A GUIDE FOR STAFFING A HOSPITAL NURSING SERVICE

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WORLD HEALTH ORGANIZATION
GENEVA
1956
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The need for a guide on the staffing of a hospital nursing service has been expressed by people in many parts of the world. Governments have requested assistance in the improvement of nursing service administration; individuals have asked for methods of estimating the numbers and categories of nursing personnel; and advice has been sought by both governments and individuals on the training and efficient utilization of nursing personnel.

The problem of staffing a hospital nursing service is complex even in a small hospital. It is obvious, therefore, that no simple formula would be realistic. The problem is further complicated by the fact that nursing exists in a wide diversity of social, economic, educational, medical, and administrative patterns. Moreover, since nursing care for hospital patients is closely interrelated with medical care and administration of the hospital as a whole, only through collaborative participation by physicians, hospital administrators and nurses can the problem be solved.

The purpose of this guide is to present material that will be useful when considering the staffing needs for a hospital nursing service. An attempt is made to present the material in such a manner as to facilitate orderly planning of the staffing pattern.

The guide presents a method for realistic calculation of the numbers and categories of personnel needed to staff a hospital nursing service, based on an analysis of the nursing work to be done in a hospital ward. These calculations may be projected to determine staffing needs for an annual budget. A general discussion of staff training is included, with particular emphasis upon the effective utilization of personnel through a strong, well-planned supervisory programme.

The guide is based on information and opinions collected from some 112 nurses, doctors and hospital administrators from various countries. Further, on beginning the preparation of this work, in 1959, the author visited hospitals and health units in Egypt and Iran. Reference is made to published research on staffing problems in hospital nursing, including
studies and demonstration projects, of which an increasing number are being documented and published.

It is hoped that this guide will prove to be a useful administrative tool for those responsible for the organization of hospital nursing services, and that it will be of practical value in hospitals where the management of nursing services presents problems.
CHAPTER 1

NURSING IN THE HOSPITAL

The unique characteristic of hospital nursing has always been its close association both with the personal care of the patient and with the work of the physician. Nurses wish to nurse, but gradually they have had to assume many activities that are not essentially nursing. This has been due to the rapid advancement of the medical sciences and the rapid growth of hospitals.

For instance, the development of the widespread use of parenteral therapy and chemotherapy has forced those in charge of hospital nursing services to decide whether nurses should take the responsibility for administering intravenous infusions and medications. This was previously the prerogative of the physician, but because of the rapid expansion of medical science, he has been forced to delegate the responsibility to the nursing staff.

The development of inhalation therapy has brought about the training of another type of technician, who usually works under the direction of an anaesthetist. How much responsibility should nursing assume for this type of therapy? If the nurse is to care for the critically ill patient, she must know the principles of inhalation therapy and the operation of new kinds of inhalation equipment in order to make intelligent observations and decisions.

Nurses have always, when necessary, assumed responsibility for additional activities relating to the care of patients. They may be found obtaining medication from the pharmacy and compounding prescriptions; making menus and supervising food preparation; supervising the care and distribution of linen; making arrangements for the patient to travel home, or finding placement for an abandoned child; directing the compilation and routing of the patients record (one of many clerical duties); teaching maids and porters how to clean, and supervising their work. These and many other activities related to hospital services but not considered “nursing” have been assumed by nurses.
What nursing activities, then, are required of nurses in the hospital? A WHO Expert Committee on Nursing defines the functions of nursing as follows:

The nursing service is that part of the total health organization which aims to satisfy the nursing needs of the community. The major objective of the nursing service is to provide:

1. the nursing care required for the prevention of disease and the promotion of health;
2. the nursing care of the patient required
   (a) in the interest of his mental and physical comfort, and
   (b) by reason of the disease from which he is suffering.

As nursing is only one part of the total care of the patient, nursing activities must be co-ordinated with those carried on by workers such as the doctor, the social worker, and others. In some situations, the nurse may be obliged to assume functions usually carried out by these other workers. In other situations the nurse may appropriately delegate some of her functions to members of the nursing personnel with less preparation. In still others, auxiliary personnel may be obliged to assume functions which a nurse should perform. In all situations which are "patient centred", the delegation and assumption of functions will be determined by the patients' needs and by the limitations of the service available.\(^1\)

Nurses thus frequently assume responsibility for non-nursing activities, and are sometimes reluctant to relinquish these tasks. However, non-nursing staff could be charged with training and supervising appropriate personnel for the many hospital services. The knowledge and skill of the nurse should not be used unnecessarily in work that could be done by others.

Much thought has been given, in recent years, to a definition of nursing. The legislation governing nursing education and practice requires this. When the faculty of a school of nursing determines the philosophy of the school, it is found necessary to consider a definition of nursing at the same time. Many responsible nurses have attempted to define their profession. One author writes: "Nursing is not only the performance of skills and techniques. Nursing care is the care of people, with the responsibility of the nurse to understand people, their motivation and behaviour".\(^2\) Another writes: "Nursing care, which is provided to individuals or groups under stress of health-illness nature, has as its primary purpose to relieve tension and discomfort to the end of restoring or maintaining internal and interpersonal equilibrium".\(^3\) A WHO Expert Committee defined nursing as "the conscious practice of human relationships".\(^4\) Whatever words are used to explain or justify the contribution that nurses make in caring for patients, it is clear that

nurses must keep alert to observe the needs of their patients as individual human beings. The ever-widening frontiers of the medical sciences dictate an additional requisite: that of understanding their observations in the light of constantly expanding knowledge.

Planning for the nursing care of patients presupposes the availability of personnel to give the care. Probably the recruitment, selection and training of nurses represent the most universal problems in the provision of any type of nursing care in hospitals or public health services. The availability of nursing personnel will vary greatly from country to country and from hospital to hospital, but certain basic elements of staffing are essential. Nursing leadership is one of these. If planning for patient care is to be accomplished in an orderly manner, the responsibility for the leadership and direction of hospital nursing services should be assigned to a Director of Nursing Services.¹

The position of Director of Nursing Services in a hospital assures co-ordination and control of the nursing staff and their activities. The nurse in this position has the responsibility for setting standards of care that are reasonable and attainable in staffing the nursing units.²

One of the first responsibilities of the Director of Nursing Services in relation to staffing is to assess the availability of nursing personnel in the community. She should become familiar with, and use every possible resource to help her to recruit the type and numbers of personnel she will need. She should plan the necessary activities that will lead to the improvement of nursing care through staffing, starting with the existing situation and the people available. She must guide her staff through the challenging but time-consuming task of identifying and selecting those situations that most need change and about which something can be done immediately. She must be willing to work slowly and deliberately, to enable herself and her staff to gain valuable knowledge based on experience. She must expect opposition and be able to accept criticism objectively. She must be able to abandon a project that has proved useless and to redirect effort towards a more productive end. Her decisions, based on the collective judgement of her assistants, supervisors and head nurses, must be within the framework of over-all hospital policies. She must have the support of the administrative and medical officers of the institution and must assist in maintaining a co-operative relationship with these officers.

Although the task is intricate, a systematic and objective approach can be made to the problems of setting a staffing pattern. Although the needs of patients fluctuate constantly, these needs can be given prime

¹ This position has not been created in certain countries, but the value of such nursing leadership is being demonstrated in others.
² A nursing unit is a physical area of the hospital in which a given number of patients is placed for care under the direction of a head nurse.
consideration as a basis for planning. Workers can be assured of fair and equitable time and work assignments. Schedules can be arranged to provide student nurses with meaningful learning experiences, which at the same time augment and support patient care.

It is clear that the planning of a staffing pattern for a hospital nursing service is a complex and involved procedure. There is no simple or quick method of analysing and solving problems. The job is never completed. When one problem is solved, another is waiting for solution. It is dynamic and ever-evolving, because it deals with the individual problems of patients, their families and the nursing personnel. Furthermore, there is no standard pattern of staffing that is applicable everywhere, so the best judgement of responsible personnel must be utilized in each situation. The Director of Nursing Services of each hospital must work out the problems of staffing by methods based on the needs of the patients in that particular situation and the known principles of good personnel management.

Obviously, the Director of Nursing Services must be qualified for her position. Many nurses hold these positions by virtue of promotion and successful experience; most have prepared themselves by reading and by attending conferences and special courses. The Director of Nursing Services must have a background of knowledge that will enable her not only to make judgements of a highly technical nature concerning patient care but also to give leadership to the nursing staff in the solution of problems in patient care and in the training of student nurses. The improvement of the nursing care of patients in the hospital depends on the knowledge and leadership of the Director of Nursing Services.
The nursing care of patients in hospital depends on the numbers and quality of nursing personnel on duty at all times of the day and night. Recognition of staffing problems and the planning of their solution begins with the Director of Nursing Services. Using the Guide as a basis for discussion, she first enlists the support of the hospital administrator and the physicians in charge of the various clinical services. Her next step is to discuss the Guide with her assistants, supervisors and head nurses, to whom she has delegated responsibility for planning and supervising patient care. General discussion with this group on improvement of patient care through ward staffing will show up specific problems. These will usually be related to:

(1) the improvement of techniques in the nursing care of patients;
(2) improvements in time and work assignments;
(3) the need to increase the numbers of staff;
(4) the training of auxiliary workers;
(5) the evaluation of the performance of individual workers;
(6) the optimum utilization of staff through supervision; and
(7) the analysis of the tasks performed by different categories of workers.

During these conferences several members of the supervisory staff could be asked to make a written report of the discussion, to study the Guide and to make recommendations concerning its use. This type of introduction to the study of the problems of staffing will immediately involve those members of the supervisory nursing staff who are interested and responsible. It would be advisable for the Director of Nursing Services to guide and interpret the study herself, or to appoint an able member of her staff to do so with guidance. It is important to centralize the responsibility for progress of the work and to control activities by
interpretation through one person. It should be assumed that there will be many problems to discuss and decisions to make in applying the suggestions of the Guide.

CONSIDERATION OF THE EXISTING WARD-STAFFING PATTERN

In planning an improved staffing pattern that is reasonable and attainable, it is recommended that an assessment of the existing staff of the hospital wards be used as a starting-point. It is suggested that the assessment should begin with a group discussion of the Daily Time Assignment, only one ward being studied as an example in the first place. This discussion could be followed by a similar study and discussion of other wards, one by one. Consideration of each ward by the entire group is a good way to create understanding of one another’s problems. It also stimulates group participation in identifying the most pressing problems of the nursing service as a whole and results in group decisions in making plans for solving these problems.

Daily Time Assignment (see Form 1)

The Daily Time Assignment is a form that indicates diagrammatically the time distribution of nursing personnel for a given day. Directions for its use are given in the footnote to Form 1. The following questions are formulated to assist in the analysis of the completed Daily Time Assignment:

(a) Is a nurse designated as being in charge of the ward?
(b) Are nurses on duty at all times of the day and night?

INSTRUCTIONS FOR COMPLETING FORM 1

(1) Select a ward and a day for the study and fill in the heading appropriately.
(2) List the names of all the workers giving service on the day selected.
(3) Fill in the job titles of each of the workers.
(4) Divide the day into the periods of time that are in common use in the hospital. These might be the three 8-hour periods known in some countries as "shifts" or "tours of duty", or subdivisions of this period such as 4-hour and 2-hour periods (see Annexes 6 and 7).
(5) Draw a horizontal line to show the time each worker is on duty, indicating also the time spent off the ward for meals, attendance at classes or other breaks in "on duty" time.
(6) If there is some special situation that should be considered, make a note of it in the "Comments" column.

1 Job titles used in this Guide are: staff nurse, auxiliary nursing personnel, assistant nurse, and nurse aide. Definitions of these positions are given on page 20.
### Community HOSPITAL
#### NURSING SERVICE

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Night</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Falk</td>
<td>Head nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halina Garbar</td>
<td>Staff nurse</td>
<td></td>
<td>Day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maina Pinto</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Francesca Olivetti</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatima Mohamed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doris Eagen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oria Sen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterid Glenn</td>
<td>Student nurse 2nd-year</td>
<td></td>
<td></td>
<td></td>
<td>Day off Sat, for student event</td>
</tr>
<tr>
<td>Priscilla Heath</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sona Marcellina</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antonia Rodriguez</td>
<td>Assistant nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senta Morano</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indrani Thamba</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yvonne Durand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lawrence Perry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Astrid Johnson</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Requested day today</td>
</tr>
<tr>
<td>Nicole Morgan</td>
<td>Nurse aide</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alice Villalongo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jean Deguere</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Louise Rosen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duria Smith</td>
<td>Ward clerk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* P.T. = Part-Time  ** Cl = Class
(c) Are auxiliary nursing personnel assigned at all times of the day and night to assist the nurses?

(d) What is the proportion of nurses to auxiliary nursing personnel?

(e) Is there a ward clerk to assist with clerical work? Is this clerical assistance provided during the afternoon as well as during the morning?

(f) How many job titles are used (a) for nurses; (b) for auxiliary workers?

These questions raise important issues with respect to staffing and indicate that a numerical count does not encompass all the factors that must be considered in staffing a hospital ward. The patients to be cared for and the workers giving the care must be considered before time assignments can be made effectively.

REQUIREMENTS OF THE PATIENTS

The work-load to be undertaken in caring for patients may be considered from three points of view—the quality of nursing, the characteristics of the patients and the schedule of nursing care.

Quality of nursing

The following questions demonstrate the points to be considered:

(a) Are the patients physically comfortable and free from pain, or are pain and discomfort controlled as much as possible? Have they been bathed and supplied with clean linen? Are they comfortably positioned in bed? Are they encouraged to rest and sleep as much as possible? Do personnel help them to walk, or encourage and help them in other activities? Are patients generally pleased with meals and service?

(b) Are the patients mentally at ease? Do they have confidence in the physicians and nurses? Do they know that their condition is being observed with concern, knowledge and intelligence by nurses and doctors? Are they confident that personnel are competent? Do they feel safe from accident and infection? Are they being helped to understand their disease or condition? Are medicines, treatment and diagnostic tests explained to them by nurses and physicians? Do they feel confident that needed supplies and equipment are close at hand for their care?

(c) Are the patients emotionally at ease? Are they being helped to understand their natural reactions of fear, apprehension, worry, hostility
and apathy? Do patients feel that personnel are sympathetic, kind and understanding because they are honestly concerned and compassionate?

(d) Are the patients' socio-economic problems understood by personnel? Are they encouraged to have family and friends visit them in the hospital?

(e) Are the spiritual requirements of patients considered? In someone of like faith available to minister to their spiritual needs? Are books and symbols available for their spiritual comfort? Is a room or space available for meditation or prayer by patients and their families?

The quality of nursing can be judged by the sympathy and understanding shown by the nurses. Consideration of the patient as a human being is as important as the expert performance of nursing techniques.

Characteristics of patients

The needs of individual patients are here considered in a general way, and a more detailed discussion appears on page 32. It is convenient to use a special form (see Form 2) to assemble information on the characteristics of patients that influence the staffing of a nursing unit. Such characteristics are: the number of patients, the placement of each patient in the nursing unit, the diagnoses, the acuity of illnesses, and any special nursing requirements.

Nursing care, the most important part of the work-load of a nursing unit, may be analysed in a general way from Form 2. The following questions have been formulated to assist in this analysis.

(a) Is each patient identified as a person by the use of his name, as well as by a room or bed number?

(b) Has the diagnosis been taken from the physician’s written notation on the patient’s record?

(c) Has the acuity of the patient’s illness been considered by indicating his nursing needs?

(d) Is the total number of patients to be cared for indicated?

(e) Are the special nursing problems indicated concisely but understandably?

