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A Study of Team Leader Activity on a Selected Medical Unit in a General Hospital

Margaret Elaine Schulhof

COLLEGE OF MEDICAL EVANGELISTS

School of Graduate Studies

A STUDY OF TEAM LEADER ACTIVITY ON A SELECTED MEDICAL UNIT IN A GENERAL HOSPITAL

by

Margaret Elaine Schulhof

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of the Requirements for the Degree

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I certify that I have read this thesis and that in my opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

Anne P. Martin Chairman
Anne Martin, M.A., Associate
Professor of Psychology

Dorothy M. Martin
Dorothy M. Martin, M.S., Assistant
Professor of Nursing

Alex. R. Monteith
Alex. R. Monteith, M.A., Assistant
Controller of the College of
Medical Evangelists

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Elaine Schulhof

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CHAPTER I

INTRODUCTION

Hospital nursing service administration has sought to bring to the patient the best possible care at minimal cost through today's available nursing personnel. The organization of the nursing team plan has been advocated as the method by which these objectives can best be met.[1] Many hospitals have adopted the nursing team plan in assigning patient care.

The leader of the nursing team is of primary importance in maintaining an effective functioning team. Her efficiency, skill and knowledge as a nursing practitioner in combination with the necessary qualifications and capabilities of an administrator are vital to the degree in which the nursing team philosophy is fulfilled.

This study endeavors to compare with generally accepted standards the functioning of the team leader on a selected medical unit of the Loma Linda Sanitarium and Hospital, Loma Linda, California, and to measure the percentage of time spent in each recognized function.

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[1]Margaret Bridgman, Collegiate Education For Nursing, New York: Russell Sage Foundation, 1955, p. 37.

I. HISTORICAL BACKGROUND OF THE TEAM CONCEPT

The Effect of World War II on Nursing Service

The profession of nursing, like all the learned and skilled disciplines, has undergone tremendous changes and developments in its efforts to keep pace with the changing demands of society. The shortage of professional nurses during World War II, necessitated the widespread use of auxiliary nursing personnel. The call and demand for nursing during that period drew professional nurses from the bedside into military services, public health and industry. The volunteer and part time helper was utilized extensively to replace the professional nurse in providing needed service for the hospital patient. At the end of the war, those helping in the hospitals returned to their homes and former work. When the nurses who had entered these other fields of nursing did not return to hospital nursing, a vacancy remained.[2] Industry had recognized the value of the nurse and actively recruited such qualified persons. Thus were opened new avenues of work for the nurse which reduced the number of nurses available for hospital employment. The use of nurses in private medical offices broadened still more these new avenues of work.

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[2]Esther Lucile Brown, Nursing For the Future, New York: Russel Sage Foundation, 1948, p. 9.

The Effect of Public Emphasis on Health

A renewed emphasis on public health and prevention of disease resulted in an increased need for both school and public health nurses.[3] This also increased public awareness of health insurance. No longer was the hospital a place of last resort for the ill but rather an institution in which to regain and maintain a way of healthful living.[4,5] Thus, hospital patronage increased along with the decline in availability of the professional nurse for nursing service in the hospital. Not only was there a scarcity in number of professional nurses; there was an increasing amount of responsibility being placed on the nursing profession by the rapid advancements in medical science.[6] These additional responsibilities required more highly developed skills and knowledge on the part of the nurse if she were to perform in a competent manner.

Not to be omitted in the factors contributing to the nursing shortage was the ever present institution of marriage. This factor in itself merits recognition as being responsible for a large percentage of the paucity of professional nurses available for employment.

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[3]Bridgman, op. cit., p. 23.

[4]Ibid., p. 20.

[5]A Committee on the Function of Nursing, A Program For the Nursing Profession, New York: Macmillan Company, 1948, p. 15.

[6]Bridgman, loc. cit.

The combined influence of all these factors resulting in a decrease in numbers of nurses in the hospital situation made it necessary to employ on a permanent basis the auxiliary nursing personnel.[7] The limited education of the auxiliary nurse soon made apparent a need for increased and closer supervision. The head nurse already had more tasks and more people to supervise than she could efficiently manage.[8] The profession was thus challenged to develop guidance for the bedside nursing personnel beyond what the head nurse could give. Out of the need to meet this challenge the nursing team concept was developed.

II. THE PROBLEM

Statement of the Problem

Is the team leader on a selected medical unit at the Loma Linda Sanitarium and Hospital carrying out her prescribed functions? For purposes of this study, the prescribed functions are those team leader functions outlined by Amelia Leino of Teachers College, Columbia University, and generally accepted by the nursing profession.

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[7] A Committee on the Function of Nursing, op. cit., p. 34.

[8] Dorothy Perkins Newcomb, The Team Plan, New York: G. P. Putnam's Sons, 1953, p. 2.

These functions are:

1. To Identify the Patient's Nursing Problems.
2. To Interpret Nursing Problems to Co-workers and Seek Their Cooperation in Planning.
3. To Formulate and Record the Nursing Care Plan.
4. To Differentiate and Delegate All Aspects of Nursing Care.
5. To Direct the Program of Nursing Care.
6. To Evaluate and Record the Results of Nursing Care.[9]

Setting of the Study

The general hospital in which this study was conducted is the Loma Linda Sanitarium and Hospital located sixty miles east of Los Angeles in Loma Linda, California. Situated in a rural area the hospital is a part of the College of Medical Evangelists, a medical educational center with many autonomous schools, owned and operated by the Seventh-day Adventist denomination. The hospital serves as part of the educational facilities of the College of Medical Evangelists.

The total bed capacity of the hospital is 160 beds. The medical unit under study, which includes an outside cottage for minimal care and ambulatory patients, has a bed capacity of 48 patients. Nursing care is non-segregated for men and women. The cases cared for vary from the patient admitted for diagnostic tests to the critically ill.

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[9]Amelia Leino, "Organizing the Nursing Team," The American Journal of Nursing, 51:665-666, November, 1951.

In October, 1950, the team plan of nursing was initiated as the method of patient assignment on the surgical unit of the hospital. The plan was adopted by the medical unit in the latter part of the same year. As in most hospitals, the team plan in use is modified to meet the needs of the unit.

Need for the Study

Observations made by nursing administration concluded that time had not for the most part borne out the early hopes and expectations for the team plan as it was operated in the unit under study. Problems had arisen in connection with the team activity which appeared to require analysis and solution if the team plan was to accomplish the original objectives planned. Some of the most pressing of these problems revolved around the team leader.

There was serious doubt by those in team leader positions and in administrative nursing service offices whether the team leader was utilizing her time and skill to the greatest advantage in the performance of those functions outlined for her. It was felt that the team leader was becoming involved in work which could and should be delegated to other personnel involved in fulfillment of patient needs. Lack of job satisfaction on the part of the team leader seemed to have reflected these problems. For these reasons, nursing service administration felt the need for this study. Furthermore, the need and desire

for research to improve nursing practices has been indicated repeatedly in nursing literature.[10,11] It was hoped that a study of the team leader's activities would clarify functions and responsibilities pertinent to her and provide a basis for improving nursing care.

Assumption

Leino's statement of team leader functions are appropriate as criteria in the study of team leader activities in the selected medical unit.

III. LIMITATION

The selection of the study originated from the problems existing in the medical unit investigated and is not a critique of the nursing team plan in general.

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[10] "Proposed A.N.A. Platform--1958-1960," The American Journal of Nursing, 58:525, April, 1958.

[11] Bridgman, op. cit., p. 17.

CHAPTER II

REVIEW OF LITERATURE

While there is considerable mention in the literature of the nursing team, little has been written specifically concerning the team leader. The team leader's qualifications and responsibilities have, to a large degree, been described in general terms along with the team activity as a whole.

I. DEVELOPMENT OF THE TEAM CONCEPT

In an effort to find the best possible method by which to organize hospital nursing service personnel, experimentation and research on the organization and the functioning of the nursing team was begun by the Division of Nursing Education of Teachers College, Columbia University in December of 1949.[12] This study was conducted in a hospital of specialized services and it was felt that the resulting implications would be limited, although the general feeling seems to be that they were applicable to most hospital situations.

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[12]Eleanor C. Lambertsen, Nursing Team Organization and Functioning, New York: Bureau of Publications, Teachers College, Columbia University, 1953, p. 1.

Team nursing is not presented as the final answer to nursing service problems but rather as another step in the direction toward better patient care with minimal staffing and minimal cost to the patient.

Methods of Assigning Patient Care

In some situations, nursing service has not made a transition from the functional and case methods of patient assignment to the nursing team concept. The tradition of authoritarianism has maintained a rigid stand and nursing has been slow to shift from its traditional attitudes in which teamwork concepts had little opportunity of expression.

Functional method. With the functional method, each nursing member is assigned specific tasks by the head nurse, such as making beds or giving A.M. cares to a group of patients. This assembly line type of system requires the patient to adjust to a continuous flow of personnel, while some patients receive little or no attention from the professional nurse. All supervision is the responsibility of the head nurse.[13]

Case method. The introduction of the case method of assigning patients seemed to be an improvement over the

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[13] Margaret K. Schafer, "Nursing Team," The Modern Hospital, 79:58, August, 1952.

functional method. Nursing personnel are assigned a certain number of patients and assume full responsibility for their care. This individualizes the nursing care to meet the patient's needs but at the same time the abilities of the nursing member are not always commensurate with the needs of the patient. Again, all supervision is done by the head nurse.[14]

Team method. In team nursing, a professional nurse functioning as a team leader has under her direction a group of workers whom she directs in the care of patients assigned to her area. The nursing care is patient-centered with each member of the team contributing care according to her capabilities and to the patients' needs. In some instances, the care of one patient may be divided between more than one member in order that his needs can be adequately met and the skills of the workers better utilized.[15]

> The nursing team plan is really a pooling of the best features of the functional and patient [case] methods of assignment in a way that will make it possible to utilize the contributions of all workers to the advantage of the patient.[16]

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[14] Ibid.

