

THE OPINIONS OF FIFTY-SIX GENERAL DUTY NURSES
IN SIX HOSPITALS CONCERNING THEIR FUNCTIONS
IN RELATION TO PATIENT CARE

by

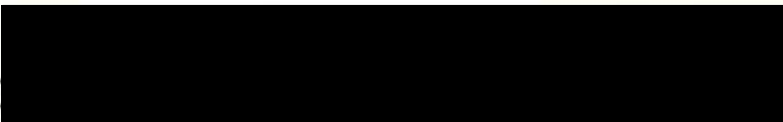
Georgann Chase, B. S.

A THESIS

Presented to the University of Oregon Medical School
Department of Nursing Education and the
Graduate Division of the
University of Oregon Medical School
in partial fulfillment
of the requirements for the degree of
Master of Science

June 1959

APPROVED:



(Associate Professor in Charge of Thesis)



(Chairman, Graduate Council)

ACKNOWLEDGEMENTS

The writer wishes to express her gratitude to Miss Lucile Gregerson for her guidance, assistance and continuous encouragement throughout this study. Further acknowledgement is given to Miss Jacqueline Jones for her interest and assistance during this endeavor.

Sincere thanks go to the directors of nursing service, and hospital administrators in the six hospitals in Oregon that granted permission for the general duty nurses in their employ to participate in this study.

Special thanks are accorded all those general duty nurses who provided the data for the study, without whose assistance it could not have been conducted.

G. C.

PREFACE

This study is written to provide all those interested in the functions of the professional general duty nurse with information regarding the opinions of a group of general duty nurses as to the accuracy of the statements of the American Nurses' Association, General Duty Nurse Section, Function number I regarding patient care. It is believed such a study will be a step toward fulfilling the desire of the American Nurses' Association that nurses evaluate the statements in terms of their own position in nursing. It is hoped that the data and findings of this study will allow a clearer insight as to the adequacy of the statements of Function number I and furnish guidance to the further evaluation of the statements of functions, that the end result will be improvement of nurse functions and ultimately also improvement of patient care.

G. C.

TABLE OF CONTENTS

CHAPTER		PAGE
I	INTRODUCTION	1
	Introduction to the Problem	1
	Statement of the Problem	3
	Purpose	3
	Justification for the Study	5
	Assumptions	6
	Limitations	7
	Procedure	8
	Definition of Terms	11
	Overview of Thesis	12
II	REVIEW OF THE LITERATURE	14
	History of the Studies of Nursing Functions and Statements of Functions, Standards and Qualifications and Related Literature	14
	Review of Related Studies	26
III	DESIGN OF THE STUDY	32
	Preliminary Steps	32
	Description of Selected Hospitals	36
	Obtaining the Data	41
IV	DATA AND FINDINGS	45
	Data Obtained from Nurses in Individual Hospitals	45
	Data Obtained from Total Nurse Participants	59
	Data Obtained from Nurses Classified into Various Groups	68
	Findings	77
V	SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	79
	Summary of the Study	79
	Conclusions Based on Findings	84
	Recommendations for Further Studies	85
	BIBLIOGRAPHY	86
APPENDIX		
A	COMPARISON OF FUNCTION NUMBER I STATEMENTS TO OPINIONNAIRE	89
B	TOOLS USED TO OBTAIN DATA	91
	Personal Information Sheet Questionnaire	91

TABLE OF CONTENTS (CONTINUED)

APPENDIX		PAGE
	Opinionnaire Information Sheet	92
	Opinionnaire	93
	Interview Guide for Hospital	97
C	CORRESPONDENCE	98
	Letter to Hospitals Requesting Participation in the Study	98
	Cover Letter Accompanying Hospital Request Letter	99
D	MASTER TABULATIONS	100

LIST OF TABLES

TABLE		PAGE
I	Characteristics of Selected Hospitals	37
II	Distribution of Nurses Within the Six Hospitals	42
III	Distribution of Responses From Nurses in Hospital A	47
IV	Distribution of Responses From Nurses in Hospital B	50
V	Distribution of Responses From Nurses in Hospital C	52
VI	Distribution of Responses From Nurses in Hospital D	54
VII	Distribution of Responses From Nurses in Hospital E	56
VIII	Distribution of Responses From Nurses in Hospital F	58
IX	Distribution of Responses From the Total Group of Participants	65
X	Distribution of the Percent of Responses From the Total Group of Participants	66
XI	Distribution of Responses From Fifty Six Participants to the Personal Infor- mation Sheet Questionnaire	67
XII	Distribution of Responses From Members and Non-Members of the American Nurses' Association Concerning Appropriate Activities	69
XIII	Distribution of Responses From Members and Non-Members of the American Nurses' Association Concerning Activities Being Done	70
XIV	Distribution of Responses from Nurses With More or Less Than Five Years Experience in General Duty Nursing Concerning Appropriate Activities	72

LIST OF TABLES
(continued)

TABLE		PAGE
XV	Distribution of Responses of Nurses With More or Less Than Five Years Experience Concerning Activities Being Done	73
XVI	Distribution of Responses From Nurses With Preparation in Degree and Diploma Schools of Nursing Concerning Appropriate Activities	75
XVII	Distribution of Responses From Nurses With Preparation in Degree and Diploma Schools of Nursing Concerning Activities Being Done	76

CHAPTER I
INTRODUCTION

Introduction to the Problem

During the past decade extensive activities have been carried on by many persons in an effort to determine what are the functions of the professional nurse. (14) Rapid advances are taking place in the field of medicine, which in turn have had effects on the functions of the professional nurse as she renders patient care. (3,23) Due to the complexity and scope of present patient care, many activities involved in nursing of the patient have of necessity been delegated to other than professional nurse members of the nursing care team. This factor has led to confusion on the part of many as to what are the present functions and activities of the professional nurse. (9,23) It has been stated that upon careful examination of the professional general duty nurse it is found that "the same nursing functions are performed . . . regardless of where the general duty nurse works or to whom she gives care." (28) Can it then be assumed that even though the situation may vary, the function of the general duty nurse does not change?

Every profession has the responsibility for "defining its own functions and scope of practice and for setting, improving, and maintaining its standards." (3) As a step toward helping nurses achieve true professional status, the American Nurses' Association initiated activities to define the functions of the professional nurse. (2) Following many conferences and sessions concerning the

need for well defined statements of the functions of the professional nurse, the organization took official action to resolve this problem. In 1950 the American Nurses' Association House of Delegates authorized the appropriation of funds for a group of experts to do a five year study to determine the functions of the professional nurse. (2) The findings of this study were to be used by the American Nurses' Association as guides in the formulation of statements of Functions for Practice of the professional nurse within the seven sections of the organization. At the 1952 American Nurses' Association convention each section appointed a committee to formulate statements pertaining to their individual section and the scope of the functions for the nurse working in the area of nursing represented by the section. At the American Nurses' Association biennial convention in 1956 the statements of Functions, Standards and Qualifications for Practice of the professional nurse were presented and adopted by each of the seven sections. (2,3)

Much time, money, and effort has been expended in the formulation of the statements of Functions, Standards and Qualifications for Practice of the professional nurse. It is reasonable to expect that the statements are a realistic description of the functions of the professional nurse of today. The premise exists that "Because the practice of nursing is based on scientific principles and requires the same basic preparation and skills, these statements are applicable to all parts of the country. They represent a reasonable balance between present practice and emerging patterns. They constitute a composite of functions carried on by some nurses, somewhere, at all times." (19) Will an analysis by general duty

nurses of the statements of Function number I, concerning the activities of the general duty nurse in relation to patient care, show the statements to give an accurate, clearly defined and easily understood description of the professional general duty nurse? (1)

How may the present activities in relation to the function of the general duty nurse, in the area of patient care, best be determined? Is not the nurse herself the one that most logically will be able to give the answer to this question? (4)

Statement of the Problem

This study will attempt to discover what opinions are held by general duty nurses, employed in six purposefully selected hospitals in the State of Oregon, concerning the statements of the American Nurses' Association, General Duty Nurse Section, Function number I. (1) This study desires to obtain opinions of the general duty nurses as to whether the statements of Function number I are: (1) appropriate activities for the general duty nurse; and (2) activities which actually are being performed by the general duty nurse at the present time.

Purpose

The broad purpose of this study is to obtain the opinions of a group of general duty nurses concerning the statements of Function number I for Practice of the General Duty Nurse, as approved by this section of the American Nurses' Association. (1)

The specific purposes which contribute to the broad purpose of

the study are:

1. To determine if the general duty nurse holds that the statements of Function number I represent appropriate activities for the general duty nurse.
2. To determine if the general duty nurse holds that the statements of Function number I represent the activities the general duty nurse is actually performing.
3. To determine whether there is agreement on the part of nurses that the activities considered appropriate for the general duty nurse are the same as the activities which the general duty nurse is actually performing.
4. To determine whether the environment and circumstances unique to an individual hospital will affect the opinion of the general duty nurse concerning what is appropriate for, and what is actually being done by the general duty nurse.
5. To determine whether the nurses' length of experience in general duty nursing will affect the opinions held concerning the activities inherent to general duty nursing.
6. To determine if the educational preparation of the nurse in a degree or diploma school of nursing will appreciably affect the opinions held concerning the activities inherent to general duty nursing.
7. To determine whether membership in the American Nurses' Association has an influence on the opinions of the general duty nurse causing greater agreement with the statements which have been formulated and subscribed to by the General Duty Nurse Section of this association than are indicated by the nurses who are not

members of the American Nurses' Association.

Justification for the Study

A thorough understanding and acceptance of the functions of the professional nurse in all areas of nursing is of prime importance. Since general duty nursing is considered as first level nursing, the functions of the general duty nurse constitute the base-line for delineating the functions of other types of nursing. (7) A clear-cut definition of functions is beneficial to the nurse, to the public, and to the employer. (11)

Each nurse should be fully cognizant of the functions inherent in her level of nursing in order to (a) give and obtain satisfaction on the job, (b) evaluate her abilities and limitations, (c) improve her own status, and (d) thus contribute to professional growth.

The employer in medical and allied professions needs to have a clear definition of the functions which are to be expected of the professional nurse employee. (19)

Licensure of the professional nurse attempts to exert controls which safeguard both the nurse and the public, "but if control is to be exercised there must be some definition of what is to be controlled." (4) The legal implications in connection with the importance of this problem are self-evident.

Information concerning the functions of the professional nurse is valuable to all those interested in the improvement of patient care. It is necessary to know what is now being done in nursing in order to plan improvements. (3)

This is a problem which is of interest to the nursing educator for the functions of the nurse must be known to allow a curriculum to be planned which will furnish the student nurse with the abilities necessary to perform adequately the functions of first level nursing. (20)

The "changing emphasis and increasing diversity in the work of nurses in today's society," and the desire to have the professional nurse render optimal patient care were the factors that promoted the formulation of the present statements of Functions, Standards and Qualifications for Practice of the General Duty Nurse by this section of the American Nurses' Association. (2,3,23)

Can those within the profession of nursing as well as those outside the profession find the statements of functions to be an accurate description of the activities of the general duty nurse? Is it not important that the statements of functions and the practice of the functions be closely related? The American Nurses' Association is presently interested in the evaluation of the function statements for the professional nurse and is encouraging nurses throughout the country to analyze the prepared statements of functions to locate "differences between the statements and the requirements of their jobs," so that "steps can be taken to harmonize the statements with the job requirements." (3)

Assumptions

It is assumed that the expressed opinions of the general duty nurses furnishing data for this study will be typical of the opinions

of other general duty nurses employed by hospitals similar to those in which the nurses participating with this study are employed.

It is assumed that the general duty nurses participating with this study will not purposely alter their expressed opinions in any way that would cause the data obtained to become useless.

It is assumed that the conditions existing in the hospital environments at the time when the data are obtained will not appreciably affect the validity of the data, yet it may be expected that the constant conditions and environment where the nurse is employed will influence her opinions as to what constitutes the activities which the general duty nurse actually is doing.

It is assumed that all nurses participating with this study will hold proper and current registration in the state of Oregon to fulfill the requirement as professional general duty nurses.

Limitations

This study will be limited to:

- a. Information obtained by use of an opinionnaire developed from the statements of Function number I of the American Nurses' Association, General Duty Nurse Section.
- b. The responses to the opinionnaire obtained from the general duty nurses employed in six purposefully selected Oregon Hospitals, and "on duty" at the time the opinionnaire was administered.
- c. Determining the respondents' opinions concerning the appropriateness of the statements as representing the activities inherent in general duty nursing and their

opinions concerning whether the activities are actually being performed by general duty nurses.

The study will not purport to offer conclusive evidence that the same opinions would be held by other general duty nurses outside the boundaries of those institutions where the nurses who furnish data for this study are employed.

The six hospitals, from which general duty nurses in their employ shall furnish data for this study, are selected as being similar to a variety of the hospitals found within the State of Oregon and are not selected to be a typical sampling of all hospitals within the state.

The nurses participating with this study will be a chance selection as to their educational preparation, nursing experience and other unique factors concerning the individual nurse, and are not intended to be otherwise.

Procedure

The design for this study may be described in the following steps:

1. Set up an opinionnaire based on Function number I for Practice of the General Duty Nurse set forth by the American Nurses' Association General Duty Nurse Section. Prepare columns for eliciting opinions concerning the statements as being inherent in the function of general duty nurses and whether these functions are actually being performed. Divide the columns into Column A: Appropriate Activities, and Column B: Activities Actually Being Done. Further divide each column in a scale as follows:

- 1) The statement is correct and the nurse should or is doing what is contained in the statement
- 2) The nurse should be or is doing more than what is contained in the statement
- 3) The nurse should be or is doing less than what is contained in the statement
- 4) The statement is incorrect and there is disagreement with the entire statement

Space will also be provided for the nurse to write in what more is being done than is contained in the statement, and if her opinion is that only a part of what is contained in the statement is being done she is to underline that part of the statement the nurse is not doing.

2. Try out the opinionnaire on a group of graduate students to determine if the columns are subject to misinterpretation.
3. Revise, if necessary.
4. Design a simple questionnaire for obtaining information concerning the general duty nurses who will participate in the study.
5. Try out the questionnaire on a group of graduate students to determine if it is subject to misinterpretation.
6. Select the hospitals where the study will be conducted. Select the hospitals purposefully on the basis of: size, location, services offered, educational program, control, support.
7. Prepare letter to be sent to the Administrator of the hospital

or the Director of Nursing Service of each hospital selected for the study, requesting permission to visit the hospital and administer the opinionnaire to general duty nurses on duty at the time of the visit.