Although the characteristics of patients are well known to the head nurse, an actual designation of acuity of illness and special problems of nursing care are not always set out in writing. The form helps the head nurse to think out and record the more important aspects of nursing care that are needed in staffing a ward, and from this information she is better able to clarify the numbers and categories of personnel required to care for the patients.
### FORM 2. CHARACTERISTICS OF PATIENTS

**Community Hospital**

**Nursing Service**

<table>
<thead>
<tr>
<th>ROOM NUMBER</th>
<th>NAME OF PATIENT</th>
<th>DIAGNOSIS</th>
<th>ACUTITY OF ILLNESS</th>
<th>SPECIAL PROBLEMS OF NURSING CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Amar Mohamed</td>
<td>Acute coronary</td>
<td>x</td>
<td>Lifting - blood pressure every 2 hours, intravenous fluids,輸血, collapse.</td>
</tr>
<tr>
<td>42</td>
<td>Martin Kira</td>
<td>Gastritis ulcer</td>
<td>x</td>
<td>Blood pressure collapse.</td>
</tr>
<tr>
<td>43</td>
<td>Alex Blass</td>
<td>Infective meningitis</td>
<td>x</td>
<td>Decreased - possible complications.</td>
</tr>
<tr>
<td>43</td>
<td>Joseph Cohen</td>
<td>Hodgkin’s disease</td>
<td>x</td>
<td>Feeding - needs encouragement.</td>
</tr>
<tr>
<td>43</td>
<td>Abioll Alvar</td>
<td>Diabetes</td>
<td>x</td>
<td>High urine tests fluctuations.</td>
</tr>
<tr>
<td>43</td>
<td>Nancy Van Vos</td>
<td>Epilepsy</td>
<td>x</td>
<td>Attempt to be too active.</td>
</tr>
<tr>
<td>44</td>
<td>Francisco Alegre</td>
<td>Paralysis</td>
<td>x</td>
<td>Encourage to eat.</td>
</tr>
<tr>
<td>44</td>
<td>Bruno Brown</td>
<td>Arthritis</td>
<td>x</td>
<td>Worried about his job.</td>
</tr>
<tr>
<td>44</td>
<td>Antonio Gallant</td>
<td>Paralysis</td>
<td>x</td>
<td>Encourage to eat.</td>
</tr>
<tr>
<td>44</td>
<td>Ando Falk</td>
<td>Leg ulcer</td>
<td>x</td>
<td>Check patient’s care of leg.</td>
</tr>
<tr>
<td>44</td>
<td>John Oota</td>
<td>Paralysis</td>
<td>x</td>
<td>Anxiety - for fluid intake.</td>
</tr>
<tr>
<td>45</td>
<td>Giovanni Denti</td>
<td>Hypertension</td>
<td>x</td>
<td>Worried - give tranquilizer p.r.n.</td>
</tr>
<tr>
<td>45</td>
<td>Harry Hong</td>
<td>Anemia</td>
<td>x</td>
<td>Transfusion today.</td>
</tr>
<tr>
<td>45</td>
<td>Alex Enklausen</td>
<td>Cardiac decompensation</td>
<td>x</td>
<td>Too active - encourage rest.</td>
</tr>
<tr>
<td>46</td>
<td>Angus Mcintire</td>
<td>Sputum</td>
<td>x</td>
<td>Walk in hall 3 times a day.</td>
</tr>
<tr>
<td>46</td>
<td>Koohl Chang</td>
<td>Chills</td>
<td>x</td>
<td>Strict bed rest.</td>
</tr>
<tr>
<td>46</td>
<td>Reena Kelly</td>
<td>Nephritis</td>
<td>x</td>
<td>Listen carefully to complaints.</td>
</tr>
<tr>
<td>46</td>
<td>William Black</td>
<td>Multiple sclerosis</td>
<td>x</td>
<td>Encourage to eat.</td>
</tr>
<tr>
<td>47</td>
<td>Alli Soudra</td>
<td>Bronchial asthma</td>
<td>x</td>
<td>Worried about family.</td>
</tr>
<tr>
<td>47</td>
<td>Ricardo Fippeas</td>
<td>Coronary-vascular accident</td>
<td>x</td>
<td>Help to exercise hands and legs.</td>
</tr>
<tr>
<td>47</td>
<td>Ganesh Gonihe</td>
<td>Nephritis</td>
<td>x</td>
<td>Special diet every 8 hours.</td>
</tr>
<tr>
<td>47</td>
<td>Gold Powell</td>
<td>Nephritis</td>
<td>x</td>
<td>Check output carefully.</td>
</tr>
<tr>
<td>48</td>
<td>Joe Silva</td>
<td>Malignant</td>
<td>x</td>
<td>Muscular pain - control with sedation.</td>
</tr>
<tr>
<td>48</td>
<td>John Enma</td>
<td>Malignancy</td>
<td>x</td>
<td>Weight gain - firm encouragement.</td>
</tr>
<tr>
<td>48</td>
<td>Robert C. Alesar</td>
<td>Malignancy</td>
<td>x</td>
<td>Malignancy - encourage inactivity.</td>
</tr>
<tr>
<td>48</td>
<td>Pietro Perotti</td>
<td>Rheumatic fever</td>
<td>x</td>
<td>Walk once a day.</td>
</tr>
<tr>
<td>49</td>
<td>Tevfic Abdulaha</td>
<td>Infectious hepatitis</td>
<td>x</td>
<td>Encourage to eat.</td>
</tr>
<tr>
<td>49</td>
<td>Mario Vasquez</td>
<td>Nephritis</td>
<td>x</td>
<td>Measure - needs support.</td>
</tr>
<tr>
<td>49</td>
<td>Mohammed Zaidi</td>
<td>Cardiac decompensation</td>
<td>x</td>
<td>Frightened - encourage sit up.</td>
</tr>
<tr>
<td>49</td>
<td>Fred Siewicki</td>
<td>Scleroderma</td>
<td>x</td>
<td>Does not understand - explain condition.</td>
</tr>
<tr>
<td>50</td>
<td>Bag Broster</td>
<td>Cardiac decompensation</td>
<td>x</td>
<td>Needs quiet - turn every 4 hours.</td>
</tr>
</tbody>
</table>

**Totals:** 21 18

### INSTRUCTIONS FOR COMPLETING FORM 2

1. Select a ward for study and a day for the study and fill in the heading appropriately.
2. List the rooms or ward numbers in the customary order.
3. List the names of the patients assigned to the rooms or wards.
Schedule of nursing care

Scheduling time for the nursing care that will be of greatest benefit to the patient, and for the satisfactory organization of the work-load, is another important aspect of staffing a nursing unit. Assessing the number of workers to assign to duty at different times of the day is dependent upon a plan of care for all patients on the ward. The following questions cover some of the aspects to be considered in planning a daily ward schedule of nursing care:

(a) When does morning care of patients begin? Are patients awakened early in the morning or allowed to sleep and rest as long as possible? Is morning care begun early enough to have patients ready for breakfast?

(b) Does a nurse visit each patient early in the day to determine his needs (physical, mental, emotional, socio-economic, spiritual) of the day?

(c) Is nursing care planned to allow time for the doctor's visit?

(4) Write the diagnosis of the patient's illness opposite his name.
(5) Indicate the acuity of illness as follows: 1
(a) Column A: critically ill patients. These patients require constant observation and attention. They are helpless and usually too ill to move or to take nourishment unless they have help.
(b) Column B: moderately ill patients. These patients require a moderate amount of observation and attention. They are usually bed patients but can feed themselves, move freely in bed and can be helped to sit in a chair and to walk.
(c) Column C: convalescent patients. These patients require minimum observation and attention. They are usually ambulatory and can attend to most of their own personal needs with the guidance of the nurse.

(6) The last column of the form might include nursing problems that are of a time-consuming nature, that require special knowledge and skill, or that require the continuing attention of one or all members of the staff. The following are examples:

(a) Lifting—blood pressure every 15 minutes. (Patient has acute coronary and weighs 250 lb (113 kg). He should exert as little effort as possible and needs to be moved and turned by nursing personnel. His blood pressure is fluctuating and so has to be taken every 15 minutes).
(b) Continuous intravenous—veins collapsed. (Patient is seriously ill following a hemorrhage from a gastric ulcer. He has lost a great volume of blood, and it is difficult to keep the intravenous needle in place).
(c) Feeding—needs encouragement. (Patient has Hodgkin's disease and is moderately ill, but his disease causes discouragement and a poor appetite).
(d) Depressed—suicide precautions. (Patient with infectious mononucleosis is debilitated and discouraged. Home problems weigh heavily, and his mental state indicates the need for precautions to prevent suicide).

1 If these descriptions do not apply to the patients under consideration, other descriptive terms more appropriate to the situation may be substituted.
(d) Are meals served at times which will benefit patient care?

(e) Are baths and linen-changes timed to accommodate patients’ desires as much as possible? Are arrangements made for some baths in the afternoon and evening?

(f) Are medications, treatments and diagnostic procedures timed and administered at regular intervals (e.g., every three hours, every four hours)?

(g) Are rest or quiet hours planned for patients?

(h) Are visiting hours specified, or may visitors come to the wards at any time? Are members of the family allowed to stay with the patient all the time if they wish to do so?

(i) Are afternoon, evening and night nursing procedures and schedules timed to allow the patient the maximum benefit of rest, relaxation and sleep (e.g., “lights out” at a specified time)?

Workers giving nursing care on a hospital ward

The categories of workers on a hospital ward vary in different countries and in different hospitals. It is fairly generally agreed, however, that two types of nursing personnel are needed.

Types of nursing personnel. The nurse is usually a graduate of a formal teaching programme in nursing. In some countries she is qualified by professional certification or by government licence. Nurses are assigned to positions of responsibility ranging through staff nurse, supervisor, instructor and administrator. Responsibility increases as positions of leadership in either nursing service or nursing education are assumed, and nurses tend to seek added preparation as they accept these positions of greater responsibility. In general, the staff nurse on a hospital ward is responsible for analysing the nursing needs of patients, observing, reporting and recording symptoms, giving nursing care to the very ill and “problem” patients, and supervising the auxiliary personnel.

Auxiliary nursing personnel are given job titles that differ quite markedly in different countries—e.g., assistant nurse, practical nurse, nurse attendant. In some countries a formal course of training for one or more years is given to these workers. Other auxiliary workers, who are trained on the job are generally classified as nurse aides, but may also have different job titles in different countries and hospitals.

1 The term “nurse” pertains to the workers within any particular country who supply the most exacting, comprehensive, and responsible care of a nursing nature which is available in that country. Wide national variations are recognized. See: WHO Expert Committee on Nursing (1950) WHO, Tech. Rep. Ser., 24, p. 4.

Student nurses are assigned to wards of a hospital to gain experience in the care of patients. They contribute to this care, but should not be assigned to the wards for the purpose of staffing (see Chapter 6).

Training and competence of nursing personnel. Using the list of names on the Daily Time Assignment (Form 1) as a reference, the following questions have been formulated to help in making a preliminary evaluation of the training and competence of nursing workers on the ward.

Are nurses qualified by graduation from a school of nursing that is recognized as having a good programme?

Is the head nurse competent as an expert nurse to analyse the needs of the patients? Is she able to plan and co-ordinate the work of the ward? Does she give evidence of her ability to teach and supervise personnel?

Are there enough qualified and competent nurses to care for patients at all times of the day and night? Do they recognize the changing needs of patients? Are they effective nursing-team leaders?

Are there enough auxiliary workers to assist the nurses in caring for the patients at all times of the day and night?

Are the auxiliary workers competent? Have they been carefully selected and trained for their work?

Assignment of work

Information is available from studies made in several countries on the tasks assigned to nurses and auxiliary nursing personnel. Other studies have been made to estimate the amount of time required to care for patients, to establish the proportion of nurses to auxiliary personnel; and to suggest the number of patients that a nursing team can care for during various periods of the day. These and many other publications are interesting and helpful in analysing the workload of a ward, and may assist head nurses to analyse their own ward situation. However, the immediacy of nursing care on a hospital ward does not ordinarily allow the head nurse time to make a detailed analysis.

The daily assignment of tasks, the number and types of personnel needed, the competence of personnel, and the selection of patients for

---

3 Leeds Regional Hospital Board (1963) *Work measurement as a basis for calculating nursing establishments*, Harrogate.
5 Bredenberg, V. (1949) *Nursing service research*, Philadelphia and Montreal, Lippincott.
assignment are decisions that are made by the head nurse on a day-by-day basis. The material so far presented in the Guide may be of use in this respect.

**Work-load.** The following information is available concerning the ward work-load from Form 2: Characteristics of Patients.

- 2 patients — critically ill (from Column A)
- 11 patients — moderately ill (from Column B)
- 18 patients — convalescent (from Column C)
- 31 total patients to be cared for.

**Workers available.** Information concerning available workers on the ward is found on Form 1: Daily Time Assignment.

**Work assignment.** The assignment is based on the information concerning patients and personnel, and upon the nursing judgement of the head nurse.

**MORNING SHIFT**

*(7.00 a.m. to 3.30 p.m.)*

**Team I**

- Nurse (team leader) — Mahia Pinto
- Nurse aide — Flore Morgan
- First-year student nurse — Sosa Kuru-villa

**Assignment:**

- 1 critically ill patient
- 5 moderately ill patients
- 9 convalescent patients
- 15 patients to be cared for by Team I

**Team II**

- Third-year student nurse (team leader) — Sigrid Olson
- Assistant nurse — Antonia Rodreguez

**Assignment:**

- 1 critically ill patient
- 6 moderately ill patients
- 9 convalescent patients
- 16 patients to be cared for by Team II

**AFTERNOON SHIFT**

*(3.00 p.m. to 11.30 p.m.)*

- Nurse (team leader) — Fatima Mohammed
- Second-year student nurse — Prima Bhatt

**Assignment:** 2 critically ill patients

**Assistant nurse — Indriani Thambia**

**Assignment:**

- 5 moderately ill patients
- 9 convalescent patients
- 14 patients

**Nurse aide — Alice Villalonga**

**Assignment:**

- 6 moderately ill patients
- 9 convalescent patients
- 15 patients

¹ See section on the nursing-team method of assignment, page 62.
NIGHT SHIFT
(11.00 p.m. — 7.30 a.m.)
Nurse (team leader) — Francesca Olivetti

Assignment:
Assistant nurse — Yvonne Durand
5 moderately ill patients
9 convalescent patients
14 patients

Assignment:
Nurse aide — Jean Duparc
6 moderately ill patients
9 convalescent patients
15 patients

In the above, attention is directed to the development of the ward staffing pattern. A more detailed discussion of factors to be considered in making work assignments will be found on page 50.

CONSTRUCTION OF THE STAFFING PATTERN

Weekly Time Assignment

Form 1, Daily Time Assignment, and Form 2, Characteristics of Patients, may be used experimentally for at least a week or more to set standards and make adjustments in the day-to-day needs for nursing personnel.

When these needs have been established, Form 3: Weekly Time Assignment, may be used. This document is a plan of personnel time assignment but can become a valuable record for the nursing service department.

The plan for time assignment is made out at least a week in advance in order that:

1) plans may be made for personnel to “cover” for days off, holidays, vacations or absence;

2) a copy of the plan may be posted for use by workers in making personal plans;

3) needs may be indicated for additional staff to maintain standards of patient care; and

4) periods of over-staffing may be indicated.

The plan becomes a valuable record of:

1) standards of ward staffing (which can be evaluated daily for “coverage” and annually for budget construction);

2) the time and attendances of each worker (these can be used for payroll purposes after corrections have been made daily concerning absences and illnesses or overtime contributed);
### FORM 3. WEEKLY TIME ASSIGNMENT

**Community Hospital Nursing Service**

#### FORM 3, WEEKLY TIME ASSIGNMENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Fake</td>
<td>Head Nurse</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>Day</td>
<td>Day</td>
<td>7:30</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Helga Gunner</td>
<td>Staff Nurse</td>
<td>Day off</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>41</td>
</tr>
<tr>
<td>Marla Pinto</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Francesca Olivetti</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Patrice Morrison</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Doris Kagen</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>(Part-time)</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Osha Sen</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Sigrid Olsen</td>
<td>Student Nurse</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Prime Ball</td>
<td>Student Nurse</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Susa Kurvilla</td>
<td>Student Nurse</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Antonia Rodriguez</td>
<td>Assistant Nurse</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Santa Mwanza</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Indrani Thakali</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Vernon Durand</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Lavonne Perry</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Astrid Johansson</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Florie Morgan</td>
<td>Nurse Aide</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Alice Villalona</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Jean Dugas</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Louise Sauer</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Maria Fanton</td>
<td>* *</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
<tr>
<td>Doris Smith</td>
<td>Ward Clerk</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
<td>40</td>
</tr>
</tbody>
</table>

#### Notes:
- The 40-hour work week and 6-hour work day are used.
- **P** = Part-time
- **C** = Class
- Total does not include time of head nurse or ward clerks
(3) personnel on duty at a given time (in case of questions concerning patient care, incident or accident);
(4) numbers and categories of workers;
(5) number of nursing hours of care contributed;
(6) student nurse assignments for class and ward experience, which can be checked daily or as needed.

