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The Analysis of Nurses' Positive Deviance Behaviours as a Measure in Preventing the Transmission of Healthcare-Associated Infections (HAIs) at M. Djamil Hospital, Padang, West Sumatera

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Abstract

Purpose: To explore the nurses' positive deviance behaviors as an effort to provide solutions in preventing and controlling infections in the hospital. **Method**: This is a qualitative research using grounded theory approach. Thirteen nurses from Dr.M.Djamil hospital were selected based on theoretical sampling in order to develop theory as it appears. Nurses were interviewed from June to September 2014. Interviews were thematically analyzed using techniques of grounded theory to then generate a theory from themes formed. **Findings**: The modes of positive deviance behavior identified were practicing hand hygiene beyond the standards (bringing handsanitizer from home), applying nursing art in wound care practice, placing patients with MRSA infections at the corner side, giving a red mark on a MRSA patient's bed for easy identification by nurses, changing clothes and shoes in hospital, reducing hooks on the wall, and cleaning the ward on scheduled days. **Conclusion**: The study shows that nurses have a number of positive deviance behaviors to prevent infection transmission in the wards. It is sugested that the hospital management and nursing managers adopt some of the uncommon solution highlighted by the nurses to solve the HAIs problems in the hospital.

Keywords: Healthcare-Associated Infections (HAIs), Positive Deviance Behaviour, Nurse

INTRODUCTION

Since the beginning of the establishment of the hospital until now, Healthcare-Associated Infections (HAIs) is still a problem that exists in every hospital, both within and outside the country. The prevalence rate of HAIs in high income countries is in the range of 3.5% to 12%. While in middle to low income countries are at 5.7% s.d 19.1% (World Health Organization, 2009). Until now, no country has claimed to have solved this problem. Therefore, special efforts are needed in order to break the chain of transmission of infection so that the incidence of problems can be reduced gradually.

Infections occur when the entry of pathogenic germs that cause disease into the body of a person who then cause signs and symptoms of disease in the person. Infection often moves from one patient to another through contact with the health care provider's hands. This is the main mechanism of HAIs in hospitals (Lewis, Heitkemper, Dirksen, O'Brien, & Bucher, 2007). The Ministry of Health of the Republic of Indonesia (Kemenkes RI, 2011) has issued Guidelines on Infection Prevention and Control at Hospitals and Other Health Service Facilities, in it mentioning Ten Standard Precautions as infection control precautions and the implementation of which is recommended for all hospitals.

Ten standard precautions recommended by Kemenkes RI (2011) include: (1) Hand hygiene, (2) Use of Personal Protective Equipment / PPE, (3) Patient care equipment, (4) Environmental control, (5) Patient equipment processing and linen management, (6) Employee

health / protection of health workers, (7) Patient placement, (8) Respiratory hygiene / cough ethic, (9) Safe injecting practice, and (10) Practice for lumbar puncture. All these aspects are forms of behavior that every health worker should apply to the provision of health services to patients in hospitals and other health care facilities.

Behavioral changes from health care providers may be the right solution option in solving this HAIs problem. The researcher made this interim analysis based on data obtained on HAIs, that the interaction between health care workers and patients can carry the risk of infection transfer and the data also said that an average of one-third of occurrences of HAIs basically can be prevented (Lewis et al. , 2007; Wolter, 2009). This is supported by WHO data (2002) which states that HAIs affect 5-10% of hospital patients, 32% of infections are preventable, about 5-10% of cases are affected by the environment, and about 90-95% are affected by behavioral factors . The conclusion can be made that the cause of the occurrence of HAIs in the hospital is not only about the technical problem of the disease, but also strongly influenced by the behavior patterns shown by the health workers involved in service delivery.

One way of behavior change that is becoming known today is through positive deviance behavior approach (positive deviation). The idea used is simple, that is, by finding some members of a group / community that has 'different behavior' from other members, which helps them get better solution results than other members who have the same resources (Powers, 2011). This is the most effective way to improve health status in a community where new behaviors to be adapted are locally available, retained by community members so as to be effective in achieving goals.

The concept of positive deviance approach became known in the early 1970s. In the 1990s, its use was known to have been successful in improving the nutritional status of children under five in several research sites. In recent times, this approach has already begun to be used in the field of newborn care, contraceptive use, safe sexual behavior, HIV / AIDS issues, organization, and also in education (Marsh, Schroeder, Dearden, Sternin J., & Sternin , M., 2009; Zuldesni, 2010). In general, the use of positive deviance approach is used to solve the problems that originate in the behavior contained in the community.