[15] Ibid.

[16] Newcomb, op. cit., p. 35.

The first articles on team nursing appeared in literature about 1949.[17] In 1951, Leino published an article in The American Journal of Nursing, outlining as she saw them, the functions of the team leader. Manuals describing and explaining the team plan came off the press in 1953. These were Lambertsen's Nursing Team Organization and Functioning and Newcomb's The Nursing Team. Numerous articles have appeared reporting favorably concerning the nursing team.[18] These were designed for the most part to sell the idea to the profession. These articles agree in general with Bridgman in that "the organization of nursing teams is advocated as the most promising method of providing adequate supervision of auxiliary personnel, with improvement of patient care and, at the same time, conservation of nursing resources."[19]

II. THE ORGANIZATION OF THE NURSING TEAM

The Nursing Team Philosophy

The team plan has from its beginning experimental stage, been advocated as an adaptable idea to be modified according to

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[17]Elizabeth Jones and Joan Brube Ellsworth, "An Experiment in Team Assignment," The American Journal of Nursing, 49:146-148, March, 1949.

[18]Mary E. Brackett, "The Nursing Team Satisfies," Hospital Management, 72:80-88, September, 1951.

[19]Bridgman, op. cit., p. 37.

the needs of nursing service in any given situation.[20] "The team plan is a decentralization of authority."[21] The team is composed of professional and auxiliary nursing personnel who have as a common goal the comprehensive nursing care of all patients assigned to their team area.

> The functioning nursing team is more than reorganization or restructuring of a nursing service. It represents a philosophy of nursing and of patient care as well as a method of organization.[22]

Lambertsen states concerning nursing care that the nursing team is

> based upon the belief that the individual patient is the deciding factor, and that all personnel having contact with the patient and his family share in and contribute to the planning, providing and evaluating of the programs of nursing care.[23]

This philosophy should permeate the whole hospital; for, according to Perkins, "The team concept must be present in the philosophy of the entire nursing service before it can function in a small segment on the wards."[24]

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[20]Lambertsen, op. cit., p. 6.

[21]Newcomb, op. cit., p. 17.

[22]Lambertsen, op. cit., p. 12.

[23]Eleanor C. Lambertsen, Education For Nursing Leadership, Philadelphia: J. B. Lippincott Company, 1958, p. 122.

[24]Dorothy Perkins, "A Program to Develop Team Leaders," The American Journal of Nursing, 52:311, March, 1952.

The Members of the Nursing Team

The team is composed of a variety of persons with varying degrees of education and training. Included in the team along with the team leader, may be

> any combination of the following: other graduate nurses; practical nurses; nurses' aides, voluntary or employed; nursing students, either in the professional or practical nursing programs and in various stages of advancement; orderlies; and attendents.[25]

The responsibilities of the team may be determined by the number of patients assigned to the team area, the degree of nursing required and the qualifications of the nursing personnel. "The quality of nursing care is directly influenced by the knowledge, judgment, skill and values of those participating in this care."[26]

The Responsibilities of the Nursing Team

Collectively speaking, the nursing team supplies comprehensive nursing care. By comprehensive nursing care is meant "a systematic process of problem diagnosis, problem analysis, development of a plan of care and continuous assessment of the evolving plan of care"[27] of the patient.

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[25] Bridgman, op. cit., p. 37.

[26] Lambertsen, op. cit., p. 56.

[27] Ibid., p. 90.

The spirit of team work presides within the nursing team and enhances the efforts put forth by the members. Teamwork is a joining together of skills, capabilities and knowledge for the purpose of supplementing each other and in an effort to provide for the patient the best nursing care.

The assignment of patients to the team is the responsibility of the head nurse, while the assigning of nursing care to the team member may be a cooperative activity of the head nurse and the team leader or the selective responsibility of the team leader. Consideration is made of the patient who requires care and of the qualifications of the team member who is to fulfill the patient's needs.[28]

III. THE TEAM LEADER

The Place of the Team Leader

The head nurse still functions as the key person to comprehensive nursing care but is now able to delegate some of her responsibility in supervision and coordination of patient care to the team leader. The team leader does not separate herself from the team members but works with them to accomplish the objectives of the team concept. This type of coordination is possible only after the group have accepted

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[28] Newcomb, op. cit., p. 28.

each other and developed a common goal toward which they work together.[29]

The Qualifications of the Team Leader

The role of the team leader forms a new position which can assist in administrative functions. It provides a place for the individual who has the capabilities or potential for assuming responsibility in leadership and yet desires to remain at the patient's bedside.

Fundamental to the practice of nursing and to the work of the team leader alike, are the functions of the professional nurse.[30] "Professional nursing practice is an understanding of and ability to make the application of scientific principle to problem solving in planning, providing and evaluating nursing care."[31] The quality of the team leader's performance as dependent upon her competence as a practitioner, has been largely overlooked.[32] The role of team leader only accentuates the need for competence.

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[29]Eleanor C. Lambertsen, Nursing Team Organization and Functioning, New York: Bureau of Publications, Teachers College, Columbia University, 1953, p. 30.

[30]Ibid., p. 22.

[31]Eleanor C. Lambertsen, Education For Nursing Leadership, Philadelphia: J. B. Lippincott Company, 1958, p. 77.

[32]Ibid., p. 104.

The nurse as team leader sets the atmosphere and tone for quality of nursing care, good inter-personal relationships and communications, self-direction and development in nursing skills and knowledge and the contribution of each member towards these ends. She must possess leadership qualities, be capable of assuming responsibility, organizing her work and the work of others, and responding promptly and effectively to any situation in which immediate or planned care is needed.

The Preparation of the Team Leader

Bridgman and other nursing leaders support the theory concerning the preparation of the team leader.

> Consideration of the responsibilities involved in such leadership of a nursing team to ensure inclusive care for a group of patients can hardly fail to result in recognition of the need for basic collegiate education for those expected to assume them, . . .[33]

Thus, it is recommended that the team leader have a broad general education such as commonly found in the collegiate nursing programs. It is recognized that there are efficient and effective team leaders who do not have the desired general education. It is suggested that the senior professional student of nursing because of her background is capable of functioning in this area.[34]

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[33]Bridgman, op. cit., p. 38.

[34]Kathleen M. Barrett, "The Student As Team Leader," The American Journal of Nursing, 50:498-500, August, 1950.

IV. THE FUNCTIONS OF THE TEAM LEADER

The functions of the team leader as accepted in general by the nursing profession and referred to in this study as the prescribed functions need some clarification as to their meaning and use. This information is here presented with supporting views of prominent writers in the nursing field.

Function I. Identifying the Patient's Nursing Problems

Every patient who enters the hospital has different nursing needs just as everyone's needs vary in everyday living. These nursing needs arise from a combination of factors. The major problems encountered by the patient depend to a large extent upon his individual makeup as a person, his experiences of living, his relationship and role in the family, and to both his physical and emotional response to the process of disease and the proposed outline of medical therapy.[35]

The team leader with her extensive preparation in nursing, including areas of knowledge such as psychology, sociology and an insight into economics, should be prepared to recognize patient problems that come within this scope of education.

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[35]Eleanor C. Lambertsen, Nursing Team Organization and Functioning, New York: Bureau of Publications, Teachers College, Columbia University, 1953, p. 23.

Function II. Interpreting Nursing Problems to Co-workers and Seeking Their Cooperation in Planning

The accomplishment of this function lies in the realm of teamwork. The team leader must be skilled in the art of communication for interpreting nursing care and in the field of interpersonal relationship to acquire the cooperation of the team members.[36] The team leader must have a good sense of judgment of which pieces of information concerning the patient will be beneficial in the process of planning for optimum care. Thus, the team leader gives direction to the group which is essential for the attainment of teamwork and the care of the patient. Her availability to the team member at all times is important in maintaining continuity and completeness of nursing care.

Function III. Formulating and Recording the Nursing Care Plan

This function deals primarily with the Kardex commonly used in most situations where the team plan is active. It is the Rand file which holds a record of the nursing care form used to communicate pertinent information concerning the patient from one tour of duty to another. It is the team leader's responsibility to keep this information up to date. It is her place along with the head nurse to decide what information

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[36] Ibid., p. 25.

should be included on this card. The team members contribute to the completeness of the data which may change according to the condition of the patient.[37]

Function IV. Differentiating and Delegating All Aspects of Nursing Care

The initial delegation of responsibility for assigning nursing care is made by the head nurse to the team leader. Before the team leader is able to assign the details of nursing care to the team members, she must know the individual member's personality, preparation and ability and keep these factors in mind as she assigns patients.[38] In some instances, particularly in the case of the critically ill, the team leader herself may assume responsibility for necessary nursing care. There may be times when the care of one patient will be divided among the team members due to some specific need of that patient.

