

THE GENERALIST NURSE
PRACTICING ON A MEDICAL-SURGICAL UNIT

A JOB ANALYSIS

OF

MENTAL AND EMOTIONAL DEMANDS

Darrell H. Hart Associates
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**ESSENTIAL AND/OR IMPORTANT MENTAL AND EMOTIONAL
DEMANDS ASSOCIATED WITH THE JOB FUNCTIONS
OF THE GENERALIST NURSE PRACTICING ON A
MEDICAL/SURGICAL UNIT**

RESEARCH DESIGN

Introduction

College and University faculty who provide clinical instruction and supervision to nursing students are faced with a serious dilemma when a student who can meet the classroom demands of nursing education has difficulty performing well in the clinical component of the educational program. What resources does a nursing educator have to help make an objective determination if a student's difficulty in providing patient care during the clinical experience is a lack of knowledge or a result of an inability to meet the mental and/or emotional demands of the tasks?

How can the nursing educator counsel the student who consistently freezes when nursing care situations demand a quick response and the clinical environment is far from the quiet and calm of the classroom situation that would allow all the time needed to make a reasoned decision and take action?

What is the educators response to a vocational rehabilitation counselor's question: "I have a client who has a history of depression. She can't think of any career but nursing. She is so compassionate and caring. Can she be successful in your program?" How does a nursing educator explain the demands of nursing to a perspective student who says, "I know I'll be the best nursing student you ever had. I'm not good with books.... but I love people!"

Who in the healthcare system has knowledge of the mental and emotional demands of nursing sufficient to assist faculty and students answer these and other such questions? What are the critical mental and emotional demands of the generalist nurse? Faculty members of Utah Valley State College Department of Nursing have noted a number of benefits to having answers to this question, both for the improvement of the educational process as well as for the delivery of care by employed nurses in hospital settings.

1. Utah is in a unique situation of having many more qualified applicants for admission to its nursing programs than it can accept. If the mental and emotional demands of nursing can be identified and stated in objective terms, potential students could be appraised of the demands to help them in making important career decisions. Those who feel they may not want or be able to meet the performance demands may recognize the risk before beginning a program. This could decrease attrition and leave more seats available for students who might be more likely to complete the program and succeed in a nursing career.
2. Students who are enrolled in nursing programs can be given better focused supervision and support when they begin to experience difficulty in meeting the critical nursing mental and emotional demands either in the didactic or in the clinical phases of the educational program, thus increasing their potential for personal and educational success.
3. Mental health professionals will have an objective list of demands to aide them in determining if a student with difficulties should continue with clinical education or receive career counseling to determine a more appropriate career pathway.
4. Hospitals will have functional guidelines to (a) evaluate the capacity of staff nurses who are not performing adequately, (b) develop/customize, from the mental and emotional information base, in-service training, mentoring, and staffing assignments, and (c) have performance criteria for fitness for duty evaluations to address ADA requests, considerations for applications for long-term disability, or to aid in determining if a nurse is psychologically ready to return to work following a period of absence for health reasons.

The search for answers led to meetings with Mr. Norm Alverson of the Utah State Risk Management Office who is a leader in developing job performance criteria for assisting organizations with compliance to state and federal employment guidelines. Early in the planning of this project it became evident that the same issues should be of interest to all nursing education programs and hospital organizations in the state. A decision was made to develop criteria that could be used by any school or hospital in the state. The director of UVSC Department of Nursing asked that the Utah Nursing Leadership Form, a group of nursing education and nursing service leaders consider the question. Discussions by that group led to the general assumptions on which the study was based.

- Basic undergraduate education prepares the new graduate to function as a generalist nurse on the medical/surgical unit.

- The performance demands of a nursing student should be based on all experiences in the education process and therefore reflected in the last clinical experience of the basic undergraduate program.
- The performance demands of the last semester student will be the same as the demands of the generalist nurse on a medical/surgical unit.

All schools were asked to identify the competencies required of their graduates. This was used to generate a list of general competencies that became the information working base for this study.

Mission

To develop a document that will:

1. Provide a realistic picture of the mental and emotional demands of nursing for potential applicants to nursing education programs.
2. Enhance the development of education materials to help nursing students and practicing nurses successfully meet the mental and emotional demands of their jobs.
3. Assist in objective evaluations of nursing students and practicing nurses who have performance and/or psychological problems to facilitate the return to satisfactory functioning or assist in developing alternative conditions consistent with (a) capabilities of the student or nurse and (b) State/Federal guidelines.

Goals

- Determine from existing job descriptions, educational course work, and on-site hospital practice patterns the major job functions and tasks of the generalist nurse practicing on a medical/surgical unit.
- Identify essential and/or important mental and emotional demands associated with those job functions and tasks.

Procedure

Two sources of data were used to determine the job functions and tasks and associated mental and emotional demands of the generalist nurse.

- The initial source of data came from a rough draft of nursing competencies prepared by a nursing leadership committee of six nursing educators and directors of hospital nursing programs. Included were tasks associated with critical thinking, leadership, patient advocacy, safety, basic nursing functions, and physical requirements. This initial effort led to a second planning meeting from which very specific functions and tasks of basic nursing were distilled from the broader initial working draft. This final cut included two nursing educators, two practicing floor nurses, and one last semester student.
- The source of essential information about the important mental and emotional demands associated with the previously defined functions and tasks came from job-site observations and in-depth interviews with practicing nurses and nursing administrators. Through this process the challenging patient care and intra and interpersonal demands required of an effective generalist nurse were discussed, evaluated, and prioritized.