Information from the record can be used for an evaluation of the amount of nursing time provided for patient care, and the proportion of time contributed by each of the categories of personnel.

Referring to the “total hours” column on the Weekly Time Assignment, it is found that the various categories of personnel have provided the following amounts of time:

216.0 hours provided by the staff nurses.1
81.5 hours provided by the student nurses.
392.0 hours provided by the auxiliary personnel.2
689.5 hours of nursing care provided in one week.

Using the above information, the average nursing time provided for each patient every day can be calculated:

(a) The 7 a.m. census for each day is added. The total is sometimes called “patient days”, indicating the number of patients cared for daily in a given period. The total is 211 for the week.

INSTRUCTIONS FOR COMPLETING FORM 3

(1) Fill in the heading.
(2) Insert the appropriate dates for each day.
(3) List the personnel of the ward by name in groups according to their categories.
(4) Write the job title of each worker against her name.
(5) Plan the time that each worker is to be assigned for ward duty according to the needs for patient care during each 24-hour day.3 The use of coloured pencils is effective in making time assignments for different periods of the day.
(6) Check for daily coverage (total of numbers and categories of personnel on duty during all shifts) to be sure that appropriate personnel are assigned for all times of the day and night.
(7) Send one copy of the plan to the nursing service office. Post the original in the ward for the information of all personnel.
(8) Complete and correct both copies of the Weekly Time Assignment daily. Insert 7 a.m. census each morning. Indicate any changes in assignment as they occur.
(9) At the end of the week record the total hours that each worker has contributed.

1 The time of the head nurse is used for supervising personnel, and so her time is not included in bedside care.
2 The time of the ward clerk is not included since her duties are clerical in nature.
3 See Annex 12.
(b) Dividing the number of hours given by each category of workers by the average patient days will indicate the average amount of time provided for each patient in a 24-hour period:

\[
216.0 \div 211 = 1.02 \text{ hours of staff nursing time per patient per day},
\]

\[
81.5 \div 211 = 0.40 \text{ hours of student nursing time per patient per day},
\]

\[
392.0 \div 211 = 1.85 \text{ hours of auxiliary nursing time per patient per day}.
\]

Total 3.27 hours of nursing time per patient per day.

The proportion \(^1\) of time provided by each of the categories of workers may be calculated:

\[
1.02 \div 3.27 \approx 31\% \text{ nursing time contributed by staff nurses},
\]

\[
0.40 \div 3.27 \approx 12\% \text{ nursing time contributed by student nurses},
\]

\[
1.85 \div 3.27 \approx 57\% \text{ nursing time contributed by auxiliary nurses}.
\]

The amount of nursing time contributed by various categories of nursing personnel may be compared:

<table>
<thead>
<tr>
<th>Category of Nurse</th>
<th>Time per Patient per Day</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff nurse care</td>
<td>1.02 hours</td>
<td>31%</td>
</tr>
<tr>
<td>Student nurse care</td>
<td>0.40 hours</td>
<td>12%</td>
</tr>
<tr>
<td>Auxiliary nurse care</td>
<td>1.85 hours</td>
<td>57%</td>
</tr>
<tr>
<td>Total hours of patient care</td>
<td>3.27 hours</td>
<td>100%</td>
</tr>
</tbody>
</table>

INSTRUCTIONS FOR COMPLETING FORM 4

(1) Fill in the heading.
(2) In Column I, list the job titles of the categories of personnel that will be assigned to each working period of the day.\(^4\)
(3) In Column II enter the number of personnel who will be needed in each category for each shift in a 24-hour period.
(4) Column III is used to compute the number of shifts needed to cover the entire week of 7 days.
   (a) In the first half of the column, write the total of the number in column I multiplied by 7 i.e., 1 head nurse \(\times 7\) (days in a week) = 7 shifts needed to cover the head nurse position for a week.
   (b) In the second half of the column, write the total number of shifts needed for all personnel in each category of worker (i.e., the total shifts of the staff nurse category needed is 21, to cover the three shifts for each day of all days of the week.)
(5) Column IV is used to compute the number of full-time personnel needed to cover a week. The total shifts per category (from Column III) is divided by 5 (the number of shifts each person works in a week). The total of this calculation is often a whole number and a fraction \((e.g., \frac{4}{5})\) full-time staff nurses are needed to cover the entire week of 7 days: the fraction is adjusted in Column V.
(6) Column V is used to record the number of personnel of each category that will be required to staff the ward for one week. This is the Ward Staffing Pattern.
(7) Column VI is used to justify this staffing pattern. Flexibility is needed in planning a staffing pattern. For instance, it is assumed that the staff nurses will relieve the head nurse on her two days off each week; the staff nurse category is adjusted to accommodate this need in the ward staffing pattern. The reason for the adjustment is recorded in Column VI.

\(^1\) The proportion of nursing time is reported annually in the United States of America by the American Hospital Association. See Hospitals: Annual Report of Hospital Statistics.

\(^4\) Student nurses should not appear on the Staffing Pattern: see page 67.
# Form 4. Ward Staffing Pattern

<table>
<thead>
<tr>
<th>Column I</th>
<th>Column II</th>
<th>Column III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>Column IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Column V</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Preparative needed for ward day and shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shifts</td>
<td>Morning Shift</td>
</tr>
<tr>
<td>Night</td>
<td>1</td>
</tr>
<tr>
<td>Day</td>
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</tr>
<tr>
<td>Afternoon</td>
<td>1</td>
</tr>
<tr>
<td>Night</td>
<td>4</td>
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</table>

| Assistant nurse | 1          |
| Nurse aide     | 1          |
| Ward clerk     | 1          |

<table>
<thead>
<tr>
<th>Shifts</th>
<th>Category</th>
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<td>Night Shift</td>
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Note: *A 'week' is an eight-hour work period. **One five-day, 10-hour week is used.
### FORM 5. MASTER STAFFING PATTERN

**Community Hospital**

**NURSING SERVICE**

#### FORM 5. MASTER STAFFING PATTERN

<table>
<thead>
<tr>
<th>Nursing Administration</th>
<th>Patient Census</th>
<th>Director of Nursing</th>
<th>Assistant Supervisor</th>
<th>Head Nurse</th>
<th>Staff Nurse</th>
<th>Assistant Nurse</th>
<th>Nurse Aide</th>
<th>Work Clinic</th>
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<tr>
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<td>17</td>
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**Note:**
- Relief needed for vacation, holidays and anticipated illnesses: 0
- O/N - On call or needed regularly for Nursing Service
- D.O. = Doctor of Osteopathy
- N/A = Not Applicable
- Total staff needed to staff the Nursing Service: 100

### INSTRUCTIONS FOR COMPLETING FORM 5

1. **Fill in the heading.**
2. **The left-hand column identifies the nursing units and the nursing services provided.**
3. **Under the patient census column indicate the average patient census of each ward or service.** (Services such as the operating room could indicate the number of operations, deliveries for the delivery rooms, numbers of visits to the emergency room, etc.)
The Weekly Time Assignment is a document basic to the planning of nursing services on the wards of the hospital. Ward staffing must be flexible. One of the most difficult problems in staffing a hospital nursing service is making the adjustment necessary to provide for the constant fluctuations in the needs of patients. There will be days when the full complement of staff will not be sufficient to care for patients’ needs. There will be other days when the ward will be overstaffed because there are fewer patients and their needs have diminished. In order that nursing personnel be utilized fully and efficiently, the staffing of the ward is co-ordinated through the nursing service office both daily and weekly. A daily assessment is made with the supervisors and head nurses to provide assistance where it is most needed

(4) Headings of the remaining columns indicate the categories of personnel that are used to staff the nursing services.
(5) Fill in the numbers of personnel obtained from the ward staffing patterns.
(6) Total all columns.
(7) The total of the sums of the columns indicates the number of personnel regularly needed to staff the nursing services.
(8) Compute the additional number of personnel needed to cover for vacations, holidays and illnesses as follows:
(a) Basic information required:
   Allowances for vacation, holidays and estimated days of illness during one year.
   10 days — vacation
   6 days — holidays
   4 days — illness (1/3rd of the 12 days of illness allowance (the average each worker uses))
   20 days — relief needed for each person on the staff in one year.
   52 weeks x 5 days = 260 working days per person on the staff.
(b) Personnel to be relieved:
   Nurses:
   17 Head nurses
   87 Staff nurses
   114 nurses to be relieved
   x 20 days — relief for each nurse
   2280 days of relief required for nurses
   2280 / 260 = 8.8 (9) nurses needed for relief.
   Auxiliary personnel:
   100 Assistant nurses
   73 Nurse aides
   173 Auxiliary personnel to be relieved
   x 20 days — relief for each person
   3460 days of relief required for auxiliary personnel
   3460 / 260 = 13.3 (13) auxiliary personnel needed for relief.
   Ward clerks:
   25 ward clerks
   x 20 days — relief for each person
   500 days of relief
   500 / 260 = 1.9 (2) ward clerks needed for relief.
(c) Recapitulation:
   9 nurses
   13 auxiliary personnel
   2 ward clerks
   24 personnel needed for vacation, holiday and illness relief.
on a day-to-day basis. Adjustments may be made in assignments of personnel to a ward which is in need of extra assistance from a ward which is overstaffed, or part-time personnel may be asked to come on duty to assist in covering the need. Through group conference and individual discussion of the Weekly Time Assignment, personnel needs of all wards are co-ordinated in the Nursing Service Office. Adjustments must also be made to provide for emergencies when they arise.

Accumulation of the Weekly Time Assignments from each ward over a period of months or a year will furnish the information from which a Ward Staffing Pattern can be made.

**Word Staffing Pattern**

Staffing a hospital ward requires a basic number of personnel. The selection of categories and the number of personnel needed are decisions made by the Director of Nursing Services, with the help of her assistants, supervisors and head nurses. The support of the physicians and the hospital administrator are required in order that there is understanding and agreement concerning the standards of patient care to be provided.

In order to calculate the basic number and categories of personnel needed to staff a hospital ward and to give an acceptable standard of nursing care, it is suggested that Form 4, Ward Staffing Pattern, be used.

Making the Ward Staffing Pattern is not a simple process. It is accomplished most effectively with the help of the head nurses and supervisors who know best the needs of their patients through day-to-day working in the actual situation. If the staffing pattern is carefully planned, it provides a realistic, reasonable, understandable and written explanation of the complexities of staffing for a hospital nursing service. The Ward Staffing Pattern provides the information from each ward which is needed to make a Master Staffing Pattern for the total hospital nursing service.

**The Master Staffing Pattern**

Making the staffing pattern for the nursing service of the whole hospital is a relatively simple task once the staffing patterns for each ward have been provided. Form 5, Master Staffing Pattern, is used for this final step in planning. It is a form that may be used to calculate the numbers and categories of personnel needed to staff a hospital nursing service.

The development of a Master Staffing Pattern based upon a study of the needs of patients and availability of personnel should result in a sound, realistic, reasonable and understandable plan.
The Director of Nursing Services assisted by her staff makes judgemen
ts concerning the needs of the patient as an individual. She then
directs her attention to the many factors involved in providing for the
patient the environment and therapeutic measures which relieve his
discomforts and assist him to recovery.
Who is the patient? He is the person for whom the activities of a hospital or other health agency exist. The needs of the patient as an individual and as a sick person form the core around which are centred the complex of services provided in a hospital. The patient as a person has as many needs as there are facets of the individual human being.

His greatest need as a sick person is for kindly and sympathetic understanding of the problems of his illness, and the assurance that a plan is being made to help him.

The plan for the care of a patient in the hospital begins with the plan made by the physician for medical care. The plan for nursing care begins when the patient is admitted to the ward.\footnote{See Annex II.} The nurse assesses the initial nursing needs of the patient by a friendly welcome and kindly questions appropriate to the situation. She uses information she may already have from the physicians’ orders and the record of the patient to gain further information. An analysis of the nursing needs of the patient necessarily includes consideration of the plan for medical care, and the facilities for patient care provided by the hospital and in the community. With these factors in mind, the nurse begins the nursing care plan based upon her observations of the patient and her nursing knowledge and skills.

The following list of factors is offered as a general guide in an analysis of nursing care. Individualization of patient care is considered first, and this is followed by the facilities provided by other hospital services related to the care of the patients on a hospital ward. It is by no means an exhaustive list, since every hospital nursing service is different and may have to consider factors peculiar to its own situation.

Items under each heading have been stated in the form of questions. This form is used as a stimulus to thinking and as a guide to the analysis of activities and problems involved in patient care. It is felt that this
method may draw attention to the many factors to be considered in planning for the nursing care on a hospital ward.

PERSONAL CARE OF THE PATIENT

Nursing care

Is the patient always recognized as an individual? Is he addressed by name? Is he treated with friendly, sympathetic understanding and courtesy? Are his requests for care and service given consideration equal to that of other patients? Are his personal interests of work and family known and recognized by thoughtful question and comment?

Are facilities provided and measures taken to protect the dignity of each patient by the use of screens or curtains around beds during examination and treatment or other personal care?

Are the personal confidences of the patients protected in records and in conferences by the doctors, nurses and others?

Is the physical comfort of the patient assured? Is he bathed regularly or enabled to bathe himself? Is clean linen provided? Does the bed provide physical support, and is his position in bed the most comfortable one possible for him?

Are measures taken to provide for the prompt and continuous relief of pain and discomfort? Are his needs anticipated before he makes a request?

Is the patient given directions for appropriate activity? Are provisions made for him to rest and sleep when needed? Is he encouraged to walk or to be assisted in other activities?

Does the patient enjoy his meals? Are his nutritional needs considered? Are reasonable requests for special foods supplied?

Is opportunity planned and provided by doctors and nurses to answer patients' questions, explain treatments, procedures, medicine, symptoms, and self-care?

Does the patient feel safe from accident, injury or infection? Are measures taken to prevent falls from bed or chair? To prevent deformities? Are patients with a communicable disease isolated from other patients? Is frequent hand-washing encouraged among personnel and physicians?

Is the patient assured that his condition is known and is being observed? Does a nurse visit him every day to assess his nursing needs? Are unusual symptoms (e.g., loss of consciousness, cyanosis, shock) observed and promptly treated?

Are the patient's bodily functions (e.g., breathing, digestion, elimination, sight, hearing) observed and cared for?
Are patients assisted to understand their own emotions (e.g., fear of operation, apprehension at the persistence of a symptom, worry over possible ill-effects of operation or treatment, hostility towards doctor, nurse or member of the family, apathy due to discouragement or other cause)?

Are patients helped to solve family problems through a medical social worker or community agency?

Are family and friends encouraged to visit the patient? Are they allowed to participate in the care of the patient by feeding him, staying with him or otherwise?

Are arrangements made to have a minister of religion visit the patient at his request? Are patients encouraged to take advantage of meditation room, retiring room or chapel? Are appropriate books and symbols available for use in meditation and prayer?

Medical care

Are physicians' visits made with a view to the comfort of the patient? At what time of day does the physician usually visit his patient? Does the patient look forward to the visit from his physician?

Is the patient assisted to be ready for the doctor's visit? Does the nurse talk to the patient to help him understand his condition and the treatment his physician has prescribed? Does she encourage him to ask questions of his doctor?

Does the nurse accompany the physician on his visit in order to report and interpret her observations, assist him with procedures and understand his orders for treatment? Does she leave the room when she senses the patient's need to talk to the physician alone?

Does the doctor prepare his patient for surgery or other treatment by explaining to the patient what he plans to do? Does the nurse assist him by answering questions the patient may have later?

Does the nurse help the patient to overcome his fears and apprehensions by trying to understand the cause of his feelings? Does she report her observations thereon to the doctor?

