

Foster Meaningful Work

Hospital work is special. People enter health careers to make a difference in the lives of others. But hospital work is also demanding, hard, and exacting, requiring skill, focus, and attention to detail. As the demands on each caregiver and support worker have increased, the work has become less meaningful and more tedious. This loss of meaning is one of the important underlying reasons hospitals are having difficulty attracting and keeping sufficient workers.

Today, many workers see hospitals as traditional, bureaucratic, and driven by rules and regulations rather than caring. The pace is often hectic, stressful, and exhausting—and not satisfying. They see jobs separated into professional and occupational “silos” that don’t coordinate the work in the best interests of the patient.

The nature of hospital work has changed during the past 20 years. New science and technology have added to our capabilities, but have also increased caregiver responsibilities. Expanded outpatient programs and shorter lengths of stay have resulted in the average inpatient being more acutely ill and requiring more intensive service. There are few, if any long-stay, low-intensity patients. At the same time, regulations and documentation requirements force caregivers and support staff to spend more time with paperwork and less time with patients or in activities to support patient service. Many hospitals have been unsuccessful in using information technologies to reduce the regulatory burden, while financial constraints have often placed an emphasis on productivity that minimizes the value of time for personal interaction.

In order to return to more meaningful and rewarding hospital work, job responsibilities, processes and procedures must be re-designed. But because efforts in the 1980s and 1990s to “re-design” work left bad memories of “right-sizing” and “re-engineering,” (code words for layoffs), workers are suspicious of work re-design.

What is needed is a new approach to hospital work. Workers and managers must come together from all levels and from all departments of the organization to design fresh approaches to today’s job requirements. Retention and recruitment efforts will not succeed in the long-term unless workers have responsibilities that result in meaningful work.

The Commission firmly believes that the work designs of the past satisfy neither patients nor workers. New designs are needed that simultaneously meet the needs of patients, workers, and the hospital as an organization.

The Challenges

Challenge 1

Hospital work must be designed to meet patient, worker, and organizational needs and ensure that the work of caregivers and support staff is meaningful.

Challenge 2

The current workload, including faster pace and fragmentation, may result in harried, dissatisfied caregivers with less time at the bedside.

Challenge 3

It is a challenge for workers to keep up-to-date with the rapid and constant changes in medicine.

Challenge 4

Hospitals must improve their expertise in work design and work processes, and perhaps can learn from other industries.

Challenge 1

Hospital work must be designed to meet patient, worker, and organizational needs and ensure that the work of caregivers and support staff is meaningful.

STRATEGIC RECOMMENDATION

Make the design of work an ongoing priority and core competency of the organization.

ACTICAL RECOMMENDATION

Empower teams of the hospital's staff, including nurses and physicians, to develop new work models.

Example: Due to tremendous growth at Desert Samaritan Medical Center's Emergency Department in Mesa, AZ, the current leadership structure was misaligned with departmental and clinical needs resulting in discontinuity and staff management problems. Utilizing significant input from the nursing, support, and physician staff, the department developed a new ER leadership model in early 2001 centered around the establishment of one Senior Clinical Manager and eight Clinical Managers with well-defined accountabilities. The Clinical

Managers are in the patient care setting of the ER 24/7 doing real time problem resolution with a focus on staff competencies and retention, service, and clinical excellence. The ER shared governance model and culture enabled staff and physician involvement in the selection of the new leadership team. The result has been significant increases in staff and patient satisfaction, a 70 percent decrease in patients who leave without treatment, and all nursing positions filled. Contact Ingrid Bachtel, ER Clinical Administrator, at ingrid.batchel@bannerhealth.com or (480) 835-3706 or Eric Heckerson, Sr. Clinical Manager at eric.hecker-son@bannerhealth.com or (480) 835-3708.

ACTICAL RECOMMENDATION

Provide the resources and support services employees and medical staff need to efficiently and effectively participate in work design projects.