8. Obtain covering letter from thesis adviser.
9. Send letters to the designated personnel; enclose self-addressed postcard for reply.
10. Set up schedule for visiting hospitals to administer the opinionnaire.
11. Prepare a guide for use in obtaining information regarding the hospital at the time of the visit.
12. Make the visits according to schedule.
13. Explain to all participants the data were to be used for a thesis the writer was doing as partial fulfillment for the requirements for a Masters degree in Nursing Education and the source of all data would be kept in strict confidence.
14. Administer opinionnaire and information questionnaire.
15. Prepare a master tabulation from which separate tables of the data can be constructed.
16. Prepare tables.
 - 1) The data obtained from nurses in the separate hospitals will be tabulated and the opinion responses of appropriate activities compared to the opinion responses of the activities actually being done.
 - 2) The total data of all nurse participants in all hospitals will be tabulated to show the comparison

of the opinions of the total group of appropriate activities and the activities being done.

- 3) The data of all nurses having membership in the American Nurses' Association will be tabulated and compared to those nurses not holding membership in this organization.
 - 4) The data from nurses having worked varying lengths of time will be compared.
 - 5) The data from nurses prepared in diploma and degree schools of nursing will be compared.
17. Describe the findings, draw conclusions if possible, and make recommendations for further studies if warranted.

Definition of Terms

For the purpose of this study the following terms are accepted:

1. Function - "a function is a nucleus of activities, responsibilities or duties, so homogeneous in character as to fall logically into a unit for purpose of execution." (26)
2. Opinion - the belief or view which the mind forms of persons or things. (29)
3. Degree school of nursing - is a school which grants a baccalaureate degree in nursing to their graduates. (30)
4. Diploma school of nursing - is a school which grants a diploma in nursing to their graduates. (30)
5. Non-degree collegiate school of nursing - is a school organized within an institution of higher learning which grants a diploma rather than a degree in nursing to their graduates.

6. Basic nursing education - is the educational program designed for those students with no previous experience in nursing and which prepares them to perform first level nursing. (17)

7. General duty nurse - is a graduate registered professional nurse employed to do first level nursing and as such is responsible for the direct and/or indirect nursing care of the patient. (1)

8. Metropolitan hospital - is a hospital located in a city of over 100,000 population.

9. Non-metropolitan hospital - is a hospital located in a city of between 5,000 and 100,000 population.

10. A rural hospital - is one located in a community of less than 5,000 population.

11. A general hospital - is a hospital equipped to admit and care for patients on several services such as medicine, surgery, obstetrics, pediatrics and the like.

12. A special hospital - is one that is equipped to admit and care for patients on one service, such as psychiatry or tuberculosis.

Overview of Thesis

This study is organized into five chapters as follows:

Chapter I, Introduction, contains the definition of the problem, the purpose, justification for the study, assumptions and delimitations of the study; the procedure and tools to be used to obtain data; and terminology to be used throughout the written report.

Chapter II, Survey of the Literature, includes a review of the literature and historical account of the work carried on by the American Nurses' Association to determine the functions of the professional

nurse in advance of the formulation of the presently approved statements of Functions for Practice of the professional nurse, and more specific as this work affected the formulation of the statements of Function number I for Practice of the General Duty Nurse. This chapter will also contain a review of related studies.

Chapter III, Design of the Study, contains an account of the purposeful selection of the six hospitals employing the nurses who furnished data for the study. There is a summary of the environment and circumstances peculiar to each hospital. The methodology and procedure used to obtain data for the study is included in this chapter.

Chapter IV, Analysis of the Data and Findings, describes the data obtained in each hospital as well as the data obtained from the respondents as a total group elicited by the opinionnaire and the personal information sheet. The findings based on the data obtained are included.

Chapter V, Summary, Conclusions and Recommendations, contains a summary of the study and the data obtained, the interpretation of the data, the conclusions which resulted from the findings and the recommendations for further studies in light of the data obtained for this study.

CHAPTER II

REVIEW OF THE LITERATURE

History of the Statements of Functions, Standards and Qualifications and Related Literature

The American Nurses' Association Statements of Functions, Standards and Qualifications for the Practice of Nursing came about largely as the result of interest on the part of nurses themselves, in local, district, and state areas. Nurses were questioning what functions should be done by the professional nurse, and how those functions could be aimed at improving patient care. (8) Though interest in determining the functions of the professional nurse gained renewed emphasis and impetus at the mid-twentieth-century, concern for the work of the professional nurse is of long standing. (7)

The social scientists, Havron and Courtney summarized the research and studies done in nursing during the earlier half of this century. (13) Their report clearly demonstrates the interest of those within the profession as well as those outside the profession who desired to obtain facts about nurses and nursing. During the time span covered by this summary, the factors which appeared to influence the functions of the individual nurse were: intelligence, ability, personality, attitudes, motivations and working environment where nursing care is given. (13)

There were certain existing conditions and circumstances which motivated the American Nurses' Association to undertake the extensive project that preceded the formulation of the present statements of Functions, Standards and Qualifications for Practice. The American

Nurses' Association publication, titled Past, Present and Future of F. S. & Q. justifies the magnitude of the endeavor. (3) The Association accepted the premise that "every profession has the responsibility of defining its own functions and scope of practice and for setting, improving and maintaining its standards." (3) The fast pace of our present age, and the progress of Medical Science and its effect on patient care have brought about a "changing emphasis and increasing diversity in the work of nurses in today's society" constituting "a major reason for the development of these statements." (3) The changing emphasis and increasing diversity in the work of the nurse is brought about by:

1. The public's demand for health care and instruction at home, in schools, and at work as well as in hospitals.
2. The need for additional nursing knowledge and skill due to medical and scientific advances.
3. The growing emphasis on prevention and rehabilitation requiring that nurses be able to instruct patients, their families, and community groups in principles of health care.
4. The increasing number of allied nursing personnel, creating the need for: clear identification of the functions and administrative responsibilities of the professional nurse; and establishing a co-ordinated working relationship with allied nursing personnel.
5. The increase in the number of professions, plus additional personnel in all professions and disciplines resulting in a need for a reciprocal working relationship with physical therapists, occupational therapists, diet therapists, vocational counselors, social case workers, psychiatrists, engineers, public school employees, and others.
6. The growth of a large area of independent nursing practice, within which the nurse is responsible for her own decisions.
7. Greater emphasis, in legal opinions and court decisions, on the nurse's responsibility for her own acts. (3)

The need for statements of nursing are further emphasized by Saunders in "The Changing Role of the Nurse" which appeared in The American Journal of Nursing. (24) He discussed the increasing diversity in nursing and the functions of the nurse and indicated a belief that nurses must recognize the rapid changes taking place which affect their functions so that they will be able to "bring their feelings and attitudes into line with the new aspects of their role." (24)

In "Studying the Nurses' Work" Hughes stated that this rapid expansion and change in nursing has caused "greater frontiers between jobs." (15) The more complex the work done by personnel involved with patient care, the greater is the need for cooperation between all personnel of all professions in various areas. With greater inter-personal contact there is also frequently the addition of conflict. (15)

The article by Walker, "Nursing Functions and Activities", appearing in The American Journal of Nursing, takes the stand that even though the activities of the nurse may vary from place to place and be suited to the needs of patients in various situations, yet "regardless of where the general duty nurse works or to whom she gives care, on careful examination of her functions and activities, we will find that the same nursing functions are performed." (28) If this be true, then accurate statements of functions can be formulated for the practice of nursing.

A project designed to determine the functions of the professional nurse of today is of such magnitude that it becomes evident that mere

interest alone can not be the motivating force for undertaking the project. During the social evolution of achieving professional status, nurses have become increasingly cognizant of their responsibilities for contributing to human welfare. (11)

The social significance of nursing is being recognized. Society is interested in nursing as the recipient of nursing, and society is quick to demonstrate its belief in this social significance by giving violent criticism when it feels nursing has not fully met this social obligation. (11) At the convention of The American Nurses' Association in 1956, Ruth B. Freeman presented a paper entitled "The Social Significance of Defining Functions, Standards, and Qualifications for Practice". (11) Miss Freeman expounded that the acceptance of nursing as having social significance brings benefits as well as problems.

"One problem arises from the public concept of nursing and the way in which it contributes to human betterment. For most people, despite the obvious changes in medical care and sickness needs, the nurse is one who takes care of you when you are sick, and the care is envisioned as physical care.... Society has a stake in nursing, because nursing has a significant contribution to make to human welfare. The public needs and wants to have a clear concept of the functions of nurses, and of the standards and qualifications for practice that ensure that these functions are implemented through service." (11)

It is necessary to clarify the functions of nurses in order to formulate standards for practice and qualifications of practitioners. When the functions of the nurse become more carefully delineated the individual patient and society in general are benefited, for statements of functions and qualifications "serve to give direction and depth to nursing and so by improving nursing itself, increase its impact upon society." (11)

The legal implications in connection with nursing, as with all whose services affect society, give another reason why accurate statements of functions, standards and qualifications for the professional nurse are necessary. Bernice Anderson aptly discussed this point in "Legal Aspects" which appeared in The American Journal of Nursing, June 1957. (4) Miss Anderson pointed to the necessity of licensure for members of the health professions since "licensure translates into law the professions' concern for the welfare of the public". (4) Licensure places legal control on the independent actions of the practitioner. Licensure is not an end in itself however and

...if control is to be exercised, there must be some definition of what is being controlled ... in our case it is the practice of nursing which we are seeking to define ... the legal definition can have its origin only in the practice in which professional persons are engaged. It is therefore necessary to turn to the profession for the basic materials ... the functions of the professional practitioner ... from which the definition can be shaped. (4)

The formulation of the present Statements of Functions, Standards, and Qualifications, "mark a milestone in professional progress," according to Miss Anderson. (4) The statements protect the nurse in judicial decisions, allow greater enforcement against practice by those not qualified or who are practicing outside the bounds of the statements, and give the nurse security in positive professional identification for "identification is the basic security of any profession." (18)

Miss Freeman has emphasized that educational programs in nursing must look to nursing practice to give them the guides necessary to prepare the student adequately for her future in nursing, and that a clear and concise description of the functions and qualifications of the professional nurse is a necessary tool in interesting and selecting

applicants for schools of nursing. (11,20)

Bernice Anderson agrees that the statements of Functions, Standards and Qualifications should be of great benefit in setting the standards for education of the student nurse and future practitioner. These statements would give nursing boards within the states "basic materials from which adequate standards of professional education can be established." (4)

The proof of the interest and concern which the nursing educator has for determining the functions of the nurse is clearly demonstrated in the study by Mary Shields and reported in "A Project for Curriculum Improvement" appearing in Nursing Research, October 1952. (25) A purpose of this study was that functions "were to be spelled out in terms of abilities needed by the nurse." (25) The study was designed to focus on the basic curriculum needs in schools of nursing. A 100 item questionnaire was used. Two-thirds of all basic professional schools in the United States participated in the study. The respondents were asked to record their agreement with the items which described activities, qualities and aims desirable for the nurse. Respondents in degree schools of nursing accepted many of the qualities and aims to a higher degree than did respondents of three year diploma schools of nursing. It was recommended that continued studies be made to allow the "spelling-out in detail of descriptions of the good nurse in action," yet no specific conclusions were made. (25)

A definite statement of nurse functions expedites more optimal utilization of nursing services at this time when there is a marked shortage of employable nurses. (27) With the present shortage of nurses

it is the responsibility of those within, as well as outside nursing to eliminate as many factors as possible which contribute to waste of nursing personnel so that all those available nurses will be able to function at maximum efficiency. (5) Statements of nursing functions are necessary and valuable to those already practicing, those who do not have a clear concept of their role and those who must be assisted in keeping pace with the changing times. (24)

Freeman said that the "increased study and understanding of nursing functions may affect developments in related fields". The work done by nursing groups may demonstrate to other groups of health personnel the need to determine their functions and the areas which need improvement. (11)

It is clearly recognized there were many persons and many reasons to support the tremendous undertaking of the nurses in this country as they set out to determine what are the present demands on nursing and how changes in patient care have affected nursing functions. It is not enough to be content with realizing that change and expansion is occurring, for as a profession nursing is charged with defining the scope of nursing for its practitioners. (6,11,22)

It was logical for the American Nurses' Association to assume leadership in promoting studies of the functions of nurses since it has a major responsibility for the advancement of the practice of nursing in all matters relating to individual nurse practitioners. (10)

In 1950, at the biennial convention of the American Nurses' Association, the House of Delegates recommended that a five year study be made of the functions of the professional nurse. The purpose

of the study was to acquire the information necessary to formulate accurate Statements of Functions, Standards, and Qualifications for Practice of the professional nurses in the seven sections of the Association, which represent the various fields of nursing. These statements were then to be used for improving the nursing profession, the practitioner, and ultimately the care of the recipient of nursing. (2,14)

The program was at first supported by \$175,000 given by state nurses' associations and later the Board of Directors of the American Nurses' Association took over support of the project, made possible by an increase in membership dues. By the end of the five year program nurses themselves had invested approximately \$400,000 in studies, the findings of which were to benefit the nurse, the nursing profession and the public. (2) It is worthy of note that nurses themselves willingly assumed the financing of the studies.