Until now, not much research in the clinic area that uses positive deviance approach. Some have implemented as an effort to control and reduce the incidence of HAIs in hospitals. A study by Powers (2011) attempted to apply this approach to health workers in ICU and operating rooms to reduce the incidence of infection by Methicillin-Resistant Staphylococcus Aureus (MRSA) at St. Patrick Hospital, Missoula, Montana, US. De Macedo, et al (2012) has also tried its use to evaluate the practice of hand hygiene at Albert Einstein Hospital, Brazil. The results of both studies show a significant positive impact that leads to decreased incidence of HAIs in the study area.

Meanwhile, in Indonesia until the time of the study, no data have been found to show that a study has been done using positive deviance approach in hospital area, especially with nurse as research subject. This is what makes researchers interested to conduct research to find a form of positive behavior of nurse deviations that can be applied as an effort to prevent transmission of HAIs in hospitals research area.

Dr. M. Djamil Padang Hospital is a government-owned hospital as well as a hospital type B plus hospital, acting as a referral center for central Sumatra region coverage. Hospitals provide services in various areas of care that also involve large numbers of nurses as service providers. The health care capacity of this hospital is 800 bed for inpatient, 14 units of medical service and 8 supporting service units

(Profile of Dr.M.Djamil Padang Hospital, 2011).

Committee on Prevention & Control of Infection of Dr. M. Djamil Hospital reported that the incidence of HAIs in Dr. M. Djamil Padang Hospital has the highest number of infusion needle cases, ie 1.31% of the standard score set at 1.00% (Quality Performance & Benefit Report for the People, 2013). In addition, since the beginning of 2014 the committee has also conducted data collection on Methicillin-resistant Staphylococcus aureus (MRSA) infection. The highest number of cases per month, from January to March 2014 were 7 cases (male interneal), 5 cases (class 1 surgery) and 5 cases (outpatient care). Meanwhile, of all causes of the incidence of infection cases obtained by health workers, as much as 26% of them caused by MRSA.

Taking into account the matters above, ie the magnitude of the risk of infection incident related to the behavior pattern of health workers in the hospital, the researcher decided to try to get positive deviation behavior by nurse as an effort to prevent transmission of HAIs in the area where the study was conducted.

METHOD

This research is a qualitative research that aims to find new dimensions derived from the social process of the life of the nurse during the duties at the hospital. Target researchers at the end of the study will find a concept, hypothesis, new theory or a social process flow directly derived from the data generated from various experiences of participants (inductive process). Referring to it, the appropriate approach used in this research is the grounded theory approach. Participants were selected using theoretical sampling technique. Researchers interviewed 13 nurses in hospital ward. M.Djamil from June to September 2014. Interviews were analyzed thematically using techniques from grounded theory.

FINDINGS

Total participants of the study were 13 nurses, of which 8 were on duty in the inpatient surgery, while the remaining 5 were from non-surgical inpatient care-1. Ten of the participants have the status as a head nurse, while the other 3 were the associate nurses in the room.

The form of positive deviance behavior performed by the nurse as an effort to prevent transmission of infection in the nursing ward identified in this research is the hand hygiene behavior beyond standard precautions, nursing art in treating the wound of the patient, the placement of the MRSA patient at the corner of the room, marking of MRSA patients, habits of changing uniform and shoes in hospitals, habits of not using wall hangers, building habits by scheduling special days for clean room and personal hygiene of patients. Box 1. presents the conclusions of the research categories and the components that make them up.