Sixty interviews averaging an hour each were conducted with nurses with medical/surgical experience. They represented 13 hospitals and four different hospital organizations in both urban and rural settings. Also included were 10 nursing students in their final semester of training who have worked on a med/surg floor, four directors of nursing, and two nursing educators.

The interviewees were asked to identify important cognitive (thinking) requirements and processes and important affective (feeling) demands associated with their various nursing functions and tasks. The input was then synthesized into statements considered to represent major demands in each category or function.

A six person ad hoc steering and review team critiqued and modified the rough draft working copy to ensure adequacy of content for the purposes of the project. Included on the steering/review team were two nursing educators and four seasoned practicing nurses selected from the interview pool. Instructions to the review team are outlined in the attached memorandum.

It is recognized that the list of mental and emotional demands is not exhaustive and may be supplemented as appropriate.

Acknowledgments

A special appreciation is extended to Dr. Alene Harrison, Associate Dean and Director of

Nursing for Utah Valley State College in Orem, Utah for spear-heading this important nursing project. Joint sponsors are Utah Valley State College Department of Nursing, Utah Nursing Leadership Forum, and the Utah Office of Risk Management. In each phase of the project Dr. Harrison provided supportive guidance and valuable insights. She also facilitated essential cooperation of the nursing directors in the thirteen hospitals who provided time for on-staff nurses to share their insights about the essential mental and emotional demands described in this report. Also to receive a special acknowledgment is Mr. Norm Alverson of the Utah Department of Risk Management who recognized the importance of this nursing project for providing (1) guidance in educational and supervisory structure to the nursing educators in the state of Utah and to the directors of nursing from the state's hospitals and (2) critical personnel management and ADA (American Disabilities Act) resource information about conditions that arise that demand a substantiated performance information base.

In addition to Dr. Harrison's role on the steering and review team are the five other nursing personnel who contributed numerous hours critiquing and modifying the rough draft.

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MEMORANDUM

Date: June 10, 2003
To: The Review Team Members
From: Darrell Hart, Project Coordinator
Subject: Mental & Emotional Demands of the Generalist Nurse Practicing on a Medical-Surgical Unit

Thank you for agreeing to participate in a review and validation process for finalizing the document: Mental and Emotional Demands of the Generalist Nurse Practicing on a Medical-Surgical Unit.

A draft copy accompanies this memo. It represents information shared with me during 58 interviews with nurses with medical-surgical experience representing 12 hospitals in both urban and rural settings. Also included were 10 nursing students in their final semester of training who have worked the med-surg floor, four directors of nursing, and two nursing educators. I started with a list of general nursing functions and tasks developed with a small planning committee representing nursing educators and practicing nurses. I then asked interviewees to identify important mental (thinking) requirements and processes and important emotional (feeling) demands associated with the various tasks and functions. The input was then synthesized into statements considered to represent major demands in each category or function.

The demands that are recorded in the rough draft need not be totally comprehensive but must be, for the most part, representative of the more difficult mental and emotional demands associated with the tasks and functions that are to be performed. I have observed that some tasks call for similar mental and emotional demands and thus there will be occasionally repetition and cross-correlation; that's okay.

My concern is (1) that I not miss some very critical demands associated with particular tasks and (2) that the various demands are understandable and lined-up logically with the major functions. It will be observed that the functions A, conducting initial patient assessment and B, developing a treatment plan are less well developed than the other three major functions. I may have adequate

representative coverage on function A and B, but I'm not sure. My request is that you look at the entire document for logic/connection errors and missing mental and emotional demands that are very critical and should be added to the appropriate task and function. I am particularly concerned about adequate coverage on functions A & B.

On the Morning of June 18, 2003 at 9:00 a.m., we will sit down and walk through the draft and add, edit, and delete. In the end, the review team will need to feel that the final product is a good representation of essential mental and emotional demands of the generalist nurse working on a medical-surgical unit. Again, it doesn't have to be exhaustive, but it should be representative and understandable.

This draft is presented a few days ahead of our group discussion so you'll have little time to become somewhat familiar with the data in preparation for your input and eventual (blessing).

Thanks indeed for your willingness to help prepare a document to use in selection, orientation, training, work place decisions, and fitness for duty assessments with a generalist nurse.

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Demands of the Generalist Nurse**

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FUNCTION A

CONDUCT AN INITIAL PATIENT ASSESSMENT

Task A1: Gather History

Mental Demands:

- Determine the personal resources and health care system within a patient's referring network that will facilitate gathering historical information about a patient.
- Determine the health care professionals and information sources needed to provide necessary background information about previous health care and the specific current needs of the patient; then determine how to get the information in a timely fashion, e.g., physician (s), diabetic team, nutritionists, home health nurses, social workers, the patient's family.
- Conform to mandatory policies and laws for obtaining and managing personal medical information.

Emotional Demand:

- Accommodate for the patient's interpersonal style to obtain, as best possible, historical information from a cognitively/emotionally impaired patient.
- Manage the frustration and possess the patience to pursue critical historical information about a patient when:
 - There are no family members present or those that are available have very little knowledge about the patient's medical history, i.e., prescribed medications, dosages, and times.
 - When the patient is resistant to revealing personal information such as substance abuse, psychiatric disorders, family abuse, or personal medical history.

- The doctor's notes have not been transcribed.
- Physical exam suggests possible co-morbidity but there is no timely way to cross-validate.
- Cope with the complexity of implementing HIPAA regulations.

