



A STUDY OF THE UNIT MANAGEMENT PROGRAM AT
PROVIDENCE MEMORIAL HOSPITAL,
EL PASO, TEXAS

APPROVED BY THE *PROVIDENCE MEMORIAL HOSPITAL* U.S. ARMY:

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industry, and one which has had its most rapid expansion within the last three decades, is the hospital. Perhaps McGibony said it best when he states: "The institution that we know today as the hospital is a phenomenon of the twentieth century. The early institutions from which it developed bore little resemblance to that important part of current community life which we call the hospital."¹

Any health care institution should seek to provide the finest patient care possible. Administrators and managers of these institutions can assist in achieving this goal by increasing the efficiency and effectiveness of their organizations. In order to keep in balance with the dynamics of working organizations and relationships, the manager must keep in tune with changes outside management--changes in people's ideas and expectations and changes in the environment with which they manage.² The

Director of the Nursing Department of a hospital is no exception.

CHAPTER I

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INTRODUCTION

General Information

The health care industry in the United States continues to grow and develop into a most significant force in American society. A major component of that industry, and one which has had its most rapid expansion within the last three decades, is the hospital. Perhaps McGibony said it best when he states: "The institution that we know today as the hospital is a phenomenon of the twentieth century. The early institutions from which it developed bore little resemblance to that important part of current community life which we call the hospital."¹

Any health care institution should seek to provide the finest patient care possible. Administrators and managers of these institutions can assist in achieving this goal by increasing the efficiency and effectiveness of their organizations. In order to keep in balance with the dynamics of working organizations and relationships, the manager must keep in tune with changes outside management--changes in people's ideas and expectations and changes in the environment with which they manage.² The

Director of the Nursing Department of a hospital is no exception.

The nursing department, with an average of more than half of the hospital employees,³ must provide nursing coverage for a 24-hour period, each day of the week.⁴ Certainly the fact that "the nursing service is the most significant department in the hospital, if for no other reason than by virtue of its size and dollar budget,"⁵ places a heavy burden of responsibility on those who administer it. Still, there is the constant reminder that change is the order of the day. Everyone everywhere is thinking, talking, planning, and initiating change. The responsibility of the leaders in nursing service is to anticipate some of the demands, many of which are conflicting, and to decide how to respond quickly, efficiently and in a way that will solve some of these demands that are generated.⁶

One of the hardest, yet most important, problems faced by the nursing department is the proper utilization of nursing personnel at all levels, which would result, if not in improved patient care at least in the arrival of safe patient care.⁷ "Patient care, with the records, equipment, supplies, procedures and skills needed to deliver it, has become so complex that nurses should no longer be expected to coordinate it singlehandedly. The direct patient

care functions in which a nurse has been trained demand much of her time."⁸ The concept of unit management implemented through the nursing department or through hospital administration is one attempt to address and solve the nurse's problem of having to spend valuable nursing time on non-nursing duties.

History and Hospital Setting

Providence Memorial Hospital is a nonprofit voluntary hospital serving the El Paso, Texas, community. It traces its history back to 1902, when a group of business and professional men in El Paso joined together to found a private hospital. A church school building was converted into what was then called Providence Hospital. The present Providence Memorial Hospital was chartered in 1945 and opened its doors January 14, 1952, as a 272-bed facility. In September, 1967, the Sam D. Young Tower was added, allowing Providence Memorial Hospital to realign and increase its bed capacity to its present 436 beds. In 1973, the hospital had an average occupancy rate of 90 per cent.

In April, 1973, Providence Memorial Hospital was again fully accredited by the Joint Commission on Accreditation of Hospitals. It provides a full range of acute care services, including an intensive care/cardiac care unit, an intensive care nursery, a cobalt therapy unit, and

a psychiatric care unit. The hospital anticipates opening a new 16-bed intermediate cardiac care unit (ICCU) to monitor the electrocardiogram (telemetry) of ambulatory cardiac patients at a central nurses' station. The intermediate cardiac care unit will be an extension of the present coronary care unit.

Providence Memorial Hospital is presently affiliated with the University of Texas at El Paso and the El Paso Community College for the training of nurses in their respective 4-year Baccalaureate degree and 2-year associate degree programs.

Conditions Prompting the Study

In August, 1972, Providence Memorial Hospital implemented a unit management program under the direct supervision of the Director of Nursing Service. After a year and a half of operation, the Director of Nursing Service wanted an objective evaluation of the program and any recommendations to improve it.

Statement of the Problem

The problem was to determine how the unit management program can best be improved at Providence Memorial Hospital, El Paso, Texas.

Objectives

The objectives of this study were:

1. Identify weaknesses in the present organizational structure of the unit management program.
2. Analyze the duties and responsibilities of unit managers and unit clerks.
3. Identify other factors which could promote a more effective unit management program.

Criteria

Any solution to the above problem should:

1. Assist unit managers in providing administrative support on the patient care units.
2. Insure that there is proper coverage of unit managers on the patient care units.
3. Insure that head nurses and other professional nursing personnel are not performing non-nursing duties.

Limitations

The following limitations were placed upon the study:

1. The study of unit management activities will be limited to the third and the fourth floor patient care units of Providence Memorial Hospital.

2. The night shift of the unit management program was excluded from this study since there are no unit managers

or unit clerks on the patient care unit during this shift.

Facts Bearing on the Problem

Facts bearing on the problem were:

1. The Associate Administrator and the Director of Nursing Service stated that non-nursing functions should not be performed by professional nursing personnel.
2. Unit managers are responsible for one floor, which contains three patient care units, during the hours of 7:00 a.m. to 3:00 p.m., Monday through Friday.
3. Unit clerks work from 7:00 a.m. to 3:00 p.m. and from 3:00 p.m. to 11:00 p.m., seven days a week. At least one unit clerk is assigned to each patient care unit.

Assumptions

The following assumptions were made:

1. That the unit management program will continue to exist at Providence Memorial Hospital.
2. That sufficient funds will be available to cover any expansion in the unit management program.
3. That the findings of the study will be applicable to other patient care units in the hospital.

Definitions of Terms

The administrative functions include all non-nursing functions which do not require the skill or judgment of a professional nurse and involve the planning and operating

of an efficient and effective patient care unit.

The head nurse is a registered nurse who is responsible for the patient care unit within which nursing care is directly and/or indirectly provided.

A nursing supervisor is a registered nurse who organizes, plans, and directs the activities of several patient care units. On the evening or the night shift, the nursing supervisors may supervise all nursing activities in the hospital.

The patient care unit is an area in the hospital where nursing care is provided to patients under the direct control of a head nurse.

A registered nurse is a graduate of an accredited school of nursing, or of an accredited university or college with a Bachelor of Science degree or an Associate of Arts degree in nursing, and has been licensed by the state board of nurse examiners.

A shift, for purposes of this study, is a work period of eight hours which falls into one of the following: day shift--7:00 a.m. to 3:00 p.m.; evening shift--3:00 p.m. to 11:00 p.m.; night shift--11:00 p.m. to 7:00 a.m.

A staff nurse is a registered nurse or a graduate nurse who performs nursing duties under the general supervision of the head nurse.

A unit clerk is an individual who is responsible for performing the non-nursing duties on the patient care unit and is under the general supervision of the unit manager.

A unit manager is an individual who is responsible for all non-nursing patient care unit activities and who coordinates with other hospital departments. The unit manager at Providence Memorial Hospital is under the direct supervision of the Director of Nursing Service.