This is not an especially American way to pay for research; an aspiring profession usually turns to a foundation for the money with which to assess its progress or to state its case. Even the richest of the professions gets research about themselves paid for out of other people's pockets. Seeking, receiving and using foundation or public money for research designated to improve the services of any profession essential to our welfare is not an unworthy task for a professional person. Certainly the major cost of nursing research in the future will have to be taken from fatter purses than those of nurses. (14)

Nurses set out to utilize research to show "what everybody knows" about nursing and to demonstrate that "what everybody knows is sometimes in error." (2)

Following the acceptance of the project in 1950, the remainder of the year was spent in planning details of the various research projects to follow from 1951 through 1954. Data were to be obtained

concerning: (1) actual duties of nursing personnel (What do they do?); (2) interpretation of duties of nursing personnel (What do they think they do and what do others think they do?); (3) ideal duties of nursing personnel (What do they think they should do and what do others think they should do?); (4) satisfactions and dissatisfactions of nursing personnel; (5) interpersonal and functional relationships of professional nursing personnel with other nursing personnel; (6) attitudes of nurses to patients, physicians, co-workers and the general public as well as of these persons attitudes toward nurses; (7) relationship of education to performance of duties; and (8) career dynamics and the nurse as a person. (2) At the beginning of the five year project Dr. Lauror Carter in "Social Psychology and the Nursing Profession," appearing in The American Journal of Nursing, 1951, pointed out that since each person is a unique individual having individual attitudes toward his own job, there is the

...problem of carefully sampling the attitude of general duty nurses in such a way that we will approximate the true attitude of all such nurses. This means that we will want to know the average or typical attitude. But perhaps even more important is the range and distribution of attitudes; that is, how favorable and how unfavorable do the attitudes of general duty nurses get? And how many individuals hold different positions along the scale? (8)

Data during the five year program of studies in nursing were gathered concerning the work of nurses employed in 166 hospitals located in 13 states throughout various parts of the country. The hospitals represented varying support, size, location, type, and included teaching as well as non-teaching institutions. The studies were conducted in hospitals ranging in capacity from less than 26 patients to some with more than 2000 patients. These hospitals were

located from coast to coast. They represented special as well as general facilities and services for patient care. They were private-voluntary and proprietary, as well as public tax supported hospitals. The hospitals were located in cities, towns and in rural areas. The nurses providing data cared for patients in ward, semi-private and private accommodations. The nurses were studied according to position, to specialty of patients cared for and according to racial groups. Research was also conducted to determine the functions of nurses working outside the hospital environment. The data were collected in various ways including interviews which were structured and non-structured, observations, questionnaires, opinionnaires and recordings of expressed attitudes. (2)

The original purpose it must be remembered was to gain information concerning nursing that could be used by the committees of Functions, Standards and Qualifications in the various sections of the American Nurses Association in formulating accurate descriptions of the work of the nurse as a basis for improvement of nursing and ultimately patient care. (2,3,14) From the beginning of the project it was "recognized nurses, and nurses alone, must define qualifications, functions and standards" and that "nurses in special fields should develop statements for their own particular fields." (10)

The committee and the section as well was

...clearly charged with the responsibility for deciding, through its practitioner members, what its legitimate functions are, what standards should be maintained in practice in that field and what qualifications should be required of those who practice in the field. In developing statements of functions the work of the committees will be related closely to the studies of functions being carried on under the direction of the American Nurses' Association. (10)

The findings of these studies in nursing "will result in much clearer definitions" than would be possible without such information. (10)

In writing of the work of the section committees in formulating the Statements of Functions, Standards and Qualifications, Freeman deemed it necessary to: (1) provide wide participation of nurses in defining Functions, Standards, and Qualifications in each particular field; (2) appraise present criteria or qualifications in light of the functions agreed upon; (3) recognize special statements must be prepared in specialty fields; and (4) correlate statements of various occupational and specialty groups to eliminate inconsistencies and bring the statements into proper alignment with overall functions of nursing. (10)

At the biennial convention of the American Nurses' Association in May 1956 the committee within each of the seven sections responsible for the formulation of these statements presented the final statements to the members. Each of the seven sections approved the statements. (3)

At the end of the five year study one objective for this project had finally been realized - - - definite Statements of Functions, Standards and Qualifications for Practice of the professional nurse were formulated. The profession had accomplished its responsibility for defining the scope of practice for the professional nurse. (14)

It now became necessary to evaluate what written statements can accomplish, and decide what is necessary for the future. The primary goal at the beginning of this project was for the statements to be guides in attaining "more and better nursing for all who need

the services that professional nurses can provide." (19) It is necessary also to keep the statements up to date with the continuing changes which affect the functions of the professional nurse. (19) The Statements need to have both interpretation and implementation for all professional nurses. It is the responsibility of the professional organization to provide the funds and sponsor the activities necessary to get nurses and all those concerned with nursing, including the nurse employer and the public, informed as to the proper Functions, Standards and Qualifications for Practice of the Professional Nurse. It is realized there is still much work to be done regarding the present statements of nursing practice if they are to be of optimal use in attaining the ultimate goal --- improved patient care. (3)

Since the studies done during this program were small they may have no significance outside the area in which they were conducted and future studies will be necessary to validate the information gained during this project. Those studies conducted during the five-year program do however offer invaluable guides to the future research which will of necessity need to be done in nursing practice. Another important outcome of this research has been to point out, and bring to attention, those areas where there are serious problems. This will be of benefit in attacking those problems in the order of their magnitude, thus giving direction to the work done in the future. (19)

The ongoing interest and unsolved problems in nursing were reported recently by Benne and Benrds in a series of articles appearing in The American Journal of Nursing, February and March issues,

1959. (5,6) Here it is indicated that four sets of expectations determine the professional nurse's role. These arise from what is expected of the nurse; (1) from within the particular institution where she works; (2) by immediate colleagues, subordinates and peers in the work situation; (3) by reference groups outside the immediate work situation, but which have a marked influence on the nurse's thinking and behavior; and (4) by herself in her own role image of what a nurse should do and be. (5) Tension results when: (1) frustration is caused by difference between image of "real" nursing, or bedside nursing care, and the functions that must be assumed in the work situation; (2) relationships between doctor and nurse are unfavorable; and (3) conflict occurs due to choice between desire to give bedside care and promotion to higher status. (6) Role conflicts and confusions are related to continuing and accelerated change in the health field. (6,23)

Time and testing of the statements may be necessary to determine their adequacy, McIver states in "Next Steps", an article written in 1957 following the acceptance of the present statements, that "for the most part the functions and qualifications have been clearly defined", but the statements of standards appear to fall short. (19)

Review of Related Studies

For the purposes of this study only those reports of the five-year program of the American Nurses' Association which shed light on the formulation of the statements for Practice of the General Duty Nurse will be reviewed. In addition one major follow-up study

concerning the statements will be included.

One of the earliest studies conducted during the five-year project was reported by, H. Phoebe Gordon in "Who Does What", American Journal of Nursing, May 1953. (12) This study was sponsored by the American Nurses' Association. The setting was a general hospital in St. Paul Minnesota. One hundred of the nursing personnel, both professional and non-professional, were observed and their activities recorded. A total twenty-four hour observation period was made of each participant amounting to 36,758 minutes of recorded activity during a time when 137 patients received care. The study was done simply to present the facts of existing patterns of nursing service in a private hospital. The way in which the general duty nurse was found to spend her time in this particular institution was: direct nursing care 44.9% ; record keeping 25.2% ; reports and conversations 13.5% ; care of environment 2.6% ; miscellaneous nursing activities 0.8% ; and personal activities 2.3%. It was also found that the general duty nurse changed from one distinct activity to another an average of every 3 minutes. (12)

One of the more extensive studies, "The Pennsylvania Pilot Study of Nursing Functions", was reported by Pollak, Westoff and Bressler, Nursing Research, June 1953. This study was also done for the American Nurses' Association project of Studies of Nursing Functions. (21) The hospitals in this study were located in Pennsylvania and chosen on the basis of the following: (1) type of service, general and special; (2) type of control, voluntary non-profit, church sponsored, tax maintained, private proprietary

(3) size of hospital, small---less than 100 bed, moderate---100-300 bed, large---more than 300 bed; (4) location, rural in community less than 5000 population, intermediate community between 5000-25000 population and urban community of more than 25000 population; and (5) presence or absence of a school of nursing using the clinical facilities of the hospital. (21) The data in this study were collected by interview of 377 professional nurses, both graduates and students, in seven hospitals. The findings of this study have been reported as: (1) incongruity and frustration in the life of the student nurse is likely to affect adversely her service and attitude as a graduate nurse; (2) a sub-hierarchy for non-administrative graduate nurses is conducive to increased satisfaction and incentives for the general duty nurse; nurses at the general duty nurse level had the least job satisfaction of all graduate nurse positions; (3) satisfactory doctor-nurse relationships in an atmosphere of freedom for professional communication, and consideration of the nurse as a woman, as well as consideration of the nursing routine, are important to an optimal working situation; (4) clarification of the role of the nurse at various levels would lessen friction; (5) nurses working with non-preferred patient groups require professional and ego gratifications if maximum care is to be given; (6) the status of the nursing profession is not recognized in hospital planning, preventing utilization of nursing experience for maximum efficiency; and (7) the present curriculum in schools of nursing contains material not used by general duty nurses and omits material needed by nurses in administrative and teaching positions. (21)

The work of Christ is reported in Nurses at Work. (9) By the use of interview, questionnaire and observation the study endeavored to determine what nursing service activities should be and are performed by registered general duty nurses, practical nurses, service supervisors and non-clinical instructors. The participants in this study were employed in 16 rural hospitals in Missouri. The total number participating in this study was not given in this reference. The findings of this study: (1) suggested that intergroup tensions developed most frequently where consensus was lacking between categories of workers concerning the responsibility for specific tasks; (2) the professional nurses generally do not have a clear concept of the extent of their activities, and there was a noticeable difference between observed and expressed functions; (3) professional nurses generally do not know what is appropriate for the professional nurse level of activities and do not know who should, or who is expected to perform various functions. This confusion was believed to be related to the rapid changes which have occurred in the nursing profession, and it was the suggestion of this study that there needed to be a redefining of the proper functions of the professional nurse. (9)

One of the earliest follow-up studies of the American Nurses' Association Statements of Functions, Qualifications and Standards for Nurse Practice was conducted by Kassebaum and Mandell and reported in The Administrative Nurse Looks at Her Job, published in February 1959. (16) This study was done to determine the evaluation of the Statements of Functions, Standards and Qualifications

formulated for nurse administrators. Data for this study were obtained by the use of a seven item questionnaire completed by 68 nurses, representing the positions of: director of Nursing Service, Education Administrator, Public Health Nursing, Supervisor, Professor and Teacher, and Head Nurse. For purposes of this study the original statements for nurses in administrative positions were modified somewhat. The findings reported were: (1) the Statements of Functions, Standards and Qualifications appeared to be applicable to the administrative nurse positions as they "appeared to have adequately described the participants' essential responsibilities"; (2) there was some confusion as to interpretation of the altered statements used for the questionnaire items and the "participants exact interpretation of these Statements cannot be definitely ascertained"; (3) data obtained allowed it to be inferred there was relative ambiguity of the altered Statements of Functions, Standards and Qualifications used in this study;

"from the data, it is conceivable that some Functions in question may be relatively clear in their meaning while others may be relatively unclear in their meaning....The interpretations of some functions may depend to a fairly great extent upon the unique job situations of the different institutions while the interpretation of other functions may be relatively independent of particular job situations." (16)

In the later case it may be possible to say that "the function has concrete meaning without reference to particular job situations." (16)

No conclusions were given on the basis of this study. Though many recommendations were made following this study the authors were of the opinion that "the first and perhaps most important recommendation one could offer is to the effect that the Statements of Functions and

Standards outlined by the appropriate American Nurses' Association Functions, Standards and Qualifications Committees should be thoroughly studied and understood." (17)

CHAPTER III

DESIGN OF THE STUDY

Preliminary Steps

At the biennial convention of the American Nurses' Association in 1956, statements of Functions, Standards and Qualifications for Practice of the professional nurse were adopted by each of the seven sections which comprise the association. Much time, effort, and money had been expended in the process of formulating the statements. Numerous small studies had been made in an endeavor to define the scope of practice and establish guidelines for establishing standards and qualifications. Although the American Nurses' Association House of Delegates accepted the statements as formulated the association has continued to urge that further studies be made concerning the adequacy and pertinency of the statements.

This study has been undertaken in an attempt to ascertain the opinions of general duty nurses employed in six selected Oregon hospitals with regard to the Statements of Functions for the General Duty Nurse. The study has been limited to a consideration of Function number one of the Statements, and specifically endeavored to determine whether the participants were of the opinion (a) that the statements represent an accurate description of the activities inherent in general duty nursing, and (b) that general duty nurses actually perform the functions described in the statements. The study has further attempted to determine whether variations in the general duty nurses' educational background, length of experience, employment setting and membership in the professional organization would reflect any

differences in their stated opinions.

It was recognized that many variables would be beyond the control of the study and that the expressed opinions could very well be influenced by numerous subjective factors. It was assumed, however, that the stated opinions would reflect the thinking of the participants as of the time and place of the study and that those opinions could be an indication of how well the participants accept and understand the statements.

The study was developed according to the design outlined in Chapter I. An opinionnaire was developed based on Function number I for Practice of the General Duty Nurse set forth by the American Nurses' Association General Duty Nurse Section. The comparison of the statements of Function number I and the opinionnaire appear in Appendix A. Columns were prepared eliciting opinions concerning the statements as being inherent in the function of general duty nurses and whether these functions are actually being performed. The columns were divided into Column A: Appropriate Activities, and Column B: Activities Actually Being Done. Columns A and B were then further divided in a scale as follows:

1. The statement is correct and the nurse should or is doing what is contained in the statement
2. The nurse should be or is doing more than what is contained in the statement
3. The nurse should be or is doing less than what is contained in the statement
4. The statement is incorrect and there is disagreement with the entire statement

Space was provided for the respondent to write in what more is being done than is contained in the statement, if this was her opinion, and if her opinion was that only a part of what is contained in the statement is being done, she was to underline that part of the statement the nurse is not doing.

The opinionnaire was tried on a group of graduate nurse students to determine if the columns were subject to misinterpretation. Some slight revision was necessary and made following this trial. A simple questionnaire was also designed for obtaining information concerning the general duty nurses who would participate in the study. The questionnaire was tried on a group of graduate nurse students to determine if it were subject to misinterpretation. No revision was necessary. The tools used to obtain data for this study are found in Appendix B.

The hospitals where the study was conducted were selected on the basis of:

1. size or patient capacity: 300 beds or over constituted a large hospital; 100 to 300 beds, a medium sized hospital; and less than 100 beds, a small hospital
2. type: general, if it had several services such as obstetrics, medicine, surgery and the like; and special if only one major service such as psychiatry or tuberculosis
3. location: metropolitan if in a city of 100,000 or more population; non-metropolitan, if located in a city of between 5,000 to 100,000 population; and rural if located in a community of less than 5,000 population
4. support: public when the hospital received tax support; and

private when owned by an individual or a group; all hospitals in the study were operated as non-profit institutions

5. control; sectarian if the hospital was under church sponsorship; non-sectarian if under some other form of control
6. educational program offered; a teaching hospital if the clinical areas were utilized for professional student experience and instruction; and non-teaching when no professional students were assigned there

A letter was sent to the Administrator of the hospital or the Director of Nursing Service of each hospital selected for the study requesting permission to visit the hospital and administer the opinionnaire to those general duty nurses on duty between the hours of 11:00 a.m. and 3:30 p.m. on the day of the visit. A covering letter from the thesis adviser was enclosed in addition to a self-addressed postcard which was provided for the reply. Samples of this correspondence may be found in Appendix C.

A schedule was then set-up for visiting hospitals to administer the opinionnaire and the visits were made according to schedule. During each visit a brief conference was held with the Director of Nursing Service. Information regarding the hospital was obtained during this conference. The guide used for this purpose is found in Appendix B.

Prior to administering the tools used to obtain data, a brief explanation was made to all participants concerning the study. The participants were assured that they would not be requested to sign the opinionnaire nor the questionnaire and that the data obtained

would be treated anonymously. In some instances, nurses met in a group to complete the opinionnaire and questionnaire; in other places, the information was obtained on an individual basis.

The data were assembled on a master tabulation from which tables were constructed as found in this Chapter.

Description of Selected Hospitals

Six hospitals were selected for this study according to the plan previously indicated. For purposes of maintaining anonymity, each was assigned a letter. The characteristics of each hospital are depicted in Table I.

At the time of the visit a brief conference was held with the Director of Nursing Service for purposes of obtaining general information regarding the hospital. This information is summarized as follows.

