THE ROLE OF
THE NURSE AS EMPLOYEE:
A CASE OF
MUTUAL RESPONSIBILITIES

Dorothy Mc Mullan

national league for nursing
THE ROLE OF THE NURSE AS EMPLOYEE: A CASE OF MUTUAL RESPONSIBILITIES

Dorothy McMullan, Ed.D., R.N.
Director
Division of Nursing
National League for Nursing
New York

Pub. No. 14-1644
National League for Nursing • New York
THE ROLE OF
THE NURSE AS EMPLOYEE:
A CASE OF
MUTUAL RESPONSIBILITIES

Copyright © 1976 by
The National League for Nursing

Dorothy McMillan, Ed.D., R.N.
Director
Division of Nursing
National League for Nursing
New York

The paper published herein was presented at a Symposium on Head Nurse Decisions in Personnel Management, sponsored by the Hospital Council of the National Capitol Area, Inc., New Carrollton, MD, October 1975.
CONTENTS

EMPLOYEE AND EMPLOYER ............................................. 1
  The Hospital Administrator ..................................... 2
  The Nursing Service Administrator ............................ 3
  The Head Nurse .................................................... 4
  New Graduates ..................................................... 5

NURSING PROCESS AND NURSING TEAM .............................. 5

STAFF DEVELOPMENT .................................................. 6
  Reference Materials on the Unit ................................ 7

REFERRALS ............................................................. 8

PATIENT TEACHING ................................................... 8

STUDENTS ............................................................ 9
  Socialization of the New Graduate ............................. 10

RESEARCH ............................................................ 10

SUMMARY ............................................................ 10

BIBLIOGRAPHY ......................................................... 12
CONTENTS

1 EMPLOYEE AND EMPLOYER

2 The Hospital Administrator

3 The Nursing Service Administrator

4 The Health Nurse

5 New Graduates

2 NURSING PROCESS AND NURSING TEAM

7 STAFF DEVELOPMENT

7 Reference Materials on the Unit

8 SYMPOSIUM ON HEAD NURSE DECISIONS IN PERSONNEL MANAGEMENT, sponsored by the Hospital Council of the National Capitol Area, New Carrollton, MD, October 1973.

8 PATIENT TEACHING

10 STUDENTS

10 Socialization of the New Graduate

10 RESEARCH

12 SUMMARY

12 BIBLIOGRAPHY
THE ROLE OF THE NURSE AS EMPLOYEE: A CASE OF MUTUAL RESPONSIBILITIES

Dorothy McMullan, Ed.D., R.N.

Patient care in the hospital setting today is so complex and demanding that it is difficult to think and speak about the nurse's role in the abstract without the intrusion of the situational realities that twist and bend the concept. Yet it is imperative that nursing service administration have a broad general concept of the role of the nurse in order to facilitate the more specific designation of the role of each individual nurse according to her education, experience, and position within the hospital.

Because the ideal employment situation is rare, a number of mutual responsibilities arise between the nurse practitioner employee and her supervisors—the hospital administrator, the nursing service administrator, and the head nurse. These responsibilities involve a number of operating factors: the total hospital setting, its philosophy and objectives; the attitudes of staff and administration; and the facilities, equipment, and staffing patterns of the institution. In considering various areas of these mutual responsibilities and interactions, I would like to suggest ways in which administrative personnel can produce a climate conducive to the full achievement of patient-centered care and thereby enable the nurse practitioner to fulfill her responsibilities as a hospital employee.

EMPLOYEE AND EMPLOYER

The nurse employee herself must function within the philosophy and objectives of the hospital and nursing service. The channels of
communication and lines of authority relevant to her specific position should be clear. The nurse must also function within the legal and ethical parameters of her profession and should be fully cognizant of the fact that, while the nurse practitioner's first line of accountability and legal responsibility is to the patient and his family, accountability to nursing service administration and the hospital is inherent in her role as employee.

There are certain attributes, concepts, and attitudes which the nurse practitioner must have if she is to realize her role as a nurse at its highest potential. Central to these is the belief in and dedication to the health care of people as the primary focus of nursing. In addition, personal attributes of integrity, self-understanding, self-regard, belief in oneself, and self-motivation are fundamental to the ability to respect and relate to others at one's highest level. Also vital for the successful delivery of health services, both in the hospital and in the community, is the concept that nursing, as an essential discipline in the health care system, must join with the other health care disciplines in meeting the health needs of people. Self-motivation toward the continuous updating of one's knowledge and skills is a further important factor in assuring quality nursing service and patient care. The desirable nurse employee is one who is dedicated to achieving quality care for all patients and who seeks opportunities to accomplish this goal.