Review of the Literature

The concept of unit management can be traced to the New York Hospital, where in 1948 a pavilion manager system was established.⁹ From then until the present, unit management has seen a significant growth in the number and the variety of programs. The stated purpose in implementing a unit management program has been, for the majority of health care institutions, to relieve the professional nurses of non-nursing functions.¹⁰

Although it may appear that relieving professional nurses of non-nursing functions is the stated purpose of unit management it is certainly not the only one. Anita Germaine states that other reasons for initiating unit management programs are: to extend the hospital administration to the patient care units and to help administration coordinate the multidisciplinary approaches to the total

patient care at its source; to improve the coordination of the services of all departments within the hospital and thus support the nursing department in patient care; to provide constant supervision of housekeeping, dietary, and clerical personnel; and to separate the nursing and the management functions and to create an environment in which the nurse can achieve her professional aims unhampered by nonprofessional duties.¹¹

The desire is to relieve the nurse of non-nursing functions so that he or she can return to the patient and provide total patient care, according to the particular needs of the patient. Since registered nurses are persons whose education and experience qualifies them to participate in developing comprehensive programs of patient care, to supervise the delivery of nursing care, and to participate in actually caring for the patient, performing non-nursing tasks is a waste of their professional nursing competence.¹² It staggers the imagination to think that some studies have revealed that only about 25-75 per cent of the skills of registered nurses are available for patient care services.¹³ The importance of utilizing a unit management program to resolve these difficulties of proper employment of nursing personnel cannot go unnoticed.

Traditionally, the clerk or the secretary on the patient care unit has relieved the general duty nurse and

the head nurse of a significant volume of clerical work, allowing them more time for patient care.¹⁴ Still, the unit clerk has not been the complete answer to the nurse's problem. The unit clerk's responsibilities have been restricted to answering telephones, greeting visitors, making appointments, assembling patient records, arranging transport, and so forth.¹⁵ The head nurse is by definition responsible for the patient care unit, and the activities which occur there. Head and staff nurses, at various times have traditionally overlapping duties with the departments of pharmacy, housekeeping, maintenance, food service, laboratory, x-ray and admitting.¹⁶

The unit manager may perform a variety of administrative functions, depending upon the organizational placing of the unit manager and the needs and desires of the particular hospital. A concise summary of general unit manager responsibilities is: coordination and provision of services, supplies, and equipment to the patient care unit; establishment and maintenance of a satisfactory physical environment; orientation, training, and supervision of clerical personnel and messengers; coordination of clinic appointments, medical tests, therapy, visiting, and nourishment; liaison between the patient unit and other departments; and preparation or assistance in preparation of the unit budget.¹⁷ There are certainly more

activities which the unit manager may perform, but it is enough to realize that, without unit management programs, those responsibilities fall squarely upon the shoulders of the nursing personnel of the hospital.

Within the organizational structure of a hospital, the placement of unit management has taken two basic forms. In some hospitals the unit manager reports directly to the department of nursing, and plans and implements the non-nursing functions of the patient care unit so that patient care may be carried on in a most effective manner.¹⁸ Under this type of control, the unit manager is either under direct supervision of the head nurse or is responsible for the administrative functions at the patient care unit and under the supervision of the office of the Director of Nursing Service.¹⁹ The other organizational form of unit management places the unit manager under hospital administration. In these cases, the unit manager program is identified as a direct extension of hospital administration into each individual nursing unit.²⁰ The objective of this scheme is to manage an area in which nurses and physicians can practice.²¹ Under hospital administration, the unit manager acts as a unit-level liaison between hospital administration and patient care, allowing the administrator to participate actively in the operation of the nursing unit to a degree not possible before.²²

The establishing and maintaining of effective and viable programs of unit management has not been easy. Professor Munson noted, in his study of fourteen unit management programs, many of the problems which have faced hospitals implementing unit management. Problems concerned such areas as not having properly delineated tasks to be performed by unit managers, nurses feeling that their jobs were threatened, nurses feeling that their status was subordinated to the floor managers, and failure to have strong leadership in the early stages of the program.²³ As another author noted:

"The development and implementation of a unit management program in any hospital must be a gradual, well-planned process."²⁴ Massachusetts General Hospital placed great emphasis upon having an effective training program for the unit managers.²⁵ Jelinek, Munson, and Smith, in their study report on unit management, pointed out that training is critical and that hospitals considering unit management need to recognize that a substantial investment in training time will be required if a unit management program is to be successful.²⁶

There is sufficient information in the literature to justify the use of unit management programs to provide a more effective delivery system for the care provided within the patient care unit. The hope is that existing programs will develop as positive examples for comparison, and that unit management programs will be implemented by hospitals

seeking to improve the delivery of nursing and patient care.

Research Methodology

The research methods used to accomplish this study were: (1) a review of current literature, (2) observation, (3) personal interviews, and (4) a study of unit manager, unit clerk, and head nurse activities.

The current literature on unit management programs was reviewed to gain insight and knowledge of unit management, the different types of unit management programs, and the significant problems which have been faced by hospitals implementing unit management programs.

The writer was fortunate to spend his day of arrival with the evening/weekend administrator during his Sunday hours of duty (11:00 a.m. to 5:00 p.m.) and during his Monday and Tuesday hours of duty (5:00 p.m. to 11:00 p.m.). This provided an excellent opportunity to observe the type of administrative problems which are faced by the hospital during other than normal working hours.

An initial tour of the patient care units covered by unit managers was provided by the second floor unit manager. Observations of unit managers, unit clerks, and all nursing and hospital personnel having some impact upon the patient care units were made throughout the two week on site appraisal period. These observations provided an opportunity to observe the day-to-day activities which

these employees face while on the job. Personal interviews were conducted with the Director of Nursing Service, the unit managers, the head nurses, the staff nurses, the nursing supervisors, and the personnel of the ancillary and administrative departments to elicit information, attitudes, and experience with the unit management program and develop recommendations for change or improvement.

A monitoring of unit manager and unit clerk activities was conducted to determine whether or not they had absorbed the non-nursing functions from the hospital nursing personnel and to compare the duties listed on their job descriptions with the duties performed. A monitoring of head nurse activities involving two day shifts and one evening shift was conducted to determine whether or not head nurses had turned over non-nursing functions to the unit managers, or unit clerks.

Footnotes

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³McGibony, p. 426

⁴Ibid, pp. 249, 428

⁵Stuart J. Marylander, "The Dual Role of the Director of Nursing," Hospitals, XLVIII (July 1, 1974), 119.

⁶Catholic Hospital Association, The Unit Management Concept in Hospital Patient Care (St Louis: Catholic Hospital Association, 1969), p. 19.

⁷Ibid., p. 51.

⁸Ronald E. Pechan, "Patient Care Partners: Unit Manager and Nurse." Modern Hospital, CXXII (February, 1974), 81.

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¹⁴Malcolm T. MacEachern, Hospital Organization and Management (3rd ed.; Chicago: Physicians' Record Co., 1957), p. 522.

¹⁵Jelinek, Munson, and Smith, pp. 33-34.

¹⁶J. A. Rosenkrantz, "Unit Manager: Front-line Administrator," Modern Hospital, CXXII (February, 1974), 79.

¹⁷Hilgar, p. 45.

¹⁸Catholic Hospital Association, p. 80.

¹⁹Jelinek, Munson, Smith, p. 44.

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²³Fred C. Munson, "Crisis Points in Unit Management Programs," Hospitals, XLVII (July 16, 1973), 122+.

²⁴Pechan, p. 81.

²⁵Virginia Lawrence, "The Unit Manager at Massachusetts General Hospital," Hospital Progress, L (September, 1969), 22, 26.

²⁶Jelinek, Munson, and Smith, p. 54.

CHAPTER II

DISCUSSION

The Unit Management Program and Nursing Service

In the organizational structure of Providence Memorial Hospital, the Department of Nursing Service reports directly to the Associate Administrator, who in turn reports to the Administrator (Appendix A). The Director of Nursing Service is held responsible for providing and improving the nursing care of patients in order to meet the objectives of the hospital.