Hospital A is located in a non-metropolitan community of less than 100,000 population. It is a general hospital offering a wide variety of services for patient care, and is controlled by a board of trustees. The hospital is operated as a proprietary non-profit institution and is considered a small hospital for it is capable of caring for 98 patients, though it has an average occupancy of 71 to 72 patients. The general duty nurse quota is 40 and this is maintained continually. There is no inservice educational program for the professional nurse staff except for the occasional necessity of individual staff inservice education. There is however a program for training and supervision of all non-professional nursing personnel.

Table I

CHARACTERISTICS OF SELECTED HOSPITALS

Hospital	A	B	C	D	E	F
size						
large		X				
medium			X	X		
small	X				X	X
type						
general	X	X	X	X	X	
special						X
location						
metropolitan		X				X
non-metropolitan	X		X	X		
rural					X	
support						
private	X		X	X	X	
public		X				X
control						
sectarian	X		X			
non-sectarian		X		X	X	X
educational program						
teaching		X	X			X
non-teaching	X			X	X	

A small library with current professional nursing periodicals is maintained and is readily available to all nursing personnel. The patient care is accomplished by the "modified team" method as well as by functional nursing care. Other services available consist of a complete dietary department whose activities include teaching of patients requiring special diets and a housekeeping department, responsible for all cleaning including the care of the unit following the discharge of the patient. There was no social service department.

Hospital B is a metropolitan hospital located in a community of more than 100,000 population. The hospital has facilities for the care of 304 patients however the average census is approximately 286 patients. It is a teaching hospital with many clinical services used for professional student experience. There are active in-service educational programs for both administrative and general duty nurse professional personnel, in addition to a program for non-professional nursing personnel. A small central library is available for use by all nursing personnel and in addition several reference books are available on each of the wards. Varying methods are used to give patient care and include "complete care", "functional", and in one instance a "team" is used. There are extensive and complete services of the social service department and the dietary department. The housekeeping department personnel cleans the general environment of the patient area; however, the individual patient unit is cleaned by nursing service personnel.

Hospital C is located in a community of less than 100,000

population. It is a medium sized general hospital with a patient capacity of 275 and an average census of approximately 200 patients. Eighty-seven general duty nurses are employed when available. It is a sectarian sponsored and controlled, non-profit proprietary hospital. A school of nursing utilizes the hospital's clinical facilities. A library containing reference books and periodicals is accessible to all nursing personnel. There is an active in-service education program for the professional nurse staff, however none is offered for the non-professional nurse staff. The team method is used to give patient care throughout the hospital and there are no larger than four bed ward accommodations. There is no social service department. The services of the dietary department are very complete. There are housekeeping personnel employed for general cleaning of the environment, however nursing personnel maintain the cleaning of the individual patient unit.

Hospital D is a medium sized general hospital located in a non-metropolitan community of less than 100,000 population. It is a non-sectarian, private non-profit hospital under the control of a board of directors. It is not considered to be a teaching hospital. The patient capacity is 136 however the daily average occupancy is below this figure; the exact number was unavailable for this report. The general duty nurse quota is 75 and is maintained at this figure whenever possible. There is an active in-service program maintained for all professional and non-professional nursing personnel. Small ward libraries contain reference materials pertaining to the service of the particular ward. Throughout the hospital the functional method is used for patient care. There is no social service department.

The dietary department gives complete dietary service and participates in the teaching of diabetic patients. The housekeeping department does all cleaning within the hospital, including the upkeep of the patient units.

Hospital E is a small rural non-teaching general hospital. The patient capacity is 74 though the average patient census is approximately 44. It is a private non-profit proprietary hospital controlled by the doctors on the staff. There are approximately 20 general duty nurses employed here and the total employed professional nurses is 24, including those in supervisory and administrative positions. The extent of the activities of all nurses is great and the director of nursing service could be considered as giving general duty nursing care on many occasions. All nursing personnel assigned to a ward function as a team to give patient care. There is no head nurse job classification, though the team leader does manage the administrative details of the ward in addition to her other duties. The variance in the widely fluctuating patient census is met by the employ of "float" nurses. There is no social service department nor dietary department. The professional nurse personnel instruct the cook concerning special diets as necessary. The housekeeping department cares for the general environment and non-professional nursing personnel clean the individual patient units. No inservice education is made available to personnel; however, the staff is encouraged to participate in professional nursing organizations, workshops, and other educational activities available through these organizations.

Hospital F is a metropolitan tax-supported special hospital.

Though located in a community of over 100,000 population it is a small hospital with a patient capacity of eighty and an average census of 65 patients. It is a teaching hospital. The general duty nurse quota is 14 and is well maintained at the number. A central and also small ward libraries are available to all nursing personnel. There is an inservice education program for the professional nurse staff however there is none for the non-professional nursing personnel. Medications are given as a functional assignment however all other patient care is accomplished by the "complete care" method. There is a complete social service and dietary department. The housekeeping department maintains all of the environment except the individual patient units which are cleaned by nursing personnel.

Obtaining the Data

Fifty-six general duty nurses employed by six hospitals in the State of Oregon participated with the study. The respondents furnishing data for the study were limited to those general duty nurses on duty in the particular hospital on the day when the visit was made and the opinionnaire and questionnaire administered. All six hospitals were visited between 11:00 a.m. and 3:30 p.m. on one week day which was found to be mutually agreeable to the hospital and the investigator. The distribution of the nurses in the six hospitals participating with the study is shown in Table II.

Table II
DISTRIBUTION OF NURSES WITHIN THE SIX HOSPITALS

Hospital	Total Nurse Staff employed	Nurses Participating with the study	Percent Nurse Participants
A	40	8	20
B	62	16	25.8
C	87	15	17.2
D	75	9	12
E	20	4	20
F	14	4	28.6
Total	298	56	20.8

All respondents completed a ten item questionnaire designed to gain personal information concerning each participant. Two items pertained to the educational preparation and academic achievement of the participant. Five questions concerned the past and present general duty nurse experience of the participant. One question concerned the estimated time the nurse believed she gave in actual patient care. Two questions were related to the nurse's membership in the American Nurses' Association and the National League for Nursing. Much of this information was necessary for interpretation of the data, although the questions concerning the individual ward, its organizational pattern for patient care, administrative organization and patient capacity were included for the purpose of directing the attention of the respondent to the circumstances and environment peculiar to her position and as a means of directing her thinking to the formulation of her opinions to the statements of activities contained in the opinionnaire concerning the function of the nurse for patient care. The personal information questionnaire is shown

in Appendix B.

A check list opinionnaire was the tool used to elicit the opinions of the general duty nurse concerning the Statements of Function number one for the Practice of the General Duty Nurse. The seventeen items used for the opinionnaire were the 17 sentence statements found in the American Nurses' Association General Duty Nurse Section Statements of Function number one for Practice of the Professional Nurse. The wording and sequence of the statements were not changed for use as opinionnaire items though the original outline form of the published statements was changed to a numerical listing from one through 17.

Each general duty nurse was requested to give two opinion responses to each of the seventeen item statements. The two responses concerned her opinion of the statement in light of its containing: (a) appropriate activities for the general duty nurse; and (b) activities actually being done by the general duty nurse. Space was provided for the nurse to register her opinions on a one through four scale as follows:

1. The statement is correct and the nurse should or is doing what is contained in the statement
2. The nurse should or is doing more than what is contained in the statement
3. The nurse should or is doing less than what is contained in the statement
4. The statement is incorrect and there is disagreement with the entire statement

Below each statement space was provided for the respondent to make

comments concerning the statement and reasons for her particular opinion. The respondent was also instructed to underline that part of the statement which in her opinion is not actually being done by the general duty nurse. The opinionnaire as based on the General Duty Nurse Statements of Function number one is shown in Appendix B.

CHAPTER IV

DATA AND FINDINGS

Data Obtained from Nurses in Individual Hospitals

Data for this study were collected from fifty-six general duty nurses employed in six purposefully selected hospitals in Oregon. Data were assembled from three sources namely (1) general information concerning the hospital obtained by use of an interview guide during a brief conference with the Director of Nursing Service, (2) the personal information opinionnaire filled in by each participant, and (3) the opinionnaire submitted to each participant.

The general information concerning each hospital has been included in Chapter III. The data obtained from the personal information sheet and the opinionnaire will be described collectively for each hospital setting, then summarized independently.

Data Collected from General Duty Nurses Employed in Hospital A

There were forty registered nurses employed for general duty nursing in this hospital but eight were present at the time the hospital was visited. All participated in the study. Data obtained from the personal information sheet indicated that:

- a. all were members of the American Nurses' Association
- b. four have had less than five years experience in general duty nursing
- c. four have had more than five years experience in general duty nursing
- d. six were graduated from diploma schools of nursing; one of

these also held a baccalaureate degree in biology

e. two were graduated from degree schools of nursing

In response to the opinionnaire, all indicated their acceptance of item one as being indicative of a function of general duty nursing; only five concurred that this function actually is being performed; two indicated that the nurse performs more than the statement describes; and one checked that the nurse does less. There was considerable agreement that the remainder of the items reflect activities appropriate to general duty nursing, but there was some variance in their opinions as to the actual performance of the functions. Table III depicts the responses of nurses in Hospital A.

Table III

DISTRIBUTION OF RESPONSES FROM NURSES IN HOSPITAL A

Brief Summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses:									
	correct		do more		do less		disagree		total responses	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	8	5	2		1				8	8
2. make a care plan for each patient	8	5	3						8	8
3. evaluate physical need, habit, resource	4	1	2	2	3	2	2		8	8
4. evaluate total patient need, habit, resource	5		2	2	3	1	3		8	8
5. become familiar with available resources	5	1	1	3	1	4	1		8	8
6. share responsibility with patient care team	8	6	2						8	8
7. act as liaison between patient & others	4	2	1	2	2	3	2		8	8
8. interpret patient most important resource	7	6	1	1	1				8	8
9. apply knowledge of drugs, therapy & tests	8	7	1						8	8
10. apply scientific principles to care	7	3	3		1	1	1		8	8
11. perform medically prescribed measures	8	8							8	8
12. interpret treatment to patient & family	7	2	4		2	1			8	8
13. evaluate symptoms, reactions & progress	8	8							8	8
14. appropriately report symptoms & progress	8	8							8	8
15. assist in patient education & rehabilitation	6	2	1	4	1	2			8	8
16. assist in providing optimum environment	7	6	1	1	1				8	8
17. teach & direct non-professional personnel	7	4	3	1	1				8	8

*The complete list of statements appears in Appendix A.

Data Collected from General Duty Nurses
Employed in Hospital B

There were sixty-two registered nurses employed for general duty nursing in this hospital and 16 were available to cooperate with this study at the time the hospital was visited. Data obtained from the personal information sheet indicated that:

- a. five were members of the American Nurses' Association
- b. eleven were non-members of the American Nurses' Association
- c. ten had less than five years experience in general duty nursing
- d. six had more than five years experience in general duty nursing
- e. four were graduated from degree schools of nursing
- f. twelve were graduated with a diploma in nursing; two of the diploma school graduates held a bachelors degree in an area other than nursing; and one received a diploma from a collegiate school of nursing

In response to the opinionnaire fifteen indicated their acceptance of item one as being indicative of an appropriate function of general duty nursing; one indicated the nurse should appropriately do less; seven concurred that this function actually is being performed; and nine checked that the nurse does less. There was considerable agreement that the remainder of the items reflect appropriate activities for general duty nursing with the exception of items three, four and seven to which half or more than half the respondents indicated the general duty nurse should appropriately do

less. There was considerable variance in the opinions indicated concerning the actual performance of the functions by the general duty nurse. Table IV depicts the responses of the nurses in Hospital B.

Table IV

DISTRIBUTION OF RESPONSES FROM NURSES IN HOSPITAL B

Brief Summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses:									
	A: appropriate activities					B: activities being done				
	correct		do more		do less		disagree		total responses	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	15	7			1	9			16	16
2. make a care plan for each patient	10	5			4	9	2	2	16	16
3. evaluate physical need, habit, resource	6	1	1		8	13	1	2	16	16
4. evaluate total patient need, habit, resource	3		3	2	7	13	3	1	16	16
5. become familiar with available resources	10	3	2	1	2	12	2		16	16
6. share responsibility with patient care team	14	13			2	3			16	16
7. act as liaison between patient & others	4	5			12	11		2	16	16
8. interpret patient most important resource	11	9	2	1	1	4	2		16	16
9. apply knowledge of drugs, therapy & tests	14	11	1	1	1	4			16	16
10. apply scientific principles to care	14	12			2	4			16	16
11. perform medically prescribed measures	16	13		3					16	16
12. interpret treatment to patient & family	13	5			3	11	2	1	16	16
13. evaluate symptoms, reactions & progress	12	12			2	3	2	1	16	16
14. appropriately report symptoms & progress	16	16								
15. assist in patient education & rehabilitation	13	5	2	1	1	10			16	16
16. assist in providing optimum environment	13	10	1	1	2	5			16	16
17. teach & direct non-professional personnel	16	15				1			16	16

*The complete list of statements appears in Appendix A.

Data Collected from General Duty Nurses
Employed in Hospital C

There were eighty-seven registered nurses employed for general duty nursing in this hospital but 15 were present at the time the hospital was visited. All participated in the study. Data obtained from the personal information sheet indicated that:

- a. thirteen were members of the American Nurses' Association
- b. two were non-members of the American Nurses' Association
- c. six had less than five years experience in general duty nursing
- d. nine had more than five years experience in general duty nursing
- e. all were graduated from diploma schools of nursing; one graduated with a diploma from a collegiate school of nursing; and one had earned a bachelors degree in nursing since the completion of her basic diploma preparation.

In response to the opinionnaire, all indicated their acceptance of item one as being indicative of a function of general duty nursing; only eight concurred that this function actually is being performed; two indicated that the nurse performs more than the statement describes; and four checked that the nurse does less. There was considerable agreement that the remainder of the items reflect activities appropriate to general duty nursing, but there was considerable variance in their opinions as to the actual performance of the functions. Table V depicts the responses of nurses in Hospital C.

Table V

DISTRIBUTION OF RESPONSES FROM NURSES IN HOSPITAL C

Brief Summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses:									
	A: appropriate activities					B: activities being done				
	correct		do more		do less		disagree		total responses	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	15	8		2		4			15	14
2. make a care plan for each patient	13	7			2	7			15	14
3. evaluate physical need, habit, resource	11	5	1	3	3	6			15	14
4. evaluate total patient need, habit, resource	11	5	1	2	1	6	2	1	15	14
5. become familiar with available resources	12	6	2	1	1	6		1	15	14
6. share responsibility with patient care team	15	10		2		2			15	14
7. act as liaison between patient & others	12	8	2	3	1	3			15	14
8. interpret patient most important resource	10	6		3	2	3	3	2	15	14
9. apply knowledge of drugs, therapy & tests	15	7		2		5			15	14
10. apply scientific principles to care	14	9		1	1	4			15	14
11. perform medically prescribed measures	15	11		1		2			15	14
12. interpret treatment to patient & family	13	9	1	2	1	3			15	14
13. evaluate symptoms, reactions & progress	12	9		1		1	3	3	15	14
14. appropriately report symptoms & progress	15	11		1		2			15	14
15. assist in patient education & rehabilitation	14	8		1		4	1	1	15	15
16. assist in providing optimum environment	12	6		1	1	5	2	2	15	14
17. teach & direct non-professional personnel	14	9	1	4		1			15	14

*The complete list of statements appears in Appendix A.

