Study in job satisfaction and role definition among equipment and supply aides at St. Luke's Hospital

Carol Ann O'Brien

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A STUDY IN JOB SATISFACTION AND ROLE DEFINITION AMONG EQUIPMENT AND SUPPLY AIDES AT ST. LUKE'S HOSPITAL

by

Carol Ann O'Brien

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Business Management Cardinal Stritch College

PMA

September, 1983
This thesis has been approved by the following committee:

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CHAPTER ONE

Purpose of Project

Lack of role definition and job satisfaction can lead to a reduction in productivity. A position which is relatively unique in an organization but is relatively low in status would appear to be particularly vulnerable to these problems.

It may be possible in this situation to clarify role definition and increase job satisfaction through standardization of procedures, ongoing training and inservice, and exposure to the functioning of other departments with which this position interfaces.

The purpose of this project, therefore, was to determine if Equipment and Supply Aides assigned to the Intensive Care Units of a large hospital would have a better defined picture of their role in the organization, obtain greater job satisfaction and increase productivity through a group meeting once a month, establishment of a procedure manual to be used in all ICU’s and informal tours of other departments within the hospital.

To accomplish this, the entire population of Equipment and Supply Aides at St. Luke’s Hospital was involved. The distribution of personnel is as follows:

1. Coronary Intensive Care -- 2
2. Medical-Respiratory Intensive Care -- 2
3. Surgical-Neurosurgical Intensive Care -- 2
4. Cardiovascular Intensive Care -- 3
Meetings of the Equipment and Supply Aides were established in October, 1982, and continued as long as the need for them existed. From these meetings came the expressed desire for the standardization of procedure which was established through a procedure manual put into effect in July, 1983. Tours of interfacing departments were begun in November, 1982, with the Central Service Department. Evaluations were completed following each tour. Those that were considered valuable were continued for new Equipment and Supply Aides and were repeated as necessary for long term employees.

Surveys testing role definition and job satisfaction were administered at the beginning of the project (December, 1982) in the middle (April, 1983) and at the end (July, 1983) to measure any change in these two variables.

The researcher was not aware of which person completed each test, however, the tests were numbered for purposes of comparison later.

Statement of Problem

The position of Equipment and Supply Aide is so unique that there was confusion as to what this job really entails and how it "fits" in the organization.

The position was established by the Director of Patient Care Resources in 1972 to answer a specific need at the time. The Cardiovascular Intensive Care Unit had only two Nursing Assistants who were required to handle equipment and supplies in addition to working with patients. It became obvious that more help was needed. Rather than hire several more people as Nursing Assistants, the decision was made by the Director of Patient Care Resources to hire one person who would
be solely responsible for equipment and supplies. This would free
the Nursing Assistants to work with patients. This person was hired
and given some training in the Central Service Department, however,
most of the procedures used in this position were developed by the
original Equipment and Supply Aide. As additional aides were hired
each was given on-the-job training by the previously hired Equipment
and Supply Aides.

In the past decade many new supply items have been added and much
new equipment has been brought into the hospital. There have been few
inservices for the Equipment and Supply Aides and any update in their
method of working was accomplished on their own. It was obvious in
the Intensive Care Units that there was limited understanding among the
staff of what Equipment and Supply Aides did and almost no knowledge of
how they were to learn to do it. In a field that is fraught with In­
services, classes and a constant struggle to keep up with technical
advances the Equipment and Supply Aides had been forgotten but were
still expected to perform.

Project Title, Location and Duration

The title of the project is "A Study in Role Definition and
Job Satisfaction Among Equipment and Supply Aides at St. Luke's
Hospital."

The study took place in Milwaukee, Wisconsin, at St. Luke's
Hospital, a six hundred bed facility. This hospital has sixty-three
intensive care beds distributed as follows:

Cardiovascular - 30 beds
Surgical-Neurosurgical - 11 beds
Coronary - 12 beds
Medical Respiratory - 10 beds
Beginning in November, 1982, the project was completed with the last administering of the surveys in July, 1983. The program established by the project, however, will continue indefinitely.

Participants

The researcher carrying out the project was the Nursing Resource Coordinator of the Knisely Building (the building houses the Intensive Care Units and Cardiac Care areas of the hospital). Her overall duties included responsibility of non-clinical functions within the building including equipment and supplies for each of ten nursing areas.

Persons assisting with the procedure manual were the Inservice Instructor for Central Service who was responsible for teaching proper cleaning of equipment in Central Service and the Epidemiologist who was in charge of infection control throughout the hospital.

Surveys were administered by the Manager of Special Projects in the Nursing Department.

The persons who received services from this project were the nine Equipment and Supply Aides who worked in the Intensive Care Units at St. Luke's Hospital. This group was all female, over forty years of age and each had a high school education. They had each received on-the-job training and, from personal observation, all were dedicated to their job.

Objectives

Developmental Objective 1

By November 1, 1982 the researcher had established regular meetings of the Equipment and Supply Aides.
Implementation Activities

To ensure participation and cohesiveness in the group, the researcher conducted the following activities by October, 1982:

a.) Discussed the project with each Equipment and Supply Aide stressing the importance of their participation.

b.) Discussed the project with each Patient Care Manager for their approval and willingness to pay wages for time spent in meetings.

c.) Reserved a meeting room and posted notices of the meeting time, place and agenda.

Evidence of Completion: This objective was reached when minutes from meetings conducted were distributed.

Developmental Objective 2

Between November, 1982, and the end of June, 1983, the researcher had prepared a procedure manual for use by the Equipment and Supply Aides in the ICU's for cleaning and handling equipment and supplies.

Implementation Activities

To prepare the first draft of the procedure manual, the researcher conducted the following activities by the second week of March, 1983:

a.) Discussed project and purpose of tours with the manager of the Department.

b.) Set the date for each tour and posted notices of date and time.

c.) Accompanied the Equipment and Supply Aides on the tour.

d.) Distributed evaluations to Equipment and Supply Aides and collected completed evaluations of the tours.

Evidence of Completion: The objective was met when evaluations of each tour have been completed by each Equipment and Supply Aide.
Evaluation Objective 1

By the end of the experimental period, the Equipment and Supply Aides felt they were obtaining more satisfaction from their jobs.

Implementation Activities

a.) The Equipment and Supply Aides were tested through two surveys at the beginning of the experimental period - December, 1982.

b.) The Equipment and Supply Aides were retested halfway through the experimental period - April, 1983.

c.) The Equipment and Supply Aides were again tested using the same instruments at the end of the experimental period - July, 1983.

Evidence of Completion: The scores obtained from all three sets of tests were compared using statistical analysis to determine if the objective was met.

Evaluation Objective 2

By the end of the experimental period, the Equipment and Supply Aides had a clearer picture of their role in the organization.

Implementation Activities

a.) Personal interviews were conducted with each Equipment and Supply Aide to determine each subject's perception of her role.

b.) Portions of the surveys used to evaluate job satisfaction were applicable and were used to substantiate changes in the Equipment and Supply Aides' perception of their role.

Evidence of Completion: This objective was reached when the results of interviews were reported and results of pertinent portions of surveys were analyzed.
Evaluation Objective 3

By the middle of the experimental period other nursing personnel had a clearer picture of the role of the Equipment and Supply Aides.

Implementation Activities

a.) The researcher arranged for the April, 1983 issue of "Interchange," the in-house nursing publication, to be devoted to Equipment and Supply Aides.

b.) The researcher sent out a questionnaire in conjunction with this publication to be answered by nursing personnel.

c.) Answers to the questionnaire were evaluated.

Evidence of Completion: This objective was met when the results of the questionnaire were tabulated.

Limitations of the Research

The group of Equipment and Supply Aides in this study were very unique. The researcher was not aware of any other hospital which had developed this position. It was impossible, therefore, to use a control group. The entire population of Equipment and Supply Aides, nine, were used and all test results have been included in this project.

The survey instruments were administered by a third party to remove as much bias as possible from the results.

It was to be expected that the Hawthorne Effect would be a factor in this study. In the ten years this position had been in existence this was the first time special attention had been drawn to this group.

Although the same test was used throughout this project at least four months had elapsed between each test. It is not believed that reuse of the same test affected the results.
Costs of completing this project have been minimal. Copies of articles for research purposes at $.05 a page were approximately $20.00. Costs of reprints from Harvard Business Review were $10.50. Paper and typing supplies are estimated at $30.00. Surveys were used free of charge with the written permission of the publishers, Scott, Foreman and Company.

A professional typist was hired for the final copy of the project at a cost of $1.25 per page. Two copies of the thesis were made at $.10 per page and three copies were bound at $8.00 per copy.

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Summary of Project/Research Report

Chapter 1 included the background and history of the Equipment and Supply Aides at St. Luke's Hospital both from personal knowledge and from an interview with the Director of Patient Care Resources, who proposed, designed and developed the position. Also included were objectives pertaining to this study, the timeline for the study which spanned the period from November, 1982 to July, 1983, and the cost of completing the project.

Chapter 2 included a review of pertinent literature on the historical, sociological and philosophical foundations of job satisfaction and role definition and how they relate to productivity in the workplace.

Chapter 3 consisted of evaluation of the survey instrument results and a comparison of the three administrations of the instruments. Also included were the tabulation of answers to the questionnaire given to members of the nursing staff other than the Equipment and Supply Aides. Resulting implications and conclusions were enumerated.
CHAPTER TWO

Introduction

The subjects of job satisfaction and role definition have been studied, theorized on and experimented with over the past fifty years. In recent years these topics have been related to the ever present and popular topic of productivity.

What is job satisfaction? What is role definition? And how do they relate to productivity? Through a study of pertinent literature on the subjects the researcher will define these terms, put them into historical perspective and discuss some of the philosophical, psychological and sociological questions which have arisen in the studies completed to date.

Job Satisfaction

According to Edwin A. Locke, "Job satisfaction is the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values."\(^1\) In other words job satisfaction is a function of the perceived relationship between what one wants from one's job and what one perceives it as offering. William J. Roche and Neil L. MacKinnon state, "a job is meaningful (satisfying) for him (the worker) if it involves him in the identification and the solution of the problems that affect him."\(^2\) Despite the proliferation of studies and literature on job satisfaction and
dissatisfaction there are few definitions of the terms and those that do exist disagree on whether satisfaction lies in the job, in the worker, or in the interrelationship between the two. For the purpose of this project, it will be assumed that job satisfaction lies in the relationship of the worker to the job.

**Historical**

The early history of industry was dominated by men such as Taylor and Fayol who were concerned with making simplistic and repetitious in order to increase the production of each worker. It was not until the Hawthorne Studies (1927-1932) that worker attitudes or the "human variable" was considered in any depth.

The Hawthorne Studies were conducted at the Western Electric Company in Hawthorne, Illinois. Most were under the direction of Elton Mayo with a research team from Harvard. The purpose of the original study was to establish the effects of illumination on productivity. Despite the level of illumination (the independent variable) an increase in productivity (the dependent variable) was observed. Obviously a variable other than illumination was the cause. Studies continued with the Relay Room Experiment (1927), the Second Relay Room Experiment and the Mica Splitting Test Room Experiment. These studies tested the effects variables such as place of work, place and length of rest pause, length of work day and method of payment had on productivity. They also tested the impact of wage incentives and piece rate on output. This was followed by a massive interview program (1928-1930) in which 20,000 employees were interviewed. The purpose of this phase of the studies was to obtain further information designed to improve supervisory training. Earlier phases had indicated that style of super-
vision was one of the "uncontrolled variables" leading to increased production. The final phase of the Hawthorne Studies was the Bank Wiring Room Study (1931-1932) which analyzed the effect of the informal work group. The results of this study were the opposite of the earlier studies. Productivity stayed the same or declined. This was attributed to the supervisory attitudes and fear on the part of the workers that the company would raise the standard rate of production.