The unit management program was established in August, 1972 at Providence Memorial Hospital under the direct control of the Director of Nursing Service. The implementation of the program was preceded by many months of discussion and review by the Associate Administrator and the Director of Nursing Service. A study was conducted in early 1972 to determine the feasibility of having unit managers, and, based upon the recommendations that a unit management program be utilized at Providence Memorial, plans were drawn up for its implementation.¹ In August, 1972, three unit managers were hired. By November of the same year a fourth unit manager was added, and all had been

properly oriented and were performing their assigned duties.

The primary reason for establishing a unit management program at Providence Memorial Hospital was to relieve the nursing personnel of all non-nursing administrative functions and thereby improve the delivery of nursing care. The Director of Nursing Service's primary concern was the involvement of the head nurses of the patient care unit, the nursing supervisors, and the staff nurses with non-nursing duties.² As Jelinek, Munson, and Smith point out, the focus of this type of unit management program is to serve nursing,³ and, yet, the Director of Nursing Service was clear on the point that her concern for wanting a unit management program was to serve the patient and to bring administration to the patient care unit.⁴ These three orientations are not mutually exclusive, and, although it is common to have one as prominent, it is characteristic of strong unit management programs for at least two of them to be present.⁵

Part of the planning for the unit manager program was the selection of individuals who could deal effectively with the many and varied problems encountered on the patient care unit. The role of the unit manager was defined in the job description initially developed at Providence Memorial Hospital (Appendix B). Emphasis was placed on the educational and the personal qualifications of the unit manager

in order to match the unit managers with the head nurse as peers. The role of the unit manager was to be a coordinator between nursing service and all other services having impact on the patient care unit. The unit managers who were selected had experience or schooling in business, patient care unit administration, education, and unit management; thus providing a variety of backgrounds to meet the demands of the complexity of patient care unit problems.

After the unit managers were selected they were given a two-week orientation to acquaint them with the functions of the hospital and to give the different hospital departments and services an opportunity to become familiar with the unit managers and their responsibilities.

Since the unit management program is placed under Nursing Service, unit managers are required to report directly to the Director of Nursing Service. This feeds back to the Director information on the program's problems and progress.

Four unit managers work at Providence Memorial Hospital. Each manager is responsible for all non-nursing activities in patient care units on one floor of the hospital. The third and fourth floors each have three patient care units, totalling 127 beds and 123 beds respectively. Unit managers work from 7:00 a.m. to 3:00 p.m. five days a week.

Unit clerks at Providence Memorial Hospital are classified into two categories: unit clerk I and unit clerk II. Unit clerk I's supervise the unit clerk II's and assist the unit manager in filling in for absent unit clerk II's. They only work from 7:00 a.m. to 3:00 p.m. A separate job description for the unit clerk I position was not available. The duties of the unit clerk II are either those of unit transcriber (Appendix C) or unit receptionist (Appendix D). Unit managers have insured that unit clerk II's are cross-trained in both areas, since their basic function is to provide clerical support on the patient care unit.

The normal staffing for unit clerks (Appendix E) covers the patient care unit from 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m., seven days a week. The unit clerks are under the direct supervision of the unit managers from 7:00 a.m. to 3:00 p.m. and the charge nurse from 3:00 p.m. to 11:00 p.m. The head nurse works from 7:00 a.m. to 3:00 p.m. five days of the week and is responsible for an organized patient care unit within which nursing care is directly and indirectly provided.

The professional nursing personnel responsible for all nursing floors are the Assistant Directors of Nursing Service and the nursing supervisors (Appendix F). From 7:00 a.m. to 3:00 p.m., four nursing supervisors are on duty, one covering each floor, and one Assistant Director

of Nursing Service is on duty to coordinate their activities. From 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m., one nursing supervisor and one Assistant Director of Nursing Service are on duty to cover all the nursing floors. Their responsibilities involve organizing, planning, and directing the nursing activities during their hours of duty. Any administrative non-nursing problems brought to their attention during the evening shift are directed to the evening administrator mentioned in Chapter I. During the night shift these problems are either resolved by the charge nurse, nursing supervisor or Assistant Director of Nursing Service, or if feasible, turned over to the appropriate unit manager on the following morning.

Evaluation of the Present Unit Management Program

To evaluate the unit management program of Providence Memorial Hospital, members of the staff were interviewed and individuals were observed, or monitored, as they performed their duties in patient care units. Specific staff members interviewed were the Director of Nursing Service, unit managers, head nurses, nursing supervisors, and the heads of ancillary and administrative departments or services. Specific individuals whose activities were monitored were the unit managers, the unit clerks, and the head nurses in the third and fourth floor patient care units. The combination of interviews and observations formed a sound basis

for identifying operational weaknesses, analyzing duties and responsibilities of unit managers and other employees in patient care units, and recommending improvements in unit management.

The interviews sought initially to determine if the individuals involved with unit management understood and accepted the reasons for having unit management in the hospital. Unit managers, head nurses, and nursing supervisors said its purpose was clear to them. All six head nurses interviewed appeared to understand that unit management's mission was to relieve nursing personnel of non-nursing functions. Nursing supervisors confirmed that unit management provides administrative support in relieving professional nursing personnel of non-nursing duties. The Director of Nursing Service indicated that unit management was indeed serving nurses by freeing them from non-nursing duties.⁶

However, as the interviews and observations in patient care units progressed, the actions of some individuals contradicted the apparent understanding and acceptance of unit management voiced in initial interviews. More than one-half of the head nurses interviewed were observed dealing direct with ancillary and administrative departments instead of using the unit managers. The job description of the unit manager (Appendix B) specifies that he, or she, is to act as a liaison between the patient care unit and other

hospital departments.

Interviews with the heads of ancillary services and administrative departments (admissions, central supply, dietary, electro-diagnostic, housekeeping, laundry and linen, personnel, radiology, laboratory, pharmacy) yielded more evidence that liaison with unit managers was only partly effective. Six of nine department heads dealt with unit managers instead of head nurses. Seven of the nine understood that unit managers were responsible for relieving nursing personnel of non-nursing functions. Since "the unit manager becomes a vital link in the communications system of the hospital, keeping head nurses and supervisors informed about what is going on without requiring them to spend excessive time in non-nursing activities,"⁷ then it is imperative for unit managers to accomplish their assigned responsibilities.

Contrasting with the enlightened view of the department and service heads were the actions of the unit managers themselves. During monitoring they did not perform properly as a liaison between their patient care units and the ancillary and administrative departments and services. For example, one unit manager did not tell either the employees on her patient care units or other unit managers that patients at bedside could not adjust television sets for color. This helpful information was supplied by the engineering department after two patients complained to the manager of their

unit, but it was not communicated and used to benefit patients because unit manager liaison failed.

A more significant absence of communication between the unit managers and the nursing personnel was exposed by the interviews. Two nursing supervisors and more than one-half the head nurses said communication between them and unit managers needed to be improved. In several instances, communication was lacking when unit managers definitely needed to transfer information to the head nurse. As a solution, one head nurse recommended unit managers meet weekly to exchange information and to increase their understanding of each other's needs and perspectives. One unit manager spoke of an explicit need to improve communication among unit managers and with Nursing Service. Since unit management exists mainly to take over the non-nursing duties of nurses, continuing communication between nurses and unit managers is imperative.

The job description of unit managers (Appendix B) shows they report directly to the Director of Nursing Service. The unit managers were asked if they required a supervisor to coordinate their activities more effectively. One unit manager said such a supervisor was not needed. The other three unit managers disagreed. They declared a supervisor was needed to coordinate their activities for the purpose of improving communication and coordination between unit managers and between them and nursing personnel.

While monitoring the unit managers at work the writer observed them taking notes on the problems they encountered and solved. They used the notes in completing a monthly report to the Director of Nursing Service telling of their activities, problems involving them, and actions taken to solve the problems. The reports were not coordinated among unit managers or consolidated before submission to the Director of Nursing Service.