Data Collected from General Duty Nurses
Employed in Hospital D

There were seventy-five registered nurses employed for general duty nursing in this hospital but nine were available to participate in the study at the time the hospital was visited. Data obtained from the personal information sheet indicated that:

- a. all were members of the American Nurses' Association
- b. four had less than five years experience in general duty nursing
- c. five have had more than five years experience in general duty nursing
- d. all were graduated from diploma schools of nursing; one of these also held a baccalaureate degree though it was not indicated in what area.

In response to the opinionnaire, six indicated their acceptance of item one as being indicative of a function of general duty nursing; one believed the nurse should do more; two responded the nurse should appropriately do less; three concurred that this function actually is being performed; and four indicated the nurse does less. There was considerable agreement that the remainder of the items reflect activities appropriate to general duty nursing. There was some variance in their opinions as to the actual performance of the functions and all those responding to the activities actually being done indicated the nurse is actually doing less than contained in item number four. Table VI depicts the responses of nurses in Hospital D.

Table VI

DISTRIBUTION OF RESPONSES FROM NURSES IN HOSPITAL D

Brief Summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses:									
	A: appropriate activities B: activities being done									
	correct		do more		do less		disagree		total responses	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	6	3	1		2	4			9	7
2. make a care plan for each patient	4	2	1		2	3	2		9	7
3. evaluate physical need, habit, resource	4	1			3	6	2		9	7
4. evaluate total patient need, habit, resource	3		1		3	7	2		9	7
5. become familiar with available resources	5	4	1		2	3	1		9	7
6. share responsibility with patient care team	9	6				1			9	7
7. act as liaison between patient & others	6	3			3	4			9	7
8. interpret patient most important resource	8	5	1	2					9	7
9. apply knowledge of drugs, therapy & tests	9	6		1					9	7
10. apply scientific principles to care	9	4		2		1			9	7
11. perform medically prescribed measures	9	6		1					9	7
12. interpret treatment to patient & family	6	2	1	1	2	4			9	7
13. evaluate symptoms, reactions & progress	8	5	1	1		1			9	7
14. appropriately report symptoms & progress	9	6		1					9	7
15. assist in patient education & rehabilitation	6	3	2		1	4			9	7
16. assist in providing optimum environment	6	2			2	5	1		9	7
17. teach & direct non-professional personnel	8	5	1			2			9	7

*The complete list of statements appears in Appendix A.

Data Collected from General Duty Nurses
Employed in Hospital E

There were twenty registered nurses employed for general duty nursing in this hospital and four were available to participate in the study at the time the hospital was visited. Data obtained from the personal information sheet indicated that:

- a. three were members of the American Nurses' Association
- b. one was not a member of the American Nurses' Association
- c. three have had more than five years experience in general duty nursing
- d. one had less than five years experience in general duty nursing
- e. three were graduated from diploma schools of nursing
- f. one was graduated from a degree school of nursing

In response to the opinionnaire, three indicated their acceptance of item one; one was of the opinion the nurse should appropriately do less; one indicated the nurse performs more than the statement describes; and two checked the nurse does less. There was considerable agreement that the remainder of the items reflect activities appropriate for general duty nursing, but greater variance of opinions was recorded concerning the actual functions being performed. Table VII depicts the responses of nurses in Hospital E.

Table VII

DISTRIBUTION OF RESPONSES FROM NURSES IN HOSPITAL E

Brief Summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses:									
	A: appropriate activities					B: activities being done				
	correct		do more		do less		disagree		total responses	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	3		1	1	2				4	3
2. make a care plan for each patient	4	3							4	3
3. evaluate physical need, habit, resource	1		1	2	2	1			4	3
4. evaluate total patient need, habit, resource	2		1	2	2				4	3
5. become familiar with available resources	2			1	2				3	2
6. share responsibility with patient care team	4	2	1						4	3
7. act as liaison between patient & others	4		1		2				4	3
8. interpret patient most important resource	4	1	1		1				4	3
9. apply knowledge of drugs, therapy & tests	4	3							4	3
10. apply scientific principles to care	4	2	1						4	3
11. perform medically prescribed measures	4	3							4	3
12. interpret treatment to patient & family	4	2	1						4	3
13. evaluate symptoms, reactions & progress	3	3			1				4	3
14. appropriately report symptoms & progress	4	3							4	3
15. assist in patient education & rehabilitation	2				1	2			3	2
16. assist in providing optimum environment	3	1				1			3	2
17. teach & direct non-professional personnel	4	2	1						4	3

*The complete list of statements appears in Appendix A.

Data Collected from General Duty Nurses
Employed in Hospital F

There were fourteen registered nurses employed for general duty nursing in this hospital but four were available to participate in the study at the time the hospital was visited. Data obtained from the personal information sheet indicated that:

- a. one was a member of the American Nurses' Association
- b. all had less than five years experience in general duty nursing
- c. three were graduated from degree schools of nursing
- d. one was graduated from a diploma school of nursing

In response to the opinionnaire, all indicated their acceptance of item one as being indicative of a function of general duty nursing; only one concurred that this function actually is being performed; and three indicated the nurse does less. There was considerable agreement that the remainder of the items reflect activities appropriate to general duty nursing, but there was some variance in their opinions as to the actual performance of the functions. Table VIII depicts the responses of nurses in Hospital F.

Table VIII

DISTRIBUTION OF RESPONSES FROM NURSES IN HOSPITAL F

Brief Summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses:									
	A: appropriate activities B: activities being done									
	correct		do more		do less		disagree		total responses	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	4	1				3			4	4
2. make a care plan for each patient	4	1		1		1		1	4	4
3. evaluate physical need, habit, resource	3				1	4			4	4
4. evaluate total patient need, habit, resource	4					4			4	4
5. become familiar with available resources	3		1			4			4	4
6. share responsibility with patient care team	4	4							4	4
7. act as liaison between patient & others	3	2			1	2			4	4
8. interpret patient most important resource	3	2	1			2			4	4
9. apply knowledge of drugs, therapy & tests	4	4							4	4
10. apply scientific principles to care	3	2				1			3	3
11. perform medically prescribed measures	3	3							3	3
12. interpret treatment to patient & family	2	1	1	1		1			3	3
13. evaluate symptoms, reactions & progress	3	2				1			3	3
14. appropriately report symptoms & progress	2	1	1	1		1			3	3
15. assist in patient education & rehabilitation	2	2	1			1			3	3
16. assist in providing optimum environment	3	2				1			3	3
17. teach & direct non-professional personnel	3	1		2					3	3

*The complete list of statements appears in Appendix A.

Review of Data Obtained from Total Group
of Nurse Participants

Due to the limited numbers of respondents in all the individual hospitals it is somewhat difficult to determine the generally held opinions of general duty nurses toward the activities which make-up their function regarding patient care. A review of the combined opinions of the fifty-six general duty nurses participating with this study indicates more clearly the areas of agreement and disagreement. There was greater agreement that the statements consist of accurate descriptions of the activities appropriate for general duty nursing than acceptance of the statements as indicating what actually is being done by the general duty nurse. There was agreement by upwards of seventy-five percent of the respondents with the statements contained in items number 1, 2, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16 and 17 as being the appropriate activities for the general duty nurse in the area of patient care. The broad statement of the general duty nurses' responsibility for fulfilling the total nursing needs of the patient, contained in statement number one, was accepted as a correct statement of the appropriate work of the general duty nurse by 51, or 91%, of the respondents. There was unanimous agreement by all fifty-six respondents with the content of item number 11, pertaining to the nurse performing therapeutic measures prescribed and delegated by medical authority, as being appropriate for the general duty nurse. Upwards of 90 percent of the respondents accepted items number 6, 9, 14 and 17 as being appropriate activities for the general duty nurse. Activities contained in items number three, 4

and 7 were considered by approximately one-third of the respondents to be too extensive for appropriate activities and indicated the nurse should do less; a few disagreed with these statements, thus indicating that the general duty nurse should not do any of the activities contained in the statements. Items three and 4 pertained to the evaluation of the patient's physical, spiritual, emotional, social and economic needs, habits and resources. Item seven pertained to the nurse as a liaison between the patient and the family, physician, hospital personnel and community agencies. Table IX depicts the responses of all the fifty-six participants to the statements as being appropriate activities for the general duty nurse.

The responses of the total group of participants were much more varied concerning the statements containing a description of the activities which are actually being done by the general duty nurse. Upwards of fifty percent of the total group of respondents indicated the statements of number 6, 8, 9, 10, 11, 13, 14, 16 and 17 contained a description of the activities actually being done by the general duty nurse. Over fifty percent of the respondents were of the opinion that the general duty nurse is actually doing less than contained in the statements of items number three, 4 and 5. Forty-six percent of the respondents believed the description of the activities in statements number 7 and 15 to be in excess of the activities actually being done by the nurse.

The participants had been instructed to underline any part of the statement which they believed to be in excess of what the general duty nurse is actually doing. The respondents were asked to use the lines provided below each item to write in what they felt the nurse

was doing that exceeded the scope of the statement. Many of the respondents did not support the opinion which they registered that the nurse was doing either less or more than contained in the statement, however some did indicate what part of the statement they felt to be in excess of the activities being done by the general duty nurse, and what they believed to have been omitted concerning the function which the general duty nurse is actually performing. Concerning items number three and 4 the respondents most frequently expressed the belief that the nurse did evaluate the patient's physical, emotional and spiritual needs, however, time and the institutional organization did not permit them to evaluate the patient's social and economic needs; some respondents felt this was not necessary even though time and opportunity would permit the nurse to assume this function. Though the nurses were generally willing to accept the evaluation of patients "needs" as inherent in their activities they were less able to accept the terms "habits and resources". Frequently the comment was made that the respondent was unable to formulate an opinion concerning these terms for lack of an understanding of what was meant by the use of these terms, thus the nurses would reject the evaluation of "habits and resources" as being a part of their activities. Item seven concerned the nurse communicating and acting as liaison between the patient, family, physician, hospital personnel and community agencies. To this item the nurses generally indicated their activities did not include communication with the community agencies and this was the reason for their opinion the nurse was doing less than what was contained

in the statement. A few stated they believed the social service department had taken over the liaison activity, thus relieving the nurse of this responsibility. Item five concerned the nurse becoming familiar with available resources, personnel and physical facilities of the hospital and community, and those responding that the nurse was doing less than this gave reasons which generally included lack of opportunity to gain such information, as well as not yet having had the need to become familiar with such resources, especially those outside the hospital. Many of the nurses did respond that the nurse knows of most of the resources available within the hospital, however had little occasion to use such information, as this information was felt to be needed by the head nurse rather than the general duty nurse. Item fifteen pertained to the nurse assisting in patient education and rehabilitation, both mental and physical. To item fifteen half the respondents were of the opinion the nurse was doing less and the reason most frequently given was that they were unable to participate in rehabilitation, believing it to be a lengthy process, and with the short period of hospitalization the general duty nurse was unable to accomplish much in patient rehabilitation. The respondents generally agreed that the general duty nurse was assisting with patient education to the extent that time was available to do this.

To items twelve and 15 there was the greatest number of responses concerning the nurse presently doing more than what was contained in the statements. Item twelve concerned the nurse interpreting therapy and treatments to the patient especially that which seems radical or unusual. The comments to item twelve frequently indicated that the

nurse was doing more interpretation than necessary and felt the physician should do more interpretation of therapy to the patient and family. Item number seventeen concerned the general duty nurse teaching and directing non-professional nursing personnel. Though not all respondents in teaching hospitals indicated the nurse was doing more, there were ten that believed other activities being done by the general duty nurse included "the instruction given to other professional student nurses and also the instruction given to other professional graduate nurses, especially those new to the employ of a particular hospital."

Though the responses to item number eight, pertaining to the interpretation given the patient that he himself is the most effective resource in promoting successful therapy and rehabilitation, were generally accepted by most of the respondents, it was one item that received frequent comment by the participants regarding their inability to understand what was meant by this statement. This inability to comprehend the context of this statement may have been a reason for the variety of responses other than that of agreement with the statement by twenty-nine of the respondents. Table IX demonstrates the responses of the total fifty-six participants regarding the statements in terms of what activities they believe are actually being done by the general duty nurse.

Not every participant responded to each item, and the reasons given for failure to indicate an opinion included that in so doing it might reflect on them personally and jeopardize their position, or possibly even that of their employer. In the case of two respondents the urgency of returning to the demands of their work prohibited

completion of the opinionnaire. There appeared to be a greater reluctance to record opinions of the activities actually being done by the general duty nurse than toward activities appropriate for the nurse. The participants frequently gave the reason for omitting a response was due to difficulty in understanding the terminology and content of the items. Table IX depicts the number of responses to the opinionnaire by the total group of nurses participating with the study. Table X represents the percentage of the responses concerning appropriate activities and activities presently being done by the general duty nurse.

To one question on the personal information sheet, the total group of respondents recorded an average of 62.5% of their duty time was spent doing actual patient care and this figure is above the 50% maximum time spent by the general duty nurse in actual patient care determined at the time of the American Nurses' Association Studies of Nursing Functions. (27) However, there were four nurses who responded that 100% of their time was spent in actual patient care; this represents a relative impossibility, thus this time estimate may have been due to misunderstanding of the question. Table XI depicts the information gained from the total group of participants from the personal information sheet questionnaire.

Table IX

DISTRIBUTION OF RESPONSES FROM THE
TOTAL GROUP OF PARTICIPANTS

Brief summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses:									
	A: appropriate activities B: activities being done									
	correct		do more		do less		disagree		total responses	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	51	24	1	5	4	23			56	52
2. make a care plan for each patient	43	23	1	4	6	22	4	3	56	52
3. evaluate physical need, habit, resource	29	8	2	6	19	34	6	4	56	52
4. evaluate total patient need, habit, resource	28	5	5	7	15	35	3	5	56	52
5. become familiar with available resources	57	14		5	7	31	4	1	55	51
6. share responsibility with patient care team	54	41	3	6	2	6			56	52
7. act as liaison between patient & others	33	20	5	8	17	24	3	2	56	52
8. interpret patient most important resource	43	29	1	5	3	11	5	4	56	52
9. apply knowledge of drugs, therapy & tests	54	38		7	1	9			56	52
10. apply scientific principles to care	51	32		5	3	11	1	1	55	51
11. perform medically prescribed measures	55	44	3	9		2			55	51
12. interpret treatment to patient & family	45	21	1	2	6	21	1		55	51
13. evaluate symptoms, reactions & progress	46	39	1	3	3	6	5	4	55	51
14. appropriately report symptoms & progress	54	45	6	6		3			55	51
15. assist in patient education & rehabilitation	43	20	1	3	4	23	1	1	54	50
16. assist in providing optimum environment	44	27	2	10	6	18	3	2	54	50
17. teach & direct non-professional personnel	52	36			1	5			55	51

*The complete list of statements appears in Appendix A.

