United States ranks 13th in infant mortality.\* Life expectancy for United States males at age 45 is 27.0 years while men in 30 other countries have a longer life expectancy.\*\* Health authorities are becoming increasingly concerned about pollution of our environment, the effects of the increasing noise level on people and property, and the illegal use of drugs by more people than ever before. Cancer and the common cold remain unconquered. Epidemics of infectious hepatitis, venereal disease, drug-resistant meningitis, and in 1968 a case of bubonic plague also point up the fact that we have not yet controlled communicable diseases. Continued advancement in space exploration necessitates research in space medicine.

The family doctor of yesteryear is almost unknown today, although recently the medical profession initiated action to bring him back as a "specialist in family medicine." The quantity and complexity of medical knowledge favor specialization and the increased use of consultation. Technicians, under the supervision of physicians who direct their work, are using the intricate equipment found in many areas of the modern hospital, for example, in the laboratory, the x-ray and the physical therapy departments.

**Changes in Hospitals.** Hospitals have also changed. At the beginning of the century a hospital was a big dismal building, thought

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\*"The Plight of the U.S. Patient." *Time*, Feb. 21, 1969, page 53.

\*\**Reader's Digest Almanac and Yearbook*. Reader's Digest Association, Inc., Pleasantville, N.Y., 1969, page 335.

by many people to be a place of death. Now architecture and interior decoration are changing the physical appearance of the hospital while progress in medical science continues to eliminate the dangers that previously lurked within its walls. Gone are the high somber tan or dingy white walls and the narrow bare windows. The effect of color on the emotional response of the individual, and hence on his recovery, is now recognized; consequently, every effort is made to make the hospital bright and attractive as well as efficient and safe. Nursing stations are being planned so that the nurse can observe quickly and communicate easily with each patient.

Automation is becoming a part of hospital life. Intricate machines monitor the vital signs of patients, keeping minute by minute records of their progress. Automation can relieve nurses of up to 80 per cent of the paper work that now takes up most of their time. Some people foresee hospitals in which the patients' charts in their present form will be eliminated. Instead all information will be available through data processing by computers in the nursing stations. Data processing machines are now used in some hospitals to plan staffing, relay orders for laboratory and x-ray tests, supplies, and diets, transcribe doctors' orders, schedule patients' treatments, and chart nurses' notes.\* These machines, in turn, have made necessary new knowledge and skills and additional personnel, usually ward clerks, to work with the machines. The use of disposable materials, including premixed infant formulas, medications, and equipment such as needles, syringes, and linen supplies, just to name a few, decreases the time needed to prepare and maintain these supplies as well as lessens the chance of infection.

In order to make more efficient use of personnel and equipment, some hospitals are grouping patients according to the care that they need. This system of progressive patient care includes an intensive care unit for the critically ill, a recovery room for patients immediately following surgery, regular care for the average patient, and minimal care or self-care units for convalescent patients and others who are ambulatory.

**Changes in Social and Economic Conditions.** With the decline in death rates has come a rise in the average age of the total population. Statisticians estimate that by 1970 the number of people 65 years and over will be at least 22 million, of whom approximately one-third will be over 75 years old.\*\* These elderly people present special psychosocial and health care needs. In the meantime the total population continues to increase. This means that more and

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\*Given, C. W., and Given, Barbara: "Automation and Technology: A Key to Professionalized Care." *Nursing Forum* 8:1:74 (1969).

\*\*Statistical Abstracts of the United States, 1962, 83rd annual edition, U.S. Bureau of the Census, Washington, D.C., 1962, U.S. Government Printing Office.

more people will need the services of doctors, nurses, hospitals, and nursing homes.

In addition to the increase in the number of people, several other factors are influencing the trend toward the greater use of medical and hospital facilities. The family is no longer a closely knit, stable, more or less independent entity. The shift is now away from the care of infirm, aged and ill persons by their own families. More and more the care of these individuals is assumed by service organizations such as nursing homes and hospitals. Doctors can no longer meet the demand for their services on a home-call basis, nor do they have available in their offices all the equipment and other facilities necessary for diagnostic and therapeutic care of their patients; therefore, they prescribe hospitalization.

