

Appropriate Delegation of Activities

I am writing in response to the article in the October 1990 issue, "Back to the Future: Redesigning the Workplace." The authors have done a nice job of identifying the problem of nursing care delivery systems and the need to include health-care assistants in the redesign of these systems. However, I think we must be careful about developing a task list of patient care requirements and identifying who does each task as was described by the authors. Any activity or task can be delegated to a healthcare assistant. Professional nursing is more than a list of activities and tasks. It also includes assessing, monitoring, and evaluating the patient/family responses to care.

I believe a more important issue that needs to be addressed is the appropriate delegation of care activities by the RN to healthcare assistants. In one situation the RN may delegate a task to an assistant. In another situation, the RN may elect to do the same task because the patient response is unpredictable. There are many risks and benefits involved with delegation. We need to identify how the nurse and the healthcare assistant can work together to provide quality care and effective use of resources. I do not believe we should focus time on developing a list of tasks for RNs and healthcare assistants to follow. Instead, our energies should be directed towards improved care delivery systems and helping the RN recognize when and how to delegate care activities.

Debra Good Reis, RN, MSN, CCRN
Toledo, Ohio

Reducing Hospital Waste

I am writing on behalf of a group called "Nurses of the Environment" in Denver, Colorado. The group has formed for the purpose of addressing global environment issues by taking action in the nursing workplace.

We are currently gathering informa-

tion about programs which have been successful at reducing the waste in hospitals and clinics, which are highly regulated by confidentiality laws, accreditation standards, infection control procedures and cost containment issues. Procedures established to reduce waste production, re-use materials (e.g., cloth diapers), recycle, or the purchase of supplies made from recycled materials — would be especially helpful to our research.

We encourage all nurses to take leadership in achieving a healthy environment, and acknowledge that forming alliances with people of all disciplines and all walks of life will be necessary for effective environmental action.

Please send information about environmental programs in the nursing workplace to:

Nurses for the Environment
c/o Mary Szczepanski, RN, MS
198 Union Boulevard, Suite 210
Lakewood, Colorado 80228
Mary Szczepanski, RN, MS
Wellness Classes & Consultation
Lakewood, Colorado

A Lesson From School Teachers for Nurses

My daughter recently started her career as a teacher in a secondary school. She is doing her student teaching as well as working as a part-time teacher, teaching one hour of Latin in a middle school. Her orientation and introduction to her new role began two weeks before her first teaching day. First, she was invited to the county's new teacher workshop and was paid for attending it. She was introduced to the county's organization and education philosophy as well as the school system's rules and regulations; time was also allotted for socializing and meeting fellow teachers. Next came the week for all the county language teachers to meet to discuss curriculum and again socialize. The second week was spent in the school

to set up rooms, meet the principal, learn the school's specific rules and procedures, and again socialize with teachers at the school. The support and comradery my daughter has received from the experienced "older" teachers have made her transition from a student to a teacher both pleasant and successful.

I have listened to my daughter's expressions of nervousness and anxiety about her new career and observed the confidence that she has acquired from the support she received from her colleagues over the two-week orientation period. After watching my daughter's experience, I have to ask why nurses do not have similar orientation programs.

Nurses do not usually receive an orientation that involves socialization and mutual support from their work group. They are usually lumped together with all new hospital employees, given a week's worth of rules and regulations, and then sent off to their specific assignment for "work orientation."

In my 26 years of nursing, I have had several good-bye parties given by my work group when I was leaving for another job, but I have had only one expression of welcome to a new job by a work group, and that was when I was promoted from head nurse to division director in the same hospital. The staff from my units sent me balloons and flowers. Their expression of welcome gave an excitement to the promotion that I had not felt before. I still remember it after many years as an important event in my career.

Nursing has been accused of "eating its young." We are dealing with an ongoing nursing shortage and increasing costs of staff turnover. Nurses and nurse managers must work together to resolve the problems of frustration and overwhelming stress that can be felt by new nurses and nurses who are changing specialties and work groups. Part of the solution is personal relationships and collegial support. The preceptor programs are one step in this process but it takes more than one or two nurses to support a new nurse; it takes the total nursing department with a commitment to support this person and to help this person develop into a competent, caring nurse.