Behavior of hand hygiene is beyond standard precautions

There are several habits performed by nurses in maintaining hand hygiene in performing actions that are above a predetermined standard, especially when there are some limitations in the room. The idea of bringing hand sanitizers from home as presented by a participant who took the initiative to prepare his own need for handrub from home, as he said in the following statement:

> *"..I always get used to bringing hand sanitizer in the bag, other staff I have also suggested, but many have not implemented (...) because it will not be enough if only use the alcohol in the room .."*.(P1)

Box 1. Summary of the categories of the study

Hand hygiene behaviour beyond standard precautions
Bringing their own handsanitizer from home; Purchased a small towel for a hand towel in the room; Use Alcohol disinfectant as a substitute if the handrub discharges out

Nursing art in treating patients wounds
Use a sterile handscoon to squeeze the sterile kassa that has been soaked with NaCl to clean the wound

Placement of MRSA patients at the corner of the care room
MRSA patients were treated in the same room as another patient, but placed in a corner location

Marking of MRSA patients
Paste a red Compact Disc (CD) on the bed of the MRSA patient; Marking aimed to increase officer alertness; Marking is done because the officer's awareness in preventing the risk of transmission is still low; Marking with red CDs is considered cheap and not very noticeable; signs of constrained discrimination ethical rules; Marking also aims to remind families to use PPE when treating patients

The habit of changing clothes and work shoes in hospitals
The habit of changing business clothing began to appear after the case of MRSA began to spread; The habit of changing clothes is done because of family health considerations at home; The habit of changing shoes during service

Habits do not use wall hangers
The decision does not use a lot of hangers / patches on the wall

Build a habit by scheduling a special day for personal cleaning & personal hygiene of the patient
Schedule Tuesdays & Fridays to clean the room; The habit of washing the patient's long-stay hair on Friday

Some nurses in other rooms took the initiative to buy a small towel for use in the room after washing hands. They do this because a towel provided by the hospital is considered unlikely to be shared by many people in the room. In his statement a participant said:

> *"..yes indeed this is the initiative of us, because of the hospital only one towel that is used from morning to morning, we seeking away by buying a small towel box, we also provide a place for dirty towels. So we used that little towel for one time use. We have our own savings, so we use a little to buy 2-3 dozen small towels. Later we ask the cleaning service officer to wash".*(P4)

Other participants claimed to sometimes use 70% alcohol disinfectant in the room if the handrub discharged out. Antiseptic fluids for handrub activities in the room sometimes still find obstacles in its supply. To overcome this, a participant as a room manager took the initiative to use the disinfectant alcohol in the room for a temporary replacement of the discharged handrub liquid. However, he suggests this when the need is urgent, not to apply under ordinary conditions. Participant said that:

> *"..for example the alcohol reserves run out, sometimes I recommend to use 70% alcohol that we used to disinfect in patients. But I also did not make such a fixed policy in the room, the problem was related logistics as well, because later it will cause less for the patient's needs..".*(P5)

Nursing art in treating patients wounds

The different habits performed by nurses in providing wound care to patients is to change the method of squeezing the NaCl-soaked gauze, which is usually done

by using tweezers, but because of the worry of NaCl liquid in sterile com will be used to clean the wound becomes contaminated if the tweezers are already dirty dipped in it, then the nurse chooses to initiate the action by first squeezing the gauze by using the hands that have been installed sterile handscoon. This action is mainly done when the available tweezers are not sufficient, especially to treat postoperative wounds. This is explained by the participant as followed:

"*For wound care's SPO, the tweezers should be 3, 1 to open bandages, 2 to clean the wound. While we use a sterile handscoon, actually if we use the same tweezers to squeeze gauze back it's not sterile, so I mean the gauze is squeezed directly just use a sterile handscoon. So first prepared all the tools, gauze squeezed as needed after review the wound first. We'll use NaCl instead of Alcohol to wet the gauze, so it will not evaporate quickly. After squeezing, we put it in a sterile tub. Then we use tweezers to clean the wound. I emphasize especially on the surgical wound because it will immediately appear if there is a new infection"*.(P5)

Placement of patients at the corner of the room

Several policies were made regarding the placement of MRSA patients. The limitations of the room and the number of beds in the isolation room led eventually to some room taking the agreement of putting the patient in the corner position, as far as possible placed somewhat apart from the other patients. Some participants mentioned:

"So far all we have to do is move the patient to a corner, at one end, so not in the middle of it. Then in the report we give the code, in the patient's status as well .. so when doing overan we immediately know because there is already a positive sign .."(P8)

"Usually the patient we place at the end of the room. If possible we empty one bed next to the MRSA patient ..".(P10)

Marking of MRSA patients

Along with the discovery of positive MRSA germs on the results of the examination of patients and officers, the nurses in the room tried to improve the implementation of insulation standard precautions. One way to consider is to give a mark if the MRSA patient is not possible to be placed in the isolation room so that it should be treated together with other patients in the same room. Participant said:

"..specifically for MRSA patients to increase alertness of transmission in other patients, we put red marks on the patient's bed. A red compact disk (CD) is stuck there. So if there is a red CD it signals MRSA (+) patients. The goal is not to distinguish the patient, but to increase the alertness of the officer, because not always the officer remember that..".(P3)

Early thought of this idea because perceived lack of awareness of officers in applying standard precautions. A CD and red color are selected because the price is affordable and considered to give a sign that is not so striking, as expressed by the following participants:

"It was seen because the officers lack awareness. We've already said when overan that this patient MRSA, but sometimes forgotten, direct contact without using any PPE. So it is discussed, proposed signing. Finally, a simple idea emerges, if we give too clear signs, not allowed because it will discriminate the patient, we are ethically guilty. Also once thought of using a board, but overpriced. Finally proposed to use the CD was given a red sign and then taped with a double-tip". (P3)

Information about this marking is also informed to the family, with the aim

that families are also vigilant to avoid contracting infections from patients. Participant said:

"..if any family asks about a sign, we say it because the germs that cause the infection are special, different from the others. If you want to know the full explanation can be asked to the doctor in charge. The important thing is if he knows, he will also protects against him. For example he knows there are red marks, well he knows to wear masks such as time to keep his parents, he must wear a handscoon while caring for his family. Although our main goal is the officers, but if the family knows they usually do not refuse too". (P3)

However, when further discussed with the responsible CCM (Clinical Care Management), the provision of such a sign was banned because it violated the rules of discriminating patients. This is conveyed by the participants as follows:

"..it has also been discussed with CCM about the use of this mark. Prohibited that time, for violating the rules. We should treat all patients like MRSA, should not be distinguished, so our protection is equal to all patients. But if we look to the practice, nurses are difficult to do that. So to minimize migratory infections, if the nurse knew the patient was MRSA, he would automatically protect himself, for example by using PPE..".(P3)

In the process of implementation, signing has been socialized to nurses in the room. However, the evaluation of this program is still lacking so that its implementation does not always run optimally until now. This is as submitted by participant:

"..we have socialized at the time of preconferens that the red sign is a positive MRSA patient. But the implementation process would need a continuous evaluation. Sometimes less motivation, less monitoring, and evaluation, ultimately the implementation becomes not optimal". (P3)

The habit of changing clothes and shoes in hospital

The appeal to change work uniforms at the hospital has already been delivered by the hospital. However, only a small proportion of nurses carry out this appeal, as the participant said:

"We have made an appeal, because the policy is actually from the hospital. If we are managers at the installation of internal medicine, already appealed that the work uniform was taken from home, replaced at the hospital, and not allowed to be still worn used to go home .. but still there are stubborn. As in this room there are those who consider the infections are not so harmful, transmission is only through mosquitoes, finall.. talk about the behavior change is very difficult yaa..".(P5)

Implementation of this appeal began at the beginning of the booming case of MRSA in the hospital. But over time, not many nurses maintain this habit. This is as stated by the following participants:

"In the beginning of MRSA case was booming, the appeal was implemented. Now that the case has begun to decline, and they have also recovered, well it does not begin again".(P5)

Some participants expressed the constraints on implementing this policy in the room, as follows:

"Actually a policy should have rewards and punishment. We facilities and infrastructure has been facilitated, but it is not enough. Dressing room, room to 'put their clothes. So maybe less comfortable too. But actually when it is a culture, conditions like anything, can be done".(P5)

Some nurses continue to practice the habit of changing work uniforms in this hospital, including through consideration of sense of responsibility as a role model in the room and also consideration of family health at home. As revealed by some of the participants below:

".. yaaa.. as a role model we have to understand it is one of moral responsibility. If I as a role model does not exemplify, let alone the staff .. isn't it ?!..".(P5)

"It did appear on 1-2 people. It was done after a positive MRSA, so moved because it was so afraid to think of family, for those who have small children at home, they change clothes, keep the clothes here wrapped in bags so as not mixed with other clothes hanging in the room. So, from the house he was wearing a free shirt, here changed his clothes, before returning his shirt replaced again with a free shirt. There is also a laundry here, just ask for laundry, because they have a small child at home".(P8)