SERVICES PERFORMED BY OTHER HOSPITAL DEPARTMENTS

Medical services

Medical staff. What are the organization, number and composition of the medical staff? professors? consultants? medical specialists? interns? residents? medical students? What relationship does nursing
have to each? Is the nursing staff orientated to the medical staff organization?

_Treatments and tests by doctors._ Do doctors participate in collecting specimens, performing treatments, making tests on the ward, drawing blood, changing dressings, giving intravenous injections, and performing physical examinations and specialized examinations? Are these activities scheduled so that nurses may better plan other aspects of patient care? Are nurses permitted to start intravenous infusions and transfusions and to give intravenous medications?

_Operations._ How is the operating-room schedule planned? How are the operations ordered on the ward? Is the patient prepared physically by nurses? Is the patient prepared mentally and emotionally by his doctor? Who transports the patient to the operating-room? Are patients returned to the ward after surgery or is there a recovery room?

_Clinical lectures._ Are bedside clinics conducted? How is the nurse informed of which patients are in request for bedside clinics and clinical lectures? Who transports patients to the lecture-room? Is the patient prepared mentally and emotionally for the experience? Who attends patients during the clinic?

_Dietary services_

To what extent do nursing personnel participate in food service to patients?

Are they expected to supervise the service?

Who brings food to the ward unit? How is it transported? How is it served? Are trays used? Who serves and collects trays? Who helps patients with their food? Who feeds helpless patients? Is food served to ambulatory patients at a table? How are the cultural and emotional factors of diet handled? Is a check made on whether the patient has eaten his food?

Is there a dietary department? Is a dietary manual available for ward reference? Is there a method by which the dietary department is notified concerning numbers and kinds of diets required on a nursing unit?

Does the doctor order the diet for his patients?

Does he discuss nutritional problems with patients? Does a dietitian provide counselling services for patients with special diet problems?

_Pharmacy services_

Is the ward supply of drugs checked and inspected periodically by the pharmacist? Is a ward formulary or list of medications and stock
drugs available? Is a system of labelling drugs used? Are special storage facilities available for drugs used on the wards? Have records been established for narcotics control? Has a system of ordering drugs from the pharmacy been worked out? Who delivers drugs to the ward? How are special prescriptions filled? For what period is the pharmacy open to provide service?

X-ray services

Is a system of requisition for X-ray services in use? Are procedures scheduled by appointment? Are written directions available for the preparation of patients for X-ray? Who transports patients to the appropriate place for diagnostic tests and therapeutic treatment? Who cares for patients en route? Who stays with the patients?

Laboratory services

Are there written laboratory procedures for the collection and preparation of specimens? Who takes specimens to the laboratory? Who is responsible for notifying the doctor of findings? How do reports become a part of the permanent record of the patient?

Medical records

Is there a system of patient record forms? Are nurse’s notes used as records? Do they become a part of the patient’s chart? Who sends charts to the record room? Who acquires charts from the record room? Who attaches reports from laboratory and X-ray services? Is the hospital record used for outpatient department follow-up visits?

Outpatient department (OPD)

Is there a system of making appointments for patients while they are still in hospital? What provision is made for continuity of care through return visits to OPD? through public health referrals? for home care? Are appointments made so that the patient will not have to wait for long periods?

Social services

Is there a social service department to which the patient and his family can be referred? Does the nurse deal with such problems if there is no social worker? What is the extent of interest of the medical
staff in the use of social services? Is co-operation and understanding of services established between nurses and social workers?

Admissions

Is an attempt made to plan admissions and discharges at regular times of the day? How many daily admissions and discharges are made to and from the ward? Is reception of patients planned to provide for scheduled admission of patients? How are emergency admissions handled?

Is co-operation established between the admissions clerks and nurses in the placement of patients on the wards?

Do admission procedures take too long so that the patient feels annoyed or becomes very ill?

Housekeeping

Is a housekeeping department responsible for routine cleaning and floor maintenance services? Does the housekeeping department clean and make up the bedside unit after the discharge of a patient? During what hours is service provided?

Does the service include wall-washing and window-washing? Does it include painting of walls and repair of furniture?

Is there an arrangement for special cleaning and painting after infectious disease?

Laundry and linen

Is linen counted before being sent to the laundry? Who counts it? Who collects soiled linen from the wards? What time of day is it collected? How often?

Is any of the linen sorted, soaked or washed by the ward staff?

Is there a system by which linen is ordered daily for the ward unit? Is it delivered at a specified time? Is a fixed amount of linen delivered? Who delivers it? Who brings emergency supplies of linen to the ward?

Does a department other than nursing assume responsibility for counting, collecting and delivering linen? Does the nursing department participate in establishing a standard for the amount of linen supplied to each ward?

How is linen loss controlled? Is a mending service provided?

Plant maintenance

Is there a report system by which the maintenance department is notified of needed repair or replacement? Is the request promptly
acted upon? Is the nursing service notified when work is completed? Is there a system by which maintenance workers make routine checks for burned-out light bulbs, dripping faucets, and efficiency of heating, lighting, and plumbing fixtures? Is there a service for the collection of trash, waste and garbage?

Business office
Does business management assume all responsibility for charges to the patient?
Does nursing assist and co-operate in the management of the budget for the nursing service?

PHYSICAL ENVIRONMENT OF THE PATIENT

Placement of patients in wards
Are provisions made for the care of patients based on their needs and comfort? ¹ Do nurses place patients in the ward for convenience of nursing care?
Are critically ill patients cared for where facilities (e.g., oxygen, suction) are provided to meet their special needs?
Are moderately ill patients requiring a moderate amount of nursing care placed conveniently for nursing care and for the personal care of the patients?
Are convalescent patients requiring diagnosis or convalescent care so placed as to provide an opportunity for patient-teaching (i.e., explanation of treatment, guidance of self-care, plans for home care)?
Are patients with long-term conditions and diseases (such as the paralytic, handicapped and incontinent) placed conveniently to facilities for rehabilitation and physical therapy?
Are patients segregated appropriately according to age-groups, or are several different age-groups cared for together (i.e., adults with children, older persons with young adults)?
Are patients placed in wards with consideration for their need for the encouragement and support of other patients or according to special problems such as close proximity to toilet facilities for handicapped patients?

Location of sanitary services
Is the water supply for the use of patients readily available in or near the wards? Is water subject to contamination? Must water be boiled or filtered before use?

Are hand-washing facilities conveniently placed for the use of personnel?

Are there facilities for bathing or taking showers?

Are facilities for bathing adequate for all types of patient needs?

Do the lavatories work properly? Are they easily accessible to patients and to personnel?

Is the method used for sterilization on the ward adequate and safe (electricity, gas, steam, coal burner)?

*Location and adequacy of work areas*

Are nurses consulted in the planning and construction of work areas on the ward?

Is a nurses’ station provided for each ward? Is it placed adjacent to the wards and other workrooms to minimize long travel-lanes and to permit constant supervision of patients and personnel? Is it designed to include a patients’ call-system, a pneumatic-tube system for drugs and records, and adequate telephone outlets? Do doctors use the nurses’ station as a conference room or for chart study?

Is the medicine cupboard in a place easily controlled by the nurse in charge? Is it located to facilitate the work of the nurse? Is it arranged in a manner that will reduce to a minimum the risk of error in the preparation of medicine? Is it kept locked when not in use? Is it well lighted? Are hand-washing facilities nearby? Is refrigeration for biologica ls provided? Is there a separate workroom in which sterile-treatment trays may be safely stored? Is adequate table space in the workroom provided so that medicines can be prepared for use without contamination?

Is there a central supply service that delivers sterile and other supplies and collects used supplies and equipment by dumb-waiter or cart?

Are the utility rooms adjacent to or in the ward area? Do the flushers work? Are they easily cleaned? Is table work-space provided? Are there facilities for hand-washing, the washing of equipment, and the storage of utensils and other equipment?

Does the head nurse have an office where she may plan time assignments and work assignments, hold discussion groups, and have individual conferences with personnel in privacy?

Does each ward have adequate storage space for medication, linen, sterile supplies, general supplies and stationery supplies?

Is adequate work-space available (i.e., table top, counter top, desk space, charting counter)?

Where are stretchers and wheel-chairs kept? Where is other large ward equipment (such as bed-rails and intravenous standards) kept?
Is the ward kitchen centrally located for the service of hot and cold food and for service of nourishments and special feedings? Who maintains this kitchen?

Are ward classrooms available for use by medical students, nursing students, for doctors' conferences and on-the-job training classes? Are teaching facilities also available elsewhere for demonstration and classes for larger groups of personnel?

Are reference books and materials available in a ward library for use by all personnel?

Size of the ward

Are the wards of optimum size for best care of the type of patients assigned to them?

Are the wards overcrowded with beds and/or patients and equipment?

Are rooms available for seriously-ill patients and for patients who must be isolated? Are very sick patients moved to appropriate accommodation?

Is the number of patients limited to the number that can be reasonably cared for, or must all patients be accepted for care regardless of availability of beds and space?

Equipment and supplies

Purchase. Who purchases medical supplies and equipment? Is purchase and issue centrally controlled in the administrative offices? Do nurses have a voice in selection? How are medical supplies ordered and issued to the ward? Have standards been set for order and reorder? Are nurses held responsible for requisitioning? Who maintains a check system and inventory? How are losses, breakage and replacement handled?

Adequacy. Are equipment and supplies provided in adequate amounts, in good condition, of the kind appropriate for practical use in carrying out the doctor's orders, and for convenient and efficient use for nursing care? Is disposable equipment used?

Daily supply. Can the method of routine order and delivery be relied upon to keep the ward constantly supplied with necessities from the storeroom?

Beds. Is the number of beds adequate for the number of patients? Is more than one patient assigned to one bed? Are patients required to sleep on the floor because of overcrowding?
Are children provided with appropriate beds? Are beds provided for mothers who stay in hospital to care for children?
Are chairs provided to seat patients and visitors?

Central service. Is the assembly of treatment trays a ward activity, or is the time of the nurses on the ward saved by having this processing done by a central service unit which sets up, sterilizes and delivers them? Does the central service also collect and clean used equipment? Are the operating-room sterilizers used to process equipment and supplies needed by the ward, or are special sterilizers installed in the central service for this purpose?

Financial responsibility. Must nurses pay for breakage of equipment and supplies on the ward? Are they expected to pay for equipment that has been lost or is worn out?

WARD MANAGEMENT OF NURSING CARE

Planning for the care of patients

Does the head nurse visit and observe each patient daily to familiarize herself with his needs as a person as well as his needs as a patient?

Are there written instructions to guide personnel and acquaint them with the management and care of the individual problems of each patient? (e.g., individual written nursing-care plans on a card or in a notebook indicating each patient’s medical and nursing needs)?

Is a daily schedule of patient care available? Is it posted? Does it indicate an orderly daily plan for timing hygiene, serving diets, treatments, medications, rest hours, visiting hours? Is it flexible enough to allow for emergencies and unforeseen problems?

Is a nurse available to make rounds with the doctor to receive his instructions? Are doctor’s orders written clearly and concisely? Is a Doctor’s Order Form used? Are telephoned orders permitted? Are orders promptly assigned and properly carried out as they are written?

How is the nurse’s attention drawn to new orders for procedures and treatments? Is there a check system to assure their completion? Is there a policy setting a time for the initiation of change of orders? Who transposes orders to the nursing care card? Do physicians and nurses work together so that procedures may be planned conveniently for patient care and efficient management?

Is there a system of reporting by which the condition of patients, unusual occurrences, emergencies and problems are transmitted from workers at the bedside to the head nurse, in order that problems of patient care may be quickly analysed and solved?
Are significant observations recorded on the patients’ charts by the nurse for the information of the doctors and of other nurses caring for the patients?

**Supervision of workers at work**

Are time assignments for personnel posted well in advance (i.e., at least a week or more)?

Is there a clear, simple and explicit method of assignment of work?

Are lists of tasks and responsibilities of auxiliary personnel posted or available for reference?

Is the head nurse able to maintain a high level of performance from her personnel?

Does each worker know what his tasks and responsibilities are in relation to those of other workers?

Has each worker been taught the appropriate techniques of patient care? Are work assignments made according to the abilities of the worker?

Is the head nurse herself able to guide personnel at the bedside in the care and treatment of patients, to interpret changes in orders, to instruct in observation and recording, to teach unfamiliar procedures, to interpret the behaviour of patients, and to direct patient education?

Does the head nurse plan and hold group conferences with her personnel to discuss patient care for the purpose of stimulating their participation in, improvement of, learning about, and taking pride in, their work of caring for patients?

Does the head nurse participate in a planned programme of periodic appraisal of personnel performance?

**Nursing unit management**

What is the method of assignment? Is it a case method, a functional method, or a team method, or a modification of these?

Does the head nurse make a daily written report of problems of patient care and ward management to the supervisor or Director of Nursing Services? At what intervals of the day? Is the report used as a basis for interchange of information and ideas at the end of each shift?

Is a nursing procedure manual available for reference which establishes the accepted method of performing nursing procedures?

Are procedures for inter-departmental co-operation established and available in writing for guidance of the head nurse in requesting services of other hospital departments in care of patients?
Is the head nurse free of routine paper work and other administrative details? Is a ward clerk responsible for the paper work and necessary clerical duties in the head nurse unit?

Does the head nurse order appropriate, properly processed and sufficient supplies and equipment (e.g., treatment trays, linen, medications)?

Are supplies and equipment ready at hand for prompt use in case of emergency? (e.g., oxygen, intravenous solutions, blood pressure equipment, emergency medications and dressings)?

Does the Director of Nursing Services or her deputy make appropriate changes in assignment of personnel to the wards at the request of the head nurse?

Are extra staff provided when the work-load is heavy?

Are records of unusual occurrences such as accidents and drug errors reviewed periodically, and are preventive measures taken?

Is a method established by which the head nurse evaluates quality of care on a formal basis (e.g., patient satisfaction, doctor satisfaction, low accident rate, promptness in performance of tasks)?

Is the head nurse aware of the importance of her role in patient care? Does she have satisfaction in accomplishment, or is she so overworked that she is discouraged and frustrated?

Does she have a feeling of support from the Director of Nursing Services and her supervisor, or does she feel that she is working alone? Does she have the responsibility for more patients and personnel than can be reasonably handled by one person?

Has the head nurse been prepared for her job by education, by experience, and by in-service training?

The foregoing outline of questions relating to the care of the patient conveys some idea of the detail involved in planning for the nursing care of hospitalized patients. The amount of knowledge and skill required by the nurse is emphasized by considering all the factors involved in nursing care.
CHAPTER 4

HOSPITAL ADMINISTRATIVE PRACTICES RELATING TO NURSING

STANDARDS OF HOSPITAL CARE

The philosophy of patient care determined by the governing body of the hospital determines the standard of medical and nursing care of the patient which is acceptable for that hospital. An “acceptable” standard is that which can be realistically and reasonably provided in relation to the economic and personnel resources available in the community concerned, whether it be national, state or local. In general, it should be emphasized that the needs of the patient should be the determining factor for the provision of safe and adequate care. Inevitably, however, the extent to which services are provided for the care of patients depends upon the availability of funds and of prepared health workers of all kinds in a given community. Unfortunately, a compromise in the amount of service provided is usually necessary in most health services, because in most communities there is a lack of prepared personnel—particularly those who can assume leadership positions in administration, supervision and teaching.

The economic resources for operation of a hospital may be provided by either private or public moneys. The hospital administrator, through policies set by the governing authority of the hospital, is responsible for planning the distribution of available funds for hospital services. If funds are relatively adequate or generous, personnel and other services provided for patient care may be inclusive and relatively complete. If, on the other hand, budgetary allowances must be restricted by inadequate finance, hospital services may be curtailed to the point of seriously limiting patient care. Unfortunately, the needs of patients are not always understood by budgetary officials because of the complexity of medical services. Hospital budgets are generally classified into two large categories of personnel needs and material needs. Of these, personnel services constitute the greater proportion of the recurring expenditures for hospital administration. Provision of adequate financial support for the hospital is dependent upon detailed explanation
and justification of budgetary requests for hospital care of patients. Co-operative effort on the part of doctors, hospital administrators, nurses and budgetary officials is necessary for determining an acceptable standard of patient care, and for the successful operation of a hospital.