The increased amount of information about health and disease, now being given in school and in popular literature, has made most people more health conscious. Along with this increased interest in health has come an increase in the number of subscriptions to the various hospitalization and health plans, thus increasing the demand for medical care and use of hospital facilities. However, the rise in the cost of living, including the cost of medical care and hospital facilities, has outrun the ability of many people to pay, especially those in the middle income range.\* Throughout his book, *The Plot Against the Patient*, Fred Cook, Jr., seeks to prove that the problem of health is now "Big Business" with emphasis on profit rather than on the patient.\*\*

**Changes in Nursing and Nursing Education.** In the past nurses did many of the housekeeping tasks around the hospital or home in addition to attending to the wants of their patients. Their duties were simple and entailed little knowledge or understanding of the patient's disease or the doctor's treatment. The nurse simply did as she was told. However, to keep pace with the changes in medicine, nurses have found it necessary to assume increasingly complex duties, to learn to work with new equipment safely and effectively and, consequently, to acquire more knowledge and understanding of medical diagnosis and treatment and of nursing itself. Various techniques, such as the administration of intravenous fluids, once thought to be within the realm of doctors only, are now being delegated to the professional nurse. As the care of the patient moved out of the home and into the hospital, the nursing profession found that it must supply more and more of that personal element hitherto provided by the patient's family.

✓ The increase in the size and numbers of hospitals, the increased daily census of patients, the shortening of the work week, and the

\*"The Plight of the U.S. Patient." *Time*, Feb. 21, 1969, pp. 53-54.

\*\*Cook, Fred, Jr.: *The Plot Against the Patient*. Prentice-Hall, Inc., 1967.



growing number of complex skills and responsibilities have increased the demand for nurses beyond the available supply. New fields of endeavor, continually opening up to nurses in industry and public health, are taking some nurses who otherwise might be available for service in hospitals. An apparent decrease in the number of available professional nurses to care for patients has caused an increase in the use of practical nurses and ancillary personnel with more categories of workers being added every year.

Nursing education is confronted with the task of preparing the nurse to assume her role in society and in nursing. But what is that role? Several basic nursing programs are in existence—each with the expressed or implied objective of preparing nurses for first level positions, in other words, a staff nurse. But what do the phrases “first level” and “staff nurse” mean, especially since there is such a wide variation in the preparation of persons who are to fill this position? At the present time each employing agency defines what it expects of this person with the result that there is no standard job description of staff nurse responsibilities.

Members of the various health groups see the nurse in widely differing roles. Making a medical diagnosis and prescribing the treatment of the illness of a patient is the primary responsibility of the physician. Traditionally, the nurse has been considered one who “waits on” the doctor and performs the therapeutic techniques that he prescribes. On the other hand, hospital administrators think of the nurse as one who is capable of managing a section of the hospital, carrying out all administrative policies of the institution. In addition, the number of allied therapy personnel—laboratory and x-ray technicians, physical and occupational therapists, inhalation therapists, intravenous therapy teams, etc.—is increasing daily. The nurse is often responsible for coordinating the services of these people into the patient’s schedule of care. As a result, she cannot find time to give nursing care to the patient. In other words, the nurse has allowed herself to become an assistant doctor, an assistant hospital administrator, a traffic manager, a service coordinator—a jack-of-all-trades but master of none. Although these duties are important to the patient’s welfare, they do not constitute the giving of nursing care, which is the nurse’s primary function. In her concern to perform these secondary duties, the nurse tends to neglect her main responsibility to the patient. In fact, she often delegates much of his care to ancillary workers.

Health agencies are trying different staffing categories and patterns. In place of the traditional head nurse, the ward or unit manager takes over the administrative duties usually assigned to the head nurse. This unit manager may be responsible to either the hospital administrator directly or to the director of nursing service. He may have one or more ward clerks or secretaries to do the more