The Hawthorne Studies are important not only to this project but to the behavioral approach to management because it was the first time an intensive, systematic analysis was made of the human factor within the framework of the organization. The studies established the complexity of the human factor and the important impact the climate of supervision has on the behavior of work groups.

The controversy over the results of the Hawthorne Studies led to many other research projects. In 1947 the Office of Naval Research granted a contract to the University of Michigan Survey Research Center for the purpose of determining "principles which contribute both to the productivity of the group members and to the satisfaction that the group member derive from their participation." The researchers developed a quantitative measure affecting supervisors and workers which consisted of twelve high-low productivity pairs representing a high producing section and a low producing section. Results of this study showed that supervisors in high producing sections were significantly more likely to:

1. Receive general rather than close supervision.
2. Like the amount of authority and responsibility in their jobs.
3. Spend more time in supervision.
5. Be more employee-oriented rather than production oriented.

At about the same time Lester Coch and John R.P. French conducted research at the Harwood Manufacturing Company in Marion, Virginia to examine the process of overcoming resistance to change. They tested the effects of degrees of participation on work groups by using a control group with no participation, a representative participation group and a full participation group. Results showed that the productivity of the representative group first declined and then rose steadily. The full participation group had an initially slight decline in productivity while adjusting to the change and then a rapid, steady improvement to much higher levels than the other two groups. To further validate their findings Coch and French subjected the original control group to full participation and were able to reproduce the results of the full participation group. This study was important in that it showed that participation of the worker had an impact on productivity, turnover and attitudes. In general, it was the starting point of modern research on human behavior in the organization. Concentration would henceforth be on the worker rather than the job per se or on the supervisor and manager.

Through these and other studies the concept of the worker was changing. It was not until 1957, however, that Douglas MacGregor formalized these concepts in his famous "Theory Y" speech delivered to the Fifth Anniversary Convocation of M.I.T.'s Alfred P. Sloan School of Management. Borrowing from Abraham Maslow's hierarchy of
of needs, MacGregor summed up what he felt was the conventional concept of the worker by management (Theory X) and his alternative (Theory Y).

To paraphrase these theories, under Theory X the worker:

1. Is by nature indolent, working as little as possible.
2. Lacks ambition, dislikes responsibility, prefers to be led.
3. Is inherently self centered and indifferent to organizational needs.
4. Is by nature resistant to change.
5. Is gullible and not very bright.

Under Theory Y the worker:

1. Is not by nature passive but has become so as a result of experience in organizations.
2. Can be motivated, has potential for development and capacity to assume responsibility. It is the responsibility of management to recognize and develop these characteristics.
3. It is the task of management to arrange organizational conditions and methods of operation so that workers can achieve their own goals best by directing their own efforts toward organizational goals.

It is in great part through acceptance of MacGregor's writings that the phenomenon of T-groups and the entire field of Organizational Development have come about.

If it is assumed that Douglas MacGregor was correct, that workers can be motivated and can accept responsibility, and that it is an organization's responsibility to recognize and develop these abilities, how is the organization to go about this recognition and development?
In answer to this question research turned to the study of motivation.

In 1960 Professor Frederick Herzberg, chairman of the Psychology Department of Western Reserve University completed a motivation analysis of engineers and accountants in Pittsburgh, Pennsylvania. From this analysis he found that the levels of job satisfaction, motivation and productivity were related to two sets of factors which he called hygiene factors and motivators. Hygiene factors were extrinsic and governed by the organization such as company policy and administration, supervision, work conditions, salary and security. Although these items did not lead to job satisfaction, shortcomings in these factors led to job dissatisfaction. The motivators were intrinsic, stemming from the employee, such as a sense of achievement, recognition, responsibility and advancement. These were the factors that led to job satisfaction.

As a result of Herzberg's early work a six year research study began at Texas Instruments Incorporated in 1961. The study was again a motivational analysis based on interviews with 282 employees who were selected randomly among scientists, engineers, manufacturing supervisors, technicians and assemblers. The analysis was done on two levels. First level factors were those events which led to job satisfaction or dissatisfaction. The results of the study supported Herzberg's work and were instituted at TI as a formalized attitude measurement program structured around the motivation-maintenance frame of reference. This motivation-maintenance frame of reference takes the hygiene-motivator factors one step further in that it includes the personality of the worker as a factor in job satisfaction. "Maintenance seekers" are those workers mainly concerned with hygiene factors who tend to avoid motivation opportunities. "Motivation seekers" are those workers
who receive the greatest satisfaction from the motivation factors.

While the Texas Instrument study was being conducted Herzberg was continuing his work and by the mid 1960's had developed his theory of job enrichment, implemented it with a group of stockholder correspondents in a large corporation and claimed highly successful results. 

Herzberg claimed that past attempts at job enrichment were in reality "horizontal job loading" which simply increased the quantity of units of production to be completed by the worker or increased the type of units of production to be completed. In Herzberg's study hygiene factors were held constant while the following motivators were manipulated:

1. Removing some controls while retaining accountability.
2. Increasing the accountability of individuals for their own work.
3. Giving a person a complete natural unit of work.
4. Granting additional authority to an employee in his/her activity; i.e. job freedom.
5. Making periodic reports directly available to the employee rather than the supervisor.
6. Introducing new and more difficult tasks not previously handled.
7. Assigning individuals specific specialized tasks, enabling them to become experts.

Through the remainder of the 1960's additional studies in job enrichment were done in Britain with laboratory technicians, sales representatives, design engineers and factory supervisors with successful results. All of these studies, however, also involved
Frederick Herzberg. The significance of Herzberg's involvement was that his definition of job enrichment was based on his motivation-hygiene theory. Several other theories of job enrichment have emerged which are not based on his theory.

M. Scott Myers (1970), one of the pioneers in the job enrichment field described job enrichment as both horizontal and vertical job enlargement including items Herzberg would consider hygiene factors. The Socio-Technical approach developed by the Tamistock Institute of Human Relations in Britain and reported by Emery and Trist (1960) stressed the establishment of semi-autonomous work groups which were given responsibility and which were highly cohesive. Jenkins (1973) reported on industrial democracy which gave workers the right to elect representatives who were involved in all major decisions. At about the same time a link was drawn between Organizational Development and job enrichment by Doyle (1971) and again by Landen and Carlson (1972).

With all the theories and literature now available on job enrichment Herzberg again published his theory in 1974 with the addition of eight 'ingredients of a good job.'

1. Direct feedback: Feedback of results should be direct, non-evaluative and timely.
2. Client relationship: Serves internal or external client, not bureaucratic regulation or supervisor.
3. New learning: Not horizontal (new facts) but vertical (new skills and responsibilities).
4. Scheduling: Meets deadline, but responsible to work, not a schedule.
5. Unique expertise: Allow to specialize in an aspect of job and be a consultant.
6. Control over resources: Responsible for "Mini-Budget" in own cost/profit center.
7. Direct communications authority: Allow lateral and diagonal communication across organizational unit.
8. Personal accountability: Directly identify the performance of work with the individual.

The results of studies like those of Herzberg and other researchers cited were generally successful in raising productivity and changing workers attitudes. The results have been criticized, however, because they consisted of either case studies or of correlational studies. To overcome this deficiency a number of controlled field or laboratory studies on job enrichment have been completed. Results of these studies have been mixed according to Christopher Orpen. Bishops and Hill (1971), Hill (1969) and Umstat, Bell and Mitchell (1976) reported significant increases in satisfaction. Locke, Sirota and Wolfson (1976) found no effect on job satisfaction and Maher (1979) found a decrease in job satisfaction. The results of these studies are equally varied on productivity.

A longitudinal study begun in 1973 by Christopher Orpen consisted of a pretest-post test control group design and was conducted in four phases: 1. Data was collected from clerks in three divisions of a local government agency; 2. Subjects were randomly assigned to one of two conditions, with their jobs remaining unaltered or being substantially enriched; 3. Subjects in the two groups performed their jobs for a period of six months; 4. Data was again collected from the subjects. Results of this study clearly indicated that job en-
richment could produce substantial benefits for the employee and the organization. The benefits, however, were in increased job satisfaction and improved attitudes, not in productivity.

Work is continuing in the field of job enrichment. What can be stated at present is that job enrichment works in some cases for some people. John J. Morse and Jay W. Lorsch (1970) theorized that we must go beyond MacGregor's Theory Y. Their work shown that Theory X does work in some situations and Theory Y in others. They therefore suggest the use of Contingency Theory. That is, it is more important for the organization to fit the task to its people than it is to follow a universal theory, whether that be Theory Y or job enrichment. They state,

While our knowledge in this area is still growing, we are certain that any adequate theory of motivation and organization will have to take account of the contingent relationship between task, organization and people.

Philosophical

The study of job satisfaction through the years has brought us to the point of job enrichment and Contingency Theory. But does an employee have the right or, perhaps, the obligation to demand personal satisfaction from his experiences in the organization and does the organization have the right to impose meaningful work on the employee?

Since both the worker and the organization tend to gain when the worker attains job satisfaction this question is seldom asked. William J. Roche and Neil L. MacKinnon (1970) stated, "Not only does meaningful work improve the worker's morale and serve his human needs, but it increases his productivity and the general effectiveness of the organization." Harry Levinson (1973) stated "... we are in the midst of a world wide social revolution, the central thrust of which is the
demand of all people who have a voice in their own fate." And Frederick Herzberg and Alex Zautra (1976) state, "An emerging dialogue between industry and its employees focuses on whether industry should be held accountable for the psychological health of the jobs it provides."

It would appear that whether or not the employee has the right to demand job satisfaction, it is being demanded and the organization that responds to these demands serves its own purpose in doing so.

But what about the employee who is satisfied with the status quo? Does the organization have the right to "force" this employee to be more satisfied in his work, to receive more meaning from his job, to have a voice in his own fate?

The studies of Herzberg and others have shown that employees are more satisfied, have better attitudes, and function better if their work is meaningful. This is, perhaps, where Contingency Theory must be used. If the organization wishes to impose this meaning upon the employee it is the organization's responsibility to make the fit between the task, the organization and the employee.

Research has shown that the psychological needs of people are very important in determining who can and who cannot become internally motivated in jobs. If the employee is incapable of becoming so motivated despite the organization's attempts to help him do so, the question of the organization's right is meaningless. It will not happen. But since the organization has taken on the responsibility of the employee's physical health through insurance programs and health programs, it is a logical progression to assume the responsibility for the psychological health of the employee in regard to the job. It may be that the organization not only has the right but the obligation to instill meaning within
the job of any employee capable of using the job for greater personal satisfaction. "What we really need is both higher productivity and healthier jobs, both efficiency and humanity."25

Psychological

Assuming that the organization is interested in job satisfaction for the employees, that the employees are interested in meaningful work, and that a program of job enrichment has been installed in the organization, how does one measure the success or failure of the program? Locke defined satisfaction as a pleasurable emotional state. It is, therefore, necessary to measure the emotions of the employee to determine the amount of job satisfaction perceived by him/her.