Table X

DISTRIBUTION OF THE PERCENT OF RESPONSES
FROM THE TOTAL GROUP OF PARTICIPANTS

Brief summary of General Duty Nurse Statements of Function Number 1 Opinionnaire Items *	Distribution of the percent of responses							
	A: appropriate activities				B: activities being done			
	percent response correct		percent response do more		percent response do less		percent response disagree	
	A	B	A	B	A	B	A	B
1. fulfill total needs	91	46	2	9.5	7	44.5		
2. make care plan	76.8	44	2	8	14	42	7	6
3. evaluate physical	51.8	15	3	11.5	34	65.5	11	8
4. evaluate to- tal patient	51	9.5	9	13	26	68	14	9.5
5. know resources	67	27.5	13	10	13	60.5	7	2
6. share with care team	97	79		9.5	3	11.5		
7. liaison for patient	59	38.5	5.5	11.5	30	46	5.5	4
8. interpret patient vital	77	57	9	15	5	20	9	8
9. knowledge of therapy	96	73.5	2	9.5	2	17		
10. use science principles	95	63		14	5	21	2	2
11. do what is prescribed	100	86		10		4		
12. interpret treatment	82	41	5	18	11	41	2	
13. evaluate symptoms	84	76	2	4	5	12	9	8
14. report symptoms	98	88	2	6		6		
15. educate & rehabilitate	79.5	40	11	12	7.5	46	2	2
16. maintain environment	81.5	54	2	6	11	36	5.5	4
17. teach non- professional personnel	94.5	70	3.5	20	2	10		

*The complete list of statements appears in Appendix A.

Table XI

DISTRIBUTION OF RESPONSES FROM FIFTY-SIX PARTICIPANTS
TO THE PERSONAL INFORMATION SHEET QUESTIONNAIRE

Brief summary of Questionnaire Items*	Classification of Responses	Number Responses
1. Type of school of nursing attended?	diploma (hospital)	44
	degree (collegiate)	10
	non-degree (collegiate)	2
2. Other educational preparation if addition to nursing?	bachelors degree	3
	college courses	10
	post-graduate nursing	2
	none	46
3. Length of time work- ed general duty?	less than 5 years	30
	more than 5 years	26
4. Length of time in present position?	less than 1 month	5
	1 month to 1 year	28
	1 year to 5 years	19
	more than 5 years	8
5. Employed full time or part time?	full time	50
	part time	6
6. Time spent giving actual patient care?	0 to 25 percent	5
	25 to 50 percent	17
	50 to 75 percent	23
	75 to 100 percent	11
7. Presence of a head nurse on the ward?	yes	52
	no	4
8. Patient capacity of the ward?	less than 20	7
	20 to 30	10
	30 to 40	37
	more than 40	2
9. American Nurses' Association member?	yes	39
	no	17
10. National League for Nursing member?	yes	7
	no	49

*A complete list of the opinionnair item statements appears
in Appendix B.

Data Obtained from Nurses Classified Into
Representative Groups

After tabulating data obtained from the participants in each hospital, plus summarizing the responses from the entire group, tables were constructed to show the responses of all participants according to:

- a. membership versus non-membership in the American Nurses' Association
- b. length of experience in general duty nursing
- c. type of program from which graduated
- d. as each of these groups responded to the items in Column A and Column B

Tables XII, XIII, XIV, XV, XVI, XVII show the data obtained from these groups.

Participating in the study were thirty-nine, or 69.6%, of the respondents who were members of the American Nurses' Association, and 17, or 30.4%, who were non-members of the American Nurses' Association and of the General Duty Nurse Section. There appeared to be no appreciable difference between the responses of the members and non-members of the association. Tables XII and XIII more clearly demonstrate the responses of the members and non-members of the American Nurses' Association to the opinionnaire item statements.

The total respondents were quite equally divided as to their length of experience in general duty nursing as to more or less than five years experience. Thirty respondents had less than 5 years experience and 26 respondents had more than 5 years experience. On the basis of experience in general duty nursing the respondents did

Table XII

DISTRIBUTION OF RESPONSES FROM MEMBERS AND NON-MEMBERS
OF THE AMERICAN NURSES' ASSOCIATION CONCERNING
APPROPRIATE ACTIVITIES

Brief summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses concerning appropriate activities:									
	A: members					B: non-members				
	correct		do more		do less		disagree		total response	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	54	17	1		4				39	17
2. make a care plan for each patient	30	13	1		6	2	2	2	39	17
3. evaluate physical need, habit, resource	19	10	1	1	15	4	4	2	39	17
4. evaluate total patient need, habit, resource	19	9	2	3	12	3	6	2	39	17
5. become familiar with available resources	24	15	4	3	7		3	1	38	17
6. share responsibility with patient care team	37	17			2				39	17
7. act as liaison between patient & others	24	9	3		9	6	3		39	17
8. interpret patient most important resource	32	11	2	3	3		2	3	39	17
9. apply knowledge of drugs, therapy & tests	38	16	1		1				39	17
10. apply scientific principles to care	34	17			3		1		38	17
11. perform medically prescribed measures	38	17							38	17
12. interpret treatment to patient & family	30	15	2	1	6		1		39	16
13. evaluate symptoms reactions & progress	31	15	1		3		4	1	39	16
14. appropriately report symptoms & progress	38	16	1						39	16
15. assist in patient educa- tion & rehabilitation	29	14	3	3	4		1		37	17
16. assist in providing optimum environment	28	16	1		6		3		37	17
17. teach & direct non- professional personnel	35	17	2		1				38	17

*The complete list of statements appears in Appendix A.

Table XIII

DISTRIBUTION OF RESPONSES FROM MEMBERS AND NON-MEMBERS
OF THE AMERICAN NURSES' ASSOCIATION CONCERNING
ACTIVITIES BEING DONE

Brief summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses concerning activities being done									
	A: members					B: non-members				
	correct		do more		do less		disagree		total response	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	17	7	5		17	6			39	13
2. make a care plan for each patient	17	6	4		15	7	3		36	16
3. evaluate physical need, habit, resource	7	1	6		21	13	2	2	36	16
4. evaluate total patient need, habit, resource	5		5	2	21	14	4	1	35	17
5. become familiar with available resources	12	2	4	1	17	14	1		34	17
6. share responsibility with patient care team	26	15	5		5	1			36	16
7. act as liaison between patient & others	13	7	6		14	10	2		35	17
8. interpret patient most important resource	22	7	7	1	5	6	2	2	36	16
9. apply knowledge of drugs, therapy & tests	26	12	4	1	6	3			36	16
10. apply scientific principles to care	20	12	7		7	4	1		35	16
11. perform medically prescribed measures	28	16	5		2				35	16
12. interpret treatment to patient & family	16	5	7	2	12	9			35	16
13. evaluate symptoms reactions & progress	26	13	2		5	1	2	2	35	16
14. appropriately report symptoms & progress	30	15	2	1	2	1			34	17
15. assist in patient educa- tion & rehabilitation	20		5	1	13	10	1		39	11
16. assist in providing optimum environment	17	10	2	1	13	5	2		34	16
17. teach & direct non- professional personnel	23	13	8	2	4	1			35	16

*The complete list of statements appears in Appendix A.

not appear to differ greatly as to their opinions of the statements of General Duty Nurse Functions, both as to what is appropriate, and as to what is actually being done. However nurses with less experience in general duty nursing, also those for the most part who were more recently graduated from a school of nursing, appeared to have accepted the statements of items number 3 and 4 more readily, as containing activities appropriate for the general duty nurse, than did the nurses with a longer period of experience in nursing, who expressed the nurse should appropriately do less. Both groups agreed the nurse is presently doing less than the activities contained in statements number 3 and 4. Nurses with less than five years experience in nursing more frequently recorded the opinion that the nurse is not presently carrying out the activities which are included in the statements of items number 12 and 15, as compared to the agreement registered to these items by those respondents with a longer period of experience in nursing. Tables XIV and XV depict the responses of participants according to length of experience in general duty nursing.

Participating in the study were ten nurses, or 17.9%, who had received a bachelors degree following their basic preparation for nursing in a collegiate school, and 46, or 82.1%, who were graduated from diploma schools of nursing. Due to the low percent of degree school graduates as compared to the diploma school graduates the data gained in this area, concerning the influence which basic nursing education may have on the opinions nurses hold toward what is appropriate and what is actually being done in general duty nursing, does not appear to have any great significance in this study. The

Table XIV

DISTRIBUTION OF RESPONSES FROM NURSES WITH
MORE OR LESS THAN FIVE YEARS EXPERIENCE
IN GENERAL DUTY NURSING CONCERNING
APPROPRIATE ACTIVITIES

Brief summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses concerning appropriate activities A: less than five years experience B: more than five years experience									
	correct		do more		do less		disagree		total response	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	21	25	1		1	3			30	26
2. make a care plan for each patient	22	21	1		4	4	3	1	30	26
3. evaluate physical need, habit, resource	18	11		2	7	12	5	1	30	26
4. evaluate total patient need, habit, resource	17	11	3	2	5	10	5	3	30	26
5. become familiar with available resources	20	17	5	2	3	4	2	2	30	25
6. share responsibility with patient care team	29	25			1	1			30	26
7. act as liaison between patient & others	13	15	1	2	9	6	2	1	30	26
8. interpret patient most important resource	22	21	3	2	2	1	3	2	30	26
9. apply knowledge of drugs, therapy & tests	23	26	1		1				30	26
10. apply scientific principles to care	23	25			2	1		1	30	25
11. perform medically prescribed measures	30	25							30	25
12. interpret treatment to patient & family	22	23	3		5	1		1	30	25
13. evaluate symptoms reactions & progress	24	22	1		2	1	3	2	30	25
14. appropriately report symptoms & progress	29	25	1						30	25
15. assist in patient education & rehabilitation	24	19	3	3	3	1		1	30	24
16. assist in providing optimum environment	26	18	1		3	3		3	30	24
17. teach & direct non-professional personnel	23	24	1	1	1				30	25

*The complete list of statements appears in Appendix A.

Table XV

DISTRIBUTION OF RESPONSES OF NURSES WITH
MORE OR LESS THAN FIVE YEARS EXPERIENCE
CONCERNING ACTIVITIES BEING DONE

Brief summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses concerning activities being done													
	A: less than five years experience		B: more than five years experience		correct		do more		do less		disagree		total response	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	12	12	2	3	15	3							29	23
2. make a care plan for each patient	10	13	4	10	12				3				29	23
3. evaluate physical need, habit, resource	4	4	2	4	19	15			4				29	23
4. evaluate total patient need, habit, resource	2	3	4	3	20	15			3	2			29	23
5. become familiar with available resources	6	8	5		17	14			1				29	22
6. share responsibility with patient care team	24	17	2	3	3	3							29	23
7. act as liaison between patient & others	15	5	1	5	11	13			2				29	23
8. interpret patient most important resource	16	13	2	6	9	2			2	2			29	23
9. apply knowledge of drugs, therapy & tests	22	16	2	3	5	4							29	23
10. apply scientific principles to care	17	15	4	3	8	3				1			29	22
11. perform medically prescribed measures	25	19	2	3	2								29	22
12. interpret treatment to patient & family	10	11	5	4	14	7							29	22
13. evaluate symptoms reactions & progress	21	18		2	5	1			3	1			29	22
14. appropriately report symptoms & progress	25	20	1	2	3								29	22
15. assist in patient education & rehabilitation	8	12	5	1	16	7				1			29	21
16. assist in providing optimum environment	18	9	1	2	10	8				2			29	21
17. teach & direct non-professional personnel	19	17	5	5	5								29	22

*The complete list of statements appears in Appendix A.

percentage of degree and diploma school graduates participating in this study is similar to the estimate found in Nursing Resources, published by the U. S. Department of Health, Education and Welfare in 1958, which listed 16% of the country's nurses are presently being prepared in degree schools and the remainder in diploma and associate degree schools. (27) Tables XVI and XVII demonstrate the responses of the nurses prepared in degree and diploma schools of nursing.

A review of the data obtained from nurses in the individual hospitals does not appear to demonstrate that the conditions unique to the hospital affect the opinions held concerning the appropriate and actual activities of the general duty nurse with the exception of the two sectarian hospitals where more responses were obtained indicating the nurses felt they were functioning in excess of the description contained in the statements.

Table XVI

DISTRIBUTION OF RESPONSES FROM NURSES WITH PREPARATION
IN DEGREE AND DIPLOMA SCHOOLS OF NURSING
CONCERNING APPROPRIATE ACTIVITIES

Brief summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses concerning appropriate activities									
	A: diploma school preparation B: degree school preparation									
	correct		do more		do less		disagree		total response	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	42	9	1		3	1			46	10
2. make a care plan for each patient	36	7	1		6	2	3	1	46	10
3. evaluate physical need, habit, resource	25	4	2		14	5	5	1	46	10
4. evaluate total patient need, habit, resource	23	5	7	1	12	5	7	1	46	10
5. become familiar with available resources	31	6	5	2	5	2	4		45	10
6. share responsibility with patient care team	44	10			2				46	10
7. act as liaison between patient & others	27	6	3		14	3	2	1	46	10
8. interpret patient most important resource	34	9	4	1	3		5		46	10
9. apply knowledge of drugs, therapy & tests	44	10	1		1				46	10
10. apply scientific principles to care	42	9			3		1		46	9
11. perform medically prescribed measures	46	9							46	9
12. interpret treatment to patient & family	37	8	2	1	6		1		46	9
13. evaluate symptoms reactions & progress	37	9	1		3		5		46	9
14. appropriately report symptoms & progress	46	8		1					46	9
15. assist in patient educa- tion & rehabilitation	36	7	4	2	4		1		45	9
16. assist in providing optimum environment	35	9	1		6		3		45	9
17. teach & direct non- professional personnel	43	9	2		1				46	9

*The complete list of statements appears in Appendix A.