Task A2: Develop Baseline Data

Mental Demands:

- Utilize skills needed to detect signs and symptoms of abnormalities in basic functions during the patient assessment, e.g., cardiac, neuro, GI, pulmonary function.
- Detect developmental/functional delays and deficiencies in physical and mental status according to norms adjusted for age and medical condition.
- Assess the patient's expectations, capability, or motivation for self-care, e.g., hygiene, dental care, dress, mobility, cultural, spiritual.
- Maintain a professional atmosphere while obtaining sensitive/intimate patient information.
- Establish a supportive environment while using communication skills to obtain personal, mental, and emotional data from patients.

Task A3: Identify the Patient/Family Needs

Mental Demands:

- Understand the patient's and family's psychosocial conditions and perceptions of health needs in developing and obtaining an emotional commitment to a treatment and educational plan.

- Assess the family's expectations and coping capabilities related to:
 - Hospital care.
 - Understanding the patient's health condition and treatment plans.
 - Support systems, family, and external.
 - Preparation for discharge and post-hospital care.
 - Preparation for chronic or terminal illness.
 - Nursing responses to call lights, monitoring pain, optimizing comfort and hygiene, etc.

Task A4: Integrate Data and Cross-Validate Diagnoses

Mental Demands:

- Determine needs for additional data for accurate nursing diagnosis and care
- Determine sources for additional data, e.g., additional medical reports, more information about physician expectations, a more detailed medical history from the patient/family, additional data on possible co-morbid conditions.
- Integrate and verify all patient information with the current history and physical such as emergency room assessments, mental status history, and referring physician input.
- Differentiate between highly relevant and less relevant information to establish accurate diagnostic conclusions and a baseline of current functioning for treatment planning.

FUNCTION B

DEVELOP A TREATMENT PLAN

Task B1: Determine Outcome Goals

Mental Demand:

- Personalize for the patient, functional and mental/emotional outcome goals based on available assessment information.... “where do you want to be at the end of the hospital stay?”

- Examples of outcome goals: For a pneumonia patient expect lungs to be clear, no coughing, no shortness of breath, and no fever. For a terminal cancer patient the pain will be tolerable and nutrition adequate. The patient and family will understand the treatment care process, prognosis, and ways to provide mutual support. Patient and family will have processed emotions of fear, anxiety, and depression and be prepared to put personal matters in order.

Emotional Demand:

- Accept differences between nursing goals and the patient’s commitment to follow through, e.g., a cancer patient who refuses conventional therapy, a patient who only takes a partial dose of an antibiotic due to nausea.

Task B2: Prioritize and Organize Action Steps

Mental Demands:

- Ensure action steps for patient care are consistent with the prioritized outcome goals.

- “Use common sense in organizing.... you’ve got to know how to anticipate.”
- Develop an effective method to keep track of (a) required action steps, (b) their timely completion, and (c) the outcome.
- Understand institutional policies and procedures that pre-determine action steps, e.g., adult vaccines, isolation precautions.
- Identify, prioritize, and set-up by time lines the support services required to implement all of the treatment action steps consistent with the patient’s condition and outcome goals.

Emotional Demand:

- Remain emotionally flexible to constantly reprioritize action steps when unforeseen changes in patients arise, i.e., “too much rigidity in a nurse potentiates frustration.”

Task B3: Access Resources

Mental Demands:

- Using data from the resource analysis, participate in the healthcare team’s decision making about whether to launch into treatment or send the patient to a higher level of care, e.g., ICU, tertiary hospital, Trauma I.
- Know how and when to access institutional policies, procedures, and patient care data.
- Access internal and external resources to provide quality patient care.

Emotional Demands:

- Accept lack of control over support services which could cause changes or delays in timelines for treatment.

FUNCTION C

PROVIDE TREATMENT

Task C1: Follow Physician Orders

Mental Demands:

- Obtain a clear understanding of the physicians orders and expectations.
 - Make sense of undecipherable writing.
 - Determine, for each physician, an approach that will allow adequate communication about orders, the patient’s condition, plan of care, and teaching/ instruction.
 - Understand individual preferences.
- Determine how, when, and from whom the nurse can quickly obtain necessary information about orders when the attending physician’s orders conflict with nursing judgement and/or protocol or the physician doesn’t respond to a call, i.e., follow chain of command.
- Use judgement when the urgency of treatment overrides the physician’s orders or the hospital’s standard policies.
- Prioritize the hierarchy of tasks to complete the doctors orders based on the understanding of pathophysiology.
- Develop skills to know how to approach a doctor when a patient’s condition suggests that an alternative treatment might be considered, i.e., personality is individual; it helps if you can build a rapport and trust.

Emotional Demands:

- Take action in a critical situation with the anticipation that the physician will support your action.
- In spite of the possibility of being made to feel inadequate by a demanding, impatient, and critical doctor, have the courage to call him/her when there is a problem with a patient, i.e., “New nurses are scared to ask an intimidating doctor who makes them feel inadequate..... like they’re doing a bad job so they put off calling.”
- In a crisis situation with a time pressure for action, maintain the emotional composure to accurately assess, remember, and convey relevant diagnostic data to the doctor and co-workers while providing immediate intervention, i.e., “Some nurses seem to be immobilized in crises.”

Task C2: Provide Patient and Family Education

Mental Demands:

- Know where to get patient specific information, i.e., “Sometimes the doctor isn’t available, orders are not left, the Internet may give questionable information.”
- Determine when the patient and the family members are ready to receive information, i.e., What is the degree of receptivity, capability, are they in denial, is their attention focused?
- Customize the teaching to the capacity of the patient to improve the chances of the patient using “all the wonderful knowledge you’ve given them.”
- Be creative and resourceful in conveying information when there is a language or reading barrier, e.g., no one to interpret, printed information in English only.
- Perceive and then relieve the anxieties and worries of the family and patient about the procedures and equipment prescribed by the doctor, i.e., “Talk to them about what you’re doing and why”.