Edwin Locke finds a number of problems with the measurement of job satisfaction. Because the psychologist doing the measuring defines job satisfaction operationally, Locke contends that the measurements are meaningless. He states, "If one wishes to measure some phenomenon accurately, one must first know what it is one wants to measure."26

The question should not be "How can I measure it?" but "What is it?"

Hackman and Oldham (1975) based on earlier work by Turner and Lawrence (1968) developed the Job Diagnostics Survey, a measuring tool with a limited number of critical dimensions which result in a Motivating Potential Score that can be used as a predictor of job satisfaction. The "core" characteristics or critical dimensions include meaningful work, personal autonomy and feedback. Hackman and his colleagues do point out, however, that their theory of core characteristics does not apply to everyone.
Herzberg disagrees with the Hackman and Oldham (1975) measurement model. He states, "Job enrichment success . . . can best be tested by asking the employees what has changed in the satisfaction they get from their work." Two instruments have been developed using this method: the Job Reaction Survey written by Herzberg and Job Motivation Inventory constructed by Kehoe (1966).

Victor H. Vroom's Expectancy Theory adds another dimension to the problem of measurement: valence. He feels that motivation is a product of the anticipated worth that an individual places on a goal and the chances that he or she sees of achieving these goals. Valence is the strength of an individual's preference for a given outcome.

The preferred method of measurement at present, or at least the one most used, is the Job Diagnostic Survey (JDS) developed by Hackman and Oldham.

If in measuring job satisfaction one is measuring emotions, it is first necessary to define and understand emotions. Man's consciousness has three biological functions: 1. cognition; 2. evaluation; and 3. regulation of action. Cognition allows one to discover what exists, evaluation allows him to judge objects and conditions which confront him using his own life as the standard, and regulation of action allows him to acquire a code of values. What then is the relationship of values to emotions? "The relationship of value-judgement to emotions is that of cause to effect. An emotion is a value response. It is the automatic psychological result of a super-rapid subconscious appraisal." Man's most basic emotions are those of pleasure and displeasure, or joy and suffering. Therefore the measurement of job satisfaction is the measurement of pleasure or displeasure encountered on the job related to one's job values.
Sociological

It is obvious that job satisfaction for most employees brings about the fulfillment of personal goals making the employee a happier and psychologically healthier person. For the organization it may increase productivity, improve product quality, reduce turnover and absenteeism. But in a broader sense, how does job satisfaction on the part of the individual employee affect society as a whole? Some writers such as Harry Levinson, not only see an affect on society but charge organizations with the responsibility for this effect. He feels that business leaders must enter a phase of leadership... on behalf of their own organizations as well as on behalf of society. The less effectively organizations carry out the work of society, the greater the cost in money and social paralysis.30

Role Definition

The concepts of role specificity and role ambiguity or role clarity have been discussed by almost every major organizational theorist.31 They have been called role stress, role conflict and role overload or underload. There appears to be little agreement on definition. It can be stated, however, that role ambiguity is a social stress one facet of which is linked to role strain (physiological or psychological conditions that cause the role incumbent to view the role adversely).32
Although a great deal has been written by theorists on the subject of role stress, few studies have been made in this area. Most, as reported by William Perrault, have been in the past decade and have been aimed at specific groups: females (Chassie and Bhogat, 1980) and minorities (Ford and Bogot, 1978). In others (Beehr, Walesh and Taber, 1976; Caplon and Jones, 1974; Richardson and Stanton, 1973) role overload or underload were related to job dissatisfaction. House and Rizza (1972) developed operational measures of several components of role conflict but neither have reported results on the basis of these specific conflict measures.

The studies done thus far have been through questionnaires and surveys. One (Chassie and Bhogat) then compared answers on how the employee enjoys spending work time to the amount of time actually spent on a given task. The results tend to indicate that three general organizational conditions contribute significantly to role ambiguity: organizational complexity, rapid organization change and managerial philosophies about communication. Role requirements which involve coordination activities across organizational boundaries may be a primary source of role conflict. And women who try to fulfill multiple role demands from relevant external sources (husband, family or employer) may have more role ambiguity than the others.

It is too soon to develop any definitive statements on the subject of role definition or even to tell what direction future studies may take. The subject is gaining more attention and, it is assumed, will be more thoroughly studied in the future.
Philosophical

The interest in role definition and role stress is related to the intuitive feeling that the employee has the right to know how he or she "fits" in the organization and what is expected of him/her. Since clarification of these items would generally come from the supervisor (the role sender), the role of the supervisor may once again be under close scrutiny. Terry Beehr states, "... people who experience stressful role expectations blame their role senders. Indeed, it would be only logical for them to do so if the role senders were the sources of the stress."37

Psychological

The powerful influence of one person's expectations on another's behavior has long been recognized by physicians and behavioral scientists and, more recently, by teachers.38 How a co-worker views a role or a task may change an employee's own view of the role or task. Sam E. White and Terence R. Mitchell found support for the contention that the social cues of co-workers may be an important determinant of whether a job is perceived as enriched or unenriched.39 If this can be carried over to the subject of role definition we may find that how one's co-workers view one's role may be an important determinant of role stress.

Again, it is too soon to make definitive statements, however, the management philosophy of the supervisor and the personal opinions of co-workers could be more important in role stress than the job per se or the opinion of the role incumbent.
Because the subjects of this thesis were all women who were attempting to fill multiple role demands (husband, family and employer), the effect of role stress on personal life satisfaction was applicable. Marilyn B. Chassie and Robi S. Bhogat found in their study "a significant negative relationship between role stress and personal life satisfactions ... but differential effects of role stress on personal life satisfaction failed to attain an acceptable level of significance."40

This subject needs further investigation. The effects of role stress on the working women could have a profound effect on family life and the entire structure of American Society.

**Productivity**

According to Drucker, "... liberation and mobilization of human energies are the purpose of the organization. Human performance is both its goal and its test."41 Productivity is human performance—the quantity and the quality of production of which a human is capable.

**Historical**

Throughout the history of business productivity, obtaining more and better production from each employee, has been one of the major goals of the organization. This was true in the days of small, privately owned shops, through the years of industrialization, and in today's world of the service industries. As stated by Umstat, Mitchell and Bell (1977), "Even though interest in the quality of work life and job satisfaction is increasing, task performance and productivity continue to be the dominant concern of most managers."42
How then is productivity to be increased? Recent work on job enrichment relates to job satisfaction but results have shown only an indirect influence on productivity. "Job enrichment appears to be primarily and directly related to job satisfaction, and goal setting appears to be primarily and directly related to productivity."43

Goal setting as a separate entity came into being in 1954 with Peter F. Drucker's Management by Objectives.44 This process was to be used through a series of basic steps.45

1. A diagnosis to assess the needs, job, personnel and technology.
2. Planning via communicating what MBO is, training in the process, establishing objectives, establishing action plans and establishing criteria to assess whether the goals of the process are being accomplished.
3. Objective setting with special attention paid to objective clarity, superior and subordinate participation, establishment of relevant objectives and priorities of the objectives set.
4. Intermediate review of the objectives originally set, which is a form of feedback and provides an opportunity to modify the original objectives.
5. A final review or discussion and analysis of the results, which are used to initiate the next complete cycle of objective setting.
6. The accomplishment of better planning, control and organization through motivated involvement that is based on achieved results, instead of personality or popularity.
George S. Odiorne (1965) developed a similar program of goal setting and management by objectives. Longitudinal studies of the effects of Management by Objectives were done by Anthony P. Raio (1974) at the Purex Corporation. Results of the two studies indicate that productivity which had been declining prior to the implementation of the program was now on the increase.

One of the primary features of any goal setting program is feedback. This was true in the early days of MBO when goal setting was primarily a function of management, and may be even more important today when goal setting is used at the employee level. G.P. Latham and G.A. Yukl (1975) concluded that, "... frequent relevant feedback is necessary for goal setting success but (that) more research is needed, especially in terms of experiments where feedback and goals are manipulated in a controlled environment to isolate their effects." M. Erez (1977) conducted just such a laboratory experiment and concluded that feedback is a necessary condition for a goal or intention to affect task performance.

Philosophical

Productivity and job satisfaction are two dominant concerns of managers in organizations. Are the needs of the employee for job satisfaction and the needs of the organization for increased productivity mutually exclusive? According to Richard W. Woodman and John J. Sherwood (1977) the answer is no. "A key concept here is the realization that it is entirely feasible to design work so as to satisfy simultaneously individual and organizational needs." The two job design strategies most frequently used to blend these objectives are goal setting and job enrichment. According to Umstat,
et. al. (1978) "What is needed is an integration of goal setting techniques with goals facilitating higher productivity and job enrichment, promoting job satisfaction and improving the quality of working life for employees." Little work has been done as yet in combining goal setting and job enrichment, however, the combination would appear to hold hope in the future of the true integration of individual and organizational needs.

Psychological

C. Argyris pointed out that when there is an incongruence between the needs of the individual and the requirements of the organization, the individual will experience frustration, psychological failure, a short time perspective, and conflict. It would seem that this is exactly what has happened. According to Vincent W. Kafka and John W. Schaefer in their book Open Management (1975) 75% of workers under thirty years of age do not derive a great deal of job satisfaction from their experiences in the organization. The percentage is slightly lower for workers over thirty but remain at 50% by retirement age. This would indicate that half to three quarters of the workers in the United States are experiencing conflict, frustration and psychological failure as a result of their jobs. Daniel Yankelovich (1979) divided workers into five groups. He states that 15% are go getters: young, ambitious, motivated by money and getting ahead; 19% are older: dedicated and hard working; 22% are habitual workers: older, mostly blue collar and clerical, looking for job security and structure; 17% are middle management: young, highly educated, seeking challenge; 27% are turn off: poorly educated, blue collar, living for today. It is Yankelovich's contention that
traditional incentives to increase productivity will not work for the last two groups and new methods of motivation must be found. It would be logical to assume that if this "crisis in motivation" were to be resolved productivity would increase. Since the lives of each employee and the life of the organization are inextricably bound together, by satisfying the needs of both, the goals of both may be realized.

Sociological

If it is assumed that the integration of individual and organizational goals is the preferred method of satisfying the needs of both, it should be edifying to look at an operating system which has accomplished this: "Japan, Inc." The economy and business of Japan has grown and prospered so dramatically in the past twenty-five years that American businesses are now taking a look at the system to see if it can be adapted to the American worker and organization. There are several features of the Japanese system which fit the discussion of job satisfaction and productivity: a.) participatory decision making and quality circles; b.) organizational interest in the personal welfare of the employee; c.) long term commitment to social organizations; and d.) in-house programs and examinations for college-equivalency.

Richard T. Johnson and William G. Ouchi (1974) made a study of twenty-one United States based Japanese companies. The high performance of these companies was attributed to five traditional Japanese management and organizational characteristics successfully employed with American workers.

1. Emphasis on a flow of information and initiative from the bottom up.
2. Making top management the facilitator of decision making rather than the issuer of edicts.
3. Using middle management as the impetus for, and shaper of, solutions to problems.
4. Stressing consensus as the way of making decisions.
5. Paying close attention to the personal well being of employees.