Function V. Directing and Participating in Program of Nursing Care

As a member of the nursing team, the team leader also participates in the activities of nursing care. Her dual role as an administrator and as a nursing practitioner includes on-the-spot supervision, observation of patient care, assistance

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[37] Ibid., p. 40

[38] Newcomb, op. cit., p. 28.

with the giving of care to meet patient needs, teaching and promoting the development of skills in her team members. "There is no discernible line drawn between the leader and the team member in the giving of nursing care."[39] Each member holds an important place in the team and contributes to the team as a whole.

Function VI. Evaluating and Recording Results of Nursing Care

Evaluation is an analytic process which the team leader utilizes concurrently with her activities. It is a process used continually in balancing the load of patient needs and nursing care. Due to the associate and subjective nature of evaluation, it is not always discernible as an activity except in specific instances when the team leader may report it. The team leader as a professional nurse should in her recording, such as charting, be able to write in an evaluative manner.[40]

Function VII. Activities Not Classifiable Under the Prescribed Functions

This section would include activities of the team leader not related to the care of the patient or to activities which are usually performed by other departments of the hospital.

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[39] Ibid., p. 31.

[40] Lambertsen, op. cit., p. 31.

V. SUMMARY

The bibliography collected from literature of the decade that has witnessed the growth and development of the team plan, presents the core of the team concept as a plan revolving around the individual needs of the patient for whom all nursing care is planned for the optimum benefit of the patient. The assigning of patient care was usually done by one of two established methods, functional or case method. Literature advocating team nursing as a possible solution to the need for guidance of bedside nursing personnel appeared in 1949. The role of the team leader is new and has administrative and supervisory responsibilities. The team leader is usually a professional nurse with qualifications and preparation for leadership who is competent and effective in all phases of her work. The prescribed functions are an enumeration of the necessary skills and qualities of the team leader. Her adeptness in identifying, interpreting, formulating plans, delegating care, directing and participating in nursing care and evaluating results of nursing care in respect to patient needs is essential.

CHAPTER III

METHOD OF PROCEDURE FOR THE COLLECTION OF DATA

The descriptive survey method was used in this study. The approach employed was an adaptation of the method of study of nursing personnel as described in manuals published by the United States Department of Health, Education, and Welfare.[41,42] The reason for this selection was that the technique described in these manuals has proven to be useful and adequate in securing the type of information desired for this study.

I. THE UNIT UNDER STUDY

Physical Setting

The unit consists of one long hall with patient rooms opening onto it from both sides. The nursing station, which includes the desks of the head nurse and ward clerk, and the medicine room and utility room, are centrally located. The

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[41] Apollonia O. Adams, How To Study the Nursing Service of An Outpatient Department (Public Health Service Publication No. 497. Washington: United States Government Printing Office, 1957), p. 16.

[42] Ruth I. Gillan, Helen O. Tibbitts, and Dorothy Sutherland, The Head Nurse Looks at Her Job (Public Health Service Publication No. 227. Washington: United States Government Printing Office, 1953), 77 pp.

central location of the nursing station serves as the dividing point for the assigning of nursing teams.

Unit Staffing and Duties

Nursing staff. The medical unit was under the direction of a supervisor, who at the time of the study had recently assumed the position and was being oriented to her responsibilities. She was also responsible for a smaller medical unit of nineteen beds and for the pediatrics unit of nineteen beds.

Next to the supervisor as coordinator of services is the head nurse, who is responsible for the administration of nursing service on her unit. A head nurse is in charge on all shifts.

The team leader in turn is responsible to the head nurse. The team leader supervises auxiliary personnel and participates in rendering good nursing care. She assumes responsibility for the nursing care of patients assigned to her team area and for the members who make up her team. The team members assignment to the team is determined by the schedule compiled through the cooperative efforts of the floor supervisor and nursing service and circulated from the nursing service office. The team leader assigns the nursing care of the patient.

The six prescribed functions of the team leader as stated by Leino are considered by nursing service as a suggestive goal. These are listed under the statement of the problem, Chapter I, page 5.

The staffing plan for the medical unit called for two team leaders on both the morning and the afternoon shifts. However, during the time of the study the morning shift had only one regularly employed team leader and the afternoon shift two regularly employed team leaders. The use of senior professional students of nursing as team leaders helped to complete the plan of two team leaders per shift. Yet, the irregularity of permanent team leaders and the frequent change of students due to the educational program to provide each with orientation and experience as team leader, produces an instability in the staffing of the unit and thus, in the working environment of the team members.

The team averages three team members besides the team leader. The team members constitute any combination of the following; graduate nurses, licensed vocational nurses, aides, orderlies or professional students of nursing in various stages of their preparation. When an instructor is not present on the unit, responsibility is assumed by the team leader for the instruction of students working on the unit. The team leader may also do some teaching of the medical intern when questions arise concerning tests, procedures or some phase of nursing care. The team members rotate their work area every two weeks and usually care for the same group of patients for a period of approximately five days. Whether these changes of work area

and patient assignment are altogether good or bad needs to be investigated or studied in more detail.

Also a member of the team in an associate way is the medicine room nurse. She is a graduate nurse or senior professional student of nursing who administers all routine medications, 'stat'[43] medications, certain intravenous fluids and assists with intravenous medications and blood transfusions. The team leader assists with the administration of medications by giving all 'stat' analgesics and sedatives and assisting the physician with procedures such as spinal punctures, thoracentesis and other special tests and treatments.

Non-nursing personnel. In addition to the actual nursing staff was a ward clerk for both the morning and the afternoon shifts. She performs certain clerical duties such as filling out unit reports, answering the telephone, admits and discharges patients, and takes patients to other departments for appointments.

Also on this unit is a utility maid, who is responsible for cleaning all soiled utensils, straightening the utility room and providing the patients with clean drinking facilities every morning. She works from 3:30 A.M. to 9:00 A.M. six days a week.

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[43]'Stat' indicates those medications which are to be administered immediately to the patient.

From 8:00 A.M. to 5:00 P.M. six days a week, the housekeeping department supplies maids to clean patients' rooms and to make beds for all ambulatory patients or those patients who go to hydrotherapy for treatments.

During the ten days of the study, daily record was kept of the personnel engaged in actual nursing care and of the patient census. This information was averaged and is presented in Table I. As can be seen, the number of head nurses and team leaders was consistent for both shifts. A small variation of .4 persons is noted in the number of team members which included one medicine nurse. General nursing hours did not include the head nurse and show a higher number of professional nursing hours in the morning than in the afternoon. The patient census on both shifts was similar. The number of nursing hours per patient during January, 1959 through April, 1959 averaged 4.45 which is somewhat higher than both shifts during the time of the study, although this figure also includes the night shift which was not included in the study.

II. THE METHOD

Technique

The principle technique involved in the study was that of "shadowing" the team leader. In "shadowing", the observer followed the team leader everywhere that her work took her.

TABLE I

COMPARATIVE AVERAGES OF THE DAILY NURSING SERVICE SCHEDULE DURING THE TEN DAY STUDY PERIOD

Nursing Service Schedule	Morning	Afternoon
Number of head nurses	1.0	1.0
Number of team leaders	2.0	2.0
Number of team members (includes one medicine nurse per shift)	6.8	7.2
General nursing hours in 8 hours	65.6	67.2
Professional nurses	(28.8)	(25.2)
Auxiliary nurses	(36.8)	(42.0)
Nursing hours per patient in 8 hours	1.7	1.8
Number of patients	38	37

The observer "shadowed" a total of six team leaders for two periods of five consecutive days each, during the course of the study. The group was comprised of one man nurse and five women nurses, among whom were advanced professional students of nursing, a graduate nurse in the process of learning the role of team leader and graduate nurses experienced in the role of team leader. Since the morning and the afternoon shifts had two team leaders on duty, observation time for each shift was divided into four hour periods. The first four hours were spent with team leader I and the second four hour period with team leader II. The following day the sequence was reversed. Every activity was noted as to time and was defined as to what the nurse did and also considered with reference as to why she did it.[44] The following criteria indicate the beginning of a new activity; (1) Oral or written communication with a different person, and (2) Shift of an activity with obvious intent to change to work representative of a different function or different phase of the same function. The purpose for which the team leader carries out the activity constitutes the basis for classification.

To aid in this task, a form[45] was developed which allowed recording and classification of the team leader activities under

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[44]Ibid., p. 14.

[45]See Appendix A.

the prescribed functions. Additional space was provided on the form for activities not classifiable under prescribed functions. A record was also kept of the time involved in each activity.

The observer was dressed in street clothes and wore a white jacket. A card with the title "observer" was worn on the coat lapel.[46] This was to identify her from other unit personnel and to act as a safeguard in keeping her from becoming involved in nursing care. The social aspect of the relationship between the team leader and the observer was structured to reduce verbal communication between the two to a minimum.

Patients were told of the study as the necessity arose. Other departments of the hospital were informed of the study by an announcement made on the daily nursing service communication sheet.

Pre-Test

For purposes of orienting the teams and securing the members' cooperation, meetings were held immediately following the change-of-shift report and before the actual observation, in which the study and its purposes and method were explained. A pre-test was conducted primarily for the intention of testing the form and to help put the team personnel at ease. To do this, the plan was to "shadow" each team leader before the

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[46]Adams, op. cit., p. 16.

actual study began. This did not prove possible in all cases, therefore, those not previously "shadowed" in the pre-test and not present at previous orientation meetings were given a careful explanation of the study before their period of "shadowing" began. All team leaders were cooperative except for some hesitancy and uneasiness which was noted at first in those yet insecure as team leaders due to their lack of experience.