Emotional Demands:

- Possess sensitivity and emotional control when educating a patient and family members in how to prepare for life altering situations or impending death.
- Acknowledge inability to answer a patient or family question without that deficiency causing fear, embarrassment, or loss of self-worth.

Task C3: Monitor Vital Signs

Mental Demands:

- Make timely assessments of vital signs even when under great pressure for managing the critical needs of multiple patients.... all at the same time.
- Evaluate abnormal vital signs and the cause, i.e., “What’s going on here?.... check heart, color, respiration, blood pressure, pain, temperature, the patient’s norms, medication, responsiveness, medical history, second opinion.”
- Integrate all related information and initiate corrective action, e.g., clear airway, get respiratory, do an EKG, change IV, get further assessment.
- Examine vital sign trends to understand patient condition.

Emotional Demands:

- Stay focused under pressure when the patient’s vital signs are abnormal, i.e., “You don’t want to miss anything... a little piece of the puzzle.”
- Enjoy the challenge of “putting the puzzle together... especially when it’s hard.”
- Acknowledge the need to delegate and trust co-workers to obtain vital signs.

Task C4: Obtain Lab Specimens and Monitor Lab Values

Mental Demands:

- Differentiate normal from abnormal lab values and utilize available resources for understanding lab values.
- Examine lab value trends to understand patient condition.
- Assure responsibility for obtaining and conveying lab information.
- Integrate lab values with other patient related information and initiate corrective action.
- Use proper procedures to obtain lab specimens, e.g., order of draw, correct tube, handling/preservation.

Emotional Demand:

- “It’s only a fear when you don’t understand the lab values because you could be putting the patient at risk... so be willing to ask for help in spite of feeling stupid.”
- Stay focused under pressure when patient lab values are abnormal, i.e., lab values indicate infectious disease when precautions were not in place during prior care.
- Enjoy the challenges of “putting the puzzle together... especially when it’s hard”.

Task C5: Monitor and Support Emotional/Cognitive Functioning

Mental Demands:

- Recognize the signs that a patient is giving up on treatment and on life itself and devise, when appropriate, a process for instilling the desire to heal and recover.
- Support the patient and family in acknowledging their emotional difficulties and in seeking counsel from clergy or social worker, to improve their capacity to function.

Emotional Demands:

- Maintain emotional composure, provide consistent directives, and remain clinically astute when monitoring and caring for mentally and emotionally dysfunctional patients, i.e., “It’s hard to get accurate self-assessments from the Alzheimers or delusional patients or.... those drug abusers who syphon everything off of you and you know they’re working you.”
- Possess the patience to tolerate or the creativity to extinguish the behavior of the patient who demands constant attention, e.g., “Pull up my blanket, hand me the glass, I can’t feed myself.”
- Have the ability to emotionally detach from the psychological struggles of patients, especially those who are personal acquaintances, in order to objectively monitor psychophysiological interactions and provide realistic support, i.e., “I want to sit there and cry with them. You know their problems but what can you do? I take those patients home with me.”

Task C6: Provide Basic Medical Care

Mental Demands:

- Allocate time during basic care to adequately assess a patient’s emotional as well as physical condition and progress, i.e., “We can get tied up in what we think are more critical tasks and put off or rush through our best opportunity to evaluate and address the emotional aspects of healing.”
- Know what and when to delegate basic care tasks, based on a patient’s condition.
- Coordinate through pre-planning the timing of support activities such as physical therapy, respiratory therapy, radiology, and lab and maintain flexibility to ensure essential comfort and rest.
- Determine the physical demands and approach required to keep both the patient and the nurse(s) free of injury while providing basic nursing interventions, , e.g., consider age, weight, mobility, physical condition.

- Ensure proper nutrition by verifying the diet, accommodating for nausea, and limiting or incorporating outside food.

Emotional Demands:

- Possess the patience to spend adequate time with hygiene tasks and prescribed activities as well as ensuring comfort for a non-compliant, combative, or less capable patient.
- Convey emotional support and acceptance of a patient struggling with incontinence, severe obesity, emotional resistance, fear, or geriatric limitations while providing basic care tasks.
- Possess the patience and coaching skills to persuade a reluctant or fearful patient to follow the doctor's activity orders, i.e., "You can spend a lot of time that you don't have to on a resistant patient."

Task C7: Coordinate Interdisciplinary Care

Mental Demand:

- Develop a supportive working relationship with the healthcare team so that response is timely, i.e., "Having to continually follow-up destroys your time organization."
- Understand the patient's condition to coordinate care, e.g., treatment plan, continued hospitalization, admission and discharge.

Emotional Demand:

- Tolerate the frustration when there are delays in getting timely and necessary help, e.g., respiratory is overloaded, lab values need to be redone, ultrasound is understaffed, physician is unavailable.