Because the Japanese system is group based rather than individual there is no emphasis on goal setting as a tool for increasing productivity. Decisions are reached by consensus with constant feedback on results and a patient willingness for the organization to develop. The view is long term, interest is in market share rather than exclusively on productivity and profitability.

It remains to be seen if Japanese concepts can or should be successfully adapted to American business and the American worker. There is no doubt, however, that the Japanese have had and will continue to have an influence on the theory of American organizational structure and operations.

**Summary**

From the time of the first organization to the present day, management has attempted to increase productivity in order to enhance profits. Through the nineteenth and the early years of the twentieth century employees were looked on merely as an extension of the work itself or the machines they were operating. It was not until the Hawthorne Studies (1927-1932) that workers were considered as individuals. From these studies and those that followed management learned, slowly, that productivity could be increased through motivation of the worker.
Along with changes in the thinking of management, social mores were changing. By the mid-twentieth century organizations were accepting the fact that business had more responsibilities than just making a profit for the stockholders. They were also responsible to the workers, the customers, suppliers, creditors and the community. The emergence of labor unions, the enactment of federal laws, and the rise in consumer protection groups brought these responsibilities home to the organization.

The combined force of all these changes made the emphasis on job satisfaction not only possible but inevitable. It was in this atmosphere that the theories of job enrichment were introduced. What would have been laughable fifty years earlier was now accepted as possible, logical and a responsibility of the organization. The employee was no longer an extension of the machine, he was an individual with needs that must be satisfied if productivity was to be increased.

This emphasis on the individual led to research on the subject of role definition as one of the factors in job satisfaction. The worker's right to know who he is in the organization and how he fits in the organization is, in all probability, an extension of another societal change that had taken place—the emphasis on "me".

The early attempts of organizations to increase productivity through simplification of the work and dehumanization of the worker gave way to respect for the individual and improved working conditions. This has in turn given way to job enrichment and meaningfulness on the job. Job satisfaction is now demanded by the workers and is in large part accepted as the responsibility of the organization to provide.
It is incumbent upon the organization to match the worker and the task to provide the optimal amount of job satisfaction and role definition in order to increase the productivity of each worker and thus increase the productivity of each worker and thus increase profits.
NOTES


4 Luthans, p. 36.


8 Myers, p. 74.

9 Herzberg, p. 59.


16 Orpen, p. 190-191.

17 Orpen, p. 195.
19. Morse, p. 62.
22. Myers, p. 82.
23. Morse and Lorsch, p. 65.
24. Patten, p. 5.
27. Herzberg and Zautra, p. 59.
29. Locke, p. 315.
30. Levinson, p. 76.
34. Perrault, p. 20.
37 Beehr, p. 201.
40 Chassie and Bhogat, p. 231.
43 Umstat, Mitchell and Bell, p. 869.
44 Koontz, O'Donnell and Weihrich, p. 397.
46 Umstat, Mitchell and Bell, p. 874.
47 Umstat, Mitchell and Bell, p. 874.
49 Umstat, Mitchell and Bell, p. 876.
50 Umstat, Mitchell and Bell, p. 876.
54 Rehder, p. 22-23.
CHAPTER THREE

Historical Review of Project

St. Luke's Hospital in Milwaukee, Wisconsin employs nine Equipment and Supply Aides in the Intensive Care Units. They are distributed as follows:

- Coronary Intensive Care, 12 beds . . . . . . . . . 2 Aides
- Medical-Respiratory Intensive Care, 8 beds . . . . 2 Aides
- Surgical-Neurosurgical Intensive Care, 11 beds . . 2 Aides
- Cardiovascular Intensive Care, 30 beds . . . . . . . . . . . . . 3 Aides

The incumbents in this position are responsible for the cleaning, care and stocking of equipment and supplies in their respective areas.

The position of Equipment and Supply Aide was developed in house ten years ago due to a shortage of Nursing Assistants who were formerly responsible for equipment and supplies in addition to assisting Registered Nurses with patient care. The Equipment and Supply Aides have proven to be invaluable in the Intensive Care Units; however, the researcher has been unable to find other hospitals in which a similar position has been developed. Equipment and Supply Aides would appear to be unique at St. Luke's Hospital.

Purpose

The purpose of this project, therefore, was to determine if these unique Equipment and Supply Aides would have a more clearly defined picture of their role in the organization, would obtain
greater job satisfaction, and possibly increase productivity through a group meeting once a month, establishment of a procedure manual to be used in all the Intensive Care Units, and informal tours of other departments within the hospital. Since the position of Equipment and Supply Aide has been largely unknown outside the Intensive Care Units and taken for granted within the Intensive Care Units, the researcher felt the need for a project of this type was long overdue.

St. Luke's Hospital is a 600 bed facility located in a residential area on the southside of Milwaukee, Wisconsin. It is a comparatively progressive hospital specializing in cardiac treatment, both medical and surgical, but encompassing many general and surgical nursing areas as well as specialty areas. The Intensive Care Units of the hospital are very modern and contain the latest equipment for the treatment of critically ill patients.

Within the setting of a large, urban, progressive hospital the emphasis on education, inservices and constant training is great. It is surprising, therefore, that the Equipment and Supply Aides received little help beyond the on-the-job training supplied by other Equipment and Supply Aides. The researcher hypothesized that given the uniqueness of the position, the lack of recognition and the absence of a group identity, the Equipment and Supply Aides would be suffering from unclear role definition and a need for greater job satisfaction. It was believed that group meetings would develop a group identity, that tours of other areas would help define how they fit in the organization, and the development of a procedure manual specifically for the position would both standardize procedures and give "official" recognition to the position. An article in the nursing publication "Interchange"
featuring the Equipment and Supply Aides would broaden general knowledge about the position.

Participants

The researcher is a Coordinator in the Nursing Department at St. Luke's Hospital responsible for the Intensive Care and Cardiac Areas. This position is responsible for the non-clinical functions in assigned areas including equipment and supplies. Although the researcher does not supervise the Equipment and Supply Aides she works very closely with them in the direct ordering of specialty items and in the purchase, repair and replacement of equipment. She also functions as a resource person for the Aides.

The researcher was assisted by the Manager of Special Projects in the Nursing Department of St. Luke's Hospital who administered the surveys to the Equipment and Supply Aides and published the article in "Interchange."

The subjects of this project were the entire population of Equipment and Supply Aides. At the beginning of the project there were ten people in the group, however, one transferred to a position in Central Service and another became a Nursing Unit Secretary. One of these people was replaced so for all but the initial few weeks of the project, the group consisted of nine Equipment and Supply Aides. These participants were all women, over thirty years of age with a high school education. All but one had been employed by the hospital for over three years. Each had received on-the-job training, and, from personnel observation, each was dedicated to her job.
Implementation of Activities

The work on this project began before the project itself was conceived. One of the researcher's goals as a Coordinator was to establish regular group meetings of the Equipment and Supply Aides. From these meetings the need for a procedure manual was established. To convert this personal goal to a project-thesis it was necessary to obtain evaluation data to measure results. The researcher obtained the Job Satisfaction Survey and the Job Characteristics Survey from Scott, Foreman and Company. All of this was accomplished by November, 1982.

The first survey was administered in December, 1982. The researcher then began to arrange tours of other areas in the hospital. This activity was curtailed in the Spring of 1983 when, as a cost containment measure, the hospital was no longer willing to pay wages for taking the tours. During the same time period the researcher interviewed each Equipment and Supply Aide and obtained details of how procedures were carried out. This information was compared to recommendations from manufacturers, from Central Service personnel and from the Epidemiologist. As originally conceived, inservices would be set up for those procedures which differed greatly from recommended procedures. It was found, however, that with only minor corrections, inservice was not necessary. (Inservices will be arranged in the future as new products come into the hospital.)

The second survey was administered in April, 1983. At this time an article was published in "Interchange" featuring the Equipment and Supply Aides. Following this publication a questionnaire was distributed to the nursing areas to ascertain how other members of the
nursing staff perceived the subjects. Meetings continued during the entire period of the study. The procedure manual was typed and given to all appropriate personnel for corrections and/or approval. The manual was approved in June, 1983.

The final survey was administered in July, 1983. By this time the final copy of the procedure manual had been distributed and put into use. Meetings of the Equipment and Supply Aides were well established and the group felt very comfortable with each other. Meetings will be continued indefinitely. Tours will be resumed when it is economically feasible and the interest of the researcher in the Equipment and Supply Aides remains undiminished.

Presentation of Findings

Evaluation Design

Results of this project have been evaluated in several ways using several instruments. Job satisfaction and role definition were evaluated using two surveys: the Job Satisfaction Survey and the Job Characteristics Survey, reprinted and used by express written permission of Scott, Foreman and Company. Surveys were administered at the beginning of the experimental period (December, 1982), in the middle (April, 1983) and at the end (July, 1983). To further clarify the researcher's understanding of the Equipment and Supply Aides' perception of their role, personal interviews took place. A questionnaire was used to determine the perception of the Equipment and Supply Aide role by other nursing personnel.
By the end of the experimental period the Equipment and Supply Aides felt they were obtaining more satisfaction from their jobs.

The Job Satisfaction Survey consisted of twenty statements with which the subjects strongly agreed, agreed, neither agreed or disagreed, disagreed or strongly disagreed. The Job Characteristics Survey consisted of twenty-four questions each of which required two answers, how the job was actually rated by the subject and how the subject would like the job to be. Each answer was numerical, between one and five, with one being "very little" and five being "a great deal." Each survey measured a number of variables such as the supervisor, pay, co-workers, promotional opportunities, variety and independence.

By the end of the experimental period the Equipment and Supply Aides had a clearer picture of their role in the organization.

Portions of the Job Characteristics Survey dealing with independence, challenge and significance were used to evaluate role definition. These results augmented information obtained by the researcher through personal interviews with the subjects.

By the middle of the experimental period other nursing personnel had a clearer picture of the role of the Equipment and Supply Aide.

An article appeared in "Interchange", an in-house nursing publication, which featured the Equipment and Supply Aides. In conjunction with this article a questionnaire was sent to all nursing floors to be
answered by nursing personnel. The questionnaire was short and was used simply to determine if nursing personnel were aware of the Equipment and Supply Aide position and their reaction as a result of reading the article.

Findings of the Project

Did group meetings, establishment of a procedure manual, tours of other areas within the hospital and dissemination of information about the Equipment and Supply Aides increase the amount of satisfaction in the job as perceived by the Equipment and Supply Aides?

The Job Satisfaction Survey was one instrument used to answer this question. The survey was administered three times, thus answers to survey one were compared to survey two, survey two was compared to survey three, and, finally, survey one was compared to survey three. Variables measured were supervision, pay, training, co-workers, promotional opportunities and the job itself. A pair T-test was performed for each variable on the surveys as listed. Due to the small number of participants a 98% level of significance was used with a critical value of 2.896. Results are shown in Table 3-1.