The sound administrative and organizational structure of the hospital as a whole is basic to the organization and administration of a hospital nursing service. Even more fundamental is the need for strong central administrative direction. A strong administration can support a weak structure, but the structure cannot be maintained if the central administrative core is weak. This applies to the administration of nursing services as well as to the hospital. Mutual understanding and common objectives of the physician, the hospital administrator and the Director of Nursing Services are necessary to assure the operation of a successful nursing service upon which acceptable nursing care of patients depends.

Of all the services provided in a hospital, the nursing service is closest to the patients. Nurses are with patients 24 hours of the day and seven days of the week. Nursing personnel also usually constitute the largest proportion of the hospital staff. The management and supervision of nursing personnel is, therefore, a vital factor in establishing and maintaining an acceptable standard of nursing care for patients.

Objective criteria for adequacy of nursing care based upon the needs of patients have not been determined, but current studies are leading towards this goal. A recent publication indicates that "empirical evidence is still the best evidence that can be offered as a guide" to safe and adequate patient care. Consequently, the governing body and administrative officers responsible for hospital care of patients rely at present upon the best judgement of the patients themselves and the workers at the bedside to provide the criteria by which safe and adequate nursing care is measured. "Adequate" covers more than numbers of personnel and material with which to do the work: it includes all of the factors involved in the organization and administration of a successful nursing service.

Setting the standards of nursing services of the hospital depends largely upon the judgement of the nurses themselves, guided by the Director of Nursing Services. The philosophy of nursing upon which these judgements are based is therefore of paramount importance.

Nurses have the responsibility of ministering to the personal needs of the patient continuously through the day and night. It is their

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privilege as well as their responsibility to give every patient individual nursing care. To do this, nurses must be prepared by knowledge and understanding to analyse the nursing needs of each patient as they relate to all aspects of his life.

Planning, organizing, directing and co-ordinating the individualized care of hospital patients is the most important function of a hospital nursing service. All other nursing functions and activities are related to it. Personnel management, maintaining an appropriate environment for patient care, development of personal and working relationships, and development of educational programmes are functions which revolve around the individual care of the patient.

The following section attempts to identify the policies and procedures of hospital organization and management upon which the Director of Nursing Services depends in planning the individualized nursing care of patients. The material outlined in the left-hand column refers to administrative policies and practices for which the hospital administrator and the governing authority of the hospital are responsible. The material in the right-hand column indicates how the Director of Nursing Services carries out these policies and procedures by planning, organizing, directing and co-ordinating a hospital nursing service.

RELATIONSHIP OF NURSING SERVICE ORGANIZATION TO HOSPITAL ORGANIZATION

The basic organization of hospital services and nursing services, their relationships to one another, lines of authority (or command), responsibility and communication may be illustrated by organization charts. It should be emphasized, however, that "There is no stereotyped organizational chart suitable for every hospital... Such a chart should come as a result of organization after considering fully the objectives, responsibility and feasible programme of a specific hospital."¹ For planning related to organization charts, information may be found in many good publications on administration.

Organization charts of nursing service may be simple or complex but they reflect the plan of nursing service that is provided.

Making an organization chart for a nursing service can be a most interesting and valuable experience for the Director of Nursing Services, her assistants, supervisors and head nurses. In making plans for the chart, discussion is stimulated concerning lines of authority, responsibility and communication. Relationships of hospital services to one another can be clarified. The charts are useful in teaching nursing employees

the working relationships of nursing service to other hospital departments, and how the nursing services and ward units relate to one another and to the nursing office. They help the worker to identify himself in relation to nursing service to the hospital, and to other hospital employees.

<table>
<thead>
<tr>
<th>Hospital Organization Chart¹ may show:</th>
<th>Nursing service Organization Chart² may show:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community sponsorship (governing body)</td>
<td>Centralized authority (Director of Nursing Services)</td>
</tr>
<tr>
<td>Centralized authority (administrator of the hospital)</td>
<td>Areas of clinical nursing services (supervisors)</td>
</tr>
<tr>
<td>Broad areas of clinical services (medical chiefs of staff)</td>
<td>Areas of specialized nursing services (head nurses)</td>
</tr>
<tr>
<td>Professional and non-professional hospital services (department heads)</td>
<td>Channels of authority, responsibility and communication, co-ordination of nursing services with one another and with the nursing service office.</td>
</tr>
<tr>
<td>Channels of administration and communication (relationship of services to each other)</td>
<td></td>
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</tbody>
</table>

It is suggested that at least two charts be made for hospital nursing services: one of the nursing service as a whole, and the other of a ward unit. Samples of nursing service organization charts are given in Annexes 1, 2 and 3. They are included only as illustrations. It is not possible to indicate how a nursing service should be organized because each Director of Nursing Services must determine the organizational structure of her department by careful planning with her assistants, supervisors and head nurses.

**TECHNIQUES OF ADMINISTRATION**

The "tone" of working relationships in a hospital emanates from the leadership of the administrator of the hospital, who is usually appointed by the governing body. If his leadership ability is characterized by the warmth of human understanding which recognizes the worth and dignity of the individual, the abilities of all hospital employees can be released and integrated towards the goal of an acceptable standard of care for patients.

Hospital

Delegation of clearly defined formal power with freedom to communicate across departmental lines.¹

Motivation through leadership by faith in individual ability, by approval and support in planning and problem-solving.

Co-ordination of hospital services by permissive discussion of patient care among heads of hospital departments, medical services and nursing services, through appropriate representation in scheduled meetings.

Accountability through regularly scheduled individual conferences and a system of reports and records.

Budgetary plan for improvement of services and development of new services made through regularly scheduled individual and group conferences with department heads to:

(e) provide basic requirements for physical plant, equipment, supplies and maintenance;

(b) develop staffing patterns in all departments which will provide an accepted standard of care.

Nursing Service

The Director of Nursing Services is delegated the power (authority) to make decisions. She in turn delegates power (authority) to make decisions appropriately to supervisors, head nurses and staff nurses. Accepting authority implies acceptance of responsibility in proportion to the assignment.

The Director of Nursing Services inspires confidence in the nursing staff by encouraging free interchange and sharing of ideas in planning and problem-solving.

The Director of Nursing Services fosters interdepartmental relationships by interpreting services of other hospital departments to her staff and by arranging for nursing representation in multidiscipline conferences. She takes an active part in departmental-head meetings by interpreting nursing and assisting with problem-solving on a hospital-wide basis.

The Director of Nursing Services schedules individual conferences regularly (e.g., weekly or monthly) with her assistants and supervisors to discuss plans and problems concerning their special responsibilities and assignments. She requires written reports regularly of problems, plans and accomplishments.

The Director of Nursing Services schedules individual and group conferences with assistants, surpevisors and head nurses to discuss budgetary plans for improvement of nursing care and extension of services:

(a) physical environment for patient care is analysed and recommendations are made for improvement or replacement, and for adjustment in equipment, supplies and maintenance.

(b) ward staffing patterns are reviewed, analysed and adjusted to permit improvement of nursing care and extension of services.

Communications

Channels of communication are established and maintained as a means of developing and continuing good working relationships.

The purposes of communication are:

(a) to exchange information. Hospital departments understand total hospital services through informational exchange.

(b) to initiate action. Services to patients are established and directed.

(c) to interpret or explain. Well-informed personnel tend to be loyal to an occupation which is motivated by service to people.

(d) to solve problems. Personnel are encouraged to participate in discussions of problems.

Oral communication (personal contact) is the most effective means of communication. Oral communication may be of the following kinds:

(a) Patient contact. Patients are satisfied because services and treatment are explained by responsible personnel.

(b) Relatives, friends and visitors; community contacts are developed and hospital services interpreted to family and friends of the sick.

(c) The individual conference. Regular conferences are scheduled to discuss plans, problems, and evaluation of performance of personnel.

Nursing service (continued)

Nursing care to patients is improved through good working relationships among nursing personnel. Nursing personnel are taught channels of communication through the use of organization charts of nursing services.

The purposes of communication are:

(a) to maintain the continuity of nursing care by exchange of information between nursing personnel (e.g., nursing unit reports at the end of each shift to personnel coming on duty).

(b) to initiate nursing care by the issuing of doctors’ orders and nursing-care plans.

(e) to interpret or explain techniques and procedures of nursing-care through the use of nursing-procedure manuals. Interdepartmental manuals indicate the responsibilities of nursing in providing the services of other hospital departments.

(d) to solve nursing problems by discussion among personnel, which strengthens knowledge needed to give nursing care.

Oral communication by means of individual discussions among nursing personnel is an effective means of exchange of ideas. Responses of understanding and feelings can also be assessed. Oral communication is the basis of the following examples of nursing work:

(a) The nurse observes patient’s needs through regular and frequent visits with him; she explains the plan of medical and nursing care; she interprets hospital services.

(b) The nurse understands and fosters the close relationships of patient with family and friends.

(c) The Director of Nursing Services schedules regular conferences with each of her assistants and supervisors. The head nurse discusses details of patient care and evaluates performance of individual members of personnel.
Hospital (continued)

(d) Group conferences. Permissive discussion is progressive and successful if guided by regularly scheduled group conferences.

(e) Staff meetings. Interpretation of administratives is more effective when explained and discussed in groups.

Written communications become records of standards of practice and performance. They consist of the following kinds:

(a) Memoranda or "memos": convey information between individuals or to groups.

(b) Directives: an administrative order initiates action or gives instruction in an emergency situation. A directive is used to control policy of operation and to co-ordinate hospital services.

(c) Manuals of operation: written procedures and techniques are developed in each department and kept on file for easy reference.

Nursing service (continued)

(d) Nursing committees and groups discuss problems and recommend solutions, develop projects (e.g., nursing procedure manual) and plan schedules (e.g., in-service education programme).

(e) Regular meetings of assistants, supervisors and head nurses are scheduled to which faculty members from the school of nursing are invited. Meetings of categories of personnel are scheduled to consider their specific problems (i.e., supervisors, head nurses, staff nurses, assistant nurses, nurse aides, ward clerks).

Instructions to nursing personnel are systematically filed and kept readily available for reference, (e.g., nursing procedure book, departmental manual). The following are examples of the types of operation conducted in writing:

(a) Memoranda are sent from the Director of Nursing Services to supervisors and head nurses to keep nursing personnel informed of activities of nursing. Memoranda written in notes book on a nursing unit help to exchange information and keep ward personnel informed of ward activities (i.e., repair work, requests for conferences).

(b) Nurse initiates medical care of patients through written order of the physician for treatment and medication.

The head nurse and team leader initiate nursing care of the patient through the nursing care plan. The director of nursing sends directives concerning standards of nursing care to assistants and supervisors for their guidance.

(c) Nursing procedure manuals and departmental manuals (e.g., drug formula, diet manual, laboratory procedures, supply lists) are kept at nurse’s desk for ready reference.

1 See nursing care plan, Annex II.
(d) Reports and records: systems of reports and records are developed (e.g., patient record, personnel records, administrative reports).

(e) Requisitions: requisitions for equipment, supplies, and services are developed to standardize services.

Nursing service (continued)

(d) A system of nursing reports is developed for nursing care of patients.

Daily written report of patient care is used to inform personnel coming on duty at each change of shift on each nursing unit.

A report of accident to a patient or unusual incident is written and kept on file.

The patient record is used as a report of condition and progress while the patient is in the hospital, and is filed as a record when the patient leaves the hospital.

Time assignments and work assignments posted for daily use become valuable records.

Reports of evaluation of the performance of personnel are used in conference with the individual, and are filed with his record.

(e) Requests for supplies and equipment are made by the use of forms adopted by administration.

Requests for hospital services (e.g., laboratory, X-ray) are made by the use of specialized forms adopted by administration.

Effective working relationships in a hospital depend on effective communications. Each member of the staff must know how her work contributes to the care of the patients, and how it fits in with that of others to provide total hospital services to the patient. Channels of communication can best be explained to personnel by the use of organization charts of the hospital and the nursing services. The chart indicates the level of authority and responsibility, and shows the worker his place in the whole organization. In explaining channels of communication, it is pointed out that communications travel in three directions: up, down and across. An important point to be emphasized is that workers should always seek guidance from their supervisor. In nursing services, supervision begins with the staff nurse. If workers do not seek guidance from their supervisors, each one works by her own methods, with the result that acceptable standards of patient care cannot be maintained. Through frequent discussion (communication) among nursing personnel, nurses (supervisors) remain constantly aware of the needs of patients, of what is done for them, how it is done, and by whom.
Since nursing service has many personnel who care for patients at all times of the day and night, channels of communication and their use must be carefully planned and maintained. Oral communications serve a very useful purpose in hospital nursing services by providing a means by which nursing personnel may be kept informed of plans, development, changes and problems of the hospital and of the nursing service. Working together in groups, nursing personnel share their ideas and develop new perspective and insight into the care of patients.

Written communications are important in providing a reference from which nursing personnel may get instructions for procedures of nursing care. Such communications must be carefully planned through discussion with appropriate personnel. All points of view are obtained, all facts and factors involved are accumulated, and the situation is thoroughly analysed before a communication is drafted. The written communication should be carefully worded in order that it may be easily understood.

A well-planned communication system assures the co-operative understanding of personnel. Adjustment to changes in services and procedures is not always easy, but personnel can be persuaded to accept changes more readily if the reasons are understood.

Directing the administrative activities of a hospital nursing service can be a most interesting and challenging assignment. It carries a heavy load of responsibility, but this can be effectively shared by the use of appropriate techniques of administration. The Director of Nursing Services must have adequate assistance to avoid being burdened and harrassed with the many details of day-to-day operation. She must have time for planning, organizing, directing and co-ordinating the activities of the nursing department.

The number and categories of personnel needed to assist her depends upon the size of the hospital (see Annexes 1 and 3) and the functions (see Annex 4) for which the nursing service is responsible. The bedside care of patients is delegated to the head nurse who, as the nursing expert, is responsible for the individualized nursing care of patients. Co-ordination of the nursing activities of the wards is usually delegated to the supervisor of a clinical service in a large hospital. The supervisor of the surgical services, for instance, might have the charge of co-ordinating the activities of several ward nursing units, the operating-room, the recovery room and the intensive-therapy unit (see Annex 2). Her responsibilities would include:

1. teaching and directing the head nurses who have charge of the ward nursing units;
2. directing head nurses in their planning for nursing care, ward management and guidance of personnel;
(3) interpreting the policies of the hospital to the head nurse and guiding her in their implementation;

(4) assisting the head nurse to establish and maintain good working relationships on the nursing unit and with hospital departments that give service to the patients.

The supervisor works with her head nurses individually and in group conferences where problems common to the surgical wards are discussed, and plans are made to improve the service.

Co-ordination of nursing activities is centralized in the nursing service office through the clinical supervisors. They work with the assistants to the Director of Nursing Services, to whom is delegated the responsibility of centralizing, co-ordinating and standardizing nursing practices without sacrifice of individual patient care. The Director of Nursing Services has one assistant who must co-ordinate the staffing plans on a day-to-day basis. This assistant usually also directs the employment procedures and orientates new personnel to the employment policies of the hospital. There should be an assistant to the Director of Nursing Services who gives full time to planning, organizing, and directing programmes of in-service education.¹

The assistants to the Director of Nursing Services work closely with the supervisors of the clinical nursing services and the Director herself to centralize information in the nursing service concerning patient care and staffing (see Annexes 1-3). In this way, guidance and direction can be given constantly and currently to provide for the fluctuating needs of patients, the implementation of plans and the solution of problems.

Working together in discussion groups and committees, the Director of Nursing Services her assistants, supervisors and head nurses plan, organize, direct and control the co-ordination of the nursing services (see Annex 4).

(1) Standards are set for nursing care of patients, personnel management, physical environment, working relationships and administrative practices.

(2) Authority is delegated and responsibility is clarified and assigned.

(3) Plans are made for group projects and committee activities.

(4) Individual and group conferences are planned.

(5) Systems of reporting and recording are developed.

(6) Plans for periodic evaluation of nursing activities are made.