We can no longer afford to have the longstanding "disposable nurse" attitude. "If this one doesn't work out, we'll hire

another." We should look at the orientation model used by school teachers and consider the concept of bonding. Nursing orientation programs need to provide for the holistic needs of the nurse, not just high-tech skill training. We need to build collegial support, which includes mentoring, caring, and nurturing of all nurses as they join our department staff.

The orientation that new nurses receive in most hospitals is similar to the hazing that occurs in college sororities. The work group watches with critical eyes to see if the new nurse can "make it" in their unit and then decides whether or not to accept this person into "their group."

When do we give parties or luncheons for a fellow nurse? Most often when the nurse is leaving! Wouldn't it be more effective to give a party or a social event for nurses joining our work group, to welcome them as peers? The way we say "hello" may be more important to a nurse's career than how we say "goodbye."

My daughter was given valuable time to "bond" with her colleagues and develop an identity with the other teachers in the county school system as well as with the local school. "Bonding" is an important concept in family development. It is also an important concept for career development and one that nurse managers should explore in developing strategies for retention of nurses.

I wonder what lasting impressions a new nurse would have if, before being hurtled into work group orientation, he/she was welcomed to the hospital nursing department with a reception, attended by nurses from all specialty areas of the hospital. Another positive action could be a welcome by a committee of nurses and supervisors, who meet the new nurse and share both professional and personal experiences.

Mary Beachley, MS, RN, CEN
Trauma Nurse Coordinator
EMS Nursing & Specialty Care
Maryland Institute for Emergency
Medical Services Systems
Baltimore, Maryland

A Simple Solution to a Complex Problem

The profession of nursing needs to be represented by one organization and the American Nurses Association needs to assume that responsibility. Nursing is dying without a single voice speaking out

on nursing issue. The ANA seems paralyzed by an underfunded and overburdened organization that struggles to respond to the problems of the profession. The present organization seems unable to solve the problems of the profession; mainly for financial and organizational limitations. Most professionals and institutions pay membership dues to an organization that represents their interests. The ANA's present structure does not allow for this as individual membership

for nurses is paid at the state level or to a specialty organization. The healthcare industry needs nurses to provide nursing care and would participate in contributing to membership dues for nurses to the ANA. This is especially true since the nation is facing a crisis with shortage of nurses. Now is the time for change in the way nursing is represented. All professional nurses must band together and empower the ANA to represent the profession of nursing on all professional

SCHEDULE SCULPTOR®

carves out solutions to your toughest scheduling problems!

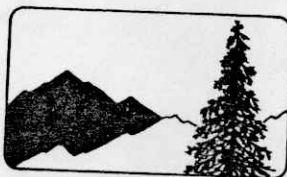
PREPARE WORK SCHEDULES QUICKLY, EASILY, EFFICIENTLY on your IBM PC, PS/2, or compatible, with new **Version 3.0** of our acclaimed staff-scheduling software. Still available for only **\$995**.

- **Automatic Scheduler** meets your staffing requirements while satisfying employee workstretch/break/rotation preferences. Rapidly generates initial version of schedule, then "intelligently" refines it until user-specified time limit is reached.
- **Interactive Module** enables you to explore alternatives, override program decisions, and modify the completed schedule.
- **Analysis Module** offers **15 useful reports**, including:
 - Employee Assignment Summary
 - Individual Employee Schedules
 - Daily Staffing Report
 - Shift Over/Understaffing
 - Shift Staffing Summary
 - Time-Block Staffing Summary
- Schedules cover 2, 4, or 6 weeks, and **up to 254 employees per data file**. Combine several units in one file to track float personnel, or set up separate files for each unit. Define up to 10 employee types, 10 skill codes, and 24 shift codes in each file.

60-DAY NO-RISK TRIAL PERIOD for hospitals & nursing homes

SITE LICENSES AND VOLUME DISCOUNTS OFFERED

For more information, contact:



**BLUE RIDGE
CREATIVE SOFTWARE**
12122 Holly Knoll Circle
Great Falls, VA 22066
(703) 444-5642

IBM, IBM PC, and PS/2 are registered trademarks of IBM Corporation.

Circle No. 116 on Reader Service Card