Example: Designed by a clinical improvement team, an "Attending RN" care model was implemented at Via Christi Regional Medical Center, Wichita, KS. Its purpose was to make a single "entity" accountable for nursing care issues, including clinical and financial outcomes and patient and family satisfaction. Attending RNs staff nursing clinical practice groups that, like physician groups, assume responsibility for evening and weekend coverage via a designated call schedule. An advance practice nurse serves as

the manager for all practice groups. Each practice group has a rotating chairperson who facilitates group decisions related to practice issues. Attending RNs round with physicians and manage the clinical needs of patients through coordination of an outcomes-driven team effort. The model allows the bedside nurse to focus on bedside care, and the nurse manager to focus on operational issues related to recruitment, retention, and budget. Contact Vice President of Patient Operations Sharon Gonzales at (316) 268-8077.

Example: North Mississippi Medical Center (NMMC) in Tupelo, MS, has developed a new model for patient care delivery that, when complete, will have RNs at the bedside managing their patients' plan of care. Current



patient care delivery changes include change of shift rounds for nursing staff; added RNs to each shift; nurse-patient sessions each shift to discuss patient care goals; and integrated and interdisciplinary patient medical records. To maximize the time caregivers can spend with patients, equipment is delivered to the patient's floor, while other equipment, such as suction regulators, were purchased for each room. NMMC constantly assesses work design and work environment improvements during staff nurse focus groups. Results so far indicate improved clinical outcomes, as well as improved patient and staff satisfaction. For more information, contact Patti McCue, Vice President for Nursing Service, at pmccue@nmhs.net or (662) 377-3425.

ACT ACTICAL RECOMMENDATION

Determine how recent operational innovations might facilitate new work patterns and improve quality, satisfaction, and productivity.

Example: Evaluate work models that use physician hospitalists or nurse practitioner case managers as the patients' inpatient caregivers, with physicians serving as consultants.

Example: Test "in touch" communications (headsets and wireless devices) in place of patient call buttons and telephones.

STRATEGIC RECOMMENDATION

Develop work designs that balance increased staff satisfaction, safety, and productivity, improved clinical outcomes, enhanced patient satisfaction, and hospital financial viability.

TACTICAL RECOMMENDATION

Involve staff in establishing clearly stated objectives and outcome measures for new work models.

TACTICAL RECOMMENDATION

Implement and reward collaborative and multidisciplinary approaches to accomplishing work.

Example: The Veterans Health Administration (VA) has adopted a new care model based on organizing delivery and coordination of care within small groups of clinicians called “teams.” Teams are multidisciplinary teams that provide a coordinated continuum of care to a defined population and are held clinically (and sometimes fiscally) accountable for the health outcomes and the health status of the population served. A team is in essence a group practice of health providers, including physicians, advanced practice nurses, physician assistants, pharmacists, and other allied health professionals. Contact Mark Stanton at mark.stanton@hq.med.va.gov or (202) 273-8560.

Insight: “Collaboration is defined as a ‘joint communicating and decision-making process with the expressed goal of satisfying the needs of the patient while respecting the unique qualities and abilities of each professional.’ Embedded within successful collaboration are trust, knowledge, shared responsibility, mutual respect, good communication, cooperation, coordination, and optimism.”¹

TACTICAL RECOMMENDATION

Build new work models based on workers’ competencies, education, and experience.

Example: Inova Health System, Fairfax, VA, involved hundreds of staff at all levels in the organization to design, plan, determine readiness, and implement a new patient care delivery model called Outcomes Driven Care. It features a quality/case management service

that supports collaborative teams’ ability to provide case management at the point of service. Data and outcomes information are made available at the point of service so practitioners can more effectively make patient care decisions that affect patient outcomes. The care team members are moving from a task focus to a knowledge base and development of continuous improvement based on data that guides practice. A Discharge Arrangement Center takes the clerical work of discharge planning away from the bedside practitioners. The model has met its goals of improving the patient experience, changing the culture to one of partnership, accountability, commitment to learning and service, improving system integration, and driving costs from the organization. Contact EVP/COO Jolene Tornabeni at jolene.tornabeni@inova.com or (703) 289-2023.