Task C8: Administer Medications

Mental Demands:

- Obtain and maintain up-dated knowledge about the benefits and risks of medications prescribed for the patient.
 - What are the indications for using a particular drug?
 - What are potential side effects/allergic reactions?
 - What are the interactions with other medications/foods?
 - Do different patients (age, weight, and co-existing health conditions) with the same diagnosis require different amounts of medication?
 - Will co-morbidity affect drug use?
 - When does the desired effect outweigh the undesired effect?
- Know when a patient is or is not responding correctly to the prescribed medication, e.g., agitation, level of consciousness, blood pressure changes.
- Maintain constant awareness of medication time schedules for each patient in spite of obstacles and distractions, e.g., pharmacy late in delivery, a patient going bad in another room, extra time on a new admit, “a whole slew of new orders”.
- Make decisions about administration of a physician’s ordered medication when your clinical observations of the patient indicate adverse reactions or logic suggests the wrong diagnosis or even the wrong medication, i.e., “You’re worried about the patient but you’re also worried about the doctor’s reaction and your job too.”
- Give full attention when administering medications to give the right medication with the right dosage at the right time by the right route to the right person.
- Discern whether the patient’s pain complaints and requests for more medication are legitimate or drug-seeking efforts, e.g., observe affect, note functional behavior over time, observe level of sedation.

Emotional Demands:

- Possess enough self-worth to ask for assistance or information about administering and monitoring the effects of medication at the risk of appearing incompetent and inadequate.
- Develop an emotional defense against the stress of an aggressive, volatile patient demanding medications, i.e., “A ranting patient... and I feel powerless.”
- Tolerate with persistence and kindness the challenging process necessary to get a resistant or less capable patient to accept and swallow the right medication.

Task C9: Maintain Patient Safety

Mental Demands:

- Convince the patient needing oxygen to always wear his/her oxygen device.
- Determine a safe process for moving physically limited patients, such as patients who require transferring from wheelchairs to the toilet or bed, or who must be moved or turned for complete nursing interventions.
- Assess the patient’s potential for unsafe behavior and take measures to prevent incidences, i.e., ensure there are side rails and they can’t be lowered.
- Adhere to written safety protocols, i.e., Difficult to keep up with constant changing regulations.

Emotional Demand:

- Accept responsibility, allow oneself to feel bad, and be compassionate, yet minimize feelings of inadequacy when a patient is hurt because of a fall or when a patient’s skin becomes bruised or torn while being moved.

Task C10: Utilize Equipment

Mental Demand:

- Set-up, monitor, and maintain technically complex support equipment, e.g., ventilator, chest tubes, leads on EKG machine, nasal feeding tubes, hanging blood and connecting to a cell saver.

Emotional Demands:

- Stay focused on patient care when anxious about using equipment, i.e., “I’m scared to death of dislodging a chest tube and causing a lung to collapse.”
- Commit the time and resources to become skilled in the use of complex technical equipment.
- Be resourceful while waiting for the arrival of critically needed equipment.
- “Have confidence in your skills for caring for very ill patients like a post-abdominal surgery patient with lines in and out of the body and four or five different pumps.”

Task C11: Implement Procedures

Mental Demands:

- Perform difficult nursing procedures such as inserting catheters, hanging IV’s, understanding heart and lung sounds, using an incentive spirometer, obtaining lab specimens, setting up for blood administration, calculating medications, managing wound care, and interpreting EKGs.
- Consolidate patient data and with astute clinical judgement confirm the accuracy of readings or the need for more evaluation, i.e., When possible cross validate.
- Persuade a doctor to genuinely listen to one’s insights and be allowed to implement one’s skills.

- Persevere in problem solving “when you don’t know what’s happening.... when you have a constellation of symptoms that don’t fit in the box.”

- Determine possible emotional/psychological components to a patient’s atypical behavior such as increased pain complaints, emotional agitation, non-compliance, or drug seeking.
- “Detect when a patient is approaching a critical state and facilitate a move to a higher level of care.... we have to figure out what we can or cannot do for our patients.”

Emotional Demands:

- Have the courage to ask for help when you lack technical skill to perform or understand a needed procedure that could unintentionally put a patient at risk, i.e., “Sometimes a nurse, for fear of looking inadequate, will delay a procedure, or will unintentionally hurt a patient by having to make multiple attempts or will interpret monitoring/assessment results wrong.”
- “Make the emotional, time, and financial commitment to stay on the cutting edge of procedures and equipment.”

Task C12: Manage Pain

Mental Demands:

- Recognize treatment methods and resources for acute and chronic pain.
- Avoid minimizing or discounting the validity of a patient’s pain complaints because of a personal disinterest or dislike for the patient’s behavior.
- Assess objective and subjective indices of pain such as change in blood pressure, heart rate, perspiration, facial expressions, temperature, breathing, mobility, verbalization, and build up of medication tolerance because of prior medical history.
- Determine the correct dosage of pain medication to allow a patient to rest but not be lethargic or sleeping all the time.

- Determine the effects of the interaction of the pain medication with other treatments.

- Recognize and document inconsistent and atypical pain behaviors.
- “You’ve got to be cool and consistently firm with a patient who you know is playing you.”

Emotional Demands:

- Tolerate drug-seeking behavior in patients who feign severe pain, e.g., inconsistent and atypical pain behavior, dictating exactly what medications are needed, pushing the time schedule, “he’s too happy... always talking on the phone.”
- Cope with one’s personal fears and worries when the patient is suffering with out-of-control pain and the cause is unknown.
- Tolerate the personal frustration of not having the skills or the resources to help a patient who has pain and chemical dependency and/or psychological disabilities.

Task C13: Manage Patients and Families

Mental Demand:

- Develop a strategy/process for working with the patient and their family to their satisfaction while also meeting needs of other patients.

Emotional Demands:

- Cope with feelings of inadequacy and frustration when (1) “There is no advice to offer a patient who has poured her heart out to you about her life history and personal things” and (2) “I’m strung too thin and can’t be a good nurse to the little person with the light on that needs help.”