Table XVII

DISTRIBUTION OF RESPONSES FROM NURSES WITH PREPARATION
IN DEGREE AND DIPLOMA SCHOOLS OF NURSING
CONCERNING ACTIVITIES BEING DONE

Brief summary of General Duty Nurse Statements of Function Number I Opinionnaire Items *	Distribution of number responses concerning activities being done A: diploma school preparation B: degree school preparation									
	correct		do more		do less		disagree		total response	
	A	B	A	B	A	B	A	B	A	B
1. total nursing needs aware of & fulfill	20	7	4	1	18	5			42	10
2. make a care plan for each patient	21	2	2	2	18	4	1	2	42	10
3. evaluate physical need, habit, resource	8		5	1	26	8	3	1	42	10
4. evaluate total patient need, habit, resource	5		6	1	28	7	3	2	42	10
5. become familiar with available resources	18	2	4	1	24	7	1		41	10
6. share responsibility with patient care team	51	10	5		6				42	10
7. act as liaison between patient & others	16	4	6		19	5	1	1	42	10
8. interpret patient most important resource	22	7	3		3	5	4		42	10
9. apply knowledge of drugs, therapy & tests	30	8	4	1	3	1			42	10
10. apply scientific principles to care	25	7	6	1	10	1	1		42	9
11. perform medically prescribed measures	35	9	5		2				42	9
12. interpret treatment to patient & family	17	4	7	2	13	3			42	9
13. evaluate symptoms reactions & progress	30	9	2		6		4		42	9
14. appropriately report symptoms & progress	38	7	2	1	2	1			42	9
15. assist in patient educa- tion & rehabilitation	17	3	5	1	18	5	1		41	9
16. assist in providing optimum environment	23	4	2	1	16	2		2	41	9
17. teach & direct non- professional personnel	29	7	3	2	5				42	9

*The complete list of statements appears in Appendix A.

Findings

An analysis of the data obtained by this study revealed several findings. The findings resulting from this study were:

1. Item one in the opinionnaire was considered to be an appropriate function of the General Duty Nurse by 51 respondents, or 91%. However only 24, or 46%, of the respondents indicated that they believe this function is actually being performed.

2. Of the remaining sixteen items, 12 were accepted as appropriate for general duty nursing by over 75% of the respondents; there was not consistent agreement that these items represent functions actually performed by general duty nurses.

3. The items number 3, 4, 5, 7 and 15 elicited the widest variance of opinion. Approximately one-third of the participants considered 3, 4 and 7 to be in excess of what is appropriate for the general duty nurse; over half of the respondents considered items 3, 4, 5, 7 and 15 to be in excess of what is actually performed.

4. In classifying the data according to the participants length of experience in general duty nursing of more or less than five years it was found that there was consistent response except to items 3, 4, 12 and 15. Of the thirty nurses with less than 5 years experience in general duty nursing, 18 indicated item 3, and 17 indicated item 4, as appropriate for general duty nursing but one-half of the participants were of the opinion that the nurse is presently performing less than is described in items 12, and 15. Of the twenty-six general duty nurses with more than 5 years experience in general duty nursing, 12 were of the opinion that item 3, and 10 indicated that item 4, were

more extensive than what is appropriate for the general duty nurse but 11 accepted item 12, and 12 accepted item 15, as representing what the general duty nurse actually performs.

5. The range of the opinion responses did not seem to bear any relationship to the nurses' educational backgrounds; i.e., the graduates of degree programs in nursing responded with the same amount of agreement or disagreement as those from diploma schools.

6. There was no appreciable difference in the opinions registered by members as compared to non-members of the American Nurses' Association.

7. The responses did not appear to differ according to the type of hospital except in the two sectarian hospitals, where more responses were obtained indicating the nurses felt they were functioning in excess of the description in the items.

8. In the write-in space under each item the respondents made numerous comments indicating their inability to understand the statements. This was particularly apparent in items 3 and 4.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary of the Study

In 1956, the various sections of the American Nurses' Association accepted Statements of Functions, Standards and Qualifications for Practice of the professional nurse. These statements had been formulated following a long period of study and investigation. Their acceptance by the respective sections was considered a forward step in attaining professional status. Despite the arduous task and the many nurses involved in preparing the statements, there is no evidence that all nurses understand and accept the statements. It is felt that if the statements of Function number one for the Practice of the General Duty Nurse are to be effective in their intended purpose of improving patient care then the General Duty Nurse must be aware of, in agreement with, and working toward that caliber of performance which is deemed proper for the General Duty Nurse.

This study has been undertaken in an attempt to ascertain what opinions are held by fifty-six general duty nurses, working in six selected and representative Oregon Hospitals, toward the statements of Function number one. An effort has been made to determine the opinions of the participants concerning (1) the appropriateness of the statements as descriptive of general duty nursing, and (2) whether the nurse actually is performing the activities described in the statements.

This study is further concerned with determining:

1. Whether there is agreement on the part of nurses as to what

are appropriate activities for the general duty nurse as well as the activities which the general duty nurse actually is doing.

2. Whether the individual hospital environment and the circumstances unique to the institution affect the opinions of the participants as to what constitutes general duty nursing.

3. Whether the educational background and/or work experience of the general duty nurse appreciably alter the opinions held concerning the activities of the nurse in this position.

4. Whether membership in the American Nurses' Association has an influence on the opinions of the general duty nurse causing greater agreement with the statements, formulated and ascribed to by the general duty nurse section of this association, than expressed by nurses who are not members of the American Nurses' Association.

This problem has importance because:

1. The American Nurses' Association continues to encourage nurses throughout the country to examine the Statements of Functions, Standards and Qualifications which have been formulated for nurse practice in an endeavor to insure that the statements are in line with the practice presently being done, or to bring the statements into line with present nurse practice in hopes of developing a clearer delineation of functions of professional nurses.

2. As a profession, nursing has the responsibility of defining the scope of practice for nurses. The statements used to elicit opinions from general duty nurses participating in this study contain the description of nurse practice formulated by the general duty nurse section of the American Nurses' Association.

3. Nursing has social significance and thus has an obligation as well as a desire to improve the quality of patient care which it ministers. Data concerning what activities are actually being done by the general duty nurse could reveal marked discrepancies between what the nurse is doing and what society wants.

4. Clear and accurate statements of nurse functions are necessary safeguards for the nurse, the employer of the nurse and the public.

5. Accurate descriptions, or definitions, or nurse functions are necessary in passing down legal decisions.

6. Nursing education needs accurate statements of nurse functions, especially for general duty nursing since this is the base line which must be used in maintaining an adequate curriculum for student nurse education.

7. State boards of nursing must have current information concerning nursing functions as a basis for licensure of nurse practitioners, for licensure attempts to exert controls which safeguard both the nurse and the public, "but if control is to be exercised there must be some definition of what is to be controlled." (4)

8. In view of the "changing emphasis and increasing diversity in the work of nurses in today's society", it is of paramount importance to evaluate continually the activities being done by the nurse. (3)

9. The individual nurse needs accurate statements of the appropriate functions for the nurse so that she may have guides necessary to evaluate her activities, determine possible limitations,

and work to correct these deficiencies.

10. The nurse employer and those in the allied medical fields need a description of the scope and limitations of what should and should not be expected of the professional nurse.

The study has been limited to the first statement, namely function number one of the American Nurses' Association Statements of Functions, Standards and Qualifications for Practice of the General Duty Nurse. Function number one consists of 17 items which were used as the content of the opinionnaire. Columns were designed to permit the participant to indicate whether in her opinion (1) the item described a function appropriate to general duty nursing and (2) the general duty nurse actually performs the function. Space was provided for a range of opinions in each of the columns.

The study was made in six hospitals, selected as being representative of a variety of the hospitals found in the State of Oregon. Advanced arrangements were made with administrative personnel for visiting the hospitals and for administering the opinionnaire to those general duty nurses who would be on duty at the time of the visit. A total of fifty-six general duty nurses participated in the study.

In addition to the opinionnaire, participants were requested to complete a brief information sheet which consisted of questions concerning the respondents education, experience in general duty nursing, membership in professional nursing organizations, and some items related to the environment in which she presently worked.

At the time each hospital was visited, a brief conference was held with the Director of Nursing Service for the purpose of

obtaining general information concerning the hospital.

The data obtained from three sources, namely the opinionnaire and the information sheet questionnaire completed by fifty-six general duty nurses, and the general information elicited in conference with the Director of Nursing Service of six hospitals, were then tabulated and lead to the following findings:

1. Item one in the opinionnaire elicited a response as being an appropriate function of the General Duty Nurse by 51 respondents, or 91%. However only 24, or 46%, of the respondents indicated that they believe this function is actually being performed.

2. Of the remaining sixteen items, 12 were accepted as appropriate for general duty nursing by over 75% of the respondents; there was not consistent agreement that these items represent functions actually performed by general duty nurses.

3. The items which elicited the widest divergence of opinion were 3,4,5,7 and 15. Approximately one-third of the participants considered 3,4 and 7 to be in excess of what is appropriate for general duty nursing; over half of the respondents considered items 3,4,5,7 and 15 to be in excess of what is actually performed by general duty nurses.

4. In classifying the data according to the participants length of experience in general duty nursing, it was found that there was consistent response except in items 3,4,12 and 15. Of the thirty nurses with less than 5 years experience in general duty nursing, 18 indicated item 3, and 17 indicated item 4, as appropriate for general duty nursing but 1/2 of the participants were of the opinion that

the nurse is presently performing less than is described in items 12 and 15. Of the twenty-six general duty nurses with more than 5 years experience in general duty nursing, 12 were of the opinion that item 3, and 10 indicated that item 4, were more extensive than what is appropriate for the general duty nurse but 11 accepted item 12, and 12 accepted item 15, as representing what the general duty nurse actually performs.

5. The range of the opinion responses did not seem to bear any relationship to the nurses' educational backgrounds; i.e., the graduates of degree programs in nursing responded with the same amount of agreement or disagreement as those from diploma schools.

6. There was no appreciable difference in the opinions registered by members as compared to non-members of the American Nurses' Association.

7. The responses did not appear to differ according to the type of hospital except in the two sectarian hospitals, where more responses were obtained indicating the nurses felt they were functioning in excess of the description in the items.

8. In the write-in space under each item the respondents made numerous comments indicating their inability to understand the statements. This was particularly apparent in items 3 and 4.

Conclusions

The conclusions resulting from this study were:

1. The data presented in this study should be interpreted as applying only to the opinions expressed by the participants at the

time and place of the study.

2. The findings of this study lead to no conclusive evidence that the participants either accept or reject the statements of functions of general duty nurses as formulated by the American Nurses' Association and accepted by the General Duty Nurses Section in 1956. Although diversity of opinion centered largely in certain items of the opinionnaire, the responses were distributed across the range of each item. The comments inserted in the write-in space below each item could be interpreted to indicate that the participants did not understand the item; in some instances they implied that the terminology was unfamiliar.

Recommendations

In view of the findings of this study it is recommended that:

1. The design of this study be refined and the study be repeated on a more extensive scale with a larger population of general duty nurses with the findings manipulated statistically, if necessary, to ascertain any real significance to the stated opinions.

2. Studies continue to be made by nurses individually and as groups in the American Nurses' Association to evaluate the statements of Functions, Standards and Qualifications for Practice in order to arrive at statements fully descriptive of the actual activities being performed by professional nurses.

BIBLIOGRAPHY

1. American Nurses' Association. Functions, Standards, and Qualifications for Practice of the General Duty Nurse, General Duty Nurses Section, American Nurses' Association, New York, 1956.
2. American Nurses' Association. Nurses Invest In Patient Care, American Nurses' Association, New York, 1956.
3. American Nurses' Association. Past, Present, and Future of FS&Q, American Nurses' Association, 1957.
4. Anderson, Bernice. "Legal Aspects." The American Journal of Nursing, 57:479, June, 1957.
5. Benne, Kenneth D., and Bennis, Warren. "The Role of the Professional Nurse." The American Journal of Nursing, 59:196, February, 1959.
6. Benne, Kenneth D., and Bennis, Warren. "What is Real Nursing?" The American Journal of Nursing, 59: 380-383, March 1959.
7. Brown, E. L. Nursing for the Future. Russell Sage Foundation, New York, 1948.
8. Carter, Lauror. "Social Psychology and the Nursing Profession." The American Journal of Nursing, 51:488-489, August, 1951.
9. Christ, Edwin A. Nurses at Work. Institute for Research in the Social Sciences, University of Missouri, Columbia Missouri, 1956.
10. Freeman, Ruth. "Functions, Standards, and Qualifications for Nursing Practice." The American Journal of Nursing, 53:696-697, June, 1953.
11. Freeman, Ruth B. "The Social Significance of Defining Functions, Standards, and Qualifications for Practice." [A Paper Presented to the American Nurses' Association INSA Section during American Nurses' Association Convention, 1956.] Past, Present, and Future of FS&Q, American Nurses' Association, New York, 1957.
12. Gordon, H. Phoebe. "Who Does What." The American Journal of Nursing, 53:564-466, May, 1953.
13. Havron, M. Dean and Courtney, Douglas. A Design for a Study of Nursing Care and Patient Welfare, U. S. Department of Health, Education, and Welfare, Public Health Service, Institute for Research in Human Relations, U.S. Government Printing Office, Washington, D.C. 1951.

14. Hughes, Everett C., Hughes, Helen MacGill, and Deutscher, Irwin. Twenty Thousand Nurses Tell Their Story, J. B. Lippincott Company, Philadelphia, 1958.
15. Hughes, Everett C. "Studying the Nurses' Work." The American Journal of Nursing, 51:294-295, May 1951.
16. Kassebaum, Robert G., Mandell, Elisabeth K. and Research Assistants, under direction of Todd, Frederick J. The Administrative Nurse Looks at her Job, Behavior Research Laboratory, University of Colorado, Boulder, Colorado, February, 1959.
17. Kramer, Pauline. A Survey to Determine the Attitudes and Knowledges of a Selected Group of Professional Nurses Concerning Spiritual Care, /Unpublished thesis/ University of Oregon Medical School, Department of Nursing Education, Portland, Oregon, 1957.
18. Lesnik, Milton J. and Anderson, Bernice A. Nursing Practice and the Law, J. B. Lippincott Company, Philadelphia, 1955.
19. Malver, Pearl. "Next Steps." The American Journal of Nursing, 57:748, June 1957.
20. National League for Nursing Education. Joint Nursing Curriculum Conference. Department of Services to Schools of Nursing, National League for Nursing Education, New York, 1951.
21. Pollak, Otto, Westoff, Charles, and Bressler, Marvin. "Pennsylvania Pilot Study of Nursing Functions." Nursing Research, 53:13-22, June, 1953.
22. Porter, Elizabeth K. "What It Means to Be a Professional Nurse." The American Journal of Nursing, 53:948-950, August 1953.
23. Reissman, Leonard, and Rohner, John H. Change and Dilemma in the Nursing Profession, G.P. Putnam's Sons, New York, 1957.
24. Saunders, Lyle. "The Changing Role of Nurses." The American Journal of Nursing, 54:1094-1098, September, 1954.
25. Shields, Mary R. "A Project for Curriculum Improvement." Nursing Research, 52:4-31, October, 1952.
26. Tead, Ordway and Metcalf, H. Personnel Administration, McGraw Hill Book Company, New York, 1933.
27. U. S. Department of Health, Education, and Welfare. Nursing Resources, Public Health Service, Division of Nursing Resources, U. S. Government Printing Office, Washington, U. C., 1958.