Example: Mississippi Baptist Medical Center in Jackson, MS, is using an innovative approach to assigning patients and float staff to clinical units based on patient needs and staff

expertise. The concept involves a multidisciplinary staffing team that meets daily to assign patients and clinical float staff to units. Outcomes have shown increased employee morale, lower turnover, higher patient satisfaction, and improvement in wait times for patients in the emergency room, surgery, and admissions. This concept won the MHA - Organization of Nurse Executive Innovation Award for 2001. Contact Debbie Logan, Nursing Director, at dlogan@mbmc.org or (601) 968-1020.

ACTICAL RECOMMENDATION

Recognize and communicate the differences between generations of workers so that work teams understand and respect their differing perspectives.

Insight: “Companies will have to become more flexible in how they recruit, how they structure jobs, what scheduling options and benefits they offer, how they train, how they manage, how they appraise managers’ performance, what behavioral traits are tolerable or intolerable in both older and younger

employees, and how they manage the career paths and retirement of their employees.”²

Insight: Generations differ in the way they see the world.³

The Way Generations See the World

	Veterans (Born 1922-1943)	Boomers (Born 1943-1960)	Generation X (Born 1960-1980)	Generation Y (Born 1980-2000)
Outlook	Practical	Optimistic	Skeptical	Hopeful
Work Ethic	Dedicated	Driven	Balanced	Determined
View of Authority	Respectful	Love/hate	Unimpressed	Polite
Leadership by	Hierarchy	Consensus	Competence	Pulling together
Relationships	Personal sacrifice	Personal gratification	Reluctant to commit	Inclusive
Turnoffs	Vulgarity	Political incorrectness	Cliché, hype	Promiscuity

ACTICAL RECOMMENDATION

Embrace the characteristics of the Magnet Hospital program and incorporate them in work innovations.

Sidebar: Characteristics of Magnet Hospitals listed on pages 18-19.

Insight: Outcomes at Magnet Hospitals: Linda Aiken, PhD, RN, Director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania, has studied the Magnet-designated hospitals. She reports that, compared to a cohort of 195 comparable non-magnet hospitals, at the Magnet institutions:⁴

- Patient mortality rates were 4.6 percent lower.
- AIDS patients were 60 percent more likely to depart the hospital alive.
- Nurses suffered far fewer needle-stick injuries.
- Patient satisfaction scores were significantly higher.
- Nurses enjoyed significantly greater immunity to job burnout.
- Nurses believed the care that patients received was better than at non-Magnet facilities.

ACTICAL RECOMMENDATION

Explore clinical care models that emphasize continuity of care and improved quality outcomes.

Insight: Define the role family members may have in a patient's hospital care.

Insight: Eliminate work designs that include frequent "handoffs" among staff. They add little value, are not rewarding, and impose administrative hassles on employees.

ACTICAL RECOMMENDATION

Modify work design and environments to retain older workers.

Example: One way to retain the skills and experience of older workers is by utilizing them to mentor younger workers. Mentors should be distinguished from other employees and recognized for this special contribution through financial or other incentives, or a recognition event such as a recognition luncheon.



Insight: People's physical capabilities may change over time. Modifying work design and environments will enhance worker safety.

Forces of Magnetism

(The descriptors reflect some of the practices attributed to that particular organizational characteristic.)

Quality of nursing leadership

- Leaders are perceived as knowledgeable, strong risk-takers who follow a meaningful philosophy that is made explicit in the day-to-day operations of the department. They convey a strong sense of advocacy, providing staff with an overall positive sense of support.
- The nursing director and managers are pivotal to the success of the organization.
- The nursing director is critical to the development of a positive nursing situation.

Organizational structure

- The director of nursing is at the executive level of the organization, reporting directly to the chief executive officer.
- Decentralized departmental structures allow for a sense of control over the immediate work environment and strong nursing involvement in the committee structure across departments.
- With regard to staffing, quality of the staff is as important as the quantity.

Management style

- Participative management style is characterized by involvement of staff at all levels.
- Participation is sought, encouraged, and valued; nursing administration is both visible and accessible.