III. THE RECORDING FORM

In order to keep as accurate an account as possible of the team leader's activities, a form was devised on which these activities could be recorded.[47] Record was also kept of the amount of time the team leader spent in each activity. For these purposes, the six functions of the team leader as outlined by Leino were used as categories for classification of the team leader's activities.

Description of the Recording Form

The heading of the form was designed to include the following information: (1) patient census, (2) date and day, (3) nursing hours per patient, (4) hours of observation, and (5) staffing pattern. This information should be helpful in understanding the setting in which the data was collected. Averages of this information are given in Table I, page 27.

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[47] See Appendix A.

The body of the form provided space for recording twenty activities. For each activity columns were provided for recording the time and for indicating under which of the functions the activity would be classified. Another column provided space for a brief description of the activity.

Preparation of the Recording Form

Before observation of the team leader began, the activities which she might perform were anticipated, listed and categorized under the prescribed functions. As the result of the Pre-test study, it was found that not all of these activities were related to patient care. Therefore, an additional classification was made for such activities. Following observation and during the tabulation of team leader activities, it was found that there were additional tasks observed which had not been categorized prior to the observation. These were analyzed in respect to the previous activities and then classified under one of the functions.

Activities of Each Function Used in the Recording Form

Those observed activities which the team leader engaged in during the period of this study are given under each of the seven functions under which they were classified.

Function I. Identifying the Patient's Nursing Problems

The team leader should be prepared to recognize patient problems through (1) observation and conversation with the

patient and his family, (2) communications with the head nurse or team member, (3) careful study of the patient's chart, (4) accompaniment and communication with the doctor on rounds, to see newly admitted patients or on a consultation, and (5) making her own rounds during her course of duty.

Function II. Interpreting Nursing Problems to Co-workers and Seeking Their Cooperation in Planning

The exchange of information between team leader and team members to interpret existing problems and to plan together to meet the need may be done during (1) on-the-spot contacts, (2) team conferences, and (3) the time the team leader reviews the nursing plan with the team member.

Function III. Formulating and Recording the Nursing Care Plan

Instances in which the team leader may formulate or record nursing care would include (1) any change, addition or variation in the treatments the patient is receiving, and (2) any personal need, limitation or preference which would require extra precaution in care or add to the comfort of the patient, as might be interpreted by the team or other persons to the team leader.

Function IV. Differentiating and Delegating All Aspects of Nursing Care

Activities involving the assignment of nursing care would be (1) preparation of and making nursing care assignments for

the following day, and (2) any changes in the current days assignment required by a newly admitted patient, by additional orders for treatments or by some need to alter unit routine as in absence or delay of a team member.

Function V. Directing and Participating in the Program of Nursing Care

Based on the factors presented concerning this function, some of the activities classified in this section were (1) any type of patient teaching, (2) circulating within her team area among the team members and patients, both supervising and participating in nursing care, and (3) in-service instruction of team members, students, interns and reception of instruction from physicians, head nurse or other sources.

Function VI. Evaluating and Recording Results of Nursing Care

Appraisal of any situation might be done through (1) observation of patient, (2) interaction with nursing personnel, patient and family, and (3) charting.

Function VII. Activities Not Classifiable Under the Prescribed Functions

This section was divided into four different categories. These were labeled Individual, Messenger, Ward Clerk, and Domestic. Within each were included various activities which require further explanation and definition of the categories.

Individual. This refers to those activities or conversations not related to the care of the patient, such as time spent in waiting with no indicative signs of physical or mental activity and no given explanation by the team leader as to what she was doing. Also, time excessive of the regular ten minute break given by hospital policy or the dinner period.

Messenger. By messenger is meant the transferring of patients, supplies and requisitions from one department to another.

Ward Clerk. Ward clerk implies those activities already mentioned in Chapter III, page 25, and labeled as ward clerk duties.

Domestic. Domestic included work usually done by housekeeping or other hospital personnel.

IV. SUMMARY

For this study, the descriptive survey method was used to obtain the activities of the team leader on the selected medical unit. The unit observed was administered by a supervisor. Nursing care was directed by a head nurse on each shift. The forty-eight bed unit was cared for by two teams each composed of one team leader and three workers. The team plan was used on both morning and afternoon shifts with professional nurses and senior professional students of nursing acting

in the capacity of team leader. An orientation which included a pre-test was done to put the unit personnel at ease and to test the recording form. A total of six team leaders were "shadowed" for two periods of five consecutive days. The observer, dressed in street clothes and a white jacket, followed the team leader for periods of four hours and noted each activity as to duration and purpose on a form devised specifically for the study. Each activity was classified under one of the seven functions. This was done either prior to or following the observation period.

CHAPTER IV

FINDINGS, ANALYSIS AND INTERPRETATION OF DATA

The collected data is herewith analyzed and interpreted in reference to how the team leader utilized her time. Figures and tables facilitate the presentation of the data.

I. ANALYSIS AND INTERPRETATION

Nowhere in the literature were any criteria found whereby the division of time spent by the team leader within her various functions could be compared, nor what percentage of time she should spend on any one aspect or phase of her work. The findings of this study suggest that there is some variation in time spent in specific functions among the individual leaders as is demonstrated in the figure presented in Appendix C. The relative time given by each team leader to the several functions was noted in an endeavor to know if any one team leader gave a bias to the results noted earlier.

Explanation of Figures

A total picture of all team leader activity for the ten days "shadowing" is shown in Figure 1. The findings indicate that team leader functions listed in diminishing order of amount

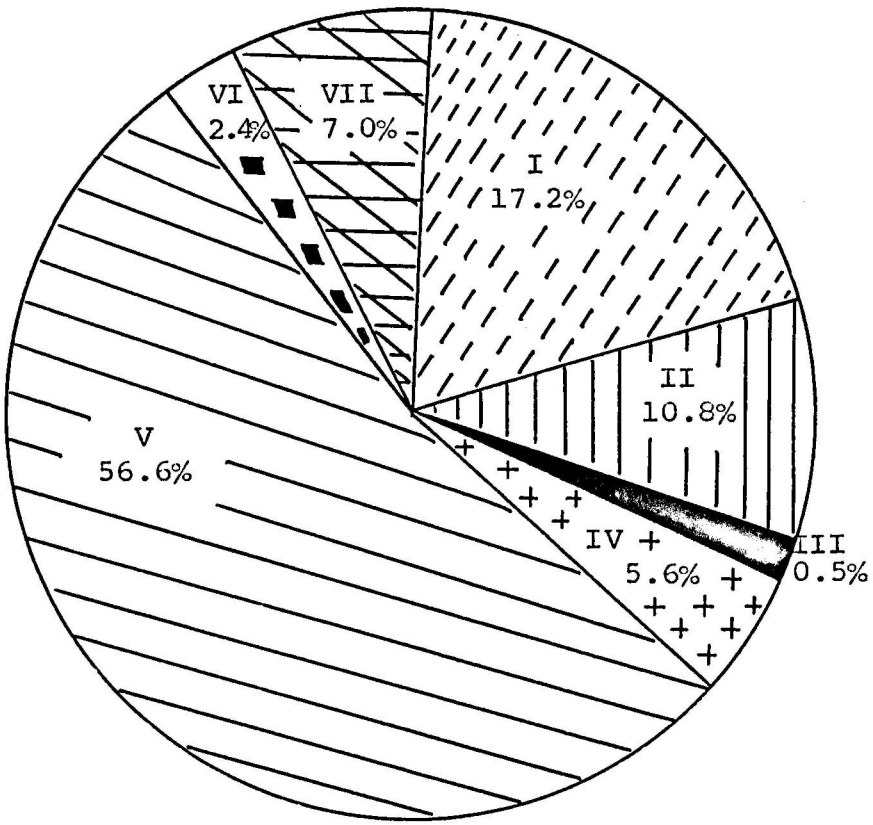

FIGURE 1

TOTAL TIME DISTRIBUTION IN PER CENT OF ALL TEAM LEADER ACTIVITY ACCORDING TO THE SEVEN FUNCTIONS

I. Identifying Patient's Nursing Problems

II. Interpreting Nursing Problems to Co-workers and Seeking Their Cooperation in Planning

III. Formulating and Recording the Nursing Care Plan

IV. Differentiating and Delegating All Aspects of Nursing Care

V. Directing and Participating in the Program of Nursing Care

VI. Evaluating and Recording the Results of Nursing Care

VII. Activities Not Classifiable Under the Prescribed Functions

of time consumed were,

(1) Function V, Directing and Participating in the Program of Nursing Care, with 65.5 per cent;

(2) Function I, Identifying the Patient's Nursing Problems, with 17.2 per cent;

(3) Function II, Interpreting Nursing Problems to Co-workers and Seeking Their Cooperation in Planning, with 10.8 per cent;

(4) Function VII, Activities Not Classifiable Under the Prescribed Functions, with 7.0 per cent;

(5) Function IV, Differentiating and Delegating All Aspects of Nursing Care, with 5.6 per cent;

(6) Function VI, Evaluating and Recording the Results of Nursing Care, with 2.4 per cent; and

(7) Function III, Formulating and Recording the Nursing Care Plan, with 0.5 per cent.[48]

Of interest to the study is Figure 2 which demonstrates the amount of time given to each function on the morning and afternoon shifts. The variations between each shift for the different functions are minimal. The greatest difference lies in Function IV, Differentiating and Delegating All Aspects of Nursing Care with the morning team leader spending proportionately more time than the afternoon team leader. The morning

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[48]Percentage figures for the entire study were rounded to the nearest tenth of a per cent.