In addition to failures in communication, the interviews disclosed deficiencies in coverage of patient care units, supervision of unit clerks on the evening shift, and dissemination of unit management procedures.

In the development of any unit management program, the ultimate aim should be seven-day-a-week, 24-hour-a-day coverage.⁸ To separate the nursing unit into nursing and non-nursing functions, at no time should nurses be expected to substitute for a unit secretary.⁹ The interviews disclosed a concern among head nurses, nursing supervisors, and unit managers because unit managers were only assigned from 7:00 a.m. to 3:00 p.m. five days a week. All head nurses (except one), all unit managers, and all nursing supervisors interviewed said unit managers were needed also on the 3:00 p.m. to 11:00 p.m. shift. One head nurse thought unit managers were not needed for weekend coverage, but the other head nurses, unit managers, and nursing supervisors believed unit managers should be assigned on weekends, from

7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. and

The unit clerk activities were monitored during two eight-hour shifts, on separate patient care units, to validate the activities listed on their job descriptions (Appendixes C and D), and to note any areas which could be improved. Supervision of unit clerks was found to be limited to a few instances when the unit managers came on the patient care unit to solve other problems. With unit managers working only from 7:00 a.m. to 3:00 p.m., the evening shift of unit clerks was left to the charge nurse to supervise. The only administrative support personnel which the unit clerk could call upon after 5:00 p.m. was the evening administrator or the weekend administrator. Since their responsibilities are broad, these administrators are not knowledgeable of the specific problems peculiar to each patient care unit.

Periodic meetings for unit management personnel were not held to discuss problem areas and exchange information, but meetings were held to discuss procedural changes. During one day of observation of unit clerk activities, a meeting of unit management personnel was held to provide information on a new transfer procedure. The discussion in the meeting led into matters which should have been known by all unit clerks (changes in certain cards used with the MEDELCO multiterminal Total Hospital Information System), and demonstrated a need for more and better communication of unit management procedures within the hospital.

The unit clerks observed were well motivated and concerned with accomplishing their jobs as well as possible. It was also observed that the duties of unit clerk I and unit clerk II were similar. The unit clerk I's provided minimal supervision to the unit clerk II's, and were mainly used as unit clerk II's, or to fill in for an absent unit clerk II.

The monitoring of unit clerk activities pinpointed the fact that the cross-training of unit clerk II's enabled a blending of the two job descriptions (unit clerk II-transcriber and unit clerk II-receptionist) so that it was difficult to separate the two functional areas.

Summary

This paper has traced the development of unit management since its inception in 1948 as an attempt to solve the professional nurse's problem of having to spend time on non-nursing duties that is urgently needed for patient care. The literature demonstrates significant growth in the number and the variety of unit management programs. The literature also shows that relieving professional nurses of non-nursing functions is not the only purpose of unit management.

Providence Memorial Hospital established a unit management program in 1972 primarily to relieve the nursing personnel of all non-nursing administrative functions and thereby improve the delivery of nursing care. This program

has been evaluated through searching interviews, firsthand observations of unit management personnel at work, and analyses of the findings produced by these studies. Evaluation shows the program has strengths and weaknesses.

Virtually all individuals involved with unit management at Providence Memorial Hospital understand and accept its purpose. In addition, the nursing personnel interviewed were unanimous in confirming that unit management had indeed relieved them of non-nursing duties by providing administrative support. Unit management personnel are well motivated and are noticeably concerned about accomplishing their duties as well as possible.

However, evaluation has disclosed that unit management in this hospital has lost effectiveness for several reasons. They are improper or inadequate utilization of unit managers by nursing personnel, lack of coordination of unit managers, faulty communication between unit managers and nursing personnel, absence of administrative supervision of unit clerks during the evening shift, and deficiencies in the organization of the unit management program.

Finally, significant improvements can be made in all these areas of the existing unit management program.

Footnotes

¹Richard L. Garrett, "A Study to Determine the Best Method of Relieving Professional Nurses of Administrative Duties at Providence Memorial Hospital, El Paso, Texas" (unpublished Master's thesis, Baylor University, 1973), p. 25.

²Helen Castillo, Director of Nursing Service, Providence Memorial Hospital, El Paso, Texas" private interview, March 14, 1974.

³Jelinek, Munson, and Smith, pp. 41-42.

⁴Helen Castillo, Director of Nursing Service, Providence Memorial Hospital, El Paso, Texas, private interview, March 14, 1974.

⁵Jelinek, Munson, and Smith, pp. 41-43.

⁶Helen Castillo, Director of Nursing Service, Providence Memorial Hospital, El Paso, Texas, private interview, March 14, 1974.

⁷Pechan, p. 82.

⁸Jelinek, Munson, and Smith, p. 55.

⁹Hannan, p. 132.

Recommendations

Based upon the major findings of this study and the conclusions which resulted, the following recommendations are made:

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The conclusions which follow are based upon the major findings of the study of the unit management program at Providence Memorial Hospital, El Paso, Texas.

1. Restructuring of the unit management program to provide administrative supervision of patient care units on all shifts and better usage of unit clerks would increase the program's effectiveness.
2. Increased staffing to furnish unit manager coverage of patient care units during all shifts would enable nursing personnel to give more time to delivery of nursing care.
3. Proper performance of liaison duties by unit managers would increase their usefulness to the patient care program.
4. Improvement in communications among unit managers, between unit managers and nursing personnel, and between unit managers and department heads would increase the effectiveness of the unit management program.

Recommendations

Based upon the major findings of this study and the conclusions which resulted, the following recommendations are made:

1. A position be established for a supervisor of unit managers who would coordinate their activities and report directly to the Director of Nursing Service.

2. The unit clerk II activities of transcriber and receptionist be combined in one job description.

3. The position of unit clerk I be eliminated.

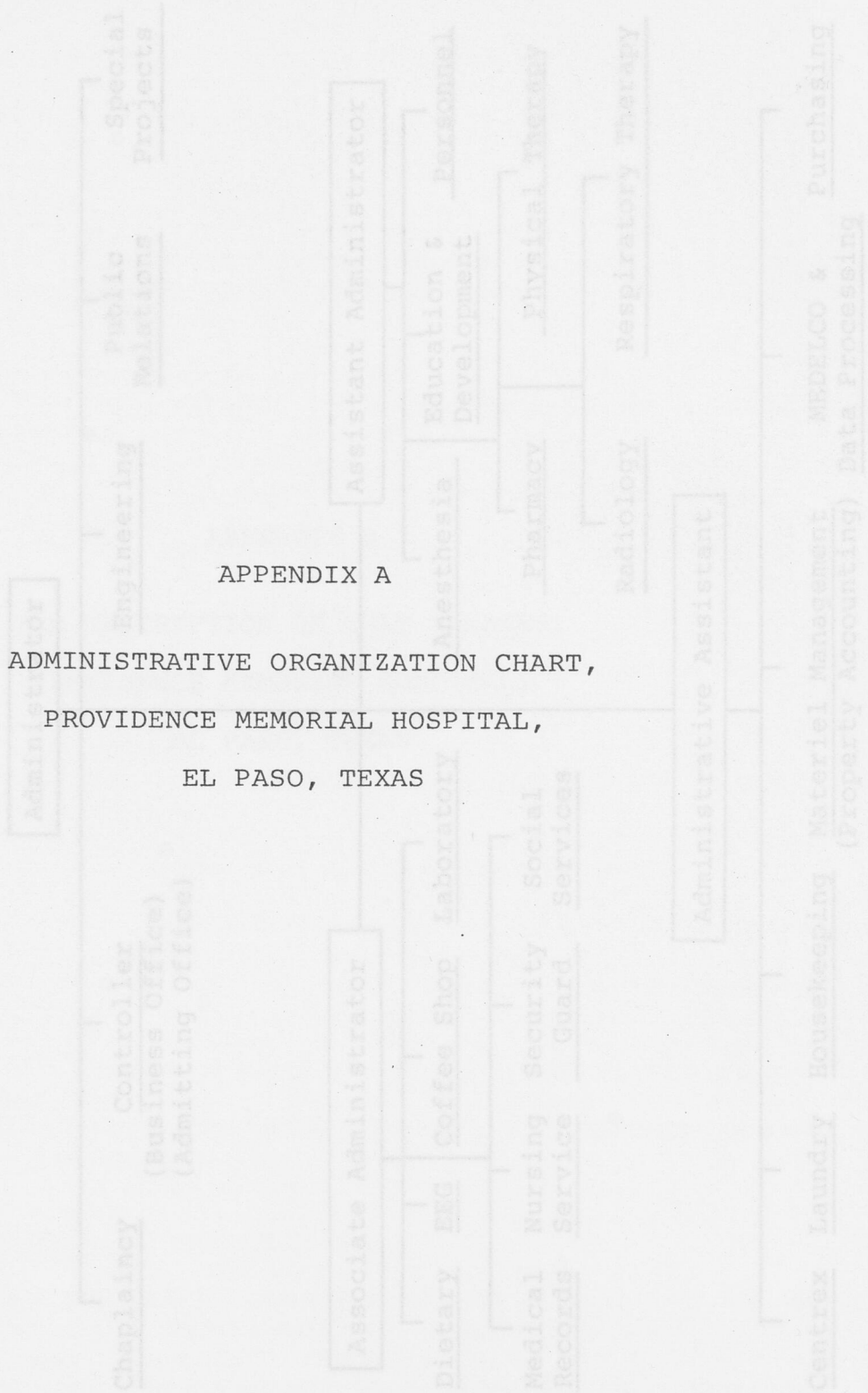
4. The unit managers be required to supervise the activities of unit clerks more closely.