ORGANIZATIONAL ELEMENTS OF MAGNET HOSPITALS

- Communication is a two-way process with active listening, direct staff input, and ongoing information about what is happening within nursing and the broader organization.

Personnel policies and program

- Salaries and benefits are competitive.
- Shift rotation is minimized, if not eliminated, and creative and flexible staffing arrangements are tailored to meet staff needs.
- Significant administrative and clinical promotion opportunities reward expertise with both title and salary changes.

Professional models of care

- The model of care gives the nurse the responsibility and related authority for patient care.
- Nurses are accountable for their own practice and are coordinators of care.

Quality of care

- The nurses believe themselves to be providing high-quality nursing care to their patients.
- Directors of nursing and nursing management are viewed as responsible for developing an environment where such care can flourish.

Quality assurance

- This is considered a mechanism to improve quality of care.
- Nursing staff involvement in the development of the plan, implementation, and data collection results in improved nursing care.

Consultation and resources

- Knowledgeable experts, particularly Clinical Nurse Specialists, are available.
- The magnet climate is one of peer support, both intra- and inter-professionally, and there is great awareness and appreciation of agency and community interchange or resources.

Level of autonomy

- The nurses are permitted and expected to exercise independent judgment.
- Autonomy is viewed as self-determination in practicing according to professional nursing standards.
- Interdisciplinary decision making is essential.

Community and the hospital

- Nurses support active community outreach.
- Nurses want to view their hospital as a model corporate citizen.

Nurses as teachers

- Nurses place a high value on education and teaching by nurses, not only their own personal and professional growth, but also their roles as teachers.
- Nurses derive much satisfaction from teaching, which is viewed as an energizing activity.
- Teaching is seen as both an expectation in the profession and as an opportunity to practice as a professional.

Image of nursing

- Nurses are professionals.
- Nurses are essential providers of health care.

Collegial nurse-physician relationships

- There is a need for mutual respect for each other's knowledge and competence and a mutual concern for the provision of quality patient care.
- Nurse-physician relationships require constant attention and nurturing.

Orientation, in-service, continuing education, formal education, and career development

- Magnet facilities have a high emphasis on personnel growth and development.
- Staff development starts with orientation and is a strong influence on retention, with the gradual introduction of work viewed as important.
- Access to in-service and continuing education related to the area of practice involved is essential; multiple opportunities exist for clinical advancement that is competency-based with specific requirements.

Challenge 2

The current workload, including faster pace and fragmentation, may result in harried, dissatisfied caregivers with less time at the bedside.

Insight: “Which days have we cut from the hospital experience? Not the days of anxiety but the days of gratification! We have sent home the patient who was approaching the exquisite moment in hospitalization when anxiety about an indeterminate outcome and fear of dire complications shade first into hope and then into certainty of success. Utilization review has gnawed at the days of gratification but left the days of anxiety unscathed! The result is a major source of malaise in our contempo-

rary hospital scene: a reduced sense of gratification together with a persistent or even increased sense of anxiety. In short, the sense of anxiety versus gratification (SAG) index has sharply increased.”⁵

Insight: If the average length of stay is four days, 25 percent of patients are discharged every day. But, 25 percent patient turnover feels like 50 percent turnover to employees because 25 percent of the patients depart and are replaced by 25 percent new patients.