Ideally, I perceive the nurse practitioner employee's role as one which allows the nurse the fullest utilization of her knowledge and skills according to the full scope of the nursing process, in working with the patient and his family, the nursing staff, and the members of other disciplines in the accomplishment of quality patient care, in seeking to improve and increase her knowledge and skills, and in integrating the resources of the community in her services to patients and families.

The Hospital Administrator

Since he is in the control seat, the hospital administrator has the responsibility to insure that the hospital's services realize the standards of quality patient care. The hospital's philosophy, objectives, and policies—which must indeed focus on quality patient care—should support the health care team in fully achieving this goal. The salient factor is that the team concept of health care must start with the concurrence of the administrator and the directors of services: the physician directors of medical services and the directors of nursing service, social service, physical therapy, nutrition, and housekeeping. At this point in time, hospital administrators, physicians, and nurses who are knowledgeable about, and who believe in, the health team
concept are quite limited in number. The physician’s attitude of “my patient,” “my staff,” and “my nurse” is all too prevalent and is intensified by the lack of equal clout on the part of the members of the other disciplines and other hospital services. This makes impossible the utilization of the full potential of the multidisciplinary group and diminishes the possibility of realizing the highest standards of patient care.

I am reminded of the experience of the son of a nurse friend; this young man had been a medical student in an urban medical center, where he had learned to work with nurses on the health team, in a patient-centered, multidisciplinary relationship. As an intern he had gone to another large city to a large general hospital of high reputation. After he had been there for some time, he wrote to his mother, expressing his distress that the nurses in the hospital were restrained from functioning on the level of which they were capable. He laid the fault for this underutilization of the nursing staff to the physicians and nursing service administration. That was a number of years ago, but there has been little change since (with the exception of a few bright oases in various parts of the country).

At a recent national meeting in which the health education of the public was being discussed, two well-established physicians spoke of how the physician is “all” in the area of health education of the public. A young man who had just become an M.D. responded with his firm belief in the multidisciplinary health team and the contribution that all members of the team—particularly the nurse—can and should make in the health education of the public. Fortunately, there are others like this young man, and it seems to me that an important part of the successful nurse’s role is to seek out such “enlightened” physicians and to work with them in the improvement of the delivery of health services.

Negative staff attitudes are also largely responsible for the failure of many hospitals to introduce the problem-oriented medical record, a system that focuses on the patient, improves the communication system, and helps to reduce fragmentary patient care.

The Nursing Service Administrator

The nursing service administrator is in a management position that permits equal participation with the heads of other hospital services in top-level decision making and policy formulation and therefore gives her the opportunity and responsibility to assist in identifying the components of high standards of patient and family care and to plan for its achievement in the hospital setting and its extension into the community. The nursing service administrator must have the freedom, as well as the personal philosophy and attitudes, essential to
establishing a climate which permits participatory involvement of all nursing service personnel, according to their abilities and positions.

The Head Nurse

With this kind of support, the competent head nurse can plan for the highest level of patient and family care achievable with the personnel assigned to the unit for which she is accountable. What that “highest level” of care will be and what the nurse’s role will be depend directly on the knowledge and skills of the nursing service personnel.

The education and experience of each member of the staff must be considered before a determination can be made of an individual nurse’s role, since a nurse can function only according to her knowledge and expertise. I have heard administrators in acute-care settings make all sorts of statements about the kind of nurses needed in their particular hospitals to give the kind of care they deem fully satisfactory. These have ranged from the conviction that the licensed practical nurse “does” everything that any other nurse can do, or the belief that the diploma or associate degree graduate “does” everything in nursing care that needs to be done, to the position that only baccalaureate and master’s graduates can provide adequate nursing care. Fortunate indeed is the hospital that can find and afford to employ a full staff of nurses prepared at the baccalaureate and master’s levels; individualized, comprehensive nursing service might then be assured. On the other hand (and unfortunately for the patient), too many employers believe that the nursing staff need consist only of licensed practical nurses or associate degree or hospital graduates. Without a representation of nurses with various types of training and various skills, assigned to positions which exploit and utilize such training and skills, the nursing team lacks its full potential for high-level care.