5. The coverage of the unit managers be expanded to include the hours from 3:00 p.m. to 11:00 p.m. during the week and 7:00 a.m. to 11:00 p.m. on weekends.

6. Unit managers carry out fully their assigned duties for coordination and communication, especially with head nurses.

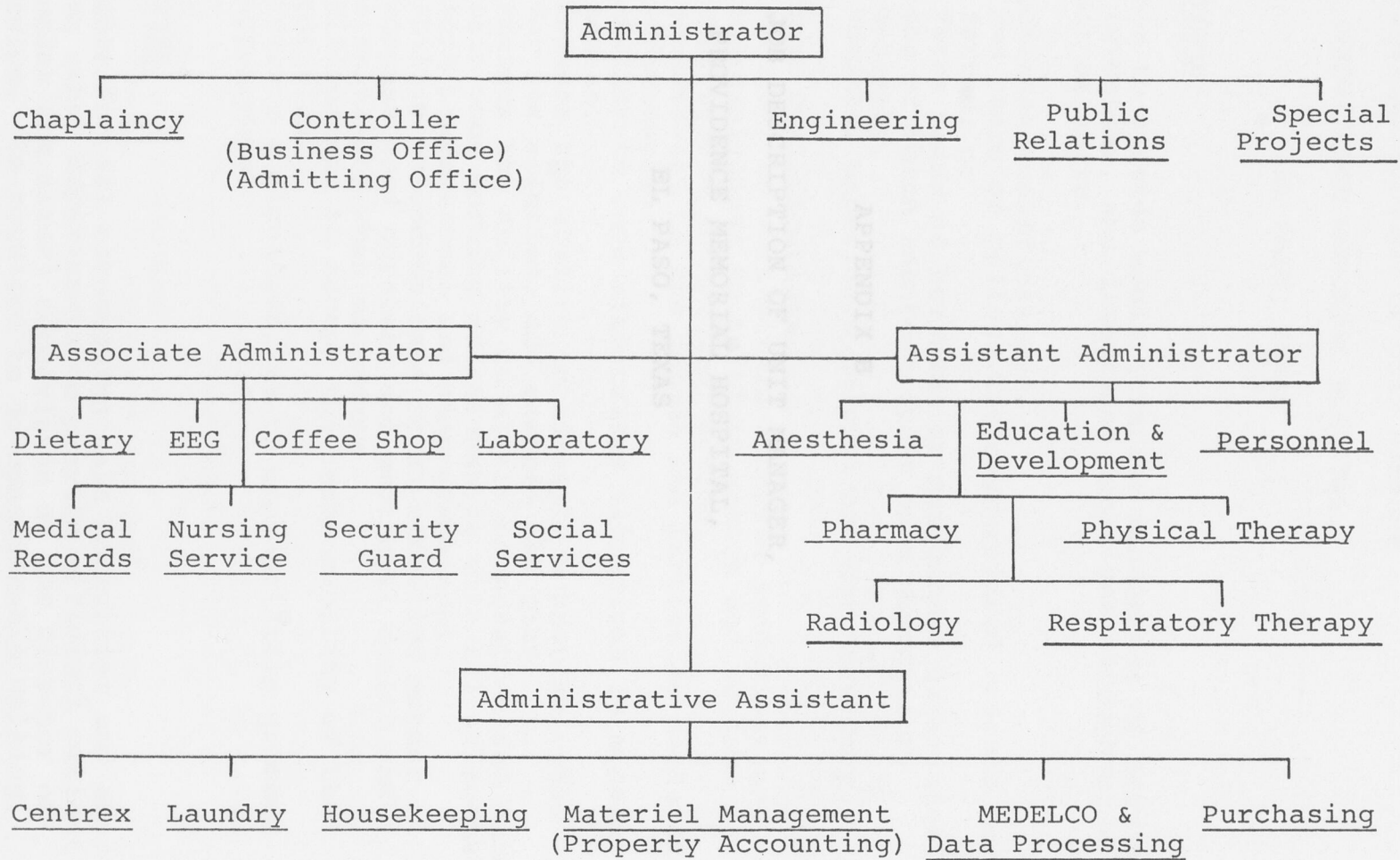
7. Unit managers be apprised periodically that their primary function is to relieve nursing personnel of non-nursing duties.

ADMINISTRATIVE ORGANIZATION CHART,
 PROVIDENCE MEMORIAL HOSPITAL,
 EL PASO, TEXAS



APPENDIX A
 ADMINISTRATIVE ORGANIZATION CHART,
 PROVIDENCE MEMORIAL HOSPITAL,
 EL PASO, TEXAS

ADMINISTRATIVE ORGANIZATION CHART,
 PROVIDENCE MEMORIAL HOSPITAL,
 EL PASO, TEXAS



JOB DESCRIPTION OF UNIT MANAGER

PROVIDENCE MEMORIAL HOSPITAL,

EL PASO, TEXAS

QUALIFICATIONS

Must be able to provide administrative management of service, ordering, inventory, and disbursing functions throughout a nursing unit or units.

I. Educational Qualifications.

- A. Two years of college business-related courses preferred, or
- B. Three years of business or management experience, one of which has been spent in a supervisory capacity.
- C. Hospital experience helpful but not necessary.

APPENDIX B

II. Personal Qualifications

- A. Ability to understand hospital traditions and customs, to follow hospital policy and to take appropriate action.
- B. Sensitivity to the unique and particular needs of individuals.
- C. Ability to cope with crises situations in a calm manner.
- D. Possess the ability to identify a problem, plan for its solution, and execute the plan.
- E. Possess the ability to elicit cooperation and maintain good working relationships with all personnel, both professional and nonprofessional.
- F. Ability to communicate in an effective manner.
- G. Possess good physical and emotional health and flexibility when necessary.
- H. Willingness to accept the responsibility of the position.
- I. Present a dignified, neat, appropriately groomed appearance.

GENERAL DUTIES

Is responsible for all non-nursing unit activities and coordinates with other departments to provide efficient patient care. Is under the direct supervision of the Director of Nursing Service. Is required to do considerable walking, occasional sitting, light to medium lifting of supplies or equipment.