¹ Miller, M. A. (1958) In-service education programmes for hospital nursing personnel, Chicago, American Hospital Association and National League for Nursing, p. 11.
(7) Recommendations are formulated for improvement of nursing care which are submitted to the administrator of the hospital.

(8) Channels are established through which information and reports are received from personnel as well as directions given to them.

(9) Areas of nursing service needing study are identified, and recommendations and plans are made for problem-solving and research.

(10) The budget for personnel and material is prepared, co-ordinated and implemented.

Administrative planning and directing through group discussion results in interrelated group control and direction of the nursing services. A group that works well together is evidence that the leadership is motivated by respect for, and faith in, the individuals to whom responsibility has been assigned for the nursing care of patients. The ability to inspire confidence, to encourage initiative, to create enthusiasm and to co-ordinate joint effort are the characteristics of good leadership. Successful planning and direction of group efforts is the hallmark of good administration.

PERSONNEL MANAGEMENT

Policies for the management of personnel are developed by the administrator of the hospital. In some hospitals, a Department of Personnel Services is established. Its function is to serve the other departments of the hospital by co-ordinating the activities related to the management of personnel. The Director of the Department of Personnel Services develops and makes recommendations for policies of personnel management to the administrator of the hospital. These recommendations are submitted to other department heads of the hospital for discussion and clarification. They are implemented after sanction by this group and approval by the administrator of the hospital. The appropriate authority to carry out the approved policies is delegated to the heads of departments with the assistance of the personnel department.

Some hospitals without a Department of Personnel Services work out policies of personnel management through the department heads. The administrator of the hospital co-ordinates the work through group discussion.

\[ \begin{align*}
\text{Hospital} & & \text{Nursing service} \\
\text{Job classification} & & \\
\text{Each hospital position is classified and described in writing, depending on job analysis, job description and job specification.} & & \text{The Director of Nursing Services and her administrative and supervisory staff:}
\end{align*} \]
(a) Job analysis: "The detailed study of a job (as it exists) to determine all the tasks which comprise it, and the knowledge, skills, abilities and responsibilities connected with its performance." 1

(b) Job description: "A clear, concise report of the actual work performed by the worker and including his responsibilities and the relationship of the job with other jobs in terms of work procedure and organization structure." 1

(c) Job specification: "A written record of the requirements sought in the individual worker for a given job. It is a most important tool in personnel selection." 1

Includes summary of the nature of the work, qualifications necessary in the worker, conditions of work and salary, length of training time, and opportunities for advancement and promotion.

Categories for nursing positions in hospital nursing service can be established scientifically by methods already developed. 2,3,4 Studies have been published that indicate specific methods and include lists of activities performed by ward personnel of all categories; several give exact directions on how to proceed with the study. 2,3

A nurse or other person skilled in job analysis should be in charge of this type of work and should be relieved of all other responsibilities. Additional study personnel must be provided from time to time as the study proceeds. This type of analysis is very detailed and time-consuming, but is well worth while.

Another approach to job analysis is also lengthy but can be accomplished through a series of meetings involving the Director of Nursing Services and her assistants, supervisors and head nurses. For this, a general outline can be used for all job categories (see Annex 8). Through discussion, agreement can be reached on the general responsibilities and duties of each category of worker. Position descriptions can then

1 Canadian Nurses' Association (1957) Job analysis and job evaluation, Ottawa, pp. 5, 12.
4 Leeds Regional Hospital Board (1963) Work measurement as a basis for calculating nursing establishments, Harrogate.
be written by the Director of Nursing Services and submitted to the Director of the hospital for approval.

The Director of the Department of Personnel Services can use the descriptions to write specifications for the job, copies of which are placed on a file in his office. He can then be of assistance in recruiting an appropriate group of candidates, from whom the Director of Nursing Services can make the selection for positions on the nursing service staff.

Samples of position descriptions for the head nurse and staff nurse will be found in the Annexes 9 and 10. They are included only as illustrations. Position descriptions must be developed by the Director of Nursing Services for the nursing service of each hospital.

**Hospital**

**Employment procedures**

Employment procedures are determined, established and standardized for the hospital.

(e) Recruitment programmes for all hospital personnel are planned and used when personnel needs are anticipated by the department head and the Director of Personnel Services.

(b) Selection of several candidates by previous work record, interview, performance tests, recommendations.

(c) Completes employment procedures and informs employee when and where to report for work.

(d) Orientation and appraisal programmes are developed to assist worker to adjust to his work and to appraise his ability and adjustment.

**Nursing service**

The Director of Nursing Services follows the generally-established procedures for employment. To do this she:

(e) makes suggestions for a recruitment programme for all categories of nursing personnel.

(b) makes final selection from several candidates for nursing positions.

(c) places employees in their position on the nursing staff of the ward and begins specific orientation and training for nursing care.

(d) appraises performance during and at the end of the orientation period.

The Department of Personnel Services assists the hospital department heads with the time-consuming procedures of employment through co-operative planning and division of the responsibilities.

**Hospital**

**Employment policies**

Employment policies are drawn up and established through extensive consultation between the administrator, department heads and supervising

**Nursing service**

It is recommended that the Director of Nursing Services participate with other department heads in the determination of employment policies,
A GUIDE FOR STAFFING A HOSPITAL NURSING SERVICE

Hospital (continued)
personnel. Points to be considered include:

(a) promotion and transfer
(b) termination of service
(c) working hours
(d) salary schedule and definite pay-
day
(e) leaves of absence, including vaca-
tions
(f) housing
(g) health services.

Nursing service (continued)
since nursing service employs the
largest number of personnel.

Based upon merit rating of personnel,
heads of departments have the author-
ity and responsibility for promotion
and transfer, termination of services,
leaves of absence and other personnel
policies that have a direct bearing on
the services given. In nursing service,
these policies have a close relationship
to the provision of the amount and
quality of bedside care to the patient.

Supervisors and nurses carefully
observe the health of nursing personnel
because of the occupational hazard in
the care of the sick.

The necessity of staffing the hospital wards continuously night and
day is very difficult to plan. The complicated problems of 24-hour
staffing should be thoroughly interpreted to administrative officials
especially since it is to nursing service that the responsibility of general
direction of hospital activities is frequently delegated during the evening
and night hours, over weekends and on holidays.

The Director of Nursing Services delegates appropriate authority to
her assistants, supervisors and head nurses for implementing the employ-
ment policies established by the hospital.

Performance appraisal

A periodic performance-appraisal pro-
gramme is developed to guide and
motivate personnel and to assess their
competence and attitudes.

(a) A system is developed by which
department heads are reminded of
the date the appraisal is due.

(b) A rating for performance is
developed and policies are set down
for its use.

(c) Reports of conferences with per-
sonnel are filed with performance
rating.

A periodic appraisal is made of nursing
care performances of each member of
the nursing staff at regular intervals
(e.g., six months after employment and
annually thereafter).

(a) A procedure is developed for
periodic performance appraisal by
the Director of Nursing Services
with the help of her assistants, super-
visors and head nurses.

(b) A guide for appraisal of perfor-
mance in the nursing care of patients
is developed and used periodically.

(c) Conferences are scheduled with
each member of the nursing staff for
discussion of her contribution to the
Hospital (continued)

(d) Assistance is given to department heads in counselling and disciplinary procedures.
(e) Files are kept of the performance records of each worker.
(f) A review and appeal procedure is developed in order that personnel may contest a disciplinary action.

Nursing service (continued)

service, and guidance is given for improvement of her service.
(d) Personnel having problems are appropriately counselled, and disciplined if necessary.
(e) Files are kept for each member of the nursing staff in the personnel office or in the nursing service office.

The Director of Nursing Services co-operates with the Department of Personnel Services and other department heads in developing a system for the periodic appraisal of the performance of personnel. She adapts this system for use in the nursing services. A performance-appraisal form is usually developed to apply to the performance of activities in the care of patients, since such work is difficult to evaluate on a form that might be generally used in other hospital departments.
Paradoxical as it may seem, adequate categories and numbers of personnel bear little relation to the quality of nursing care provided for patients. Studies have shown that an excellent quality of care can be provided by a minimum number of trained workers under good supervision in an organized setting. On the other hand, observation reveals that poor care may be given by many categories and numbers of personnel who are untrained and working without adequate direction in a poorly organized setting. It has been said that the success of any hospital is probably more dependent upon the competency and attitudes of its personnel than upon any other factor, and that this applies to each individual, from the administrator to the least skilled worker. The competency and attitudes of personnel depend largely on the quality of guidance and supervision provided for the workers. A study of hospitals has revealed that the primary problem in personnel administration is inadequate supervision. Supervision of nursing personnel is particularly significant because of the numbers and categories involved in the care of patients, and because of the need for continuous round-the-clock supervision.

SUPERVISION

Supervision has been defined as a co-operative relationship between a leader and one or more persons to accomplish a particular purpose. This relationship between the leader and the workers is a key factor in establishing and maintaining an acceptable standard of nursing care. Assuming that the assistant nurse or nurse aide has been carefully selected for the job and that she has been trained for the work she is to do, the

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direction and guidance under which she works becomes a very important factor in the quality of nursing care she gives to patients. The head nurse works closely with nursing personnel and is responsible for their supervision. She therefore learns to practise the principles of good supervision and to teach them to her staff nurses who are the leaders of the nursing teams (see page 62). A good head nurse has a strong sense of the worth of each individual worker, and faith in the ability and desire of each to do good work. She knows the personality, aims, assets and weaknesses of each one. She encourages each to have pride in her work by expressions of appreciation. She encourages initiative whenever suggestions are made for improvement of patient care. She is aware of the potential of each worker, constantly tests their abilities and draws on what each has to give. She increases their sense of responsibility by assigning added responsibility as fast as each can take it. She encourages generosity of effort by arranging for workers to help one another. She co-ordinates the work of the ward by requesting assistance of her personnel in the solution of problems through group discussion. She makes assignments explicitly, gives clear directions and interprets each aspect of nursing care. She helps workers to learn good patient care and to have a feeling of accomplishment and satisfaction in their service to patients. She evaluates workers objectively and helps them to understand and improve their weaknesses.

Successful supervision by the head nurse is based on her love of people and the desire to assist each worker to develop his ability to contribute his best efforts to the nursing care of patients.

ASSIGNMENTS

Assignment of work on a hospital ward is a skill that is developed by the head nurse from her knowledge of the nursing needs of the patients and her knowledge of the ability of each of the workers. Several methods of work assignment are used in hospitals to plan the nursing service on hospital wards.

The functional method of assignment

This method divides the work into segments, and workers are assigned these segments generally as follows.

(a) The head nurse plans work, visits patients to determine their needs for care, makes assignments of work to various categories of personnel and supervises their work, receives physicians’ orders for medical
care and directs their fulfilment, plans and arranges for specialized hospital services to the patients.

(b) The staff nurse gives bedside care to seriously ill patients, gives medicines and treatments to all patients, carries out physicians’ orders for all patients, assists in supervision of care given by auxiliary workers.

(c) The assistant nurse gives bedside care to moderately ill, convalescent, and chronically ill patients, helps with simple treatments, serves trays, feeds patients, helps patients with personal hygiene (e.g., gives mouth care, bed baths and assists patients with use of bed pans).

(d) The nurse aide helps self-care patients with baths, makes beds, distributes fresh linen, assists with personal hygiene for patients (e.g., passes equipment and supplies for mouth care and bed baths and passes bed-pans), runs errands.

(e) The ward clerk answers telephone and delivers messages, gives information, makes calls as requested, does clerical work, such as assembling new charts, records admissions and discharges, keeps charts in order by attaching records and reports, does selected charting, such as graphing temperatures, makes copies of personnel time sheets, makes out laboratory requests and orders for drugs and supplies as requested by the head nurse.

The functional method of assignment is a simple and efficient way of getting the work done. The disadvantage of segmenting the tasks in the care of patients between several categories of personnel is that it results in the patient having “many” nurses instead of “my” nurse. There is danger in using the functional method of assignment in that the individual needs of the patient are lost in an effort to get the ward work done on an “assembly-line” basis.

The patient method of assignment

The patient method of assignment is intrinsically superior to the functional method in that the patients are assigned individually to the members of the ward staff by the head nurse. The nurse, assistant nurse or student nurse is responsible for the care of the patients assigned to her. The difficulty with this method of assignment, however, is that the assistant nurse or student nurse may not be qualified to perform all the tasks of giving medicine and treatments, or the more complicated and intricate nursing procedures. These activities must then be reassigned to the staff nurse. There is danger in this method of assignment that some of the important aspects of patient care will be unwittingly omitted, since it is impossible for the head nurse to keep track of the many details of patient care included in the assignments. There is also
danger, when there is a shortage of staff, that the assignment may deteriorate into dividing the number of patients among the available personnel regardless of patient needs or personnel abilities.¹

The nursing-team method of assignment

The nursing-team method of assignment has advantages over both the functional and the patient methods.

The team method of assignment developed from a need to utilize the knowledge and skills of the staff nurse to better advantage, and to ensure the supervision of auxiliary nursing personnel. It requires the staff nurse to learn to practise the skills of directing and teaching personnel. The staff nurse is the member of the ward nursing staff who is best prepared to give individualized care to the patient. She has prepared herself to do this by several years of supervised study and experience in an approved school of nursing. She has the knowledge and ability to analyse the physical, mental, emotional, socio-economic and spiritual needs of the patient. The team method of assignment allows her to use her knowledge, ability and skills in analysing, planning and giving individualized nursing care to patients. It releases her from tasks which misuse her time and energy. It puts her into the position which allows her the time and privilege of knowing and understanding her patients.

The nursing team is usually composed of the team leader (who is the staff nurse) and one or more members of the auxiliary nursing staff.² The head nurse makes the assignment of patients and personnel to the team leader. The team leader plans the nursing care of each patient and assigns the care of patients to the members of her team. She reserves for herself the full responsibility for the care of critically ill patients or patients who present special problems of nursing care. She also reserves and takes the time to visit each of her patients, introducing herself and explaining to the patient what the plan of nursing care is, and by whom the care will be given. At the same time, she observes and analyses what his nursing needs are. She arranges care for these needs through directions to her team members. The team plan of assignment has the advantage also of freeing the head nurse for her specific contribution as an expert nurse. She co-ordinates the service to patients through appropriate and continuous communications to her staff, and by maintaining good working relationships. She has time to supervise and assist the staff nurses and other members of the personnel by teaching, interpreting and guiding patient care. She is able to give time and thought to the many problems of patient care and personnel management which arise

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²The student nurse is sometimes a member of the team. As she becomes experienced in nursing care she is assigned as a team leader to prepare her for her responsibilities later as a staff nurse.
during the course of each day. The team method of assignment does
not reduce the number of personnel needed to care for patients but it
does result in improvement of the care of the patient through personal-
ized and compassionate consideration of his needs as a patient and as a
person and through the full utilization of all members of the nursing
staff.

Techniques of assignment

The assignment of the nursing care of a patient to a member of the
nursing team is a responsibility that a conscientious staff nurse takes
seriously. She therefore learns the techniques of effective work assign-
ments and carries them out in her daily work.

The first requirement is to make a careful analysis of the needs of
each patient. Several recent studies and publications are available that
can help the staff nurse to sharpen and improve her skills in the analysis
and understanding of her patient and his needs.¹

The staff nurse must next make an assessment of the abilities of each
member of her team in order to ensure that the member makes the best
possible contribution to the care of the patients assigned to her.

Having satisfied herself in these respects, the staff nurse is in a position
to make a nursing-care plan. This is a written plan for the care of each
individual patient. It may be written in loose-leaf binder form, or in
card form filed in a box, or in a special holder that allows each card to
be quickly and easily visible. A form for the nursing-care plan may be
developed so that the several areas of care may be quickly referred to.²

"The nursing-care plan is an out-growth of discussion, during which
every person on the team focuses her attention on the problems and needs
of the patient as an individual, and suggests ways of giving the care he
needs. The patient is always considered first. His disease is important
only to the extent that it affects the physical and emotional aspects of his
nursing care."³ The nursing-care plan includes the name of the patient,
his diagnosis and other identifying information, the directions for medical
care as ordered by the physician (e.g., treatments, medications, diag-
nostic tests), directions to provide for the special physical needs of the
patient (e.g., bed-rest, exercise, diet and fluid requirements), directions
for special nursing care (e.g., observations of symptoms of his condition,
mental and emotional problems, socio-economic problems and spiritual
needs, special likes and dislikes).