I recently heard several nursing service administrators discussing their distress over the inability of their nurses to give nursing care, and the things their nurses couldn’t “do” when they joined the staff. As I listened, I realized that no discrimination was being made by these administrators concerning either the preparation of the nurses employed or the kinds of assignments that were being made. They were victims of that old misconception that “a nurse is a nurse is a nurse,” and their failure to match preparation with job assignment was all too obvious. These administrators were far more at fault than the people they were hiring and exemplify one of our most serious problems in nursing today—that of properly utilizing the nurse practitioner according to her preparation, experience, and expertise. I have spent considerable time in the past helping nursing service administrators, through the head-nurse and team-leader levels, to identify the preparation and expertise of the nurse employees, to write pertinent job
descriptions, and to make position assignments that realistically utilized individual nurses' talents in the fulfillment of specific nurse practitioner roles.

New Graduates

I have been critical of nursing service administrators who are unaware of or unsympathetic to the differences among the graduates of the various types of nurse education programs. I furthermore feel that it does not help the new graduate to fulfill her responsibilities as an employee if she is assigned to a role for which she has not been prepared. How, then, does one identify the appropriate nurse practitioner role for the new graduates of the different kinds of nursing education programs? The initial and obvious answer is to know the legal definition of the role for which the nurse is licensed. The next step is to be familiar with the characteristics of the different kinds of nursing education programs. The National League for Nursing has four councils on education: the Councils of Practical Nursing Programs, Diploma Programs, Associate Degree Programs, and Baccalaureate and Higher Degree Programs. The peer group of agency member representatives and individual members in each council has identified the characteristics of its particular type of education and how its graduates are prepared to function. This information is published by the League and is available to any interested party.

The next step would be to identify the outcomes of the specific education program of each new staff member. Nursing education programs today identify their expected behavioral outcomes or competencies in writing. The new employee could be required to supply this information, and the nursing education programs in the area could keep nursing service informed of the abilities of their graduates and of changes as new knowledge and skills are incorporated into their programs. Examples of such changes in education in the last several years are the preparation of baccalaureate graduates for primary health care and the effort to include in all education programs greater knowledge of the community and its resources for health care delivery.

NURSING PROCESS AND NURSING TEAM

The head nurse who has really done her homework, who knows the nursing role for which each member of her staff is prepared (and has a job description for each role) needs also to identify the staffing pattern which will best support the full utilization of each staff member in her unit. If the unit staff consists of nurse practitioner specialists and baccalaureate graduates, each nurse practitioner could be assigned to several patients for total nursing care. The head nurse, of course,
has to know the nursing needs of each patient in order to determine which nurse is best suited to care for particular patients.

If, however, the nursing staff is a mixture of baccalaureate, associate degree, diploma, practical nurses, and nurse’s aides, a staffing pattern must be devised that makes it possible for each staff member to function at her maximum and that also assures the highest level of patient care attainable with the available staff.

Before nursing had the variety of personnel it now has, it was routine to assign a nurse to a group of patients for complete nursing care of each patient. When nurses with different kinds of preparation for different levels of practice were added, nursing service across the country failed to make the adjustment in the differentiation of nursing care assignments. The nursing team was and still is the logical answer, since it incorporates the management concept of using the best-prepared person to work with a group of people who are not so well prepared for the acceptable accomplishment of a goal. But for a nursing team to be successful, its leader must have a number of important qualifications: beginning management skills for organizing, planning, implementing, evaluating, and synthesizing; observation and communication skills; and knowledge of the nursing process and how to incorporate into its structure the talents of different levels of nurse practitioners. Whether this leader should be a baccalaureate generalist nurse practitioner or a specialist nurse practitioner depends on the setting and the needs of the patient unit.

There are some excellent materials available on the nursing process. I would especially recommend *The Nursing Process: Assessing, Planning, Implementing, Evaluating*, by Yura and Walsh, and the League’s publication, *Providing a Climate for Utilization of Nursing Personnel*, which focuses on the health team and the utilization of the graduates of the different kinds of nursing education programs in the nursing process. Of course, all head nurses should be familiar with the American Nurses’ Association’s *Standards of Nursing Practice* as points of reference in the formulation of standards of practice for quality patient care in their respective patient care units.

**STAFF DEVELOPMENT**

Assuming that the environment is conducive to each nurse’s functioning in an appropriate role, what other assistance should she have for the full extension of nursing services to patients and families and for keeping her knowledge and skills current and relevant? A *staff development program* is a must for any patient care setting and of particular importance to a hospital. The nursing service department’s program for staff development should, of course, be coordinated with that of the hospital, but it should also be extended into each
nursing service unit. The head nurse and her staff should identify the
gaps in their knowledge and skills and the necessary continuing edu­
cation to fill those gaps.