SPECIFIC JOB DESCRIPTION OF UNIT MANAGER

I. PROVIDENCE MEMORIAL HOSPITAL,

A. Schedules time and activities of personnel supervisor.
EL PASO, TEXAS

QUALIFICATIONS

Must be able to provide administrative management of service, ordering, inventory, and disbursing functions throughout a nursing unit or units.

I. Educational Qualifications.

- A. Two years of college business-related courses preferred, or
- B. Three years of business or management experience, one of which has been spent in a supervisory capacity.
- C. Hospital experience helpful but not necessary.

II. Personal Qualifications

- A. Maturity to work within accepted traditions and aggressiveness to initiate action and to take appropriate independent action.
- B. Sensitivity to the common and particular needs of individuals.
- C. Ability to cope with crises situations in a calm manner.
- D. Possess the ability to identify a problem, plan for its solution, and execute the plan.
- E. Possess the ability to elicit cooperation and maintain good working relationships with all personnel, both professional and nonprofessional.
- F. Ability to communicate in an effective manner.
- G. Possess good physical and emotional health and flexibility when necessary.
- H. Willingness to accept the responsibility of the position.
- I. Present a dignified, neat, appropriately groomed appearance.

GENERAL DUTIES

Is responsible for all non-nursing unit activities and coordinates with other departments to provide efficient patient care. Is under the direct supervision of the Director of Nursing Service. Is required to do considerable walking, occasional sitting, light to medium lifting of supplies or equipment.

SPECIFIC DUTIES

- I. Planning and Organizing
 - A. Schedules time and activities of personnel supervisor.
 1. Plans staffing coverage with the needs of the unit and the time worked by each individual to meet these needs.
 2. Participates in the preparation of daily assignments.
 3. Makes changes in the assignments to meet the needs of the unit at any given time.
 - B. Reports anticipated vacancies of established positions to the right authority and makes recommendations regarding changes in positions.
 - C. Adjusts own time schedule to assume unit secretary's duties in the event that the secretary is absent and no replacement is available.
 - D. Responsible for ordering of supplies and equipment for the unit; this includes pharmacy floor stock, items from Central Supply, and special needs through Purchasing.
 - E. Establishes inventory level for supplies on the unit based upon actual usage.
 1. Orders supplies and equipment on the basis of inventory.
 2. Writes requisitions for special purchase items to a certain dollar limit and follows through on these requisitions.
 - F. Makes daily rounds to check the status of equipment and supplies and to determine what repairs are necessary to maintain the physical environment and takes appropriate action. Is responsible for the maintenance of the environment for patient care; this includes all furnishings and physical plant as well as equipment and supplies within the unit. Initiates work orders and conducts necessary follow-up.
 - G. Makes daily rounds to locate safety hazards and makes safety recommendations as necessary.
 - H. Is responsible for emergency measures to be taken in the event of fire according to the disaster plan.
- II. Directing and Supervision
 - A. Supervises unit secretary and unit clerks.
 - B. Is responsible for all clerical services provided for the nursing personnel and for the administration of the unit.
 - C. Reviews time cards of all unit personnel and contacts staff personnel about errors, omissions,

tardiness, etc., and signs these cards indicating that a careful audit has taken place.

- D. Participates in the evaluation of equipment and supplies as requested.

III. Coordinating and Communication

- A. Interprets and upholds hospital policies and procedures to personnel, physicians, patients, and visitors.
- B. Promotes good public relations and maintains effective harmony with patients, visitors, and personnel.
- C. Acts as a liaison between units and other hospital departments.
1. Works in cooperation with the medical and nursing staff and with hospital administration in performing these established duties of the unit manager in the assigned area of responsibility.
2. Participates in the coordination of services rendered by ancillary services in the assigned area of responsibility (Medical Records, Admitting, etc.).
3. Requests general services from Housekeeping and Maintenance as needed and works with these departments in scheduling and coordinating their activities within the patient care unit.
- D. Contacts various outside services regarding all discharges to nursing homes and referrals to public health agencies prior to discharge.
- E. Greets, directs, and controls visitors; answers visitors' questions.
- F. Completes all non-nursing incident reports and assists with other reports as required.
- G. Reports lost articles and cooperates with the Security Personnel Department in matters of security.
- H. Assists in the non-nursing aspects of admissions, transfers, and discharges of patients.

IV. Orientation and Training

- A. Orientation of employees
1. Establishes written orientation and training plans for unit secretary and unit clerks.
 2. Interviews prospective candidates for unit transcriber and unit clerk positions.
 3. Orients new workers to the established activity schedules of the respective positions.
 4. Orients all new workers to the specific policies of the department.
- B. Conducts regularly scheduled meetings with the unit management personnel and participates in the

planning of inservice education programs for their benefit. Follows up the basic programs taught by others.

V. Evaluating

A. Evaluates the performance of unit management personnel.

1. To see that the correct procedures and methods are being followed.

2. To see that the defined quantity of work is performed.

3. Recommends merit increases, termination of unsatisfactory employees, and any other disciplinary actions to be taken.

B. Evaluates systems of communications, administration, supplies and equipment, and makes recommendations for alterations.

VI. Budgeting

A. Assists in the preparation, maintenance, and control of the budget for each patient care unit.

B. Is responsible for monitoring the expenditures of all equipment and supplies used within the patient care unit.

C. Makes recommendations for new equipment.

PROVIDENCE MEMORIAL HOSPITAL,

EL PASO, TEXAS

AUGUST, 1972

JOB DESCRIPTION OF UNIT CLERK II--TRANSCRIBER,
PROVIDENCE MEMORIAL HOSPITAL,
EL PASO, TEXAS

GENERAL DUTIES

Performs non-nursing duties under the general supervision of unit manager and/or head nurse of the unit to which assigned and in accordance with established routine and hospital policies for that unit. Is expected to do light lifting.

MAJOR DUTIES

- 1. Nursing desk is attended at all times by the unit transcriber.
- 2. Transcription of doctor's orders:

APPENDIX C

JOB DESCRIPTION OF UNIT CLERK II--TRANSCRIBER,

PROVIDENCE MEMORIAL HOSPITAL,

EL PASO, TEXAS

- b. Pulls charts for doctors.
- c. Completes transcription of orders with exception of the following:
 - (1) Surgical consent.
 - (2) Special treatment consent.
 - (3) Blood transfusion consent.
 - (4) Abortion consent.
 - (5) Sterilization consent.
 - (6) Autopsy consent.
 - (7) AMA form.
 - (8) Temporary pass form.
- d. Completes transcription of orders with exception of blood orders.
- 3. Pulls charts for doctors.
- 4. Discharges patients via MEDELCO. Calls office to make any appointments ordered.
- 5. Calls doctors only for:
 - a. Consultations.
 - b. Notify consultants of discharges.
 - d. Transfers--receiving unit notifies doctors.
- 6. 3-11 shift checks daily for proper order and adds forms as needed. If 7-3 shift finds chart missing a form, it will be replaced at that time.
- 7. 3-11 shift makes list of special diets to be ordered for surgery patients. (Example: Clear liquid breakfast @ 7 a.m. the NPO).

8. JOB DESCRIPTION OF UNIT CLERK II--TRANSCRIBER, orders to be done that day on procedure board.
9. Is resp PROVIDENCE MEMORIAL HOSPITAL, ly.
10. Performs other clerical duties as assigned.
- EL PASO, TEXAS

GENERAL DUTIES

Performs non-nursing duties under the general supervision of unit manager and/or head nurse of the unit to which assigned and in accordance with established routine and hospital policies for that unit. Is expected to do light lifting.