A significant change in job satisfaction would be indicated by a T-test score which exceeded the critical value. At no point did the scores from the T-tests approach the critical value, therefore, the researcher can discern no significant change in job satisfaction. It is interesting to note, however, that for all variables except supervision the change between survey one and survey two is greater than either between survey two and survey three or between survey one and survey three.
TABLE 3-1

T-Test Scores for Job Satisfaction Survey

<table>
<thead>
<tr>
<th></th>
<th>Supervision</th>
<th>Pay</th>
<th>Co-Workers</th>
<th>Promotional Opportunities</th>
<th>Job Itself</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey 1 and Survey 2</td>
<td>.6969</td>
<td>.2211</td>
<td>1.1693</td>
<td>.2307</td>
<td>-.7310</td>
<td>0</td>
</tr>
<tr>
<td>Survey 2 and Survey 3</td>
<td>-.2753</td>
<td>-.3516</td>
<td>.1885</td>
<td>.4959</td>
<td>0</td>
<td>1.7996</td>
</tr>
<tr>
<td>Survey 1 and Survey 3</td>
<td>-.7219</td>
<td>.1464</td>
<td>.5313</td>
<td>.1332</td>
<td>-.7530</td>
<td>1.3193</td>
</tr>
</tbody>
</table>
The Job Characteristics Survey was another instrument used to evaluate job satisfaction. In this survey, however, how the job is actually perceived was compared to how the incumbents would like the job to be. A pair T-test was performed on these two dimensions of the variables measured for each of the three times the survey was administered. Variables measured by this survey were variety, independence, feedback, significance, challenge, co-workers, unit of work and social aspects of the job. Again a 98% level of significance was used with a critical value of 2.896. In this case a T-test score which exceeded the critical value would indicate a significant discrepancy between how the job is perceived and how the incumbent would like the job to be. Results are shown on Table 3-2.

Two variables showed a significant level of discrepancy between the perceived job and the desired job. In the area of challenge it would appear that there is more challenge in the job as perceived by the Equipment and Supply Aides than they would like. In the social aspect of the position there is less social intercourse than is desired. Both of these discrepancies occurred in the third survey. The only other variable that approached the critical value occurred in the second survey in the area of co-workers, however, on the third survey this value was reduced to zero.

Did group meetings, establishment of a procedure manual, tours of other areas within the hospital and dissemination of information about Equipment and Supply Aides give the subjects a clearer picture of their role in the organization?
<table>
<thead>
<tr>
<th></th>
<th>Survey 1</th>
<th>Survey 2</th>
<th>Survey 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variety</td>
<td>- .0540</td>
<td>.5316</td>
<td>1.9800</td>
</tr>
<tr>
<td>Independence</td>
<td>-1.7933</td>
<td>-.8174</td>
<td>-.9865</td>
</tr>
<tr>
<td>Feedback</td>
<td>-1.2877</td>
<td>-1.3341</td>
<td>-.4076</td>
</tr>
<tr>
<td>Significance</td>
<td>-1.4241</td>
<td>.8363</td>
<td>0</td>
</tr>
<tr>
<td>Challenge</td>
<td>2.3890</td>
<td>1.5794</td>
<td>4.8204</td>
</tr>
<tr>
<td>Co-Workers</td>
<td>-1.4254</td>
<td>-2.4819</td>
<td>0</td>
</tr>
<tr>
<td>Unit of Work</td>
<td>-1.5171</td>
<td>-1.4013</td>
<td>-.7829</td>
</tr>
<tr>
<td>Social</td>
<td>-.7225</td>
<td>-1.4433</td>
<td>-5.0945</td>
</tr>
</tbody>
</table>
Through group discussion and individual interviews the researcher was convinced that each Equipment and Supply Aide was secure in the knowledge of her job and how she "fit" in the organization. At the beginning of this project there were ten Equipment and Supply Aides. One took a position in Central Service and another became a Nursing Unit Secretary. Only one of these positions was replaced. At the present time there may be a feeling of role overload due to the extra workload incurred, a feeling which is validated by the T-test score on the Job Characteristics Survey under the variable challenge. In general, however, the Equipment and Supply Aides feel comfortable with their role. This finding was substantiated by those portions of the Job Characteristics Survey dealing with feelings of significance and independence (See Table 3-2).

Did the article published in "Interchange" give other nursing personnel a clearer picture of the role of the Equipment and Supply Aides?

An article entitled "Equipment Aide: quiet efficiency" was included in the April edition of the nursing department publication (see Appendix C). Following the publication of this article a questionnaire was sent to the nursing floors to measure how many people were aware of the position of Equipment and Supply Aide and if there was an understanding of the function of this position. One-hundred ninety-nine questionnaires were sent out of which one hundred and one were returned. Of the respondents sixty-seven had read the article. Respondents included Registered Nurses, Licensed Practical Nurses, Nursing Assistants, Nursing Unit Secretaries and Technicians. Answers of respondents who had read the article are tabulated in Table 3-3.
### TABLE 3-3

**Interchange Questionnaire Responses**

<table>
<thead>
<tr>
<th></th>
<th>ICU Responses</th>
<th>Non-ICU Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20</td>
<td>47</td>
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</tbody>
</table>

#### Non-ICU Responses

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware of Equipment &amp; Supply Aides prior to Article?</td>
<td>16</td>
<td>34</td>
</tr>
<tr>
<td>Did you learn function of Equipment &amp; Supply Aides?</td>
<td>43</td>
<td>4</td>
</tr>
<tr>
<td>Importance of Equipment &amp; Supply Aides to ICU</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Unchanged</th>
<th>Increase</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect for Equipment &amp; Supply Aides</td>
<td>19</td>
<td>28</td>
<td>0</td>
</tr>
</tbody>
</table>

#### ICU Responses

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware of Equipment &amp; Supply Aides prior to Article?</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Did you learn function of Equipment &amp; Supply Aides?</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Importance of Equipment &amp; Supply Aides to ICU</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Unchanged</th>
<th>Increase</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect for Equipment &amp; Supply Aides</td>
<td>12</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>
Forty-seven respondents were from non-ICU areas and of these only sixteen people or 34% were aware of the position of Equipment and Supply Aide. If those respondents from the Circulatory Dynamics Laboratory which deals directly with the ICUs are removed, those persons aware of the position are reduced to 28%. Clearly, most employees outside the ICU areas are not aware of the position of the Equipment and Supply Aide. Even within the ICUs 50% of the respondents indicated they had learned more about the function of the Equipment and Supply Aide by reading the article. It is interesting to note that when asked to grade the importance of the Equipment and Supply Aides to the ICUs on a scale of one to five, 100% of the respondents from the ICUs indicated a five and several placed plus marks after the number. All respondents indicated that respect for the position had either remained unchanged or increased as a result of reading the article.

Conclusions
Evaluation Question 1

The researcher hypothesized that by establishing group meetings of the Equipment and Supply Aides, organizing tours of other departments, the compiling of a procedure manual and publicity about the position, job satisfaction on the part of the Equipment and Supply Aides would be increased. To test this hypothesis two instruments were used, the Job Satisfaction Survey and the Job Characteristics Survey.

Results of the Job Satisfaction Survey indicated no significant change in the amount of job satisfaction perceived by the Equipment and Supply Aides. The Job Characteristics Survey, however, compared how
the Equipment and Supply Aides perceived their job to how they would like it to be. On all but two variables (challenge and social) there was no significant difference between the actuality of the job and how it is desired to be. The researcher has concluded therefore, that although there has been no significant change in job satisfaction, change is not desirable to the incumbents in areas other than challenge and social.

Evaluation Question 2

The researcher further hypothesized that the measures taken as listed under Evaluation Question 1 would give the Equipment and Supply Aides a clearer definition of their role in the organization.

No instrument was found that would accurately measure the answer to this question. Three variables from the Job Characteristics Survey relate to the question: significance of the job, feelings of independence and the amount of challenge in the job. For both significance and independence no meaningful difference was found between the amount of each in the job and the amount the Equipment and Supply Aides would like there to be. This data combined with information obtained from the Equipment and Supply Aides in group meetings and individual interviews would indicate that, in general, the Equipment and Supply Aides do not suffer from unclear role definition.

The challenge variable on the Job Characteristics Survey showed a significant discrepancy between the amount of challenge in the job and the amount that is desired. Results indicate the Equipment and Supply Aides would like less challenge in their jobs. It may be concluded, therefore, that although there is no problem of role definition per se, there is a problem of role overload.
Evaluation Question 3

It was surmised at the beginning of this project that few people outside the ICUs were aware of the position of Equipment and Supply Aide or of the function of this position. To validate this assumption and to inform other nursing personnel about the position, an article about the Equipment and Supply Aides was published and a questionnaire about the article was sent to nursing floors. It was hypothesized that the publication of the article would give nursing personnel a clearer picture of the role of the Equipment and Supply Aide.

Answers on the questionnaire indicated that over 70% of the respondents outside the ICUs (and Cath Lab) were unaware of the Equipment and Supply Aide position. The assumption would appear to be correct. Of these respondents 91% indicated they had learned the function of the position from the article. It may be concluded, therefore, that even amongst those people who were aware of the position before the publication of the article, little understanding of the function of the position existed. It may be further concluded that, at least among the respondents to the questionnaire, other nursing personnel are now more aware of the position and its function.

Although not put forth as a formal evaluation objective, it was the hope of the researcher that as a result of this project, productivity among the Equipment and Supply Aides would be increased. No attempt was made to measure productivity, however, at the beginning of this project there were ten Equipment and Supply Aides servicing
fifty-one ICU beds. Since that time (December, 1982) two Aides have left, one has been replaced, and ten more ICU beds have been opened. At present there are nine Equipment and Supply Aides servicing sixty-one ICU beds.

This increase in the workload, it may be concluded, validates the scores on the challenge variable of the Job Characteristics Survey and the previously stated conclusion that a role-overload factor is present.

Implications

The results of the Job Satisfaction Survey showed that no significant change in job satisfaction took place, however, the results of the Job Characteristics Survey indicated that in all but two areas (challenge and social) there was no significant difference between the job of the Equipment and Supply Aides and how they would like the job to be. The subject of challenge in the job will be taken up under Evaluation Question 2.

Evaluation Question 1

The results of the survey would indicate that although an increase in job satisfaction did not take place, the amount of satisfaction attained from the job was sufficient. It may be that this was due to the job containing most of the factors which Herzberg feels are needed for job enrichment; a complete unit of work, feedback from the job itself as well as the supervisor, independence, challenge, becoming "experts", accountability.
The area that was lacking according to the results was the social aspect of the job. Since the Equipment and Supply Aides work alone in each unit and, of necessity, are off the unit much of the time, social relationships do not develop in this position as they do in others. In addition, comments made by both the Equipment and Supply Aides and Nursing Assistants indicated that resentment existed between these groups about the independence and "specialness" of the Equipment and Supply Aides.

Evaluation Question 2

The results of the Job Characteristics Survey which relate to role definition indicated generally that no problem existed in this area. The results regarding challenge in the job, however, indicated that more challenge was present than could be comfortably handled by the Equipment and Supply Aides. This implies to the researcher a role overload condition. The finding was understandable. At the beginning of this project there were ten Equipment and Supply Aides covering fifty-one ICU beds, at present there are nine Equipment and Supply Aides covering sixty-one ICU beds. In addition the patient occupancy in the ICUs was higher than anticipated for much of this period.

Due to economic conditions a hiring freeze was in existence at St. Luke's Hospital which made it impossible to hire more Aides. It may be assumed, however, that a portion of the workload should be removed from this position before job dissatisfaction becomes a factor.
Evaluation Question 3

The results of the questionnaire sent to nursing personnel about the Equipment and Supply Aides indicated that the assumption that outside the ICUs little was known about the position was correct. Indications were that even within the ICUs knowledge of the function of this position was limited. The questionnaire and the article in "Interchange" which prompted the use of the questionnaire did serve as an educational tool to those people who read the article. The implications were that more tools should be found to teach nursing personnel about the position of Equipment and Supply Aide.