STRATEGIC RECOMMENDATION

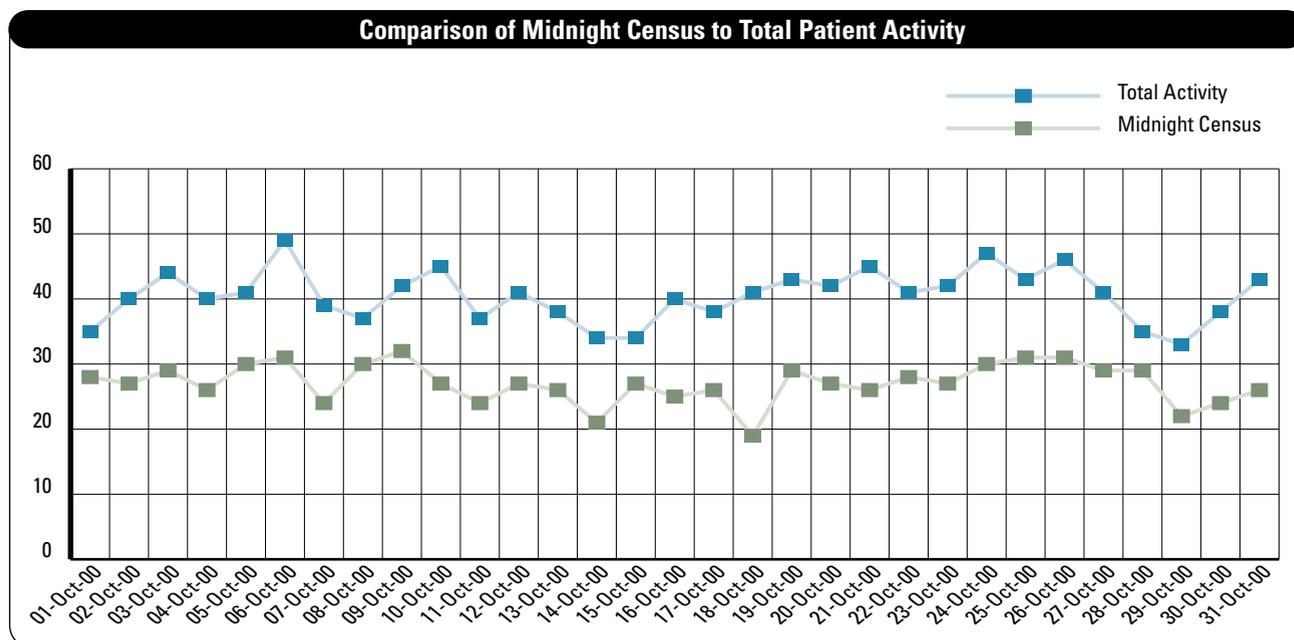
Monitor and measure the number and mix of qualified staff to ensure there are enough workers for safe, timely care that is satisfying to patients and staff.

ACTICAL RECOMMENDATION

Develop better methodologies for measuring work and scheduling staff that:

- *anticipate demand;*
- *adjust for the learning time essential for new employees;*
- *accommodate the physical limitations of older employees;*
- *acknowledge the short-term loss in productivity that occurs when persons experienced in one clinical specialty are assigned to another area;⁶ and*
- *recognize the “information burden” as well as the “task burden” imposed by new patients.*

Example: In Missouri, St. John’s Mercy Medical Center’s nursing leadership and the Sisters of Mercy Health System Corporate Office Operations Consulting and Clinical and Nursing Services Departments engaged in a pilot study to examine metrics used to schedule staff, make staffing decisions, and monitor staff utilization. Midnight census has traditionally been used as the primary measure of work in the inpatient nursing environment. Due to the rapid throughput of patients on many units in today’s environment, this



pilot explored how patient activity volume (defined by “total treated” number of patients, i.e., sum of full-day patients, admissions, discharges, transfers, etc.) can be utilized to support staff planning and decision making.

As shown by the graph above, total patient activity volume is significantly higher than the midnight census on the St. John’s Telemetry Unit. This data, as well as total patient activity volume by day of the week and hour of the day, revealed patterns and trends. St. John’s then made adjustments to the unit’s staff schedules, such as creating four-hour shifts for peak admission/discharge hours. The result has been more effective and efficient use of staff worked hours, along with improved staff, physician, and patient satisfaction.

Contact Mary Ellen McDonough, Nurse Manager, Telemetry Unit, St. John’s Mercy Medical Center at mcdome@stlo.smhs.com or (314) 569-6374 or Rick Dziewiontkoski, Director, Operations Consulting, Sisters of Mercy Health System, at rdziewiontkoski@corp.mercy.net or (314) 957-0483.

ACTICAL RECOMMENDATION

Ensure that systems for measuring work provide caregivers with time to have relationships with patients, not simply time to perform tasks.