While the head nurse should have direct input in the planning for
staff development, much can be accomplished for the benefit of the
nurse employee within the immediate unit by incorporating education
into the ongoing plan for the improvement of patient care. The nurse
employee can learn much about the planning of patient care in nurs­
ing-team and health-team conferences. Furthermore, it is especially
important for the nurse practitioner employee to understand the cri­
teria for patient care on the unit. These can be formulated by col­
laboration among the health team, the nursing team, the patients and
their families, and the public health nurse coordinators from out­
patient services and community health agencies. The criteria thus
developed can be used for the continuous assessment of patient care,
for problem-oriented charting, and for the evaluation of the nursing
staff.

Too often this business of identifying patient care criteria is put off
with the excuse that a study is needed, that funds are lacking for a
proper study, or that the study should be done by an outside group.
I contend that these are cop-outs. I have recently read a number of
such studies and have been appalled by the limited samples, the very
basic nature of the criteria identified, and the number of obvious
variables omitted from the studies. Patient care has to be based on the
application of criteria, whether or not they are written down. There is
no better place to start documentation than in the unit where patient
care is taking place, with the collaboration of all the people involved.
The nursing process should suggest many criteria for quality patient
care; criteria that apply to all patients and those that apply only to
patients with specific problems can be identified from nursing care
plans and collated for general use and guidance. The criteria can then
be perused by other experts in the hospital for their ideas and sug­
gestions; and, as the criteria are applied in daily patient care, changes
and additions can be made as indicated.

This kind of involvement and activity in setting and revising criteria
is an excellent area for the exercise of their mutual responsibilities by
staff and administration. It should encourage the nursing staff to stay
constantly alert for ways of improving the quality of patient care; it
can also indicate areas where additional knowledge and skills may be
needed.

Reference Materials on the Unit

To assist the nurse employee in fulfilling her role, there are certain
materials that should be available on all patient care units. Aside from
the obvious materials of hospital, personnel, and nursing service department policies and procedures, there should be a few good reference books on pertinent medical areas, drugs, and nursing. Written materials relevant to the specific patient care unit should be readily available; these include such things as the criteria for quality care, job descriptions of nursing roles, a chart of the routes of communication within the institution, the plan for staff structure, an explanation of team relationships, plans for inservice education, plans for patient care assessment and staff evaluation, and methods of patient health education with pertinent teaching materials. There should also be a directory of community resources covering health, social, and rehabilitation services. In communities where such a directory does not exist, the hospital should find ways of collecting the essential information and disseminating it in written form to each patient care unit. Discharge planning and continuity of care cannot be realistically accomplished without this information. Every professional nurse employee should have a workable knowledge of community resources in order to be able to plan for continuity of nursing care for all patients for whom she is responsible.

**REFERRALS**

A referral system is an essential adjunct for the successful implementation of continuity of care in the community. Everywhere I have been, this has been a problem, and this lack of a referral system always disturbs me and moves me to action. It usually takes years to sell the idea and to establish the use of a standard form for use by all agencies and institutions in a community. In the meantime, however, it is possible to set up a referral system with a referral form between the hospital setting and the visiting nurse service. This at least makes it possible for the nurse to establish a standard for the referral of pertinent information necessary to the visiting nurse association for follow-up nursing care of the patient. Many years ago I took part in setting up a referral form for use in New York City and assisted in its implementation in a medical center. The subsequent improvement in communications and in the continuity of care for the patient and his family was remarkable, and the experience has left me with considerable missionary zeal. Subsequently, I have been privileged to assist in the establishment of referral systems in two other cities.

**PATIENT TEACHING**

It has always been my understanding that teaching the patient was an integral part of the role of the nurse. Wherever I have worked in
nursing service, the teaching of the patient was part of the nursing care plan. The development of teaching materials, which could be given to the patient and his family as follow-up of teaching, and the search for already-developed teaching materials were established activities of nursing. Yet today, in all too many instances, teaching the patients is not a part of patient care. In particular, the nurse, in her role as a hospital employee, should assist the patient to learn what he needs to know about his health in order to care for himself or should teach his family how to care for him. If the nurse is to fulfill this function, teaching must be one of the objectives of the hospital and of nursing service. Teaching takes time and is difficult to quantify; therefore, it cannot be accomplished satisfactorily in an atmosphere where the number of tasks that have been done is the measure of the nurse’s capabilities. Both nursing education and nursing service must work to reinstate health teaching of patients, families, and the public as an integral part of the nurse’s functions.