Functions	Morning Team Leader	Afternoon Team Leader
	Percentage of Time	
I. Identify the Patient's Nursing Problems	17.9%	15.6%
II. Interpret Nursing Problems to Co-workers and Seek Their Cooperation in Planning	10.9%	10.9%
III. Formulate and Record the Nursing Care Plan	0.6%	0.3%
IV. Differentiate and Delegate All Aspects of Nursing Care	8.0%	3.0%
V. Direct and Participate in Program of Nursing Care	53.1%	61.5%
VI. Evaluate and Record the Results of Nursing Care	2.7%	2.7%
VII. Activities Not Classifiable Under the Prescribed Functions	6.8%	6.0%

FIGURE 2

PERCENTAGE COMPARISON OF TEAM LEADER ACTIVITY
FOR THE MORNING AND AFTERNOON SHIFTS

team leader employed 8.0 per cent of her time in this function and the afternoon team leader spent 2.8 per cent of her time in this same area. All other areas were approximately equal.

Standard deviation for variation of time between the ten day study period may be noted in Appendix D. Judging by the mean time devoted to function and the standard deviation of these times, it is very probable that the order of importance indicated by the amount of time devoted to the functions is the true order and that the observed differences are not due to chance. In reading this table, both the mean and standard deviation should be considered in order to gain an accurate interpretation.

Presentation of Function I. Identifying the Patient's Nursing Problems

Analysis. The data showed that roughly one-sixth (17.2 per cent) of the team leader's total time[49] was spent in this section as is demonstrated in Figure 1, page 37. Only a slight difference existed between the morning shift with 17.9 per cent and the afternoon shift's 15.6 per cent. This comparison is presented in Figure 2, page 39.

A comparison of activities within the function itself is presented in Table II. In this table seven different activities are listed for both the morning and afternoon shifts. The

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[49]By total time is meant the sum of the team leader's activity time for the duration of the study.

TABLE II

COMPARISON OF TIME SPENT IN ACTIVITIES RELATING TO IDENTIFYING PATIENT'S NURSING PROBLEMS BY THE TEAM LEADER ON THE MORNING AND AFTERNOON SHIFTS

Activities	Mornings		Afternoons		Sum	
	Minutes	Per cent	Minutes	Per cent	Minutes	Per cent
1. Observation and conversation with the patient and family	68	8.1	101	12.1	169	20.2
2. Communications with the head nurse or team members	12	1.4	3	.3	15	1.7
3. Study of charts	42	5.0	11	1.2	53	6.2
4. Communication and rounds with the doctor	33	3.9	43	5.1	76	9.0
5. Team leader rounds	165	19.8	192	23.0	357	42.8
6. Intermittent reference to Kardex, chart or pick for new orders	56	6.7	65	7.6	121	14.3
7. Ministration of nursing care	47	5.6	2	.2	49	5.8
Totals	423	50.5	417	49.5	840	100.0

number of minutes, the percentage they are of the function, and totals are given. The activity, Observation and Conversation with Patients and Family, occupied 20.2 per cent of the team leader's time in this function, with a slightly higher amount in the afternoon hours. Time spent in Communications with the Head Nurse was small with 1.7 per cent. According to the data shown in Table II proportionally more time was employed Studying Charts in the morning with 5.0 per cent than 1.3 per cent for the afternoon shift. Rounds and Communications with the Doctor for both shifts took 9.0 per cent of the team leader's time. The time in this activity was almost equal for each shift. The majority of the team leader's activity time, a total of 42.9 per cent within the function, was occupied in Making Her Own Rounds. Intermittent Reference to the Kardex, chart and new order pick was an activity which took 14.5 per cent of her time or placed third highest in this function. The team leader's Ministration of Nursing Care for purposes of identifying patient needs was 5.8 per cent.

Interpretation. The first activity, Observation and Communications with the Patient and Family varied 4.0 per cent between the morning and the afternoon shifts. The increase in the afternoon might have been caused by the greater number of visitors during this part of the day. Communications with the Head Nurse and Team Members were more common in the morning

because of the need to clarify treatments that are usually given during that shift. The wide range between the morning and the afternoon in the Study of Charts cannot be explained unless the professional students who acted as team leaders could have made some distinction in their current desire to learn. The ratio of students observed in the morning compared to the afternoon was 2:1. The majority of the team leader's time was spent in Making Her Own Rounds. The team leader spent more time using the Kardex, chart and new order pick than she did accompanying the Doctor on His Rounds. This arrangement in her program might be changed to greater advantage for her, the doctor and the patient. The 5.4 per cent differential between the morning and the afternoon shifts in Ministration of Nursing Care would indicate that the morning team leader spends more time identifying patient needs by giving direct nursing care than does the afternoon team leader. This may be due to a greater amount of nursing care in the form of treatments given during the morning shift.

Presentation of Function II. Interpreting Nursing Problems to Co-workers and Seeking Their Cooperation in Planning

Analysis. Data showed that the team leader spent 10.8 per cent of her total time in this function. This finding is presented in Figure 1, page 37. The amount of time utilized

by both the morning and the afternoon shifts was equal to 10.9 per cent as shown in Figure 2, page 39.

The exchange of information necessary for interpreting and planning for patient needs may be done in various ways. The percentage of time per activity within the function is presented in Table III for comparison and interpretation. Table III shows that out of five separate activities, On-the-spot Contacts of team members was 58.9 per cent of the total function time and provided the main avenue through which this information was made available. The activity of conducting Team Conferences engaged 8.5 per cent of the morning team leader's time and 0.3 per cent of the afternoon team leader's time. Thus, a differential of 8.2 per cent. The time used for Review of the Daily Nursing Assignment with the team member varied somewhat with 3.2 per cent in the morning and 5.8 per cent in the afternoon. One activity employed only in the afternoon was that of Writing a Summary Report for the head nurse concerning the patient's condition. For the afternoon team leader this report occupied 11.9 per cent of her activity time.[50] The team leader's Interaction with Persons Other than the Immediate Team used 10.9 per cent of her time. Of this 6.5 per cent was in the morning and 4.4 per cent in the afternoon.

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[50]The term activity time refers to time occupied by the team leader within a function.

TABLE III

COMPARISON OF TIME SPENT IN ACTIVITIES RELATING TO INTERPRETING NURSING PROBLEMS TO CO-WORKERS AND SEEKING THEIR COOPERATION IN PLANNING BY THE TEAM LEADER ON THE MORNING AND AFTERNOON SHIFTS

Activities	Mornings		Afternoons		Sum	
	Minutes	Per cent	Minutes	Per cent	Minutes	Per cent
1. On-the-spot contacts	167	32.3	138	26.7	305	59.0
2. Team conferences	44	8.5	2	.3	46	8.8
3. Review of daily care assignment	17	3.3	30	5.9	47	9.2
4. Written report for the head nurse	--	--	62	11.9	62	11.9
5. Interaction with persons other than the immediate team	34	6.6	23	4.5	57	11.1
Totals	262	50.7	255	49.3	517	100.0

Interpretation. The use of team conferences for interpreting patient needs is an advocated method but the question as to how much team conference time should be used for interpreting and planning and how much should be used for other types of in-service education may present a problem. No effort will be made to answer or investigate any possibilities as to the solution of this question. The morning team leader employed 8.5 per cent of her time conducting Team Conferences as compared to only 0.3 per cent spent by the afternoon team leader. A possible explanation for this lies with the system employed by the morning shift to follow the exchange report with a team conference. This time was then used to advantage by the team leader primarily for interpreting patient needs. In harmony with this, the afternoon shift utilized more time (5.8 per cent as compared to 3.2 per cent in the morning) for Reviewing the Daily Nursing Assignment for purposes of interpreting and planning. The amount of time spent in Writing a Report for the Head Nurse was representative of one shift and apparently contributed to the continuity of nursing care. The team leader's Interaction with Persons Other than the Immediate Team occupied 10.9 per cent of the activity time. It was noted that in the communications between the team leader and the team member the traditional autocratic system of nursing still remained to the degree that the team member was not always challenged to participate in the planning of nursing care. An

example was seen in a situation where the team member came to the team leader seeking help on how to make a certain cardiac patient comfortable. The team leader went with the team member to the room and without an explanation or any attempt to include her carried out the necessary procedures to make the patient comfortable.

Presentation of Function III. Formulating and Recording the Nursing Care Plan

Analysis. The data as presented in Figure 1, page 37 demonstrates that 0.5 per cent of the team leader's total time was employed in this section. This small percentage of time spent in this area varied between the two shifts. The morning team leader spent 0.6 per cent and the afternoon team leader employed 0.3 per cent of her time.

As has been mentioned before, the Kardex plays an important part in team nursing and contributes extensively to a smoothly functioning team when used to its fullest capacity. Data pertinent to this is presented in Table IV giving the activities to which the use of the Kardex contributed and the amount of time spent in those activities which came within the function. The activity of Formulating and Interpreting Information by the Team Leader and her Co-workers was relatively close for both shifts with a total of 70.0 per cent within the function. This percentage appears high, yet in time the actual

TABLE IV

COMPARISON OF TIME SPENT IN ACTIVITIES RELATING TO FORMULATING AND RECORDING THE NURSING CARE PLAN BY THE TEAM LEADER ON THE MORNING AND AFTERNOON SHIFTS

	Mornings		Afternoons		Sum	
	Minutes	Per cent	Minutes	Per cent	Minutes	Per cent
1. Writing necessary information on the Kardex	8	26.7	1	3.3	9	30.0
2. Formulating and interpreting by team leader and co-workers	12	40.0	9	30.0	21	70.0
Totals	20	66.7	10	33.3	30	100.0

figure is twenty-one minutes. It is interesting to note in Table IV that the actual amount of time spent in the Writing of Information on the Kardex which would contribute to the continuity of nursing care was only nine minutes for the ten day study period.