Recommendations

The position of Equipment and Supply Aide is unique to St. Luke's Hospital to the knowledge of the researcher. Because of the uniqueness of the situation it is doubtful that this study can or will be repeated. Three recommendations can be made in regard to the position itself.

1.) As soon as economic conditions permit one or two more Equipment and Supply Aides should be hired. The amount of equipment and supplies turned over by these nine women is more than can be comfortably handled. It is imperative that the workload be reduced. If more Aides cannot be hired, part of the workload could be transferred to the Nursing Assistants. For instance, when a patient is transferred, all equipment is removed by the Equipment and Supply Aide and fresh supplies are stocked in the room. It may be
possible for the Nursing Assistant to remove equipment from the room and transport it to the Soiled Utility Room to be cleaned and replaced by the Equipment and Supply Aide.

2.) Although little can be done to alleviate the isolation inherent in the position of the Equipment and Supply Aide, it is recommended that a program be instituted by the Patient Care Managers to reconcile the resentment present between the Equipment and Supply Aides and the Nursing Assistants. Both of these positions report to the Patient Care Manager. If a portion of the workload is transferred to the Nursing Assistants this type of program would be mandatory.

3.) Because much of how a person feels about her job is influenced by how others see it, the researcher recommends that tools be found to educate other nursing personnel about the position and functions of the Equipment and Supply Aides. The researcher will continue to place articles in pertinent publications and to arrange tours for the Equipment and Supply Aides. If any other modes of transmitting information become apparent they will also be used.

This project was a study in job satisfaction and role definition among Equipment and Supply Aides in the Intensive Care units at St. Luke's Hospital. The project was undertaken because this is a unique position which has been largely ignored since its inception ten years ago.
Several actions were taken to increase job satisfaction and clarify role definition in order to study the position itself and in hopes of increasing productivity. Group meetings were established, a procedure manual was written and tours of interfacing departments were conducted. To measure the effects of these measures two instruments were used: the Job Satisfaction Survey and the Job Characteristics Survey.

Surveys were administered at the beginning, in the middle and at the end of the project. Results indicated that although there was no increase in job satisfaction the incumbents felt no need for such an increase. Role definition was not a problem for the Equipment and Supply Aides, however, there was an indication of role overload; they simply have too much work to do. Productivity was not measured but indications are that due to economic conditions the Equipment and Supply Aides are now handling more work than they have in the past.

Another aspect of the study was to determine how this position was viewed by other nursing personnel. To this end an article was printed in "Interchange", a nursing publication, followed by a questionnaire about the Equipment and Supply Aides. Responses showed that most nursing personnel outside the ICUs were not aware of the position prior to reading the article. Even within the ICUs half of the respondents learned more about the function of the position from the article.
BIBLIOGRAPHY


Lyons, Thomas F. "Role Clarity, Need for Clarity, Satisfaction, Tension and Withdrawal." Organizational Behavior and Human Performance. 6 (1971): 99-110.


Tersen, Gloria. Personal Interview. 12, January 1983.


APPENDIX A
ST. LUKE'S HOSPITAL, MILWAUKEE, WISCONSIN - HOURLY JOB DESCRIPTION

Position Title: EQUIPMENT AIDE II  
Job Code: 0604
Department: Nursing  
Area: 176-149-153-155

% BASIC FUNCTION:

Under the general supervision of the Patient Care Manager, performs various functions relating to the maintenance of an adequate number of supplies and general cleaning duties.

10% The individual in this position is responsible for maintaining x-rays in proper order for the area. This involves sorting x-rays according to patients name and returning x-rays to the department of Radiology on a daily basis. In addition the incumbent delivers and picks up supplies and equipment between ICU and other departments.

25% The aide replenishes all necessary supplies at the patient's bedside. This includes checking to insure that supplies are not outdated and that there is an adequate supply on hand. The incumbent also checks the emergency cart for outdated equipment as well as keeps the nursing assistant cart supplied with necessary supplies. The individual in this position is responsible for placing supplies on the shelf in the storage room. The incumbent orders stocks as needed and maintains numerical data on all supply usage. The incumbent checks dates of sterilized equipment and replaces those which are outdated.

50% The individual in this position is responsible for cleaning all soiled equipment removed from patients, returning it to the proper department and replacing those items which are necessary for the unit. This includes checking special equipment to make sure that parts are in place and in working order. The incumbent is responsible for the thorough cleaning of permanent equipment in a unit such as suction gauges, carts, IV poles and standards, blood warmer, hypothermia mattresses, ambu bags, and monitoring equipment. The incumbent maintains order and cleanliness in the two storage areas and utility rooms.

15% The individual in this position is responsible for routinely checking non-medical equipment in the area for preventative maintenance. This includes items such as wheelchairs.

This position requires an individual with an education as acquired in high school or equivalent work experience. The individual in this position must be able to work independently, have good organizational skills and the ability to communicate with others. No experience is necessary.
**Position Title:** Equipment Aide II  
**Job Code:** 0604

<table>
<thead>
<tr>
<th>Points</th>
<th>Education</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

Requires high school diploma or equivalent. Minimal amount of related experience preferred.

<table>
<thead>
<tr>
<th>Points</th>
<th>Job Structure</th>
<th>Thinking Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Definite procedures/policies. Answers are clear cut. Gather and interpret data. Automatic response, usually one place to look.

<table>
<thead>
<tr>
<th>Points</th>
<th>Confidential Info</th>
<th>Impact of Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Access to confidential data. No detailed understanding of this information. Impact of disclosure would be on immediate area.

<table>
<thead>
<tr>
<th>Points</th>
<th>Financial Loss</th>
<th>Independent Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Points</th>
<th>Contact</th>
<th>Independent Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Daily contact with others. Requires poise and tact.

<table>
<thead>
<tr>
<th>Points</th>
<th>Welfare of Others</th>
<th>Independent Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Action could require minor treatment.

<table>
<thead>
<tr>
<th>Points</th>
<th>Delegation</th>
<th>Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Little or no responsibility for assigning tasks. Frequently called upon as a resource person with regard to supplies.

<table>
<thead>
<tr>
<th>Points</th>
<th>Physical Demand</th>
<th>Mental/Visual</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Light work. Considerable walking/standing. Occasional work requiring intense level of concentration.

<table>
<thead>
<tr>
<th>Points</th>
<th>Work Conditions</th>
<th>Hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

Exposure to one or more disagreeable conditions. Minor potential for injury.

**Total Points:** 167  
**Pay Grade:** 2  
**Comments:** None

**Evaluated By:**  
**Date:** 3/8/82

**Verified By:**  
**Date:** 3/15/82
Miscellaneous Duties: Transport specimens to lab. Set up and maintain isolation carts. Assist in transportation of patients.

Machines or equipment you used:

Types of disagreeable conditions exposed to: Contaminated equipment, specimens.
APPENDIX B
Job Satisfaction Survey

The following questions concern the degree of satisfaction you have with your job, supervisor, pay, co-workers, and promotional opportunities. Please read each statement carefully and circle the response that best represents your opinion.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree Nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In general I am satisfied with my job.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. My co-workers are usually uncooperative.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Considering the work that is required the pay for this job is good.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. My supervisor does a good job.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. My job offers a good opportunity for promotion and advancement.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. I am not satisfied with my supervisor's performance.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. In general I am satisfied with the relationships I have with my co-workers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. My opportunities for promotion and advancement are limited.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. My job does not challenge me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. The hospital promotes people on the basis of good performance.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. My job gives me a sense of accomplishment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. I am not paid enough for my level of performance.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. My supervisor is very competent and knows her job well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### Job Satisfaction Survey (Continued)

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. My co-workers make my job more pleasant.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. If I were working in a similar job at another hospital, I would be making more money.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I am required to spend too much time away from my own nursing unit.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. The training that I have received has prepared me well for my job.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. It is necessary that I understand the importance of the equipment and supplies I work with.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. My supervisor has a good understanding of my job.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I am treated fairly in comparison to my co-workers.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following questions are concerned with the characteristics of your job. Each of the questions are to be evaluated according to the following responses:

<table>
<thead>
<tr>
<th>Very Little</th>
<th>Little Amount</th>
<th>A Moderate Amount</th>
<th>Much</th>
<th>A Great Deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Two separate responses are required. In column 1, please mark your response according to how you evaluate the actual characteristics of your job. In column 2, please mark your response according to how you would like the job characteristics to be.

<table>
<thead>
<tr>
<th>Question</th>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To what extent does your job provide the opportunity to do a number of different duties each day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How much are you left on your own to do your work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. To what extent can you tell how well you are doing on your job without being told by others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. To what extent do you feel your job is important?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does your job require a great deal of skill to perform it effectively?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. How much of your job depends upon your ability to work with others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. To what extent does your job list your opportunity to work with employees in other areas?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. How much variety is there in your job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. To what extent are you able to act independently of supervisors in doing your work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Does seeing the results of your work give you a good idea how well you are doing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Column 1</td>
<td>Column 2</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>11. How significant is your work to the overall organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. To what extent do you see projects or jobs through to completion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. To what extent is your job challenging?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. To what extent do you work pretty much by yourself?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. To what extent does your job require you to do the same thing over and over again each day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. To what extent do you have the freedom to decide how to do your work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. To what extent does doing the job itself provide you with feedback about how well you are doing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. To what extent do you feel like you are contributing something significant to your organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. To what extent can you obtain answers to questions you have concerning how you are to perform your job assignments?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. To what extent are you able to keep up with new skills and knowledge as it relates to doing your job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. To what extent do you complete work that has been started by another employee?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. To what extent is your job so simple that virtually anyone could handle it with little or no training?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. To what extent in dealing with other people a part of your job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. To what extent can you talk informally with other employees while at work?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Job Characteristics Survey (Continued)

In order to analyze the results of this survey, it is necessary to obtain the following information: (please check appropriate blank)

A. Have you worked for your organization:
   _____Less than 1 year?  _____1 to 3 years?  _____3 to 5 years?
   _____Over 5 years?

B. Your age bracket is:
   _____Under age 30?  _____30 to 40?  _____40 to 50?  _____Over age 50?

C. Number of years of schooling you have completed:
   _____6 to 12  _____13 to 15  _____Over 15
QUESTIONNAIRE

1. Did you read the "Interchange" article on Equipment Aides?

2. Were you aware of this position before reading the article?

3. Did you learn anything about the duties of this position from
the article?

4. On a scale of one to five (one being the least and five being the
most) how necessary do you think the Equipment and Supply Aide
position in the ICU's is? ______

5. Due to this article have your respect for this position:
   Remained unchanged? _____
   Decreased? _____
   Increased? _____

Comments: __________________________________________________________
_______________________________________________________________

My position: R.N. _____  My area: General Floor _____
L.P.N. _____  Intermediate Floor _____
N.A. _____  ICU _____
N.U.S. _____
<table>
<thead>
<tr>
<th>INDEX</th>
<th>EFFECTIVE DATE</th>
<th>REVIEWED DATE</th>
<th>REVISED DATE</th>
<th>PROCEDURE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLEANING TRANSDUCERS</td>
<td>05/83</td>
<td></td>
<td></td>
<td>1</td>
</tr>
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<td>DAILY CHECK OF STERILE ITEMS</td>
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<td>STORAGE AND CARE OF HYPO-HYPERTERMIA EQUIPMENT</td>
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<td>SUPPLY LIST FOR PATIENT ROOMS</td>
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<td>16</td>
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</table>
CLEANING TRANSDUCERS

Transducers will be pre-cleaned by Equipment Aides in the ICUs after use if grossly soiled.