The members of the nursing team must be individually supervised
by the staff nurse, who is responsible for the individualized nursing care

² Lambertson, E. C. (1953) Nursing team organization and functioning, New York, Columbia Uni-
of the group of patients assigned to her. She prepares herself to assume responsibility of leadership and supervision of her team members under the guidance of the head nurse (see page 62). She learns to teach, guide and direct personnel, and to deepen her own knowledge of patient care by conducting patient-care discussions with the members of her team. Although the responsibility is great, the staff nurse experiences the satisfaction of making a worth-while contribution to the care of patients through the leadership of a nursing team.

Assignment of work on the ward nursing unit of a hospital is important in the appropriate utilization of personnel and in the nursing care of patients. Every worker must know explicitly what his responsibilities, duties and tasks are. A properly made work assignment will help the smooth functioning of a ward nursing unit as well as assist in providing an acceptable standard of nursing care.

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IN-SERVICE EDUCATION

The complexity of factors to be considered in nursing individual patients means that nurses must possess a wide variety of knowledge and skills. Since the needs of patients change constantly, nurses must also develop flexibility in their behaviour. Nurses acquire these attributes through their basic education. Trained auxiliary personnel, too, possess some knowledge and skill, but untrained auxiliary workers must be oriented and given a basic introductory course in the type of work required of them. All nursing personnel must be kept aware of the improvements in medical care that are constantly being developed. Therefore the development of a sound programme of in-service education for nursing personnel is essential.

Several types of programme are developed according to the needs of the nursing service involved.

Orientation programmes

These may include:

(a) an introduction to the philosophy, objectives and function of the hospital by the hospital administrator or his representative,

(b) a tour of the hospital with an introductory explanation of services as each area is visited,

(c) a discussion of the organization, philosophy and functions of the nursing services by the Director of Nursing Services or her representative,

(d) an instructive discussion of personnel policies by the Director of Personnel Services or his representative,

(e) an instructive discussion of the responsibilities of the nursing services and the relationships with other hospital services in the care of patients by the nursing supervisor, and
(f) an introduction to the nursing unit and assignment of tasks by the head nurse.

Skill-training programmes

These may include:

(a) a demonstration of techniques and procedures for nurses and nursing auxiliary personnel (e.g., use of new equipment), and
(b) practice classes in techniques of nursing care for auxiliary personnel (e.g., assistant nurses and nurse aides).

Ward-management programmes

These may include:

(a) courses in development of leadership and supervision for staff nurses, head nurses and supervisors,
(b) courses in personnel management for head nurses,
(c) courses in ward management for head nurses, and
(d) courses in team leadership for staff nurses.

Nursing-care programmes

These may include:

(a) demonstrations of skills and techniques of nursing care,
(b) lectures and discussions concerning medical and nursing care of patients,
(c) lectures and discussions of discoveries and new techniques of medical care, and
(d) nursing-team conference discussions of nursing care of individual patients.

Continuing educational programmes

These programmes encourage the worker to increase his knowledge and to contribute to planning the improvement of nursing care. They may include:

(a) arrangements for attendance by appropriate nursing personnel at conferences and other educational activities both within and outside the hospital,
(b) plans for key personnel to observe in other hospitals and health agencies,
(c) individual counselling of nurses, who should be encouraged to take advantage of opportunities for additional academic preparation,

(d) encouragement of nurses to participate in activities of nursing organizations and allied group activities, and

(e) encouragement of nursing personnel to participate in community activities.

The Director of Nursing Services, her assistants, supervisors and head nurses identify the need for, and develop programmes to orient, train and motivate personnel for their work in the nursing care of patients. Facilities of space and equipment must be provided for in-service education programmes if they are to be effective. It is advised that the Director of Nursing Services have an assistant who gives full time and attention to the direction and co-ordination of a programme of in-service education for nursing service personnel (see page 53). It should be pointed out that one person could not teach all the staff in the nursing service of a large hospital. However, if one person is responsible for planning and organizing the programmes needed, the special abilities of other members of the supervisory and head-nurse staff could be used to teach classes in nursing skills and to conduct discussion groups. Through these classes and discussions interest will be stimulated and maintained among the staff, and they will know and understand more about the nursing care of patients.

THE STUDENT NURSE IN THE HOSPITAL

A successful educational programme for student nurses depends on the quality of nursing care that is practised in the hospital. A strong, well-planned, nursing-education programme can, however, assist in improving the quality of nursing care if the student assignments are integrated into the nursing practices. The importance of co-ordination and integration of the nursing education and nursing service programmes is emphasized and recommended. This does not mean, however, that the services of the student nurse should be used to provide patient care. The student nurse, as a learner, should be present on the ward to gain experience appropriate to her education. In so doing, she contributes to the nursing care of patients.

The present practice in the hospitals of some countries is to depend upon the services of student nurses to provide a considerable amount of the nursing care for hospital patients. In other countries, the staffing pattern is constructed without consideration of the service the student nurse gives on the ward. A successful method for the use of student
nurses in planning for the staffing of the hospital has been reported and outlined in detail.\(^1\)

It is recommended that the services of student nurses be discounted when the staffing pattern is constructed. The transition from a staffing pattern that includes students to one using only nurses and auxiliary nursing personnel is very complicated and time-consuming. A scheme to make this transition should be well thought out, carefully planned, and implemented slowly in stages. It is recommended that appropriate guides \(^2\) be consulted when this project is given consideration.

First, the Director of Nursing Services and the Director of Nursing Education must agree and work together towards a common objective which is thoroughly understood by both. The objective of such a project must be definitely stated and a written philosophy must be agreed upon by all members of the administrative staff of the hospital, including the hospital administrator and the physicians in charge of the medical services. When common agreement is reached, the way is open for the study and analysis of a number of interesting aspects of nursing education.

Some of the newer concepts of curriculum planning could be given consideration to the benefit of both the patient and the student.\(^3\) Some experimental schemes have used the third year for well-supervised practice. This is recommended by many nurses.

Working relationships of the faculty and nurses on the wards could be analysed, discussed and planned. There is no longer doubt that the place of the clinical instructor on the wards with her students provides specific direction and effective guidance for the students. The clinical instructor is also in a position to assist the head nurse in the improvement of the nursing care of patients. The views on this subject of a number of experts in both nursing education and nursing service are available.\(^4\)

Directed discussion among hospital nurses and faculty members concerning plans and programmes for student nurses develops common objectives and understanding. The preparation of the student nurse as it relates to her future as a staff nurse could be the focus of many valuable discussions between these two groups. The role of the staff nurse in the hospital of today includes knowledge of team leadership, as well as understanding of the individualized care of the patient. Staff nurses could assist the instructional staff in the interpretation of this role, and contribute their ideas on appropriate preparation of student nurses for their future responsibilities.

\(^3\) Scottish Home and Health Department (1963) *Experimental nurse training at Glasgow Royal Infirmary*, Edinburgh, H.M. Stationery Office.
While the transition to a non-student staffing pattern is at the planning stage, gradual changes could be made in the existing staffing pattern which would lead toward this end. Such changes, however, must be governed by local conditions. It is recommended that the problem of student nurse service be carefully considered and objective determined when making decisions on the contribution of the student nurse to nursing service.

Much consideration should be given to placing a high priority on the use of graduate staff nurses in strategic positions in the staffing pattern. This policy recognizes the need of auxiliary workers for guidance and releases the student from responsibilities which she should not assume until her educational programme is complete.
CHAPTER 7

CONCLUSIONS

The objective of hospital nursing in establishing and maintaining an acceptable standard of nursing care is recognized, as is the importance of the sound administration of hospital nursing services. Planning for the nursing care of patients through the construction of a master staffing pattern is basic to accomplishing these objectives. Before such a pattern can be achieved, careful consideration must be given to the factors involved in the nursing care of hospital patients.

The Director of Nursing Services is responsible for guiding the nursing service personnel in acquiring the knowledge, skills and wisdom needed to carry out their functions. These functions include the nursing care of patients; the management of personnel; the development and maintenance of good working relationships; the provision of an acceptable environment for patients and personnel; the provision of supplies and equipment; and the co-ordination of all facets of nursing services and nursing care through sound administrative practices.

The establishment of an effective nursing service in a hospital cannot be accomplished in a day or a year: it requires long-term determination, effort and patience. The care of patients changes as medical practice adjusts to the constantly increasing accumulation of medical knowledge and improved techniques: nursing care changes in the same way and reaches out for new nursing knowledge at the same time.

Every hospital situation is unique; each has its own characteristics and its own problems. In the same way, each hospital nursing service is unique. Each should begin its programme of improvement of nursing care with a thorough understanding of its own problems, determined by careful, thoughtful and deliberate analysis.

A LOOK TO THE FUTURE

Research in nursing has developed rapidly in the last 10-15 years. Many nurses now use the accepted procedures of research in planning
nursing care and in solving the problems related to their work. Nurses look forward to the wider use of these methods in studying and analysing many complex nursing problems.

Studies of nursing practice and nursing service have been made in many countries of the world: most of them are attempts to solve practical problems by methods known as "action" or "applied" research. As the field of research in nursing develops, these methods will continue to be used, and more knowledge will be available to assist in solving the problems of the nursing care of patients. The information accumulated will become more definitive in nature and the findings of these studies will become applicable in many situations and in many countries.

Staffing a hospital nursing service is one of the most complex problems in nursing which relates directly to nursing care. A number of studies have been published concerning various phases of staffing and more are in progress; the many facets of staffing will require much future investigation. The acquisition of nursing knowledge through systematic inquiry is only beginning. Nursing anticipates a most interesting and challenging period of development and progress.
ORGANIZATION CHART FOR HOSPITAL NURSING SERVICE
IN MEDIUM-SIZED HOSPITAL OF 250-500 BEDS

Annex 1
ORGANIZATION CHART FOR NURSING SERVICE IN A SMALL HOSPITAL OF 50-250 BEDS

* Staffing appropriate for services provided.
### Annex 4

**FUNCTIONS OF A HOSPITAL NURSING SERVICE**

<table>
<thead>
<tr>
<th>Care of patients</th>
<th>Personnel management</th>
<th>Physical environment</th>
<th>Relationships</th>
<th>Administrative practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Determine kind and amount of nursing care needed for individualized nursing care.</td>
<td>1. Determine categories and number of positions needed.</td>
<td>1. Plan for allocation and utilization of space for all nursing functions and activities.</td>
<td>1. Develop plans to interpret nursing to and coordinate activities with hospital groups: (a) administrative officers (b) professional personnel (c) hospital departments (d) within nursing service.</td>
<td>1. Develop organizational structure.</td>
</tr>
<tr>
<td>2. Provide for day-to-day fluctuations of nursing-care needs.</td>
<td>2. Determine qualifications and provide job descriptions.</td>
<td>2. Determine needs and provide for necessary equipment and supplies.</td>
<td>(a) set standards for patient care, and other nursing functions (b) assign responsibility and delegate authority</td>
<td>2. Plan, organize, direct, and coordinate administrative activities:</td>
</tr>
<tr>
<td>3. Provide for special nursing care of critically ill patients.</td>
<td>3. Make and maintain a staffing pattern.</td>
<td>3. Evaluate effectiveness of existing physical environment and recommend changes, improvements and adjustments.</td>
<td>(c) provide for directed group participation in projects, plans and problem-solving (d) establish programme of conferences for direction of supervisory personnel</td>
<td>(d) establish systems for reporting and recording of all functions</td>
</tr>
<tr>
<td>4. Provide for continuity in nursing care on the ward and in the community.</td>
<td>4. Maintain a recruitment programme and appoint personnel.</td>
<td>2. Provide for association with community groups: (a) educational institutions (colleges, universities) (b) professional organizations (physicians', dieticians', pharmacists') (c) service organizations (philanthropic societies) (d) publicity media (newspapers, radio, television) (e) community services (police, firemen).</td>
<td>(f) establish systems of constant and periodic evaluation of all functions (g) interpret nursing needs and problems to administrative officers and other hospital personnel (h) provide channels for and methods of communication within nursing services, the hospital and the community.</td>
<td>(i) identify areas needing study, and plan for research (j) prepare and administer the nursing budget.</td>
</tr>
<tr>
<td>5. Simplify and standardize nursing procedures and techniques.</td>
<td>5. Evaluate performance of personnel.</td>
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</tbody>
</table>
Annex 5

SOME TANGIBLE EVIDENCES OF SOUND ORGANIZATIONAL PLANNING FOR A HOSPITAL NURSING SERVICE

Have we organized the nursing service in a sound and effective way? Some tangible evidences exist which help persons in leadership positions, those they lead, and those ultimately responsible for the total enterprise to answer this question. Alone they do not ensure a good service but they will usually be found where there is a well-organized nursing service.

(1) A written statement of the purpose and objectives of the nursing service

The statement of the purpose or beliefs of the nursing service is in keeping with the hospital's belief regarding patient care and is approved by administration. The objectives are specific, practical, attainable and measurable. The purpose and objectives are understood by all the nursing staff, which implies that they are discussed with them and that copies are available.

(2) A plan of organization

Commonly diagrammed as an organization chart, the plan indicates areas of responsibility, to whom and for whom each person is accountable, and the major channels of formal communication. This plan, too, is interwoven with the organization plan of the hospital, therefore indicating inter- as well as intra-departmental relationships.

(3) Policy and administrative manuals

Over and above, but consonant with, the policies established for the operation of the hospital, policies are established within the department to guide the nursing staff. These might include such items as regulations for exchange of information when tours of duty change, and regulations for charting nurses' notes, etc. Policies are reviewed and revised

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at regular intervals, after consultation with those concerned with implementation of the policies.

(4) **Nursing practice manuals**

Written procedures are available as evidence that standards of performance have been established for safe, effective care, taking into consideration the best use of available resources and personnel. Procedures are reviewed and revised at regular intervals, after consultation with those concerned with implementation of the procedures.

(5) **A nursing service budget**

This is a statement of plans for the nursing service expressed in accounting terms; it is one segment of the overall hospital budget. The nursing service budget is concerned primarily with four budget forms—salary, supplies and expense, equipment, and capital expenditure. Steps involved in preparation of the budget include analysing past operations and anticipating factors which will affect future income and expense. The analyses of operations required in budget-making help the director of nursing services to weigh values and establish priorities in the nursing programme planned for the period covered by the budget.

(6) **A Master Staffing Pattern**

This helps the director of nursing services to visualize the equitable distribution of nursing personnel among the various nursing units. It serves as a guide in planning vacation coverage, as a timetable for replacement of personnel, as a support for budgetary requests, as an aid in forecasting future needs. Daily and weekly time sheets and monthly summary reports of nursing service coverage are accompanying tools.

(7) **Plans for appraisal of nursing care**

In addition to the provision of adequate supervision, there are one or more techniques for the continuous evaluation of nursing care such as ward conferences, nursing rounds, analysis of accident reports, patient and employee opinion polls, the nursing audit.

(8) **Nursing service administrative meetings**

The opportunity for free communication and a share in planning and evaluation is provided through regular meetings of the director of nursing or her representative with day, evening and night assistants, with supervisors, head nurses and total nursing staff. Records of these
meetings include reports of decisions and recommendations, and help
to assure that recommendations will be considered and administrative
decisions will be reported.

(9) Advisory committees

Membership of standing or special committees provides for the active
participation of staff members in problem-solving. Each committee
has a clear statement of purpose, and its membership is appropriate to
the purpose. These committees are advisory to the director of nursing.
After carefully weighing the advice of the committees, she makes the
final decisions about matters within her area of responsibility and
becomes accountable for their implementation. She makes decisions
about matters to be referred to the hospital administrator. Records are
kept and channels of reporting recommendations are known to all
members. Members are informed of action taken on their recommenda-
dations.