Interpretation. In looking back to Table III, page 45, it is noted that 517 minutes were utilized for interpretation of patient needs and planning, in comparison with the nine minutes in Table IV employed for writing acquired information on the Kardex. Even if the information were passed by word of mouth this relay method would tend to limit the accuracy of the information. The head nurse's contribution to the Kardex in making note of changes required by new orders does not seem complete nor would it seem to meet all the needs of the patient.

Presentation of Function IV. Differentiating and Delegating All Aspects of Nursing Care

Analysis. Of the team leader's total time 5.6 per cent was utilized in this section. (See Figure 1, page 37) The contrast of time employed in this area between the morning and the afternoon shifts is worth noting. The morning team leader spent the greater amount of time with 8.0 per cent as compared to 3.0 per cent utilized by the afternoon team leader.

A list and comparison of activities within this function is presented in Table V. Both the morning and the afternoon shifts are demonstrated. There are two activities in this function. The Preparation of the Daily Care Assignments of the Team Members for the Current or Following Day constitutes the larger portion of time in this division. Table V shows a large variation of 34.3 per cent more time spent by the morning team leader than by the afternoon team leader in this activity. The second activity Changes in Current Assignment occupied 32.8 per cent of the team leader's time with the morning team leader utilizing two-thirds of this time.

Interpretation. The greater percentage of time employed in the morning for the Preparation of Daily Care Assignments for the Current or Following Day may be attributed to a new form used only by the morning shift for this purpose.[51] The morning team leader also employed almost twice as much time or 21.4 per cent to 11.4 per cent for the afternoon in making Changes in the Current Days Assignment. These changes were usually made when a team member did not arrive and the work had to be redistributed among the workers who were there. This consistent variation between the morning and the afternoon shifts might also be attributed in part to the assistance of the afternoon head nurse in making daily care assignments.

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[51] See Appendix B.

TABLE V

COMPARISON OF TIME SPENT IN ACTIVITIES RELATING TO DIFFERENTIATING AND DELEGATING ALL ASPECTS OF NURSING CARE BY THE TEAM LEADER ON THE MORNING AND AFTERNOON SHIFTS

	Mornings		Afternoons		Sum	
	Minutes	Per cent	Minutes	Per cent	Minutes	Per cent
1. Preparation of daily care as assignments for the current or following day	142	50.7	46	16.5	188	67.2
2. Changes in the current assignment	60	21.4	32	11.4	92	32.8
Totals	202	72.1	78	27.9	280	100.0

TABLE V

COMPARISON OF TIME SPENT IN ACTIVITIES RELATING TO DIFFERENTIATING AND DELEGATING ALL ASPECTS OF NURSING CARE BY THE TEAM LEADER ON THE MORNING AND AFTERNOON SHIFTS

	Mornings		Afternoons		Sum	
	Minutes	Per cent	Minutes	Per cent	Minutes	Per cent
1. Preparation of daily care as assignments for the current or following day	142	50.7	46	16.5	188	67.2
2. Changes in the current assignment	60	21.4	32	11.4	92	32.8
Totals	202	72.1	78	27.9	280	100.0

Presentation of Function V. Directing and Participating in the Program of Nursing Care

Analysis. The majority of team leader activity time was employed in this section and is exhibited in Figure 1, page 37. This was a percentage of 56.5. Figure 2, page 39, displays the similar percentage of time the morning team leader spent with 53.1 per cent and the afternoon team leader with 61.5 per cent.

Time comparisons in minutes and percentages per activity within this function are presented in Table VI. The activities classified in this section were categorized under three main headings, (1) Patient Teaching, (2) Team Leader Rounds, further divided into (a) Supervision and (b) Participation, and (3) In-service Education. A very small percentage of 1.1 was employed for purposes of Teaching Patients. The larger part of this time 0.9 per cent was spent in the afternoon and the remaining 0.2 per cent used in the morning. The display of these categories in Table VI demonstrates that the larger portion of this function was utilized in Team Leader Rounds. Of this more time was spent in Participation with 74.8 per cent as compared to 15.1 per cent in Supervision for both shifts. In-service Education occupied but a small part of the team leader's time in this activity with a total of 9.2 per cent for morning and afternoon. As in Patient Teaching more time was used in the

TABLE VI

COMPARISON OF TIME SPENT IN ACTIVITIES RELATING TO DIRECTING AND PARTICIPATING IN THE PROGRAM OF NURSING CARE BY THE TEAM LEADER ON THE MORNING AND AFTERNOON SHIFTS

Activities	Mornings		Afternoons		Sum	
	Minutes	Per cent	Minutes	Per cent	Minutes	Per cent
1. Patient teaching	5	.2	26	.9	31	1.1
2. Team leader rounds	1144	43.0	1229	46.7	2373	89.7
Supervision	(214)	(8.0)	(188)	(7.1)	(402)	(15.1)
Participation	(930)	(35.0)	(1041)	(39.6)	(1971)	(74.6)
3. In-service education	69	2.6	175	6.6	244	9.2
Totals	1218	45.8	1430	54.2	2648	100.0

afternoon with 6.6 per cent as compared to 2.6 per cent for the morning shift.

Interpretation. The amount of time spent in Teaching Patients was very small. It would seem that the place of patient teaching by the nurse ought to be emphasized in an institution operated for educational purposes. The greater proportion of time spent in Participation during Team Leader Rounds may suggest that the team leader is functioning as part of the team, or that, she is performing nursing activities which could be delegated to and be done by other team members if they were more adequately prepared or available in number. This can be illustrated in a situation where one team member did not report for work. The nursing service offices were not open and the head nurse was not able to find anyone to fill the position, nor could the nursing office at a later time. Therefore, it was necessary for the team leader to assume these additional tasks and to enlarge the assignments of the other team members. Activities included in the Participation division of the category entitled Team Leader Rounds were, (1) actual doing of a procedure or some type of nursing care, (2) assisting the team member with nursing care, (3) discussions with the patients, (4) interaction with persons other than the immediate team, (5) trips to central service lift for requested supplies or to the cottages, (6) determining the whereabouts of narcotics if

the count was not correct, and (7) preparation and giving of medications.

The amount of time utilized for Supervision during Team Leader Rounds of 15.5 per cent is comparatively smaller than the 74.8 per cent spent in Participation. Why this is so does not present an apparent reason nor does it come within the boundaries of this study for explanation. If the team leader spent less time participating in the nursing care she might utilize her time in other less exercised areas. Those activities included in the Supervision division of Team Leader Rounds were, (1) checking of charts at the end of the shift for completeness and accuracy in form, (2) the making of directive rounds, (3) use of the team leader's copy of the daily nursing assignment, and (4) directive activities such as checking on specimens and requisitioning supplies for procedures she had to do.

The activity of In-service Education with 9.2 per cent was small with more time being used for this purpose during the afternoon. It was recognized that this activity was well supported by an active In-service Education program provided for all of nursing service personnel by the nursing service office. The value of at-the-moment instruction should always be kept in mind regardless of any larger overall program.

Presentation of Function VI. Evaluating and Recording the Results of Nursing Care

Analysis. The 2.4 per cent of the total time the team leader employed in this function is demonstrated in Figure 1, page 37. Equal percentages of 2.7 were utilized in this function for each shift.

Each activity within this section is listed with minutes and percentages for each shift and shown in Table VII. The Observation of Patients for purposes of evaluating results of nursing care took 13.0 per cent of the team leader's activity time and was approximately the same for both the morning and the afternoon shifts. Table VII shows that her Interaction with Nursing Personnel, Patient and Family used 20.1 per cent of the time. Charting for each shift was an equal per cent of 66.6. In minutes, each activity occupied only a minimal amount of time.

Interpretation. The 2.4 per cent of the function to the total time is quite small. The team leader's Interaction with Nursing Personnel, Patient and Family was the main avenue through which she evaluated the results of nursing care. Observation of the Patient was second for each shift. Charting time probably would have been greater if each team member were not responsible for her own recording of nursing care. Whether or not what charting the team leader did was sufficient would seem

TABLE VII

COMPARISON OF TIME SPENT IN ACTIVITIES RELATING TO EVALUATING AND RECORDING THE RESULTS OF NURSING CARE BY THE TEAM LEADER ON THE MORNING AND AFTERNOON SHIFTS

Activities	Mornings		Afternoons		Sum	
	Minutes	Per cent	Minutes	Per cent	Minutes	Per cent
1. Observation of patient	9	7.9	6	5.2	15	13.1
2. Interaction with nursing personnel, patient and family	11	9.6	12	10.6	23	20.2
3. Charting	38	33.3	38	33.4	76	66.7
Totals	58	50.8	56	49.2	114	100.0

to depend upon the competence of the other team members. Yet, in a study conducted by Wright on the improvement of patient care, it was found that the "group leader" spent from 13 per cent to 18 per cent of her time in charting. The latter percentage included clerical work. The team members also charted in the situation presented.[52]

Presentation of Function VII. Activities Not Classifiable Under the Prescribed Functions

Analysis. The findings showed that 7.0 per cent of the team leader's total time was spent in this area. This is demonstrated in Figure 1, page 37. Only a slight difference existed between the morning shift with 6.8 per cent and the afternoon shift with 6.0 per cent. This variation is presented in Figure 2, page 39.