Note: The diaphragm of the transducer is delicate and may be damaged very easily.

1. Remove the plastic dome from the transducer by turning it counterclockwise.
2. Wash and clean the transducer and cable in a fresh solution of Detergicide (1:1000) or equivalent solution.
3. Immerse the transducer in the cleaning solution for recommended time (following instructions of solution manufacturer).
4. Rinse the transducer thoroughly in distilled water and replace dome loosely.
5. Wrap transducer in paper towel and place a twister around the cables.
6. Deliver transducers to Medical Electronics.
ST. LUKE'S HOSPITAL
Milwaukee, Wisconsin

PROCEDURE NO. 2
Effective:
Review:

DAILY CHECK OF STERILE ITEMS

According to JCAH Standard III: "There shall be specific written infection control policies and procedures for all services throughout the hospital." Specific to nursing services and all nursing units the Accreditation Manual for Hospitals states under this Standard: "Specific policies and procedures shall provide for a daily check of outdated sterile items when this is not performed as a function of Central Services."

In keeping with this JCAH ruling, Equipment Aides are responsible for the following tasks daily:

1. Locate the listed sterile trays on your unit.
2. Verify expiration date on the package.
3. Place a check mark in the square under the appropriate date.
4. Sign their name on the corresponding numbered line.
5. If the tray is outdated, take it to Central Service for replacement.

Items will be added or deleted from the list as necessary.

Completed sheets will remain in this notebook for the entire year, at which time they will be discarded.
| ITEM/EXP. DATE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 2             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 3             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 4             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 5             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 6             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 7             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 8             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 9             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 10            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 11            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 12            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 13            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 14            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 15            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 16            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 17            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 18            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 19            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 20            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 21            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 22            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 23            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 24            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 25            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 26            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 27            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 28            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 29            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 30            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 31            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
ST. LUKE'S HOSPITAL
Milwaukee, Wisconsin

PROCEDURE NO. 3
Effective:
Review:

HYPO-HYPERTERMIA BLANKET AND CONTROLS

Equipment Aides are responsible for cleaning and care of hypothermia equipment.

Storage and Care Instructions

Control Unit

1. Clean up accidental spills immediately—use a damp cloth and mild detergent—wipe dry.

2. Algae growth may be prevented by a germicidal—use concentration recommended by the germicidal manufacturer. Blankets should be connected to a portable machine obtained from CS when circulating germicidal to protect them also.

Blankets

Standard blankets may be cleaned with a damp cloth and mild detergent. Single patient use blankets should be discarded when they become soiled or after use.

To prevent algae growth, attach the blankets to the portable machine and follow the procedure outlined under Control Unit Care. When storing standard blankets, roll loosely, and store in dark place (DO NOT FREEZE). Single patient use blankets should be discarded after use.

Repair – Standard blankets can sometimes be repaired using a vinyl patch kit—DO NOT RETURN BLANKETS TO FACTORY FOR REPAIR.

If blankets must be sterilized, use any cold sterilization means except alcohol. If gas sterilization is necessary, pads are made of PVC and should be handled like any other PVC product.

NOTE: GAS STERILIZATION TEMPERATURE MUST NOT EXCEED 145°F.

ALSO NOTE: Exposure to harsh chemicals will cause pads to lose flexibility and resistance to cracking.
The clipboard on the Code 4 Cart contains a list of items that should be on the cart. After a code the following procedure should be used:

1. Use the list on the clipboard to ascertain that the cart is complete.
2. Take the cart to Pharmacy where the drug box will be removed.
3. Continue with the cart to Central Service. Stop at the desk and request that a member of the CS staff be sent to the decontamination area to check the cart.
4. Take the cart to the decontamination area and allow the CS technician to check the cart and sign the checklist indicating everything has been returned. If items are missing, return to the unit to find them.
5. If no one is available to check the cart, make a note of this on the checklist, sign your name, date and the floor from which the cart originated. Leave the cart in the decontamination area.
CLEANING ADAPTERS AND PLASTICS

Supplies
Racine Adapters, Trach Adapters, Airways, 15mm Adapters, etc.

Note: For cleaning of supply items from an isolation room, see Isolation Procedure #13.

1. Pre-clean item to remove any organic material.
2. Soak in cold sterilent (Cidex) for 30 minutes. Wear gloves to prevent skin reaction.
3. Rinse in sterile water to remove irritating residue.
4. Allow to air dry thoroughly.
5. High-level disinfection is obtained in 30 minutes, sterilization in 10 hours.
ST. LUKE'S HOSPITAL PROCEDURE NO. 6
Milwaukee, Wisconsin Effective:
Review:

CLEANING LARGE EQUIPMENT

Equipment
Heat lamps, wheelchairs, bed boards, IV poles, carts, Abbott pumps, Tycos Pressure Infusors, etc.

Note: For cleaning equipment from an isolation room, see Isolation Procedure #13.

1. Hand wash equipment in high temperature water with germicidal detergent (ie: Virex).
2. Rinse with clear water.
3. Allow to thoroughly air dry.
ST. LUKE'S HOSPITAL
Milwaukee, Wisconsin

PROCEDURE NO. 7
Effective: Review:

EQUIPMENT REPAIRS

1. Any equipment which is not in proper working order should immediately be tagged with a red sticker stating "DANGER - OUT OF ORDER."

2. As soon as possible, remove malfunctioning equipment from the Intensive Care Unit.

3. If the equipment can be repaired in-house, fill out a Repair Work Order, #05-38400, entering all pertinent information and stating what is wrong with the equipment. Take equipment and work order to appropriate department. Remove pink copy and retain for your records.

4. If equipment must be sent outside the hospital for repair, take the malfunctioning equipment to the Nursing Resource Coordinator with a note stating what is wrong with the equipment.

5. If repairs are not made when expected, contact the Nursing Resource Coordinator who will check the status of the equipment.
DIRECT ORDER SUPPLIES

POLICY: Medical supplies which are ordered by the Nursing Resource Coordinator are inventoried by the Equipment and Supply Aides.

1. Medical supplies listed below should be counted daily.

2. When the number of items in stock reach the reorder level, contact the Nursing Resource Coordinator to reorder the item.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>REORDER LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemaquat w/Double Distal Spring Guide</td>
<td>3</td>
</tr>
<tr>
<td>J wire 8F</td>
<td></td>
</tr>
<tr>
<td>Sorenson Introducer w/Needle &amp; Syringe 8F</td>
<td>3</td>
</tr>
<tr>
<td>USCI Hemaquat Arterial-Venous Percutaneous Catheter Introducer Set 7F</td>
<td>2</td>
</tr>
<tr>
<td>Cordis Hemaquat Arterial-Venous Percutaneous Catheter Introducer 7F</td>
<td>2</td>
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<tr>
<td>USCI Straight Spring Guide</td>
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<tr>
<td>Elecath Balloon Guided Pacing Kit</td>
<td>2</td>
</tr>
<tr>
<td>USCI Sterile Sleeve Adapter</td>
<td>3</td>
</tr>
<tr>
<td>Cook Sterility Sheath</td>
<td>3</td>
</tr>
<tr>
<td>ICP: Charting Paper</td>
<td>3 per cart</td>
</tr>
<tr>
<td>Black Pens</td>
<td>4 per cart</td>
</tr>
<tr>
<td>Red Pens</td>
<td>4 per cart</td>
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<tr>
<td>Fiber Optic Sensor</td>
<td>4 per cart</td>
</tr>
<tr>
<td>Bird Adapters</td>
<td>10</td>
</tr>
<tr>
<td>Mouth Seals</td>
<td>10</td>
</tr>
</tbody>
</table>
PORTABLE MONITORS

POLICY: Portable monitors for use in transporting patients are located in CICU on 2L and SNICU on 3L and MRICU on 2L.

1. When a portable monitor is needed, go to CICU, SNICU or MRICU.

2. Fill out the sign-out sheet and initial.

3. Carry the monitor to your area for use.

4. Return the monitor as soon as possible being sure to fill in the sign-out sheet.
ST. LUKE'S HOSPITAL
Milwaukee, Wisconsin

PROCEDURE NO. 10
Effective:
Review:

EQUIPMENT AND SUPPLY TRANSIT RECORD

POLICY: Equipment and/or supplies removed from a nursing area for use in another area must be accompanied by an Equipment and Supplies Transit Record, #05-936000.

PROCEDURE: When it is necessary to borrow equipment or supplies from another area within the hospital.

To Borrow
1. Contact the other area to arrange to borrow the needed item.
2. Fill out an Equipment and Supplies Transit Record as follows:
   a. Write your area number on the top line.
   b. Check the box marked "BORROWED FROM."
   c. Write the date on the appropriate line.
   d. Fill in approximate date of return.
   e. Sign-in box labeled signature.
3. Take the Equipment and Supplies Transit Record to the area from which you have arranged to borrow. Give the record to the Nursing Unit Secretary of the lending area.
4. The NUS will place her area number in the box marked "AREA" and write the quantity and description of items in appropriate spaces. The yellow copy of the Transit Record will be sent along with the borrowed item(s) and retained by the NUS on the borrowing unit. The pink and white copies will be retained by the NUS on the lending unit.

To Return
5. When borrowed items are returned the NUS of the lending unit should fill out the bottom portion of the Transit Record, sign it and date it, and send it to the Nursing Resource Coordinator. The yellow copy should be retained by the borrowing unit and the white copy by the lending unit for approximately two weeks after the return of the item to ensure the item has been returned in good condition and does not need repair or replacement.
6. If borrowed items are not returned by the appropriate return date, the NUS on the lending unit will contact the Nursing Resource Coordinator. The Nursing Resource Coordinator will arrange the return of borrowed item(s). If any damage or loss has occurred the Nursing Resource Coordinator will order repairs or replacement at the expense of the borrowing unit. It will be the responsibility of the Nursing Resource Coordinator to inform both the borrowing unit and the lending unit of the disposition of damaged or lost items. When the repaired or replacement item is delivered to the lending floor, the NUS will complete the bottom portion of the Transit Record and send the pink copy to the Nursing Resource Coordinator.
MONITORING OF PATIENT CHARGE ITEMS IN ICU

1. Supply Aides will inventory patient charge items stocked in the ICUs each day.

2. If an item is not on shelves the Supply Aide will check with the Nursing Unit Secretary to see if a patient charge has been made. (All charges for patient supplies will be held at the Nursing Unit Secretary's desk until first shift unless the charge card is taken to Central Services to obtain the item.)

3. If no charge has been made the Supply Aide will inform the PCM, APCM or charge nurse. This person will be responsible to find the patient for whom the item was used and to instruct the Nursing Unit Secretary to make out the charge.

4. If it is ascertained that the supply item in question was not used on a patient in the unit, the charge person or her designee will contact the Nursing Resource Coordinator who will check with the other ICUs to see if the item was borrowed.

5. The borrowing unit will be responsible for making out a patient charge and replacing the item on the unit from which it was borrowed.