(10) Adequate facilities, supplies and equipment

The director of nursing or her representative evaluates periodically
the adequacy of facilities in terms of patient and personnel needs; she
requests needed new or expanded facilities in discussion with the hospital
administrator and when necessary justifies these by documented evidence
of need. Consideration for providing the nursing service with adequate
tools for safe and effective care is evidenced by the development and use
of inventories of equipment and standards for supplies, the availability
of supplies in relation to storage, and the economical use of supplies.
The director of nursing participates in joint planning session regarding
expansion of facilities and services.

(11) Written job descriptions and job specifications

Written job descriptions help to prevent duplication of functions.
Qualifications for each category of personnel are defined in terms of res-
ponsibilities to be assumed. These job descriptions and specifications
help to assure the objective selection of personnel.

(12) Personnel records

Personnel records are kept on each staff member, including such
information as application for employment, record of personal interview,
verification of credentials, letter of acceptance, personal data card,
chronological record of assignment and attendance, salary, performance
evaluation record, etc., and if employment is terminated, a summary statement. The services available through the personnel department are utilized by the nursing service department. Confidential records are given special handling according to established policies.

(13) Personnel policies

Personnel policies reflect an analysis of the total job of nursing in accordance with the types of functions to be performed, the quality and quantity of service to be maintained, and the purposes for which the hospital exists. They are personnel-centred but based on the needs of the institution. They represent an informal agreement between the hospital and the employee. They are discussed with, and a copy is available to, each employee. These personnel policies are detailed enough to show current conditions of employment and future opportunities within the institution. Personnel policies are reviewed and revised at regular intervals.

(14) Health services

The plan of health care for employees is set forth in written policies which govern pre-employment physical examinations, periodic re-examinations, and provision for diagnostic, preventive and therapeutic measures, including emergency service. Health records are confidential. Administrative personnel, with the responsible physician, determine what information from the health record may be made available for administrative purposes.

(15) In-service education of nursing personnel

Programmes are conducted which provide:

*Orientation:* to help the new employee adjust to a new environment and duties.

*Skill training:* to provide the employee with the skills and attitudes required for the job, and to keep the employee abreast of changing methods and new techniques.

*Continuing education:* to help the employee keep up-to-date with new concepts, to increase knowledge, understanding and competency, to develop ability to analyse problems and to work with others.

*Leadership and management development:* to equip a selected group of employees for growing responsibilities and new positions.
(16) *Meetings with personnel from other departments*

Opportunities for communication, co-operation, co-ordination of activities, and a share in planning and evaluation are provided through regular meetings of the director of nursing with the administrator, other department heads, members of the medical staff, the committee for the improvement of the care of the patient, and other groups involved in providing patient care.
## Community Hospital

### Nursing Service

#### Form I: Daily Time Assignment

**(Indicating Split Shifts)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Morning</th>
<th>afternoon</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Mark</td>
<td>Head nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helga Gunner</td>
<td>Staff nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maria Pinto</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Francesca Olivetti</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panthea Mohamed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antonia Rodrigues</td>
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<td>Filc Morgan</td>
<td>Nurse aide</td>
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<td>Student nurse 3rd-year</td>
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<td>2nd-year</td>
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<td>1st-year</td>
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**Comments**

- Gl. = Class
Annex 7

DAILY TIME ASSIGNMENT AS USED FOR STUDY IN ONE HOSPITAL

TIME ASSIGNMENT

| TIME   | a.m. |  | p.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  |      |   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Junior Sister | | | | | | | | | | | | | | | | | | | | | | | | |
| Junior Sister | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Nurse (1st year) | | | | | | | | | | | | | | | | | | | | | | | | |
| Trained Nurse | | | | | | | | | | | | | | | | | | | | | | | | |
| Ward Sister | | | | | | | | | | | | | | | | | | | | | | | | |
| Junior Sister | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Nurse (1st year) | | | | | | | | | | | | | | | | | | | | | | | | |
| Junior Sister | | | | | | | | | | | | | | | | | | | | | | | | |
| Trained Nurse | | | | | | | | | | | | | | | | | | | | | | | | |
| Junior Sister | | | | | | | | | | | | | | | | | | | | | | | | |
| Trained Nurse | | | | | | | | | | | | | | | | | | | | | | | | |

1 Reproduced from an unpublished study undertaken in the Sir Charles Gairdner Hospital, Perth, Australia.
HOSPITAL

Nursing Service

JOB ANALYSIS

Date ___________________________  Job Category ________________________

STATEMENT OF RESPONSIBILITIES:

SUPERVISION RECEIVED:

SUPERVISION EXERCISED:

EXAMPLES OF DUTIES:

(1) Nursing care
(2) Supervision of personnel
(3) Equipment and supplies
(4) Working relationships
(5) Ward management

QUALIFICATIONS FOR APPOINTMENT

Knowledge, skills and abilities
Education
Experience
Annex 9

POSITION DESCRIPTION: HEAD NURSE

Statement of responsibilities

The work involves the responsibility for ward management and for planning, directing and implementing the programme of nursing care for each patient on the nursing unit.

Supervision received

Responsible to the appropriate supervisor in the hospital.

Supervision exercised

Immediate direction and guidance of ward personnel assigned to the nursing unit. Includes one or more of the following classifications: staff nurses, assistant nurses, nurse aides, ward clerks, student nurses.

Examples of duties

The following examples may not include all responsibilities and duties of the position.

(1) Makes plans of nursing care for the patients assigned to the nursing unit.

(a) Maintains the kind and amount of nursing care needed by each patient each day.
(b) Identifies problems of nursing care and assists personnel in their solution.
(c) Delegates the execution of doctors' orders to staff nurses.
(d) Arranges for patient services from other departments as ordered by the physician.
(e) Reports problems concerning care of patients to the supervisor.
(f) Participates in planning for hospital services for patients.

(g) Participates in plans and programmes for patient education.

(2) Gives immediate direction and supervision to nursing personnel assigned to the unit.

(a) Supervises and directs the activities of ward personnel in the care of patients while she is on duty, and plans activities and delegates responsibilities to ward personnel during her absence (e.g., during the afternoon, at night and on her days off duty).

(b) Makes weekly time and work assignments for personnel, and checks staffing and work-load for each 24-hour period.

(c) Reports needs and problems concerning personnel to her immediate supervisor.

(d) Participates in the orientation and in-service training of personnel.

(e) Creates and maintains a working climate which provides for growth and job satisfaction for personnel.

(f) Participates in budgetary planning for personnel.

(g) evaluates performance of nursing personnel.

(3) Adjusts the physical environment in the nursing unit to suit the needs of patients and personnel.

(a) Assigns ward space to patients brought to the unit for care, and maintains a comfortable environment for them.

(b) Arranges to have needed supplies and equipment on hand.

(c) Reports needed changes and adjustments of the physical plant to the appropriate authority.

(d) Participates in planning for changes and improvement of physical environment.

(4) Guides working relationships within the unit.

(a) Creates and maintains pleasant relationships between patients and nursing personnel and among hospital employees.

(b) Participates in and directs the immediate relationships with the medical staff and with the personnel from other hospital departments.

(c) Interprets agency services to nursing personnel, and the nursing services to other agency personnel who come to the ward to give services to the patient.

(d) Teaches and guides personnel in nursing-care tasks being performed, and assists them in solution of nursing problems.

(e) Integrates patient services and educational programmes being conducted on the wards, and co-operates in research projects.
(f) Creates and maintains favourable relationships with the public, including patients' families and friends, visitors, volunteers, community service organizations and public services (e.g., postman, police, press).

(g) Reports needs and problems concerning interpretation of services and relationships to the supervisor, and suggests improvement.

(5) Implements and maintains acceptable systems of ward management.

(a) Maintains an adequate system of communication.
   (i) Gives clear and easily interpreted directions to personnel.
   (ii) Creates opportunities for informal conversation and interchange of ideas with and among personnel.
   (iii) Reports needs and problems concerning information, reporting and recording to the supervisor.

(b) Maintains established systems of ward management.
   (i) Prepares schedules of time and work assignment according to established procedure.
   (ii) Maintains an acceptable standard of performance of nursing procedures and techniques.
   (iii) Maintains the standard of accurate and complete recording and reporting.
   (iv) Makes suggestions for improvement of the ward management functions.

Qualifications for appointment

Knowledge, skills and abilities

The work involves the use of sound and independent judgement and initiative based upon previous experience, training and demonstrated ability in nursing care, and in personnel and ward management.

Education

Graduation from a recognized school of nursing with some preparation in ward management.

Experience

One year of experience as a staff nurse with opportunity to assist the head nurse with ward management.
Annex 10

POSITION DESCRIPTION: STAFF NURSE

Statement of responsibilities

The work involves the responsibility of giving nursing care to the seriously ill patients, and of supervising auxiliary nursing personnel in the care of all other patients.

Supervision received

Responsible to the head nurse or her appointed representative.

Supervision exercised

Gives direct supervision and guidance to members of her team including assistant nurses, nurse aides, ward clerk, and student nurses.

Examples of duties

The following examples may not include all responsibilities and duties of the position.

1. Plans and/or gives direct nursing care to each patient according to the plan of medical and nursing care.

   a. Becomes acquainted with the patients assigned to her for care and observes their physical, emotional, mental, socio-economic and spiritual needs, and becomes familiar with the history and background of the patient.

   b. Applies knowledge of scientific principles in observing the patient and in performing nursing procedures and techniques.

   c. Reports observations and symptoms to the doctor, carries out his orders and records her observations of the patient and procedures used in giving nursing care.
(d) Considers the patient’s preferences and safeguards his personal privacy.

(e) Interprets the plan of care to the patient with the sanction of the doctor, and teaches the patient in self-help and in rehabilitation including the promotion of mental and physical health.

(f) Recognizes and utilizes opportunities for health teaching of patient, relatives and visitors.

(g) Keeps informed of new medical and nursing knowledge, and relates these developments and therapeutic measures to the needs of patients.

(2) Gives direct supervision and guidance to the members of her nursing team to whom she assigns the care of moderately ill and convalescing patients.

(a) Teaches and guides members of her team for whom she has responsibility, and provides opportunity for them to co-operate in planning patient care.

(b) Interprets the plan of medical and nursing care to nursing personnel and other hospital personnel participating in services to the patient.

(c) Assumes the responsibility for contributing to the educational programme of student nurses assigned to the ward for clinical experience.

(d) Exercises skill and judgment in the delegation of duties, recognizing throughout the importance of the nurse-patient relationship.

(3) Makes appropriate changes in physical environment.

(a) Reports needed changes in physical environment to the head nurse.

(b) Utilizes available hospital resources with relation to needs of the patient.

(4) Establishes and maintains good inter-personal relationships.

(a) Establishes and maintains a personal relationship with the patients that will contribute to free, friendly and understanding communication.

(b) Communicates and acts as liaison between patient, family, physician, hospital personnel and community agencies.

(c) Interprets to the patient that he himself is the most effective influence in his own recovery and rehabilitation.
(d) Establishes and maintains good relationships with nursing and other hospital personnel by recognizing the contribution each worker makes to patient care.

(5) Contributes to establishment and maintenance of good ward management.

(a) Becomes familiar with available services and facilities of the hospital and community.

(b) Recognizes, co-ordinates and interprets the philosophy and functions of nursing service.

(c) Participates in revising procedures and techniques. Exercises sound judgement in adapting nursing procedures to individual needs of patients.

(d) Follows rules of established procedures.

(e) Understands and participates in the development of policies and actively participates in the evaluation of the nursing service programme.

(f) Participates in in-service programmes, including on-the-job learning, and contributes to discussion of problems and to their solution.

Qualifications for appointment

Knowledge, skills and abilities

The work involves the use of sound judgement and initiative based upon education and experience received as a student nurse while in a recognized school of nursing.

Education

Graduation from a recognized school of nursing.

Experience

Experience incidental to the programme in nursing offered during the nursing educational programme.
# Annex 11

## NURSING CARE PLAN

### OBJECTIVES OF NURSING
To recognize the patient’s need for independence and to assist the patient and his family in meeting these needs. To assist the family to face the inevitability of death, and to plan with the family and the public health nurse for a productive experience for the remainder of patient’s life span.

### MEDICINES

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Time</th>
<th>Notes</th>
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<tr>
<td>Penicillin 200,000 U</td>
<td>PO</td>
<td>3/4 qh</td>
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<tr>
<td>Streptomycin 0.5 gm</td>
<td>PO</td>
<td>3qh</td>
<td></td>
</tr>
<tr>
<td>Phenobarbital 100 mg</td>
<td>PO</td>
<td>3/4 qh</td>
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<tr>
<td>Chlorpromazine 40 mg</td>
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<td>3/4 qh</td>
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<tr>
<td>Diamox 50 mg</td>
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<tr>
<td>Prednisone 10 mg</td>
<td>PO</td>
<td>3/4 qh</td>
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### TREATMENT
- Nasal oxygen
- Attach catheter to straight drainage.
- Attach chest catheter to underwater drainage. Do not tamper with bottle or tubing. If bubbles are not seen in water from tube, clamp off catheter. Notify doctor immediately.
- Fowler’s position when fully relaxed.

### GENERAL NURSING

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<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Diet</td>
<td>Soft, regular as tolerated.</td>
</tr>
<tr>
<td>T.P.R.</td>
<td>Q8R (rectal)</td>
</tr>
<tr>
<td>Fluids</td>
<td>Small amounts, water freely</td>
</tr>
<tr>
<td>Bath</td>
<td>Bed</td>
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<tr>
<td>Activity</td>
<td>Bed, up in chair, ambulant</td>
</tr>
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</table>

### SPECIAL NEEDS
- Development & provision of new interests. See priest & family re former interests. Family think patient would be happier at home with friends available.

### APPROACH
- “Wants to be treated like a man.”
- Skin very tender due to many infusions & malnutrition.
- Lack of appetite. “Stomach always feels full.”
- Do not try to fool patient. Do not talk down, or baby him.
- Handle him gently with smooth slow motions.
- Try 6 small feedings daily. Encourage to take milk or fruit juice.
- Family to bring in fish aquarium. Show interest.
- Include patient in planning for time out of bed.
- Contact and plan with public health nurse for home care.

### DATE ADMISSION: 11-3-51

### DATE DISCHARGE: 11-11-51

### DIAGNOSIS: Cancer of kidney

### OPERATIONS: Biopsy, retro-peritoneal mass, right nephrectomy

### AGE | NATIONALITY | RELIGION | FAMILY
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<tr>
<td>55</td>
<td>American</td>
<td>Catholic</td>
<td>Mother, father &amp; younger brother</td>
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<tr>
<th>ROOM</th>
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<th>NAME</th>
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<tr>
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<td>John C.</td>
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<td>Smith</td>
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PROCEDURE — PLANNING A WEEKLY TIME ASSIGNMENT
FOR A HOSPITAL NURSING UNIT

(1) The use of a form ruled to indicate days of the week and a space to list names of personnel is recommended.¹

(2) Beginning with the head nurse, list names of personnel by groups (categories)—e.g., staff nurses, assistant nurses, nurse aides.

(3) Assign fixed hours which are not to be changed and also:
(a) special relief assignments such as the staff nurse who will relieve the head nurse on her days off.
(b) requests of personnel which have been approved.
(c) classes, conferences or meetings which have been scheduled and must be covered by relief workers.
(d) stable working hours of personnel who are able to work only during the afternoon and night.

(4) Complete the time assignments for personnel by groups (categories) beginning with the staff nurses who are to be responsible for the care of patients.

(5) Use the following procedure in making out hours for each group of personnel:
(a) assign afternoon and night duty hours first.
(b) assign no more than 5 consecutive days of work without assigning one or both days off for the week.
(c) assign 16 hours off duty before assigning a change of shift; i.e., from afternoons to nights or from nights to days, etc.
(d) assign part-time personnel to complete the weekly time assignment. (Part-time personnel should be assigned only when they can be used to complete the staffing pattern. Assignment according to their availability only should be avoided).

¹ See Form 3, Weekly Time Assignment.
(e) plan and assign preferred days off (holidays and week-ends) so that each staff member is given such an assignment within a reasonable period—i.e., 4-6 weeks or less.

(6) A copy of the Weekly Time Assignment for all personnel is posted a week or more in advance in a convenient place in the nursing unit.
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