28. Walker, Virginia H. "Nursing Functions and Activities." The American Journal of Nursing, 57:79, January, 1957.
29. Webster's Collegiate Dictionary, G. & C. Merriam Co., Publishers, Springfield, Massachusetts, 1945.
30. Wolf, Lulu K. Nursing, D. Appleton-Century Co., Inc., New York, 1947.

APPENDIX A

COMPARISON OF GENERAL DUTY NURSE STATEMENTS
OF FUNCTION NUMBER I TO OPINIONNAIRE

Numbering of statements as used for opinionnaire	Numbering and lettering of General Duty Nurse section statements of Function Number I published by the American Nurses' Association
1.	I. The general duty nurse is aware of the total nursing needs of the patient and is responsible for seeing that they are fulfilled.
2.	A. Prepares, administers and supervises a patient care plan for each patient in the group for which she is responsible.
3.	1. Makes a detailed evaluation of his physical needs, habits and resources.
4.	2. Evaluated his spiritual, emotional, social and economic needs, habits and resources.
5.	3. Becomes familiar with available resources, personnel and physical facilities of the hospital and community.
6.	4. Cooperates and shares responsibility with general duty nurses, the head nurse, supervisor, attending physician, and other personnel.
7.	5. Communicates and acts as liaison between patient, family, physician, hospital personnel, and community agencies.
8.	6. Interprets to the patient that he himself is the most effective resource in promoting successful therapy and rehabilitation.
9.	7. Applies knowledge of drugs, other therapeutic methods and diagnostic tests based on understanding established principles and precautions.
10.	B. Applies scientific principles in performing nursing procedures and techniques through constant evaluation in the light of nursing and medical progress.

<u>Numbering of statements as used for opinionnaire</u>	<u>Numbering and lettering of General Duty Nurse section statements of Function Number I published by the American Nurses' Association</u>
11.	C. Performs therapeutic measures prescribed and delegated by medical authority.
12.	Recognizes the need for and participates in the interpretation of treatment to the patient, especially forms of therapy which may seem radical or unusual to the patient or family.
13.	D. Continuously evaluates symptoms, reactions, and progress.
14.	Observes, records, and reports to the appropriate person symptoms, reactions and progress.
15.	E. Assists in patient education and rehabilitation, including the promotion of mental and physical health.
16.	F. Assists in the provision of optimum physical and emotional environment.
17.	G. Teaches and directs non-professional nursing personnel for whom she or he is assigned responsibility.

APPENDIX B

TOOLS USED TO OBTAIN DATA

Personal Information Sheet
Questionnaire

The following questions concern your educational preparation and your present position as a general duty nurse.

1. From what type of school of nursing did you graduate?
 - a. diploma (hospital) _____
 - b. degree (collegiate) _____
 - c. non-degree (collegiate) _____

2. What other educational preparation have you had since graduation from the basic school of nursing?

3. What is the approximate length of time you have worked as a general duty nurse? _____ year(s)

4. How long have you been in your present general duty nurse position? _____ year(s)

5. Do you work full time? _____ Yes _____ No.

6. In your present position approximately what percent of your time is spent giving actual patient care? _____ %

7. Is there a head nurse for the ward where you work as a general duty nurse? _____ Yes _____ No

8. What is the patient capacity of the ward where you work? _____ #

9. Are you a member of the American Nurses' Association?

_____ Yes _____ No

10. Are you a member of the National League for Nursing?

_____ Yes _____ No

Opinionnaire
Information Sheet

General duty nurses working in select hospitals throughout the State of Oregon are being asked for their opinions of what activities are inherent to the position of the general duty nurse.

This questionnaire has been devised to learn your opinion of what you believe to be appropriate activities for the general duty nurse and your opinion of what the general duty nurse actually is doing.

Please indicate your opinion of each statement as a description of the general duty nurse, and your degree of agreement with the statement, by marking the two columns at the right of the page as follows:

Column A--the appropriate activities for the general duty nurse.

1. I believe this is a correct statement.
2. I believe the nurse should do more than is contained in the statement.
3. I believe the nurse should do only a part of what is contained in the statement.
4. I disagree with the statement.

Column B-- Activities actually being done by the general duty nurse.

1. I believe the statement is correct.
2. I believe the nurse is doing more than is contained in the statement.*
3. I believe the nurse is doing only a part of what is contained in the statement.**
4. I disagree with the statement.

* If you believe the general duty nurse is doing more than is contained in the statement, please write on the lines below the statement what additional things are being done.

** If you believe the general duty nurse is doing only a part of what is contained in the statement, underline what the general duty nurse is not doing.

Interview Guide
for Hospital

1. Location (metro, non-metro, rural)
2. Type of hospital. (general, special)
3. Support
4. Control
5. Patient Capacity and average census.
6. General duty nurse quota.
7. Current literature readily available to general duty nurses concerning medical and nursing progress.
8. Is an active in-service education program available for general duty nurses?
9. Is an active in-service education program available for non-professional personnel?
10. What is the type of patient care assignment used for the day shift?
11. Availability and extent of activities of social service department.
12. Extent of activities of dietary department.
13. Availability of housekeeping department and extent of its activities.

APPENDIX C

CORRESPONDENCE

Letter To Hospitals Requesting
Participation in the Study

Dear _____,

As a graduate student enrolled in the School of Nursing at the University of Oregon Medical School, I am preparing a thesis in partial fulfillment of the requirements for the degree of Masters of Science. The purpose of this thesis is to obtain the opinions of general duty nurses concerning what activities are appropriate for the general duty nurse and what activities are actually being done by the general duty nurse. Opinions are sought from nurses employed by selected hospitals representative of hospitals in Oregon.

An opinionnaire and personal information check list has been prepared to gain the necessary data. This information can be obtained from nurses individually or in small groups. Approximately 20 minutes is required to record the data.

Could I come to _____ Hospital on _____, 1959, between the hours of 11:00 a.m. and 3:30 p.m. to obtain data from the general duty nurses assigned to the hospital at this time? If not, would it be more desirable to gain this information at some other time? A post card has been enclosed to facilitate your reply.

The name of your hospital and the nurse's participating with this study will not be revealed in the written thesis. Upon completion of the study a summary will be provided if you so desire.

It is hoped this study will have valuable implications in many areas of nursing and the participation of the general duty nurses in your hospital is vital.

Thank you for your assistance and cooperation.

Sincerely yours,

Georgann Chase
(Mrs. F.N.)

Cover Letter Accompanying
Hospital Request Letter

Dear _____:

Enclosed you will find a communication from Georgann Chase, who is undertaking in partial fulfillment of the requirements for a Master of Science degree a study related to the functions of general duty nurses. She would like very much to have the opportunity to come to your hospital to administer a simple questionnaire to some of the general duty nurses in your employ. We hope you will be able to participate in this study. Mrs. Chase and I wish to express our appreciation for your consideration of this matter.

Sincerely yours,

Lucile Gregerson
Assistant Director in charge of
Teaching and Supervision Programs

APPENDIX D

MASTER TABULATIONS

DISTRIBUTION OF RESPONSES FROM FIFTY-SIX PARTICIPANTS
CONCERNING APPROPRIATE ACTIVITIES
FOR THE GENERAL DUTY NURSE

Statement of Function # I Opinionnaire Item Number *	Distribution of responses according to: **										American Nurses' Assn. non-members	Experience 5 year & less & more	Basic Education		Number of Total Responses	Percent of Total Responses
	Hospital					F							degree	school		
	A	B	C	D	E	F	A	B	C	D			E	F		
1. fulfill total needs	8	15	6	3	4	4	34	17	21	23	42	9	51	91		
correct			1				1		1		1		1	2		
do more			2	1			4		1	3	3	1	4	7		
do less																
disagree																
2. make care plan	8	10	13	4	4	4	30	13	22	21	36	7	43	77		
correct			1				1		1		1		1	2		
do more			2	2			6	2	4	4	6	2	8	14		
do less							2		3	1	3	1	4	7		
disagree																
3. evaluate physical	4	6	11	4	1	3	19	10	18	11	25	4	29	52		
correct			1				1		2	2	2		2	3		
do more			3	3	2	1	15	4	7	12	14	5	19	34		
do less							4		5	1	5	1	6	11		
disagree																

* A complete list of the statements appears in Appendix A.

** Not all 56 participants responded to each statement.

Statement of Function # 1 Opinionnaire Item Number *	Distribution of responses according to: **												Percent of Total Responses				
	Hospital				American Nurses' Assn. non-members		Experience 5 year & less		Basic Education diploma school		Number of Total Responses						
	A	B	C	D	E	F	members	non-members	5 year & less	5 year & more	diploma school	degree school		Total Responses			
4. evaluate total patient																	
correct	5	3	11	3	2	4	19	9	17	11	23	5	28	51			
do more		3	1	1			2	3	3	2	4	1	5	9			
do less	2	7	1	3	2		12	3	5	10	12	3	15	26			
disagree	1	3	2	2			6	2	5	3	7	1	8	14			
5. know resources																	
correct	5	10	12	5	2	3	24	13	20	17	31	6	37	67			
do more	1	2	2	1		1	4	3	5	2	5	2	7	13			
do less	1	2	1	2	1		7	1	3	4	5	2	7	13			
disagree	1	2		1			3	1	2	2	4		4	7			
6. share with care team																	
correct	8	14	15	9	4	4	37	17	29	25	44	10	54	97			
do more																	
do less																	
disagree		2					2		1	1	2		2	3			
7. liaison for patient																	
correct	4	4	12	6	4	3	24	9	18	15	27	6	33	59			
do more	1		2				3	8	1	2	3		3	5.5			
do less		12	1	3	1		9	8	9	8	14	3	17	30			
disagree	3						3		2	1	2	1	3	5.5			

* A complete list of the statements appears in Appendix A.
 ** Not all 56 participants responded to each statement.

Distribution of responses according to: **

Statement of Function # 1 Opinionnaire Item Number *	Hospital					American Nurses' Assn. non-members		Experience 5 year & less & more		Basic Education diploma school degree school		Number of Total Responses		Percent of Total Responses	
	A	B	C	D	E	F	members	non-members	5 year & less	5 year & more	diploma school	degree school	Total Responses		Total Responses
5. know resources															
correct	1	3	6	4			12	2	6	8	12	2	14	27.5	
do more	3	1	1				4	1	5		4	1	5	10	
do less	4	12	6	3	2	4	17	14	17	14	24	7	51	60.5	
disagree			1				1		1		1		1	2	
6. share with care team															
correct	6	13	10	6	2	4	26	15	24	17	31	10	41	79	
do more	2		2		1		5		2	3	5		5	9.5	
do less		3	2	1			5	1	3	3	6		6	11.5	
disagree															
7. liaison for patient															
correct	2	5	8	3		2	13	7	15	5	16	4	20	38.5	
do more	2		3		1		6		1	5	6		6	11.5	
do less	2	11	3	4	2	2	14	10	11	13	19	5	24	46	
disagree	2						2		2		1	1	2	4	
8. interpret patient vital															
correct	6	9	6	5	1	2	22	7	16	13	22	7	29	57	
do more	1	1	3	2	1		7	1	2	6	8		8	15	
do less	1	4	3		1	2	5	6	9	2	8	3	11	20	
disagree		2				2	2	2	2	2			4	8	

* A complete list of the statements appears in Appendix A.
 ** Not all 56 participants responded to each statement.

Distribution of responses according to: **

Statement of Function # 1 Opinionnaire Item Number *	Hospital						American Nurses' Assn. non-members		Experience 5 year & less & more		Basic Education diploma school degree school		Number of Total Responses		Percent of Total Responses
	A	B	C	D	E	F	members	non-members	5 year & less	5 year & more	diploma school	degree school	Total Responses	Total Responses	
	7	11	7	6	3	4	26	12	22	16	30	8	38	73.5	
9. Knowledge of therapy correct	1	1	2	1			4	1	2	3	4	1	5	9.5	
do more	4	4	5			6	3	5	4	8	1	9	17		
do less															
disagree															
10. use science principles correct	3	12	9	4	2	2	20	12	17	15	25	7	32	63	
do more	3	3	1	2	1		7	4	4	3	6	1	7	14	
do less	1	4	4	1	1		7	4	8	3	10	1	11	21	
disagree	1						1		1		1		1	2	
11. do what is prescribed correct	8	13	11	6	3	3	28	16	25	19	35	9	44	86	
do more	3	3	1	1			5		2	3	5		5	10	
do less			2				2		2		2		2	4	
disagree															
12. interpret treatment correct	2	5	9	2	2	1	16	5	10	11	17	4	21	41	
do more	4	4	2	1	1		7	2	5	4	7	2	9	18	
do less	2	11	3	4	1	1	12	9	14	7	18	3	21	41	
disagree															

* A complete list of the statements appears in Appendix A.
 ** Not all 56 participants responded to each statement.

Statement of Function # I Opinionnaire Item Number *	Distribution of responses according to: **												Number of Total Responses	Percent of Total Responses
	Hospital						American Nurses' Assn.		Experience		Basic Education			
	A	B	C	D	E	F	members	non-members	5 year & less	5 year & more	diploma school	degree school		
13. evaluate symptoms	8	12	9	5	3	2	26	13	21	18	30	9	39	76
correct			1	1			2			2	2		2	4
do more			1	1			2	1	5	1	6		6	12
do less			1	1		1	5	2	3	1	4		4	8
disagree			3	1			2							
14. report symptoms	8	16	11	6	3	1	30	15	25	20	38	7	45	88
correct			1	1		1	2	1	1	2	2	1	3	6
do more			1	1		1	2	1	3		2	1	3	6
do less			2			1	2	1			2	1	3	6
disagree														
15. educate & rehabilitate	2	5	8	3		2	20	1	8	12	17	3	20	40
correct			1	1			5	1	5	1	5	1	6	12
do more			4	1		1	5	10	16	7	18	5	23	46
do less			2	10	4	1	13			1	1		1	2
disagree			1				1							
16. maintain environment	6	10	6	2	1	2	17	10	18	9	23	4	27	54
correct			1	1			2	1	1	2	2	1	3	6
do more			1	5	1	1	13	5	10	8	16	2	18	36
do less			1	5	1	1	13	5					2	4
disagree			2				2							

* A complete list of the statements appears in Appendix A.
 ** Not all 56 participants responded to each statement.

Distribution of responses according to: **

Statement of Function # 1 Opinionnaire Item Number *	Hospital				American Nurses' Assn. non-members		Experience 5 year & less	Basic Education diploma school	Basic Education degree school	Number of Total Responses	Percent of Total Responses			
	A	B	C	D	E	F								
	17. teach non-professional personnel	4	15	9	5	2	1	23	13	19	17	29	7	36
correct	3	4	4	1	2	8	8	2	5	5	8	2	10	20
do more	1	1	1	2		4	4	1	5	5	5		5	10
do less														
disagree														

* A complete list of the statements appears in Appendix A.
 ** Not all 56 participants responded to each statement.

TYPED BY

SHIRLEY J. SCHMIDT