- Possess the courage to prevent the manipulating patient from walking all over you at the expense of your emotional availability to other patients.

- Understand and personally tolerate the frustration and unhappiness of the family when they want immediate information about the care of the patient during times when a physician is not available, i.e., “They’re not satisfied with the patient’s condition and they want the doctor’s input or they want me to do something without a doctor’s orders.”

FUNCTION D

EVALUATE THE EFFECTIVENESS OF THE MEDICAL CARE

Task D1: Evaluate Progress Toward Outcome Goals

Mental Demands:

- Understand disease processes and preferred functional goals to expect from each diagnosis and the associated severity index as the basis for evaluating progress.
- Detect subtle cues and signs that the patient's condition has changed in relation to the outcome objectives, e.g., new signs of infection, worsening pain, reduced food intake, delay in oxygenation and pulmonary function, level of consciousness improves, blood pressure stabilizes.
- Integrate knowledge of the patient's baseline, data from monitors, and clinical insights about the patient's response to treatments and basic care to understand abnormalities in the expected progress of a patient.

Emotional Demand:

- Tolerate incomplete information on a patient's progress toward outcome goals due to poor written or verbal reports and/or inadequate initial assessment and planning, i.e., "Sometimes it's poor structure, different time pressures, laziness of the nurse, or the patient's condition doesn't fit the cookbook."

Task D2: Evaluate Patient and Family Satisfaction

Mental Demands:

- Determine effective processes for building positive and motivating relationships with patients in order to get accurate feedback on a patient's perception of care.
- Assess the patient's and family's satisfaction with nurses responses to (a) the call light, (b) managing medication, (c) answering questions, (d) monitoring pain, (e) supporting ancillary services, (f) optimizing comfort and hygiene, and (g) reporting/reinforcing positive clinical outcome, i.e., "Figure out just how much attention the patient and family need to be satisfied."
- Determine the patient's perceptions of the treatment/care processes irrespective of the outcome, by observations of mood, attitude, compliance and responsiveness, i.e., "Satisfaction with care should be positive even if the outcome is poor."
- Observe patient and family member interaction to determine their comfort with the care and teaching provided and note areas of concern that should be addressed to settle the uneasiness, i.e., "Sometimes neither the patient nor the family member will say anything, but won't sleep because they are worried about each other."

Emotional Demands:

- Maintain objectivity and sensitivity about the patient's response to treatment so that important clinical signs such as a clot, MI or ileus are not missed, i.e., "We sometimes avoid those patients and families which are whiney and constantly questioning and no matter what you do it's never good enough."
- Maintain composure in the face of a poor outcome or angry confrontations by the patient and/or the patient's family.
- Avoid personalizing excessive critical concerns and protective demands of the family who seem to be anticipating incompetent or insensitive care for the patient.... "The media overplays incidences of poor medical/hospital care."

FUNCTION E

MANAGE NON-ADMINISTRATIVE TASKS OF NURSING

Task E1: Communicate with the Nursing Team

Mental Demands:

- Ensure the information presented is organized, pertinent, and accurate for each patient during formal report.
- Listen attentively and accurately record the current status and needs for each patient according to the care plan and the projected action steps during formal report.
- Know when and how to collaborate with other members of the nursing team, e.g., when it's appropriate to call a physician, when going on break, when being detained in a room for an extended period of time.

Emotional Demands:

- Willingly provide and seek information and guidance about a patient's condition and care processes with other nursing members, i.e., "There are no dumb questions; you can't be afraid to ask or too busy to consult."
- Accept that tasks may need to be completed on the next shift due to time constraints.

Task E2: Handle Conflict

Mental Demand:

- Employ conflict management and negotiation skills to allow personal practice variance about managing patients and performing clerical skills, i.e., “Be sensitive to all parties and allow differences for age, experience, and control needs that could lead to conflict about how things have to be done.”

Emotional Demands:

- Internalize the realistic expectations that there will be daily breakdowns in effective communication, optimal work performance, and satisfactory work conditions.
- Realize that emotional reactions of anger, depression, avoidance or verbal confrontations will not change the occurrence of negative work events but will only impede the process of accommodating to them and cause more personal stress and eventual job dissatisfaction.
- Accept such premises as:
 - The lab will not always be ready with the report that the M.D. wants now.
 - There will be a doctor, when under pressure, who will “spew all over you” and it’s okay to be frustrated, angry, or feel embarrassed with a “knot in your stomach” but it’s not okay to let it demoralize you, i.e., “No one is perfect and often it’s the doc’s problem; you don’t have to own it.”
 - There will be times when the nurse on the previous shift will not have done an adequate job, leaving you with the task of fixing those problems as it puts you behind in your schedule routine.
 - An equipment breakdown, pharmacy delays, or surgery schedule changes will interrupt your care schedule of an already complex patient mix.
 - There will be attention demanding families that are “obnoxiously impatient” and critical of your care, i.e., “Often treating the ones walking in and out of the hospital is more difficult than treating the one in the bed.”
 - There will be ornery nurse who are not team players, have negative attitudes and are unwillingness to do their share of the patient workload.

Task E3: Delegate

Mental Demands:

- Discern unlicensed personnels' capabilities for picking up critical symptoms before delegating patient care assignments, e.g., skin breakdown, problems with breathing, accurate perception of pain, emotional needs.
- Know when to assist and follow-up on assignments delegated to unlicensed personnel.
- Portray a respectful attitude when delegating assignments.