MAJOR DUTIES

1. Nursing desk is to be attended at all times by the unit transcriber.
2. Transcription of doctor's orders:
 - a. Reads doctor's orders, checking with nurse when necessary.
 - b. Pulls appropriate MEDELCO cards and processes.
 - c. Completes forms as needed for orders with exception of the following:
 - (1) Surgical consent.
 - (2) Special treatment consent.
 - (3) Blood transfusion consent.
 - (4) Abortion consent.
 - (5) Sterilization consent.
 - (6) Autopsy consent.
 - (7) AMA form.
 - (8) Temporary pass form.
 - d. Completes transcription of orders with exception of blood orders.
3. Pulls charts for doctors.
4. Discharges patients via MEDELCO. Calls office to make any appointments ordered.
5. Calls doctors only for:
 - a. Consultations.
 - b. Notify consultants of discharges.
 - d. Transfers--receiving unit notifies doctors.
6. 3-11 shift checks daily for proper order and adds forms as needed. If 7-3 shift finds chart missing a form, it will be replaced at that time.
7. 3-11 shift makes list of special diets to be ordered for surgery patients. (Example: Clear liquid breakfast @ 7 a.m. the NPO).

8. Posts new X-ray, Lab, EEG, Brain Scan, etc., orders to be done that day on procedure board.
9. Is responsible for clerical duties only.
10. Performs other clerical duties as assigned.

APRIL, 1973

APPENDIX D

JOB DESCRIPTION OF UNIT CLERK II--RECEPTIONIST,

PROVIDENCE MEMORIAL HOSPITAL,

EL PASO, TEXAS

JOB DESCRIPTION OF UNIT CLERK II--RECEPTIONIST,

PROVIDENCE MEMORIAL HOSPITAL,

EL PASO, TEXAS

GENERAL DUTIES

Performs non-nursing duties under the general supervision of unit manager and/or head nurse of the unit to which assigned and in accordance with established routine and hospital policies for that unit. Is expected to do light lifting.

MAJOR DUTIES

APPENDIX D

1. Answers telephone promptly and correctly.
2. Completes heading of menus, distributes and collects
3. Charts TPR's.
4. Pulls charts.
5. Checks and orders nourishments.
6. Checks storeroom. Keeps storage area neat and clean.
7. Calls Transportation Team or Staff Assistants to escort patients.
8. Charges items entered on floor stock book. Makes list of missing items for head or charge nurse.
9. Greets patient on admission.
 - a. Informs nursing personnel, re: new admissions.
 - b. Prepares chart and admission sheet.
10. Places calls as directed by nurse.
 - a. Does not call doctors.
 - b. Helps patients make calls.
11. Sends and receives carriers via pneumatic tube system.
12. 3-11 shift places clean green change slips on Kardex.
13. Refills medicine room stock, paper cups, souffle cups, and plastic medicine cups.
14. Disassembles discharged patient charts and places in proper order.
 - a. Checks that chart is signed out.
 - b. Sees that discharge order is noted.
 - c. Discharges on nurses' notes if no nurse is available.
 - d. Delivers completed to Medical Records at end of shift.
15. Keeps bulletin board, head nurse and in-serve folder neat and up-to date as time allows.
16. Answers patient call system only until nurses are out of report or if alone on unit.

17. JOB DESCRIPTION OF UNIT CLERK II--RECEPTIONIST,

a. New medications and refills are to be ordered by the PROVIDENCE MEMORIAL HOSPITAL,

b. Pre-operative medications are to be ordered by medication EL PASO, TEXAS or 7-3 shifts.

18. Checks color codes on each physician's chart.

GENERAL DUTIES

NOTE: Medications are not a secretarial duty. Transcribers
 Performs non-nursing duties under the general supervision of unit manager and/or head nurse of the unit to which assigned and in accordance with established routine and hospital policies for that unit. Is expected to do light lifting.

MAJOR DUTIES

1. Answers telephone promptly and correctly.
2. Completes heading of menus, distributes and collects them. Is not to complete menus.
3. Charts TPR's.
4. Pulls charts for doctors.
5. Checks and orders nourishments.
6. Checks storeroom supplies and keeps storage area neat and clean.
7. Calls Transportation Team or Staff Assistants to escort patients.
8. Charges items entered on floor stock book. Makes list of missing items for head or charge nurse.
9. Greets patient on admission.
 - a. Informs nursing personnel, re: new admissions.
 - b. Prepares chart and admission sheet.
10. Places calls as directed by nurse.
 - a. Does not call doctors.
 - b. Helps patients make calls.
11. Sends and receives carriers via pneumatic tube system.
12. 3-11 shift places clean green change slips on Kardex.
13. Refills medicine room stock, paper cups, souffle cups, and plastic medicine cups.
14. Disassembles discharged patient charts and places in proper order.
 - a. Checks that chart is signed out.
 - b. Sees that discharge order is noted.
 - c. Discharges on nurses' notes if no nurse is available.
 - d. Delivers completed to Medical Records at end of shift.
15. Keeps bulletin board, head nurse and in-serve folder neat and up to date as time allows.
16. Answers patient call system only until nurses are out of report or if alone on unit.

17. Rebates drugs as requested by nurse.
 - a. New medications and refills are to be ordered by the medication nurse.
 - b. Pre-operative medications are to be ordered by medication nurse on 3-11 or 7-3 shifts.
18. Checks color codes on each physician's chart.

NOTE: Medications are not a secretarial duty. Transcribers and receptionists do not have knowledge of medications such as unlisted drugs and drugs known by more than one name.

APRIL, 1973

APPENDIX E

NORMAL STAFFING OF UNIT CLERKS ON PATIENT
CARE UNITS, PROVIDENCE MEMORIAL HOSPITAL,
EL PASO, TEXAS

NORMAL STAFFING OF UNIT CLERKS ON PATIENT CARE UNITS,
PROVIDENCE MEMORIAL HOSPITAL,
EL PASO, TEXAS

PATIENT CARE UNIT	NUMBER OF UNIT CLERKS	
	7:00 a.m.-3:00 p.m. (Day) Shift	3:00 p.m.-11:00 p.m. (Evening) Shift
Intensive Care/ Cardiac Care Unit	2	2
Emergency Room	2	1