Example: Using staff and patient feedback, New York VA Health Care System, Albany, has developed a team approach to care that is more satisfying to patients and caregivers. Nurses are encouraged to identify problems on their units and take an active role in their resolution. Team members meet at the beginning of each shift to discuss the nursing care for assigned patients and desired outcomes. They then go to



each patient room to introduce themselves, a brief visit that tends to calm patients and result in fewer calls during the shift. RNs spend three to five minutes with each assigned patient to discuss proposed outcomes and hear patient/

family needs. The nursing plan is communicated to other members of the care team through progress notes and discussions, including a 20-30 minute meeting later in the shift to evaluate progress and revise the plan, if needed. To reduce paperwork and admissions time, only team leaders prepare patient reports and one nurse processes all admissions and transfers. In addition, they were able to decompress two overly crowded units into three smaller units, with an education room on each unit. In preliminary feedback, nurses report feeling like part of a team offering improved continuity of care, with quiet time for staff and patient education, while physicians like the more focused units and improved access to computers. Contact Barbara Brady, Operations Manager, at barbara.brady2@med.va.gov or (518) 626-6524.

ACTICAL RECOMMENDATION

Monitor the growing body of research that examines the relationship between 12-hour work periods and worker performance and satisfaction and if how round-the-clock work jeopardizes patient and worker safety.

Example: Provide support for employees working high-risk hours when biorhythms are at low levels by providing longer or more frequent breaks.

STRATEGIC RECOMMENDATION

Increase the time caregivers can spend in the actual care of patients.

ACTICAL RECOMMENDATION

Introduce new technologies that reduce paper records and the repetitive entry of information.

Example: The University of Kansas School of Nursing and health care information systems experts from Cerner Corporation have teamed up to provide “live” clinical information systems as part of the university’s health professions’ curricula for nurses, physicians, and allied health professionals. New graduates from this program expect to work in environments that have eliminated redundant and repetitive paper systems and promote technology-based clinical decision making. Contact Judy Warren, RN, PhD, University of Kansas at jwarren2@KUMC.edu or (913) 588-4286.

Example: Washington ENT Group is a newly established ear, nose, and throat practice in Washington, DC, that is completely paperless. Everything having to do with the patient encounter is electronic, from scheduling to billing and prescriptions. Physicians access patient medical records from a hand-held computer, which has full access to the clinic’s computer network. The clinic, which invested \$300,000 on computers and software, says the results are seamless for the patients, efficiency for clinicians, and faster claims fulfillment. Contact CEO Barth W. Doroshuk at bdoroshuk@washingtonent.com or (202) 785-5595.

Insight: Include fail-safe backups in the automated systems to eliminate the desire to create inefficient and time-consuming duplicate manual backup systems.

ACTICAL RECOMMENDATION

Deploy automated workflow systems in departments such as laboratory, radiology, pharmacy, and emergency services that allow for continuous tracking of both procedures and patients.

Example: The Sisters of Mercy Health System – Arkansas Region has utilized automation in several ancillary service departments to transform and standardize behavior in particular at their St. Edward’s Mercy Medical Center facility in Ft. Smith, AR, resulting in operational effectiveness that aids in addressing multiple workforce and job satisfaction issues. Contact: Larry Blevins at (501) 478-4730.

*T*ACTICAL RECOMMENDATION

Recognize acute care nursing outside intensive care specialty units as a valued clinical role rather than as “undifferentiated” general service.

Insight: New staff assigned to general medical-surgical units are often not provided with the same orientation, supervision, and recognition as new staff in ICU specialty units.

*T*ACTICAL RECOMMENDATION

Moderate the traditional morning admissions peak.

Example: Test alternative admission patterns, such as admitting surgery/fasting patients in the morning and elective/diagnostic patients in the afternoon to moderate the traditional morning peaks.

*T*ACTICAL RECOMMENDATION

Cross-train staff to work in new units so that an existing, experienced, internal float pool of talent is available.