STUDENTS

Since so many hospitals are now used for clinical practice by students from the various nurse education programs, it seems essential to give some consideration to the presence of nursing students in the patient care unit. When there are students and faculty in the unit, the nurse practitioner employees’ roles take on an added dimension: inevitably they will become role models for the students, for these are the people who are what the students aspire to become. There can be no better role model than the humanistic nurse practitioner who is dedicated to patient-centered quality nursing care and who has the competence for maximum achievement in her present environment. Furthermore, although it is always to be hoped that the student’s learning experiences in the clinical setting will be positive, it is important that when negative experiences do occur the student will be assisted in learning how to cope in a positive manner with reality.

Accountability is as large an issue in education as it is in the hospital setting. Court decisions have forced nursing schools to reinstate nursing students whom they have dismissed; this has, on a few occasions, involved the student’s clinical practice. Part of the problem for the courts in making their decisions has been the lack of thorough documentation to support the dismissal of students who were considered by a nursing program to be unsafe in the clinical area. At no time does accountability to students become secondary to safe patient care, but documentation must realistically support the contention that a student is or will be an unsafe practitioner. Faculty in the clinical area are responsible for the clinical practice of the students, but the
hospital’s ultimate accountability—involving the entire chain of administrative command—is never abrogated.

Socialization of the New Graduate

Anyone who is familiar with the student learning experiences in the clinical area is well aware that the student is in the setting as a learner and not as an employee. Her activities and responsibilities as a student are not comparable to her future role as a nurse employee with a full patient-care assignment. As in any other profession, the new graduate, on the job for the first time, will need an orientation specifically planned to reinforce her socialization. The change from student with limited responsibilities to employee with a full assignment and legal accountability for her practice is not an easy transition to make. For the novice, the complex hospital world can be an anxiety-producing environment. Since the human organism needs time to adjust, constructive efforts should be made to assist the recent graduate to understand her new role. Supportive, understanding attitudes of co-workers and administrators should produce a more effective employee in a shorter period of time. One plan used successfully in a large metropolitan hospital of my acquaintance assists in the socialization of the new graduate by assigning her to work with an experienced nurse employee who has a comparable background and who is a satisfactory employee.

RESEARCH

The head nurse and the nurse leaders in her unit should be knowledgeable about research findings which have relevance to patient care practices. Since the improvement of patient care should be an ongoing part of the nurse’s role, ideas for such improvement may be gleaned from research being done on patient care and on the nurse’s role. A rotating assignment of staff members to scan Nursing Research and to report on the results of pertinent studies might be part of the unit inservice education plan. Whether or not research is being conducted in the patient-care setting, the staff should be fully familiar with problem-solving methods and should use them constantly for the improvement of patient care. If the nursing process is being followed, then problem solving is an ongoing method for planning patient care.

SUMMARY

The role of the nurse practitioner as a hospital employee has been viewed as predicated on a number of mutual responsibilities between
the nurse and administration. Beside the nurse’s paramount responsibility to the patient, she also carries responsibilities to the institution, to her profession, and to herself. In particular, the nurse as employee is accountable for safe nursing care of the patient; for quality humanistic patient and family care; for the fulfillment of her assigned position at the highest level of her capability; for continued development in her profession through continued education to keep her knowledge and expertise current; and for functioning according to the philosophy, objectives, and policies of the hospital and the nursing service.

The hospital administrator, the nursing service administrator, and the head nurse share the responsibility for creating a climate for quality patient care through a philosophy, objectives, and policies that support health-team and nursing-team relationships for patient-centered care, that support the health education of patients and their families, and that assure continuity of health care through the use of community resources.

In addition, the hospital administrator has the singular opportunity to create a climate for quality care by including the nursing service administrator in a managerial position equal to that of the head of medical services; by assuring adequate numbers of qualified staff; by providing adequate facilities and equipment; and by encouraging the program of inservice education.

Similarly, the nursing service administrator is in a unique position to ensure the employment of nursing staff best qualified to deliver quality nursing care; to develop job descriptions that will realistically utilize each member of the nursing staff according to her education, skills, and experience; and to provide reference materials in the patient care units for use by nursing staff.

Together, the nursing service administrator and the head nurse can encourage and utilize the nursing process for patient care, working with all staff for the improvement of patient care, and provide for input by all nurse practitioner staff in identifying needs and in planning for ongoing unit staff development and inservice education.

The head nurse, because of her direct contact with unit staff, can best encourage the continuing improvement of patient care; can utilize nursing staff according to their education, skills, and experience; and can organize her staff so as to assure the highest quality of humanistic patient care obtainable with the available personnel.

The creative expression of these mutual responsibilities on the parts of the hospital administrator, the nursing service administrator, the head nurse, and the staff nurse can lead to an institutional climate conducive to the provision of quality patient care and the fulfillment of the role of the nurse practitioner employee at its highest potential.
BIbLIOGRAPHY