In addition to the habit of changing work uniforms, some nurses also have a habit of changing work shoes in the hospital. The reasons presented by the participant as follows:

"There are two people whose shoes are left here, one of them are myself, because the shoe is at the bottom of all, the most germ, because we are stepping on a floor full of various kinds. If it is hand, we will remember to wash it, but if the shoes are not so. So to be more secure, the shoes here let here, go home with different shoes"

Habits do not use wall hangers in the room

Habit of environmental control applied in HCU room of this disease in the form of do not use many hangers / patch on wall because will add transmission media of germ. This is as revealed by the participants:

"..now we also minimize because once too much is stuck on the wall, such as pamphlets, posters appeal, now we are not hanging anymore. Because sometimes we are touched, sometimes the family also lean, while it was not cleaned, so the more media transmission".(P8)

Build a habit by scheduling a special day for personal cleaning & personal hygiene of the patient

Still in the same room, HCU diseases also intensify the cleanliness of the room during morning care every Tuesday & Friday, as well as every Friday morning to clean the hair / head of the long–treated care patients. As told by the following participants:

"..we also intensified Tuesday and Friday to clean up together. So in addition to morning care, we will also rub the patient's bed, the patient table, all we clean with a washcloth".(P8)

"..we also empower the day of hair washing, Friday for long-treated patients".(P8)

DISCUSSION

The positive deviance behaviour of nurses in Dr. M. Djamil Padang Hospital

Infection prevention and control activities in hospitals are manifested in the form of work behaviors shown by health care providers including nurses as part of it. Appearance of work behavior commonly referred to as performance (Kurniadi, 2013). Thus, as with performance, the behavior of nurses in preventing and controlling infections is also influenced by various factors. Based on the data analysis that has been done, it is found that individual factors, facility factors, organizational factors have an

important role not optimal implementation of infection prevention and control according to existing guidelines by nurses.

Infection prevention and control guidelines in hospitals are a professional standard that may be inappropriate and unrealistic in the field. Some conditions are expected in the standard may be not all available in the hospital. This is certainly a challenge for nurses who work in hospitals. Nurses are challenged to think and act creatively to meet the needs of patients by sticking to existing guidelines.

Thinking and acting creatively to find a way out of this problem that became the beginning of the growth of positive deviant behavior. To date there is no standard definition of positive deviance behavior. But in his study entitled Exploring the Concept and Use of Positive Deviance in Nursing published in 2013, Jody C. Gary, an assistant professor at The College of Nursing, in Texas, attempted to formulate a positive deviance behavior of nurses as a behavior that nurses did deliberately where the behavior is different from the established norms or rules, is applied in a good way, and allows the offender to find a better solution than the fellow nurses who have access to the same resources (Gary, 2013).

Positive deviant phrases according to Gary (2013) contain intentional meaning and are done in a way that is both different and innovative, creative, and adaptable. The 'different' definition can be interpreted as the behavior shown by the nurse is different from the predefined guideline standard and can also be in a different sense from the behavior of other nurses in the workplace. This is supported by the results of research conducted by Kim YM, et al (2008, in Gary, 2013), he said that in nursing, the process of positive deviance can take the form of inquiry method, ie the researcher tries to focus on individuals who behave differently from the community, where this behavior is successful while others do not.

Based on the findings during the research process conducted, there are several possibilities that can lead to the emergence of positive deviance behavior of the nurse. This is due to the lack of facilities in the implementation of standard precautions, due to the increasing number of incidents and the development of infection cases in hospitals, which not only infect patients but also themselves nurses, due to the hospital's perceived loss due to infection, due to hospital accreditation demands, and because of the sense of responsibility in providing the best service to the patient. It can motivate nurses to find an effective solution in solving the infection problem at this hospital.

Form of positive deviance behavior on nurses Dr. M. Djamil Padang Hospital

Positive deviance behavior beyond standard precautions

Form of behavior found in this study, among others, to maintain hand hygiene by bringing own antiseptic from home, took the initiative to buy a small towel for the cloth after washing hands, using alcohol disinfectant for handrub, and doing actions that do not require a sterile handscoon first. All of these actions are carried out as a solution to the limitations of existing facilities and infrastructure in the ward.

Current nursing practice has evolved through several changes influenced by the advancement of science and technology. It is therefore important that nurses should master basic theories and skills and be prepared to further develop and perfect their ability to apply analytical thinking in clinical situations (Jacob, A., Rekha, R., & Tarachand, J.S., 2010).

