Milieu and Part-Time Nurses: A Contradiction?
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In inpatient settings, a nurse’s responsibility is to maintain a therapeutic environment. As health care changes during the next decade, nursing administrators will have to actively monitor the quality of the milieu as one of the most sensitive indicators of nursing care. Currently, in the name of health care reform, hospitals are reinventing, regrouping, redesigning, reallocating, and doing more with less. Positions are frozen, middle management is shrinking, and graduates cannot get full-time jobs. Many inpatient units use part-time employees, a cost-effective alternative.

Milieu is more than bricks, mortar, and comfortable chairs. Instead, milieu management is about people, clients and staff, and how they connect to bring about a sense of security and stability. A friend once remarked that her best treatment came from a state hospital that was stark, barren, and effective. Positive staff attitudes, a collaborative philosophy, and direct care activities provide a foundation for managing and living with a demanding illness.

According to Taunton and associates (1994), “Nurses who do not know patients or who only take care of patients for an isolated shift are less likely to move care forward toward specific goals.” The authors referred to the rate of infection and other patient outcome indicators in their study of staff absenteeism and work patterns. If general hospital units recognize the impact of part-time personnel on continuity of care, psychiatric inpatient units should be sensitive to these issues and judicious in using part-time nurses.

Work transformation is successful when there is a clear vision and when staffing patterns fit with the operation and the mission of the health care organization to promote a “seamless continuum of care” (Boston, 1994). Have we become complacent in defining our vision of nursing care? Are nursing administrators prepared to argue for the necessity of full-time employees despite trends on other hospital units?

Quality nursing care occurs when nurses establish rapport and trust with their clients. This happens when nurses know their patients; time must be spent building a therapeutic relationship. When employees “drop” into the milieu, clients must restate their stories. If the nurse has 6 clients, there is not enough time to read the charts or reinforce the treatment plan.

The components of milieu are unit structure, unit norms, limit setting, balance, and unit modification (Keltner, 1990). Unit structure is the framework for the therapeutic environment that combines the expertise of the staff with the routine and activities of the unit. Unit norms are those values and rules that govern behavior. Limit setting is defining the parameters of acceptable behavior. Balance is the active process of meeting an individual’s needs considering overall safety and treatment concerns. Lastly, unit modification is the ongoing attention to how structure fits with clients needs. These components need constant monitoring and input from the nursing staff.

Part-time employees are not consistently part of decision making processes; their attendance at staff meetings is irregular and there is little personal investment in the change process. This does not negate the contributions or the skills of part-time employees, but instead reflects the saying, “The squeaky wheel gets the grease.” Change requires perseverance from both administrators and nursing staff.

Every inpatient unit has a milieu, whether it is good, bad, ugly, or indifferent. Do we consistently assess the quality of the milieu? Are there audits for therapeutic milieu? Milieu is as fluid as the change of shifts. I challenge each nurse and administrator to take a critical look at how milieu is monitored. Is your concern staffing patterns and coverage for the next shift? Is it adherence to policies? Is it the rapport with clients or the quality of interventions?

Our interventions are embedded in the components of milieu management; the use of part-time employees has the potential to impede caring. Each inpatient unit must evaluate the impact of staffing patterns, how part-time employees articulate within the system and interact with the interdisciplinary team, and structures that provide part-time employees with the most efficient information to deliver care that promotes the goals of the team. Is our continuity of care seamless? As a p.r.n. staff nurse, I have a vested interest.

References