Example: Faced with large debt and possible closure of the hospital, leadership at 17-bed East Adams Rural Hospital in Ritzville, WA, devised an inventive cross-training program. Fourteen staff members who do other jobs have been trained and certified as nursing assistants. Seven other staff members have been cross-trained as emergency medical technicians. As a result, the hospital no longer hires nurses from temporary staffing agencies. Contact Nursing Director Amy Sawyer at amylsawyer@hotmail.com or (509) 659-1200.

Insight: Using inexperienced agency staff on a unit increases the burden on regular staff who must add to their workload the supervision of inexperienced agency staff.

Challenge 3

Medicine is a field of rapid and constant change: it is an ongoing challenge for workers to keep up-to-date as new clinical procedures are developed, new drugs are introduced, and innovative work processes are designed.

STRATEGIC RECOMMENDATION

Create the capacity to keep all staff up-to-date.

ACTICAL RECOMMENDATION

Build mechanisms, including education, coping skills, and innovative necessary technologies, for workers to have new, updated competencies, including evidence-based practice information for clinicians.

ACTICAL RECOMMENDATION

Provide training and skills development opportunities as new technologies are introduced.

Insight: Make sure your organization's educational programs include training for new technologies.

Insight: The increasing use of more sophisticated equipment and systems throughout the hospital is facilitated if the science and math competencies of caregivers and support staff are increased.

ACTICAL RECOMMENDATION

Deploy an automated information system that helps guide clinicians' decisions at the point of care.

Example: Good Samaritan Regional Medical Center in Phoenix, AZ, developed 37 automated medication alerts/rules to assist pharmacists and other caregivers in the avoidance of potential adverse drug events. During a six-month study, these alerts identified 596 opportunities to prevent patient injury secondary to adverse drug events resulting in potential annual cost savings of \$3 million. Contact Lee Lemelson, RPh, at lee.lemelson@banner-health.com or (602) 495-4349.

Challenge 4

Hospitals must improve their expertise in work design and work processes, and perhaps can learn from other industries.

STRATEGIC RECOMMENDATION

Establish partnerships with industries outside of health care to learn from their expertise in designing work and work processes.

Example: Northwestern Memorial Hospital (NMH) and GE Medical entered into a strategic partnership arrangement in August 2000 in support of NMH's Best People and Best Patient Experience initiatives. Application of the GE Leadership Methods in Healthcare was implemented first focusing on two primary areas: CT Scan and the Emergency Department. Since partnering, NMH has been able to accommodate a higher volume of patients while decreasing backlog and minimizing patient wait time in its CT area. Revising its service model process, several control mechanisms were established to work through capacity restraints in ED, in addition to decreasing wait time and improving patient satisfaction. NMH has been pleased with the results of this strategic relationship. Contact: Larry Goldberg, Vice President, Operations, at lgoldber@nmh.org or (312) 926-4787.

Example: The airline industry has been very successful in reducing errors and improving safety through the implementation of crew resource management training. This approach incorporates strategies for improved team communication and coordination. Sentara Healthcare in Norfolk, VA, is implementing two programs using the techniques and tools of crew resource management in the Emergency Department and in Labor and Delivery. The approach includes active involvement of all staff including physicians and nurses in the work areas. Contact: Manager of Performance Improvement Shannon M. Sayles, RN, at smsayles@sentara.com or (757) 668-3197.

- 1 M. K. Wakefield and E. T. O'Grady, "Putting Patients First," in Collaborative Education to Ensure Patient Safety. Washington, DC: Health Resources and Services Administration, 2000.
- 2 D. Piktialis, "Workforce Planning for an Aging Society," in Working Through Demographic Change. Boulder, Colorado: Human Resource Services, Inc., 2001, p. 18.
- 3 R. Zemke, C. Raines, and B. Filipczak, Generations at Work. New York City: American Management Association, 2000, p. 155.
- 4 L. K. Aiken, et al., "The Magnet Nursing Services Recognition Program," American Journal of Nursing, March 2000, pp. 26-35.
- 5 M. Rabkin, "Occasional Notes: The SAG Index," New England Journal of Medicine, November 18, 1982, pp. 1350-1351.
- 6 P. Benner, From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Menlo Park, California: Addison-Wesley Publishing Company, 1984.