Emotional Demand:

- Adjust to the occasional confrontation that comes with delegation when the support person fails to follow through with requests or resists specific assignments, i.e., “Last week a student informed me, I do not do bed baths.”
- Trust in the ability of healthcare team members to perform their duties.

Task E4: Managing Data and Charting

Mental Demands:

- Apply analytical skills to (a) know what data are needed, (b) integrate what the data show with what is clinically observed, and (c) know what to do with the findings.
- Determine essential from non-essential patient information to be charted and know how to chart incidents/errors.
- Resolve unclear directions for what is wanted and who needs it.
- Accommodate to weak typing and computer skills and computer software that is not user friendly.

Emotional Demands:

- Maintain the necessary positive motivation to adequately document patient status and the treatment processes when there seems to be more pressing matters to which to attend, i.e., “All day long it is who, what, where, when, and why; nobody looks at it anyway.”
- Cope with unhappy administrators when a choice was the bed pan and a bath over the written tasks of a care plan.
- Tolerate the frustrating time delays of waiting to get on-line to input information, i.e., “It’s slow, somebody else is on, it’s actually faster to write, it puts you behind.”
- Accept the reality that nursing is giving away a lot of traditional hands-on care and use of technical skills opportunities for paper pushing (documentation) and general coordination of care.

Task E5: Support Co-Workers

Mental Demands:

- Develop an effective strategy to ensure that patients get adequate care from physicians who appear to ignore or mistreat co-morbid conditions or mismanage medications, i.e., “Instead of calling in a specialist, he didn’t do anything for the patient.”
- Facilitate an attitude adjustment for the few nurses who think they are superior, i.e. “Most nurses are great to work with, but not all.”
- Recognize and be available for a co-worker to vent and let down emotionally after a patient went bad, a doctor screamed, or having to deal with an unusually difficult set of patients, i.e., “Your co-workers are your break; when we support each other you can handle a lot more stress.”
- Motivate and support nursing colleagues to move out of their comfort zone and become flexible in learning new skills, i.e., “Help them develop the mind-set.... I don’t know but I’ll find out... I like the challenge of doing something new.”

Emotional Demands:

- Manage emotions of anger, frustration, resentment, and depression encountered when working with a nurse with a difficult personality who is pushy, critical, lazy, or makes rude comments and putdowns.
- Possess the patience to work with students/ new nurses as they learn to connect classroom training to actual patient care.
- Recognize and then assist co-workers who are over their heads with difficult patients or a heavy workload.
- Manage the fear of giving wrong advice, i.e., “Sometimes you really have to dig to think of something that can be done.”
- Make sure a demanding family or physician doesn’t negatively influence the attention and quality of care, i.e., “You tend to let things slide rather than deal with confrontations and disrespect.”

Task E6: Manage Time

Mental Demands:

- Prioritize care tasks according to critical need and commit sufficient time to accomplish the tasks.
- Make the correct moment-to-moment decision in use of time, i.e., “It is responding to hygiene versus charting, unstable vital signs versus bleeding, call lights versus family education, wait for the doctor’s directions versus calling respiratory, dressing changes versus dinner, medication on time versus assisting an overloaded nursing colleague.
- Determine what tasks will create the biggest problems if they are put off or not done.
- Possess the mental ability to multi-task and use other staff resources.
- Ensure there are periodic time blocks for personal care, lunch, and “a few minutes for emotional escape.”

- Possess a personal strategy for completing all necessary functions and tasks for each patient by prioritizing, effective sequencing, following time lines, avoiding irrelevant activities, and recording action steps.

Emotional Demands:

- Possess the emotional temperament to remain calm when under critical time pressure in order to process information logically and systematically.
- Possess the self-confidence to make independent decisions when (1) time is of essence and (2) other resources are not available.
- Enjoy an “emotional payoff” from time sensitive decisions and actions, i.e., “You need to enjoy being in the middle of life-dependent problem-solving situations.”

Task E7: Manage Self: Fears, Time, Commitment, Health, Stress

Mental Demands:

- Possess the mental toughness to objectively re-examine the care provided a patient who is dying as a process for personally keeping nursing skills at their optimum.
- Maintain a full commitment to nursing by re-adjusting expectations to the realities of the work environment, i.e., “Because of the time demands and high acuity you feel unfilled. I know I did okay but not great because you can’t; you often have to give up the little things like teaching and bathing, and supporting the patient’s emotional needs.”
- Cope with or tolerate the physical and mental demands of differing shifts, e.g., body rhythms change, patient load increases, fatigue.
- Moderate the fear of an infectious disease that could be taken home to family members by (1) remaining alert to risk symptoms,(2) following safety procedures, and (3) maintaining a continued and resilient physical and mental state for optimal personal immunity.

- Recognize one’s personal symptoms of stress, fatigue, and burnout that lead to

inefficiencies and the mental errors that will impact the nurse as well as the patient, i.e., “With the high census and low staff you’ve got to keep yourself sane; you’ve got to have your own time and space.”

- Know institutional policies and follow-up procedures for accidental injuries on the job.