A comparison of the activities within the function itself is presented in Table VIII with a list of minutes, percentages and totals. For purposes of tabulating, activities were grouped into four main categories, (1) Individual, (2) Messenger, (3) Ward Clerk, and (4) Domestic. The first category, Individual, occupied such a high percentage of the activity time with 61.9 per cent within the function that it is presented in more detail

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[52]Marion J. Wright, Improvement of Patient Care, New York: G. P. Putnam's Sons, 1954, p. 134.

TABLE VIII

COMPARISON OF TIME SPENT RELATIVE TO THOSE ACTIVITIES NOT CLASSIFIABLE UNDER THE PRESCRIBED FUNCTIONS BY THE TEAM LEADER ON THE MORNING AND AFTERNOON SHIFTS

	Activities	Mornings		Afternoons		Sum	
		Minutes	Per cent	Minutes	Per cent	Minutes	Per cent
1.	Individual	84	23.3	139	38.6	223	61.9
2.	Messenger	51	14.1	13	3.6	64	17.7
3.	Ward Clerk	22	6.1	26	7.2	48	13.3
4.	Domestic	10	2.7	16	4.4	26	7.1
Totals		167	46.2	194	53.8	361	100.0

in Table IX. From this table it can be seen that Waiting and Personal activities with 19.7 and 29.2 per cent exceeded the other three categories in the amount of time spent. The percentage used in the activity of Overtime was almost the same as the Ward Clerk category with 13.0 per cent. Another category, Messenger, took up 17.1 per cent of the team leader's time with 14.1 per cent of this being used in the morning. Those activities usually performed by the Ward Clerk that engaged the team leader's time were 13.3 per cent of the function total and nearly equal for each shift. Domestic activities with 7.1 per cent engaged only a nominal amount of time.

Interpretation. The most time consuming was the Individual category which included time spent in Waiting, Overtime (or excessive absence from the floor), and Personal. The time engaged in Waiting may be due to inadequate orientation of personnel to the role of team leader. The question of Overtime from meals or authorized breaks has many problems and would seem to merit more specific study for solution. The time employed in Personal activities was somewhat more in the afternoon and may be due to less pressure of nursing activities during these hours of the day.

The occasions when the team leader acted in the capacity of Messenger consumed more time in the morning than in the afternoon. This was probably due to the time of day when more

TABLE IX

COMPARISON OF TIME SPENT IN ACTIVITIES RELATING TO THE INDIVIDUAL CATEGORY CLASSIFIED UNDER FUNCTION VII BY THE TEAM LEADER ON THE MORNING AND AFTERNOON SHIFTS

Individual Activities	Mornings		Afternoons		Sum	
	Minutes	Per cent	Minutes	Per cent	Minutes	Per cent
1. Waiting	30	8.3	41	11.4	71	19.7
2. Overtime	12	3.3	35	9.7	47	13.0
3. Personal	42	11.7	63	17.5	105	29.2
Totals	84	23.3	139	38.6	223	61.9

patients are having tests, physical medicine treatments and going to the doctors' offices and due to the fact that the team leader was responsible in seeing that they met these appointments on time.

The answering of telephones and placing of calls were the primary activities under the category of Ward Clerk. These situations usually occurred when the head nurses' desk was vacated, and were for the purpose of obtaining more nourishments or confirmation of appointments for patients.

Domestic activities did not take much of the team leader's time and commonly had to do with keeping order in the utility room.

II. SUMMARY

The analysis and interpretation of the data showed that the team leader was employing time in her functions in the following order,

(1) Function V, Directing and Participating in the Program of Nursing Care with 56.6 per cent,

(2) Function I, Identifying the Patient's Nursing Problems with 17.2 per cent,

(3) Function II, Interpreting Nursing Problems to Co-workers and Seeking Their Cooperation in Planning with 10.8 per cent,

(4) Function VII, Activities Not Classifiable Under the Prescribed Functions with 7.0 per cent,

(5) Function IV, Differentiating and Delegating All Aspects of Nursing Care with 5.6 per cent,

(6) Function VI, Evaluating and Recording the Results of Nursing Care with 2.4 per cent, and

(7) Function III, Formulating and Recording the Nursing Care Plan with 0.5 per cent.

Variations between each shift for the different functions were minimal except for Function III, Formulating and Recording the Nursing Care Plan, and Function IV, Differentiating and Delegating All Aspects of Nursing Care in which instances the morning shift had a decidedly higher percentage of time.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

I. SUMMARY

The nursing team concept is a philosophy developed during the past decade by leaders of the nursing profession in an effort to bring to the patient in the hospital the best possible care with the available quantity and quality of nursing personnel.

The team plan is a workable method for most hospital nursing situations and is based on the belief that the program of nursing care is planned for the benefit of the individual patient.

The team leader position is a direct result of the nursing team plan. The team leader functions in a dual role: as an administrator and as a nursing practitioner.

It was the purpose of this study to observe the team leader on a selected medical unit at the Loma Linda Sanitarium and Hospital. For purposes of this study, prescribed functions were defined as those team leader functions outlined by Leino of Teachers College, Columbia University. These functions are:

1. To identify the patient's nursing problems.
2. To interpret nursing problems to co-workers and seek their cooperation in planning.

3. To formulate and record the nursing care plan.
4. To differentiate and delegate all aspects of nursing care.
5. To direct and participate in the program of nursing care.
6. To evaluate and record the results of nursing care.

The method of procedure utilized was the descriptive survey. The primary technique used was "shadowing", which means to follow the nurse as closely as a shadow for identification and recording of her activity. A total of six team leaders over a ten day study period were observed. A special form was prepared making possible the classification of team leader activities under Leino's team leader functions. An additional section for activities not classifiable under the prescribed functions was included. Record was also kept of the time involved in each activity.

For orientation of unit personnel and for testing of the recording form, a pre-test was conducted. An announcement was made through the nursing service communications form. Meetings were held with the unit personnel at which time the method and purposes of the study were explained. The observer then spent time on the unit "shadowing" the team leaders for collection of data.

The analysis and interpretation of data showed that the team leader was employing time in her functions in the following order, (1) Function V, Directing and Participating in the Program of Nursing Care with 56.5 per cent, (2) Function I,

Identifying the Patient's Nursing Problems with 17.2 per cent, (3) Function II, Interpreting Nursing Problems to Co-workers and Seeking Their Cooperation in Planning with 10.8 per cent, (4) Function VII, Activities Not Classifiable Under the Prescribed Functions with 7.0 per cent, (5) Function IV, Differentiating and Delegating All Aspects of Nursing Care with 5.6 per cent, (6) Function VI, Evaluating and Recording the Results of Nursing Care with 2.4 per cent, and (7) Function III, Formulating and Recording the Nursing Care Plan with 0.5 per cent.

Variations between each shift for the different functions were minimal except for Function III, Formulating and Recording the Nursing Care Plan, and Function IV, Differentiating and Delegating All Aspects of Nursing Care in which instances the morning shift had a decidedly higher percentage of time.

II. CONCLUSIONS

Time spent in each of the prescribed functions was almost one hundred per cent for all team leaders.

This study gave evidence that the team leader does not seem to be utilizing the Kardex to her own advantage, to the advantage of the team members nor to the advantage of the patient, thus, interfering with and reducing to a minimum the continuity of nursing care.

The form for daily care assignments used by the morning shift was more detailed and data would suggest that the team

leader was spending more time preparing these forms than she had the older form still used on the afternoon shift.

The small amount of time (1.1 per cent) spent by the team leader in teaching patients seems limited in an era in which health education has assumed so much importance.

Since the team conference is considered the "nucleus of the in-service nursing program," more time employed in the instruction of personnel during this time would seem profitable.

The analyzed data indicates that the team leader was spending proportionately too much time in activities not defined as team leader functions. This was 7 per cent of her total activity time and ranked fourth in the series of seven functions.

III. RECOMMENDATIONS

In view of the findings and conclusions, the following recommendations are made in reference to each specific function.

Function I. Identifying Patient's Nursing Problems

An increase in time spent by the team leader in accompanying the doctor on rounds and learning directly about the patient would seem to lessen the amount of time needed to refer to other indirect sources for information concerning the individual patient. Also an increase in time with the doctor would

tend to assure him of better service and the patient of better care.

Function II. Interpreting Nursing Problems to Co-workers and Seeking Their Cooperation in Planning

An investigation and comparison of the purposes and objectives of the team conference and daily care assignment review on the unit studied would appear to be profitable in ascertaining if these activities are accomplishing their intended ends.

A closer study as to how to conduct a team conference after the purposes and objectives are defined would seem helpful.

Function III. Formulating and Recording the Nursing Care Plan

It is recommended that study be made of the Kardex in view of its contribution to the continuity of nursing care and the responsibilities of the team leader and other persons in keeping the information it contains up-to-date.

A definite time could be designated for recording pertinent information on the Kardex, such as at the end of the shift just before exchange report with the on-coming shift, after all information has been collected from the team members and others involved in nursing care.