6. For patient charge items not stocked on the unit, a patient charge card should be stamped before going to Central Service to obtain the item.
ST. LUKE'S HOSPITAL  
Milwaukee, Wisconsin  

PROCEDURE NO. 12  
Effective:  
Review:  

DISPOSAL OF NEEDLES

All syringes must be disposed of in a contaminated box after both the needle and the hub have been clipped off into a closed container.

1. All needles should be covered when being transported to or from the patient's bedside.

2. Transport the covered needle to the nearest Destruclip location on the med cart, the tray, the utility room or the patient's room.

3. Clip the needle from the hub using the Destruclip. Clip the hub from the syringe.

4. Place the syringe in the contaminated box.

5. Do not fill contaminated box more than 3/4 full. If in doubt about how full the box is, change to a new box.

6. If you are accidentally stuck by the needle, whether clean or contaminated, wash the area thoroughly, fill out an incident report and report to Employee Health. (See Procedure on Incident Reports).
CLEANING OF NEEDLE CLIPPER

To maintain a sharp cutting edge the Destruclip needle cutter must be cleaned periodically and/or replaced.

1. Wipe Destruclip and contaminated box externally with a damp cloth daily.

2. At least once a week, or when the contaminated box is changed, remove the Destruclip from the box and holding the Destruclip by the handle, rinse needle cutter blades with hot water until clean.

3. Return Destruclip to proper position on the contaminated box.

4. When the needle cutter becomes dull, replace with a Destruclip available from the storeroom.

5. Wash hands after completing procedure.
ST. LUKE'S HOSPITAL
Milwaukee, Wisconsin

DISPOSAL OF NEEDLE CUTTER AND CONTAMINATED BOX

Needle cutter and contaminated box must be disposed of safely to prevent needle punctures and/or cuts to personnel handling these items.

1. When contaminated box is 3/4 full, set up a new contaminated box. Remove Dešruclip from used box.
2. If needle cutter (Destruclip) is dull, discard in new contaminated box before closing the top of the box.
3. If needle cutter is to be reused, refer to cleaning procedure.
4. Place Dešruclip in proper position on new box.
5. Tape used contaminated box closed and place in plastic bag. Place bagged box in another plastic bag and tie the bag closed.
6. Place doubled bagged contaminated box on the floor near the trash chute holding by the knot in the bag.
7. Wash hands after completing procedure.
POLICY: Housekeeping is responsible for cleaning of a patient room following an isolation, however, the Equipment and Supply Aide may be called upon to help in removal of equipment and disposable items.

The following procedures are paraphrased from the Nursing Isolation Procedures and are intended as a quick reference for Supply Aides. For further information or clarification, see Nursing Procedure No. 13, or call the Infection Control Office at Ext. 6671.

TRASH DISPOSAL
1. Discard all disposable supplies and trash in plastic waste-basket liners.
2. Tie top of plastic bag in patient's room.
3. Place in clean plastic bag outside patient room.
4. Discard the double bagged trash down the trash chute.

LINEN DISPOSAL
1. Discard soiled linen in cloth isolation bag.
2. Close bag and bring to door of unit.
3. Place cloth bag in soluble plastic isolation bag and close with plastic tie provided on side of bag.
4. Carry bag to laundry chute holding well away from uniform. Do not drag on floor.
5. Throw bag down laundry chute.
ISOLATION - Continued

UTENSILS AND INSTRUMENTS

1. Rinse equipment with cold water in the patient room to free of all gross soil.
2. Place rinsed items in autoclavable bag inside patient's room closing with a twister seal.
3. Place inside second bag outside patient's room again closing with twister seal.
4. Label bag with isolation sticker listing all pertinent information.
5. Place in dirty utility room until transported to CS for sterilization.

EQUIPMENT

1. Any equipment in an isolation room must be washed with a germicidal solution (Virex) before it is taken from the patient room.
2. Equipment with wheels require special attention to the wheels since this is the dirtiest part of the equipment.
3. Equipment that will require sterilization should be covered with a large plastic bag after washing and placed in the dirty utility room until transported to CS.

SYRINGES, NEEDLES, CONTAMINATED BOX

Disposable

1. Place disposable syringes and needles in contaminated box. Do not fill box more than 3/4 full.
2. Tape top of contaminated box shut when box is 3/4 full.
3. Double bag contaminated box and discard with burnable trash.
ISOLATION - Continued

SYRINGES, NEEDLES, CONTAMINATED BOX

Non-Disposable
1. Separate barrel and plunger.
2. Rinse syringe and needle well with cold running water to remove gross soil.
3. Wrap each part in paper towel.
4. Stick needle through piece of gauze and wrap well in paper towel.
5. Place all parts in small autoclavable bag and close with twister seal. Label with isolation label.
6. Place in dirty utility room until transported to CS for sterilization.

BOTTLES
1. Open trash bag on table outside patient's room.
2. Empty bottles and wrap in newspaper in patient's room then place in opened bag.
3. Place in container for glass in dirty utility room.

BLOOD BAGS
1. Open plastic bag on table outside patient's room.
2. Place blood container in plastic bag.
3. Use an isolation label on bag with required information.
4. Return blood container and carbon of requisition to the Laboratory Information Center yellow card only).
ST. LUKE'S HOSPITAL
Milwaukee, Wisconsin

CLEANING CRITERIA, HOUSEKEEPING SERVICES

I. DISMISSAL UNIT PREPARATION
   A. All surfaces washed with germicide including:
      1. Overbed table
      2. Bedside cabinet
      3. Telephone and cord
      4. TV control and call button
      5. Bed
      6. Furniture (inside, outside, top and bottom)
      7. Wastebaskets
   B. All finger marks, spots or soil cleaned from wall.
   C. Floor mopped with germicide.
   D. All trash and soiled linen removed.
   E. Make bed.
   F. If single room occupancy:
      1. All bathroom fixtures washed w/disinfectant solution.
      2. Floor of room and shower mopped w/germicidal solution.
      3. All trash and soiled linen removed.

II. BLUE CARD
   As above.

III. GREEN CARD
   As above with double bagging of trash and linen.

IV. RED CARD
   As above, employee wears mask.

V. BROWN AND SPECIAL ENTERIC
   As above with additions of special toiled bowl cleaning w/germicidal solution and disposable isolation bowl brush.
VI. YELLOW CARD
A. Always terminally cleaned. Cleaned as above with additional washing with germicidal solution in the following:
1. Overbed lights
2. Television
3. Cubicle tracks (if possible)
4. Walls
5. Windows
6. Drapes and cubicle curtains removed and laundered.
The Equipment Aides are responsible for stocking the following items in the bottom drawer of the patient rooms.

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Pr. Large Sterile Gloves</td>
</tr>
<tr>
<td>2 Pr. Med Sterile Gloves</td>
</tr>
<tr>
<td>3 Pkgs. Vaseline Dressings</td>
</tr>
<tr>
<td>3 Telfa Dressings</td>
</tr>
<tr>
<td>1 IntraFlo</td>
</tr>
<tr>
<td>2 Abd. Pads</td>
</tr>
<tr>
<td>1 Suture Set</td>
</tr>
<tr>
<td>1 Kerlix</td>
</tr>
<tr>
<td>1 E-Z Sponge</td>
</tr>
<tr>
<td>1 3-way Stopcock</td>
</tr>
<tr>
<td>1 Stopcock Cap</td>
</tr>
<tr>
<td>1 Box 4x3 Dressings</td>
</tr>
<tr>
<td>5 Lemon Glycerine Swabs</td>
</tr>
<tr>
<td>5 Pvp Swabs</td>
</tr>
<tr>
<td>1 Op-site Dressings</td>
</tr>
<tr>
<td>1 Subclavian Dressing Kit</td>
</tr>
<tr>
<td>1 Bottle Peroxide</td>
</tr>
<tr>
<td>1 Can Tape Off</td>
</tr>
<tr>
<td>1 Bottle Betadine Spray</td>
</tr>
<tr>
<td>1 Plastic Bottle Betadine Solution</td>
</tr>
<tr>
<td>4 Benzoin Swabs</td>
</tr>
</tbody>
</table>
The Equipment Aides are responsible for stocking the following items in patient rooms.

**Top Drawer**

- 4 Extra Large Bandages
- 6 Sterile Water Bottles
- Needles
  - 15-20 22G, 1¾"
  - 15 21G, 1"
  - 15 20G, 1"
  - 15 25G, 5/8"
  - 4 19G, 1½"
- 6 Bandages
- 50 Patient Labels
- 75 Alcohol Wipes
- 8 Lubafex Lubricant
- 8 Neosporin Ointment
- 8 Betadine Ointment
- Syringes
  - 2 20cc
  - 4 1cc
  - 4 Lo-dose
  - 6 10cc
  - 5 5cc Blood Gas
  - 5 3cc
  - 5 3cc 21G, 1¾"

**Middle Drawer**

- 2 Facial Tissues
- 3 Trach Tape or Ties
- 4 Tubing Extension Set
Tape
1 Adhesive Tape, 3"
1 Adhesive Tape, 1½"
1 Adhesive Tape, 1"
3 Blenderm Tape, 1"
4 Micropore Tape, 2"
3 Micropore Tape, 1"
9 Transport Tape, ½"
2 Disposable Razors
1 Kerlix
3 Silvon ECG Electrodes
3 Plia-Cell ECG Electrodes
Cups
13 Plastic, 7 oz.
20 Souffle, 3/4 oz.
12 Grad. paper, 3 oz.
40 Plastic Med., 1 oz.
14 4 x 3
2 Lemon with glycerin swabstick
16 Toothettes
20 2 x 2
4 West prep sponges, 23/8" x 4"

Bottom Drawer
10 Trachial Suction Kits
19 Mini-suction Kits
2 Perry Gloves, Small
2 Perry Gloves, Medium
2 Perry Gloves, Large
The Equipment Aides are responsible for stocking the items in the patient rooms.

**Right Side Square Drawer**
- Blood Pressure Cuff and Sphygmomanometer
- Baby Powder
- Flashlight
- 2 Atropine Isojects, 1mg.
- 2 Lidocaine Isojects, small bag

**Middle Drawer, Left to Right**
- Box containing variety of tape
- 3 Soap Packets
- 20 Alcohol Wipes
- 10 Normal Saline Bottles
- 5 Sterile Water Bottles
- Small cup containing 10 needles of each size; #19, #22, #25
- Also inside small cups
- 5 Lubafax
- 5 Betadine Ointment
- 5 Neosporin Ointment
- 5 Band-aids
- 5 Toothettes
- 10 Blank Labels
- 5 IV Outdate Labels
- 1 Disposable Razor
- Box of 2 x 2
- 6 Paper Cups
- 3 EKG Patches
- 5 Straws
- 5 Tongue Blades
- 5 Cotton Tip Applicators
Syringes; 6 of each size TB 3cc, 5cc, 10cc
2 Syringe, 20cc
1 Syringe, 30cc

Bottom Drawer
1 Hydrogen Peroxide Bottle
1 Tape Off
1 Benzoin, spray can
Container holding:
4 Betadine Swabs
2 Acetone Swabs
2 Benzoin Swabs
1 Betadine Spray Bottle
2 Kerlix
1 Toomey Syringe
1 Extension Tubing
4 x 3 box
5 Trach Sponges
3 ABD
2 Vaseline Gauze
1 Telfa
1 Adhesive Tape, 3"
1 Sterile Gloves, 1 pair each:
small, medium, large