Emotional Demands:

- Maintain sensitivity without personalizing when coping with patient suffering. “It’s alright to weep a little when I drive home but then I move on.”
- Permit oneself to mourn and experience personal emotions of sadness with the death of a patient without losing perspective of the reality of the disease process and the treatment/care that was provided, i.e., “I can find peace and self-acceptance because I’ve tried my best so I’m okay.”
- At the death of a patient, avoid continually ruminating.... “Did I miss something? Did I prioritize the right thing? Should I have picked up on that sooner? I didn’t see it coming. I feel bad they’ve been through all that.”
- “You’ve got to love nursing and believe in the fact that you’re doing good for many people.”
- Recognize the emotional demands of the night shift, e.g., diminished family life, less experienced nurses with fewer resources available, death rate higher.
- Maintain commitment by emotionally accepting the reality that the “touchy feely” part of providing quality patient care most often won’t happen, i.e., “The back rubs and the bed baths while talking with them.... that’s why I became a nurse... it’s the hardest thing to give up.”
- Recognize one’s personal critical symptoms of stress that demand a change in working conditions or in one’s personal emotional adjustment before patients are put at risk and the collegueship and the positive working milieu on the unit is damaged, e.g., headaches, TMJ symptoms, yelling at husband and kids, continual negativism, obsessive anxiety about possible errors in patient care, poor sleeping patterns, depression, over-eating, inappropriate use of substances.

- Ensure that the initial fear of not understanding why a patient is decompensating does not

create an anxiety driven immobilization preventing (1) capacity to do critical thinking and/or (2) obtaining additional resources.

- Avoid personalizing the occasions when the hospital and staff are criticized, i.e., “The bill is too high, the stay is too short, the doctor doesn’t have time, the nurse is ornery, the food is terrible.”
- Accept the community’s expectation of a good outcome and that when a bad outcome occurs it’s the medical team’s fault; “The patient doesn’t have any responsibility.”
- Keep perspective of one’s personal value as a nurse while allowing feelings of frustration when another member of the healthcare team doesn’t show trust or confidence.
- “There’s a lot of pressure to function as a nurse.... whew, I’ve got to study the rest of my life to stay current.”
- Tolerate the political liability and personal emotional trauma knowing that there is a great risk in being able to detect and then prevent a fatal condition when the floor is understaffed, i.e., “Three nurses for 22 to 24 patients.”
- Possess the emotional resilience to successfully move from the adrenalin rush of a bad code to the relief of a good outcome or to the fear and then sadness and acceptance of death.

**AN ADDENDUM TO THE REPORT OF THE
MENTAL AND EMOTIONAL DEMANDS
OF THE GENERALIST NURSE**

JUNE 2003

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**AN ADDENDUM TO THE REPORT ON THE
MENTAL AND EMOTIONAL DEMANDS
OF THE GENERALIST NURSE**

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During the process of interviewing 60 generalist nurses across the state of Utah concerning their mental and emotional challenges according to functions and tasks, I also spent a few minutes discussing their perceptions of various personality characteristics and behaviors associated with job success and failure. The remarks to follow summarize the responses of the nurses, both with respect to positive attributes as well as negative. Actually, they are interchangeable. If one looks at the negatives, one can simply reverse the characteristic and in so doing can recognize the positive attributes that are desired. Each characteristic listed below was identified by at least five nurses during the course of the interviews.

CHARACTERISTICS OF EFFECTIVE NURSES

- Ability to think on their own.
- Willing to learn how to do things.... to be appropriately aggressive.
- Flexibility.
- Positive mental attitude.
- Critical thinking skills.
- Maturity..... know what do they want to do and how to do it.
- Experience in the health field prior to becoming a registered nurse.
- Be comfortable with what they know and don't know and be willing to get help. "It's okay not to know everything."
- A desire to learn what one doesn't know.
- Enjoy the learning environment.... the intellectual stimulation.
- Find personal rewards in the job.
- Enjoy taking care of people..... the nurturing human element.
- Find stimulation in the intensity and variety of nursing situations.

CHARACTERISTICS OF INEFFECTIVE NURSES

Poor Attitude:

- Apathy.
- Going through the motions, just doing the minimal to get by.
- Preoccupied with other interests, i.e., “This job is just a paycheck.”
- Self-serving.... “I’m only looking out for me.”
- Unwilling to find solutions..... always complaining.... doom and gloom.
- Lack of commitment or dislike for nursing/and or the hospital.
- Irritated with extra demands.

Personality Deficiencies:

- Lack of sensitivity/empathy/nurturing.
- Lack of self-confidence to take responsibility.... to make critical decisions.
- Lack of common sense... can’t follow a logical thought process to a solution.
- Lack of initiative.
- Personalizing.... excessively sensitive.
- An obsessive perfectionist.
- Lack of sufficient intellectual capacity.

- Angry..... negative.
- Emotionally distracted and cold.... afraid to experience and share emotions.
- Defensive... unable to take responsibility of one's own behavior.
- Ornery, demanding, rigid.

Deficiencies in Skills:

- Lack of organizational skills to keep up.
- Difficulty prioritizing..... what to let go of.
- Failure to see cause and effect relationships.
- Failure to know how and when to be assertive with peers and doctors.
- Poor inductive and deductive reasoning.
- Failure to know what is missing... “no peripheral vision.”
- Failure to anticipate.
- Failure to integrate.
- Failure to know one's own limits... to stay within the scope of practice.
- Failure to keep up with techniques, procedures, equipment, and medications.
- Difficulty in talking with peers and doctors.

Emotional Deficiencies:

- Easily overwhelmed

- Excessive fear of failure.
- Poor stress coping abilities..... inability to be calm under pressure and think clearly.
- Unable to handle chaos.
- Prone to emotionally driven mental mistakes.
- Constantly worrying about things that are not important.

COMPETENCY CONCERNS ABOUT NEW NURSES

- Difficulty getting and interpreting assessment data.
- Lack of knowledge about medications.
- Lack of technical proficiency.
- Lack of common sense... inability to understand the environment (nursing conditions) and respond logically.
- Inadequate time management.