Function IV. Differentiating and Delegating All Aspects of Nursing Care

An investigation could be made as to the type of daily nursing assignment form to be used on this unit that would most adequately fill the needs.

Study should be given to clarify the responsibilities of the team leader and other persons in reference to the making of daily nursing assignments and the completion of these forms for use.

It is suggested that an analysis of the permanent staffing pattern of the unit be conducted and necessary adjustments be made for maintenance of a stable nursing staff.

Function V. Directing and Participating in the Program of Nursing Care

It is recommended that a section stressing the importance and the why, what, when, where, and how of patient teaching be incorporated into the hospital in-service education program.

Function VI. Evaluating and Recording the Results of Nursing Care

To continue efforts towards improving nursing care, it is recommended that more time be spent in true evaluative charting by the team leader.

Function VII. Activities Not Classifiable Under the Prescribed Functions

It is suggested that study into the problem of "Overtime" might conclude that an extension be made of the present thirty minute dinner period.

An evaluation of the present plan of messenger service is recommended (1) to consider the effectiveness of the present plan and, (2) to increase the number of persons available for this function during the morning hours.

General Recommendations

It would seem justified to conduct a study of the adequacy of the present orientation program for team leaders in preparing them to function effectively in this role.

In addition, it is recommended that refresher courses or series of classes be planned for the individual functioning as team leader as a review of her responsibilities and for introduction to current trends in nursing which would facilitate more efficient performance.

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APPENDIXES

APPENDIX A: THE RECORDING FORM

TEAM LEADER ACTIVITIES RECORD

Patient Census_____ Date_____ Day_____
Nursing Hrs. per Pt._____ Hrs. of Observation____M to____M
Staffing Pattern:
H.N.____Med.Rm.___ Team I Team II
Team Leader Total # Persons_____
Team Members Total # Hours _____

	Blank	Time	I	II	III	IV	V	VI	VII	Activity
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

APPENDIX B

OLD DAILY NURSING CARE ASSIGNMENT FORM

LOMA LINDA SANITARIUM AND HOSPITAL
Medical Unit
Daily Nursing Care Plan

Nurse . . . . . Date . . . . . .

Room	Patient	Diagnosis	Nursing Care	Medication		T	P	R	Remarks
					7 am 11 am 3 pm 7 pm				
					7 am 11 am 3 pm 7 pm				
					7 am 11 am 3 pm 7 pm				
					7 am 11 am 3 pm 7 pm				
					7 am 11 am 3 pm 7 pm				

NEW DAILY NURSING CARE ASSIGNMENT FORM

Name of team member_____Date_____On Duty_____Coffee_____Lunch_____Team Captain_____

Room	Name of Patient	Diagnosis	T	P	R	Def	Urine	Bath	I&O	ACTIVITY				Diet	Treatments or Remarks
										BRP	Absol. Bed Rest	Chair	Amb		

APPENDIX C

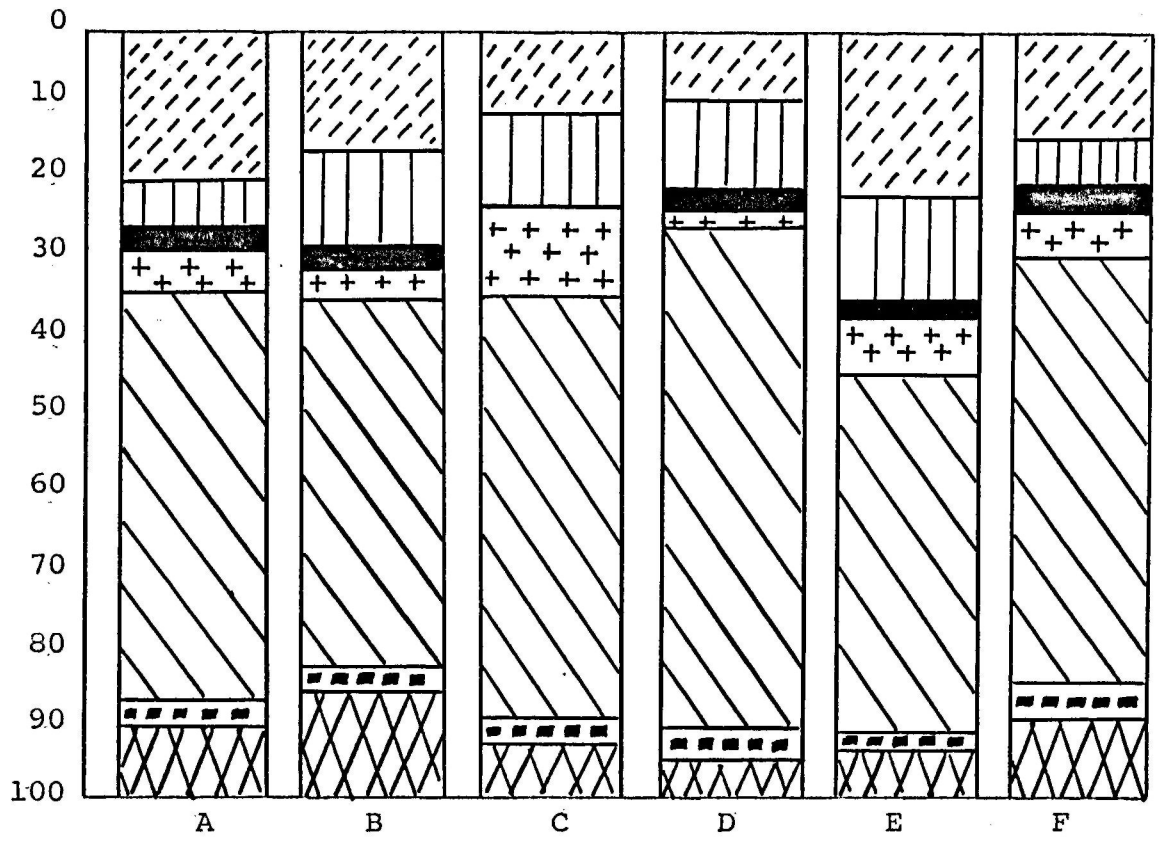

FIGURE 3

PERCENTAGE COMPARISON OF EACH TEAM LEADER'S ACTIVITY ACCORDING TO THE SEVEN FUNCTIONS

I. Identifying the patient's nursing problems

II. Interpreting nursing problems to co-workers and seeking their cooperation in planning

III. Formulating and recording the nursing care plan

IV. Differentiating and delegating all aspects of nursing care

V. Directing and participating in the program of nursing care

VI. Evaluating and recording the results of nursing care.

VII. Activities not classifiable under the prescribed functions

TABLE X

TIME VARIATION IN MINUTES OF THE SEVEN FUNCTIONS OF THE TEAM LEADER FOR THE TEN DAY STUDY PERIOD

Functions	Minutes		
	Mean	Standard Deviation	Per cent of Variation
I. Identifying Patient's Nursing Problems	84.0	13.6	16.1
II. Interpreting Nursing Problems to Co-workers and Seeking Their Cooperation in Planning	51.7	9.8	19.2
III. Formulating and Recording the Nursing Care Plan	3.0	2.9	96.0
IV. Differentiating and Delegating All Aspects of Nursing Care	28.0	17.1	61.0
V. Directing and Participating in the Program of Nursing Care	264.8	31.7	11.5
VI. Evaluating and Recording the Results of Nursing Care	11.4	5.6	49.6
VII. Activities Not Classifiable Under the Prescribed Functions	36.1	13.8	38.0

COLLEGE OF MEDICAL EVANGELISTS

School of Graduate Studies

A STUDY OF TEAM LEADER ACTIVITY ON A SELECTED MEDICAL UNIT IN A GENERAL HOSPITAL

by

Margaret Elaine Schulhof

An Abstract of a Thesis

in Partial Fulfillment of the Requirements

for the Degree Master of Science

in the Field of Nursing

June, 1960

ABSTRACT

The purpose of this study was to observe and analyze the activities of the nursing team leader on a selected medical unit of the Loma Linda Sanitarium and Hospital and to measure the percentage of time spent in each recognized function.

To accomplish this, the descriptive survey method was used. Six team leaders were "shadowed" by an observer for a total of ten days. Record of all team leader activity was made on a specially prepared form which provided for classification of activity under Leino's six functions for the team leader. These are:

1. To Identify the Patient's Nursing Problems
2. To Interpret Nursing Problems to Co-workers and Seek Their Cooperation in Planning
3. To Formulate and Record the Nursing Care Plan
4. To Differentiate and Delegate All Aspects of Nursing Care
5. To Direct the Program of Nursing Care
6. To Evaluate and Record the Results of Nursing Care

An additional section entitled Activities Not Classifiable Under the Prescribed Functions was included.

A brief description of each activity accompanied each classified entry permitting a later check for analysis. Record was also kept of the actual time occupied in each activity. A pre-test served to check on the classification of activity and to secure the cooperation of unit personnel. The collected

raw data was tabulated and organized into appropriate and meaningful figures and tables. From analysis of these figures it was concluded that while the team leader was spending time in the functions used as criteria, some time was also being spent in activities not defined as team leader function. Some of the methods of discharging these functions did not appear to be efficiently executed.

Recommendations were made specific to each function and included suggestions for study into the areas of team leader responsibility in team conferences, maintenance of the Kardex, assignment of nursing care, patient teaching and for in-service evaluation of team leader orientation and incorporation of refresher courses for the team leader.