Patient wound care applications that are commonly performed in the ward can not be carried out completely according to the procedure. The number of tweezers that are also sometimes available does not meet the needs of the nurse enough difficult in maintaining the principle of aseptic action. This is the reason for the initial emergence

of nursing art in treating the wounds of patients.

Nursing art as a result of critical and analytical thinking found in this study is on the nurse's habit of treating the patient's wounds. The nurse assesses, using a sterile handscoon to squeeze the NaCl-soaked gauze more effectively and efficiently to maintain the sterility principle of action than by using tweezers as is usually done in the room. This is obtained by the nurse after observing the working conditions in the ward. If the tweezers have been used to clean the wound and then used again to squeeze the gauze, then surely the aseptic principle of further treatment action is not maintained, will increase the risk of infection in the wound area that is cleaned.

According to the recommendations given by the PPIRS (Hospital Infection Control and Prevention) as contained in the infection prevention and control guidelines in hospitals (Kemenkes, 2011), patients with risk transmission diseases are placed in isolation spaces. If a patient diagnosed with airborne airborne disease risk is placed in one room, the distance between beds should be more than 2 meters and between the beds should be placed a physical barrier such as a curtain.

The patient placement solution at the corner of the room is an alternative form of nurse performed when the outpatient condition does not allow patients who have identified positive MRSA infections to be placed in isolation spaces as recommended by the PPIRS team. In addition, MRSA patients and other patients were also spaced by emptying the beds between the two. This form of placement is rated as a positive attempt to meet the criteria for preventing transmission of infection through airborne so that transmission of infection between patients does not occur.

For MRSA patients, the nurse tries to raise awareness of infection by signaling the patient's bed. Although the implementation is still being discussed with consideration of ethical violation because it is considered a form of discriminatory action against the patient, this idea aims to remind the officer because of the awareness of the officer in applying standard precautions, especially in MRSA patients who are considered still lacking.

Appeals to change clothing in the hospital has not been widely applied by nurses. Only a small percentage consistently apply this habit. Previous research conducted by Wolter (2009) on the use of positive deviance methods to reduce infection rates at Billings clinic, Montana, USA also considered clothing as a disease vector that spread MRSA germs in hospitals. Doctors at the study site decided to stop using ties, doctor coats, and long-sleeved clothes to minimize the risk of transmission through clothing. It can be seen that the regulation of uniform use in hospitals involves not only nurses, but should also be addressed by all health workers involved in providing services to patients.

Many tools and goods that can be a transmission medium, where attached to the source of infection that will be at risk carried away by visitors or officers in the ward. This has led to the nurse staff in the room deciding not to use too many hangers or patches on the wall that sometimes unwittingly increase the risk of infectious infection in the nursing home through the medium.

Environmental control and personal hygiene of the patient are essentially part of the duties that the nurses in the room are responsible for. This becomes a form of positive deviant behavior when the fact that happens in the room, this action has not become a nurse's work habits, so building habbit felt to be the right solution to ensure the implementation of these activities.

HCU interne nurse habits in scheduling a certain time to clean the room regularly also generated from research Wolter (2009). The ICU nurse at the Billings clinic has a habit of disinfecting the side of the patient's bed many times during his service to prevent carrying and

spreading the MRSA germs through the officer's hands.

CONCLUSION

The positive deviant behavior shown by the nurse is a form of creative, innovative, and workable solution by other nurse associates in the ward who have access to the same resources. Assessed as a solution because the behaviors performed are beneficial in solving the problems facing the community of nurses on infection prevention and control in hospitals.

This behavior may arise as an initiative when there are limitations or barriers in service delivery that are regulated in standard hospital procedures. The form of positive deviance behavior of nurses found in this study are keep hand hygiene beyond the standard, nursing art in treating patients wounds, and placing patients MRSA infections on the corner side outpatient room, building habbit, such as marking MRSA patients, changing hospital clothes and shoes, using no hangers on the nursery wall, and establishing habits by scheduling special days for clean the room and personal hygiene patient.

The positive deviance nurse tends to be someone with more work experience, the nurse who follows the training / seminar which then applies it in the room, and the nursing manager who has more responsibility as a role model for the behavior of the nurse staff he leads.

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