APPENDIX E

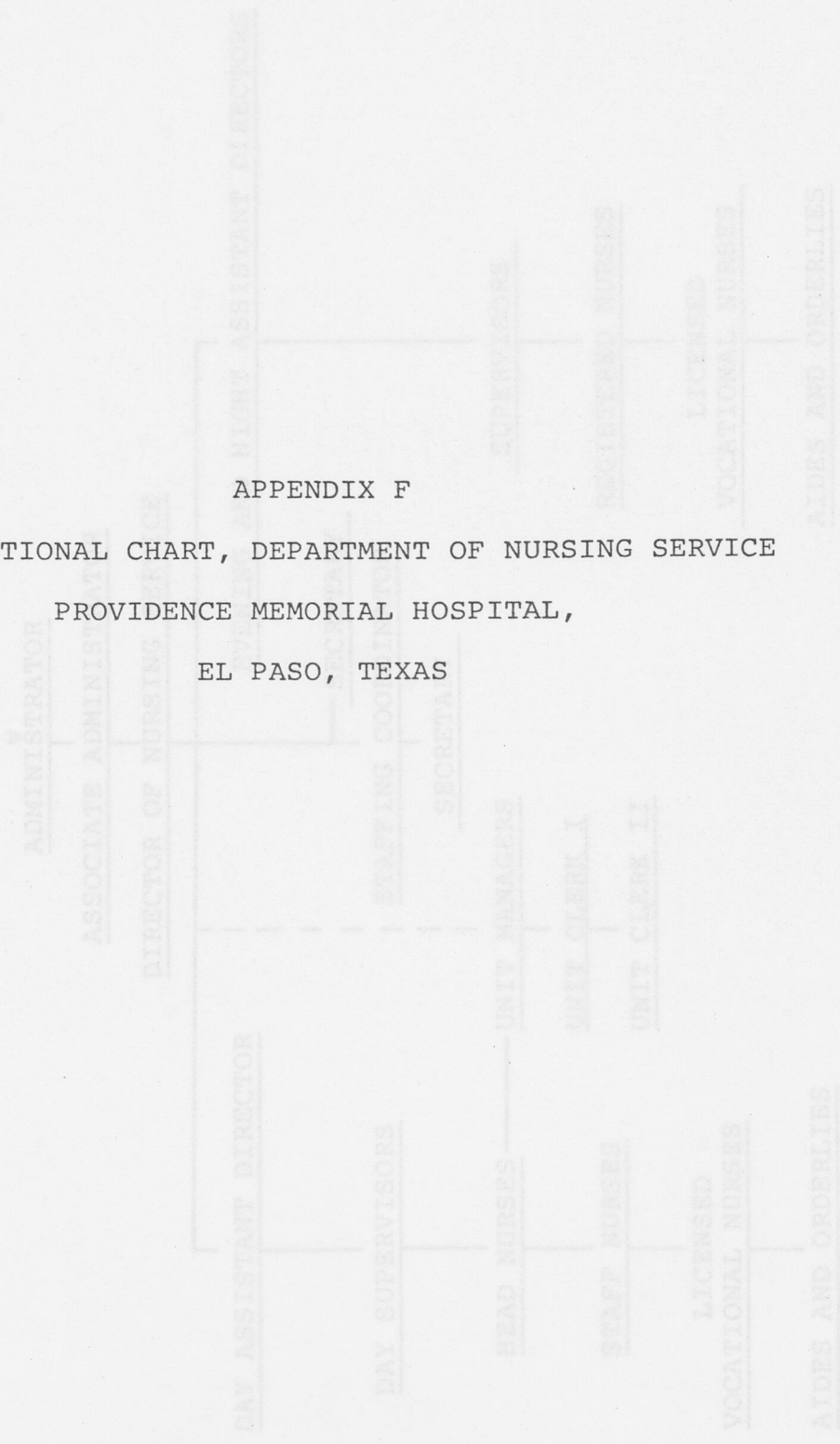
1 South	1	1
1 West	1	1
2 North	1	1
2 South	1	1
2 West	2	1
3 North	3	2
3 South	2	1
3 South (Pediatrics)	1	0
3 West	2	1
4 North	2	2
4 South	2	2
4 West	2	1

NORMAL STAFFING OF UNIT CLERKS ON PATIENT
CARE UNITS, PROVIDENCE MEMORIAL HOSPITAL,
EL PASO, TEXAS

NORMAL STAFFING OF UNIT CLERKS ON PATIENT CARE UNITS,
 PROVIDENCE MEMORIAL HOSPITAL,
 EL PASO, TEXAS

PATIENT CARE UNIT	NUMBER OF UNIT CLERKS	
	7:00 a.m.-3:00 p.m. (Day) Shift	3:00 p.m.-11:00 p.m. (Evening) Shift
Intensive Care/ Cardiac Care Unit	2	2
Emergency Room	2	1
1 South	1	1
1 West	1	1
2 North	1	1
2 South	1	1
2 West	2	1
3 North	3	2
3 South	2	1
3 South (Pediatrics)	1	0
3 West	2	1
4 North	2	2
4 South	2	2
4 West	2	1

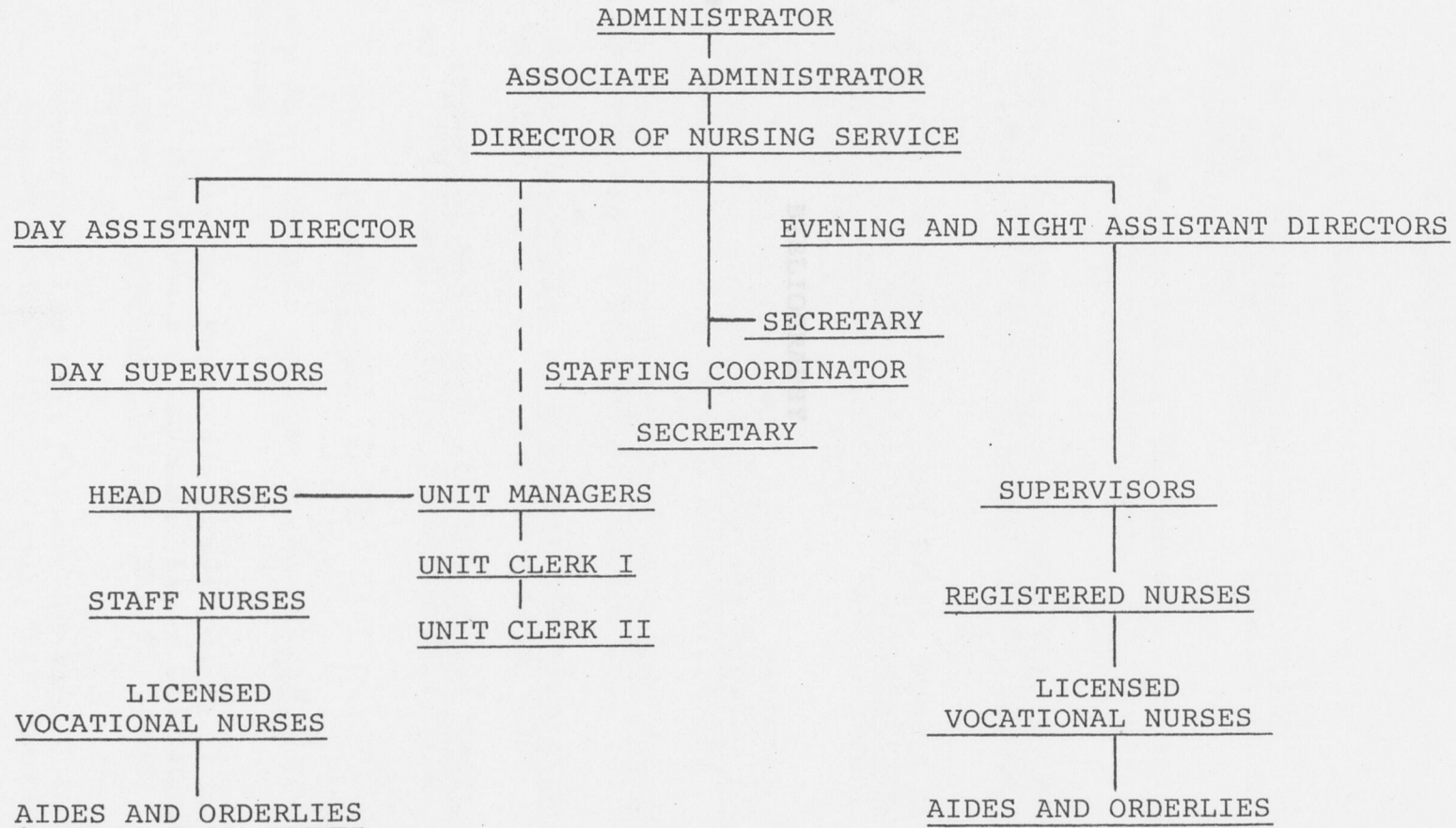
ORGANIZATIONAL CHART, DEPARTMENT OF NURSING SERVICE
PROVIDENCE MEMORIAL HOSPITAL,
EL PASO, TEXAS



APPENDIX F

ORGANIZATIONAL CHART, DEPARTMENT OF NURSING SERVICE
PROVIDENCE MEMORIAL HOSPITAL,
EL PASO, TEXAS

ORGANIZATIONAL CHART, DEPARTMENT OF NURSING SERVICE
 PROVIDENCE MEMORIAL HOSPITAL,
 EL PASO, TEXAS



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Major John J. Candelaria was born on February

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