PRINCIPLES OF ADMINISTRATION
APPLIED TO NURSING SERVICE
PRINCIPLES OF ADMINISTRATION APPLIED TO NURSING SERVICE

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PREFACE

In recent years increased attention has been paid to the importance of administration in nursing service as a result of a variety of factors, among them a recognition of the need for long-term planning, the shortage of qualified personnel, the competition of other professions for educated young men and women, the rapid expansion of health services, advances in medical sciences and a consequently greater responsibility on the part of the nurse, and the addition of members other than professional nurses to the nursing team.

The need for training in administration for the increasing number of nurses who must assume administrative responsibilities is being emphasized. Nurses are seeking assistance in developing skills which can contribute to the effective and economical operation of the nursing service, and it is recognized that much help can be obtained from the social sciences and from industry.

In 1954 the World Health Organization convened an Expert Committee on Nursing the terms of reference of which were to advise on the principles of nursing service administration, and to assist, through the report of the committee, in a worldwide effort to improve the administration of nursing services. During the course of the discussions, the need for the development of skills in supervision was stressed, and the committee recommended that consideration be given to the preparation of a manual on nursing service administration which would include methods in training for leadership. This publication is an attempt to carry out that recommendation.

The initial draft was prepared by Mr H. A. Goddard, who was a consultant member of the committee and whose special field is hospital management. During the preparation of this draft, a small committee were consulted from time to time. This committee consisted of Dame Elizabeth Cockayne, Chief Nursing Officer, Ministry of Health, London; Mrs B. A. Bennett, Principal Nursing Officer, Ministry of Labour and National Service, London; and Miss K. A. Raven, then Matron, General Infirmary, Leeds, Yorkshire, and now Deputy Chief Nursing Officer, Ministry of Health, London. The draft was discussed by groups of nurses and submitted for comment to experienced nursing administrators and others throughout the world. Many helpful suggestions were received.
The final draft was considered by an advisory group convened by the WHO Regional Office for Europe and by a consultant group representing the other WHO Regions. Both groups met in Geneva in December 1957. The members of the groups were:

**Miss T. K. ADRANVALA**  Chief Nursing Superintendent, Directorate-General of Health Services, New Delhi, India.

**Mrs E. F. ALVIM**  Chief, Nursing Section of the Division of Technical Orientation, Serviço Especial de Saúde Pública, Rio de Janeiro, Brazil.

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**Miss M. CARUANA**  Director, Red Cross School of Nursing, Cardarelli Hospital, Naples, Italy.

**Miss A. CLAMAGERAN**  Director, Ecole d’Infirmières et d’Assistantes Sociales, Centre Hospitalier régional, Rouen, France.

**Miss R. ELSTER**  President, Agnes Karll Verband, Bürgermeister-Fink-Strasse 17, Hanover, Germany.

**Miss N. EXCHAQUET**  Assistant-Director, Centre d’Hygiène Sociale, 5 Rond-Point de Plainpalais, Geneva, Switzerland.

**Mrs J. IZYCKA**  Chief, Division of Curriculum, Middle Medical Personnel, Ministerstwo Zdrowia, Warszawa, Miodowa 15, Warsaw, Poland.

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**Miss K. MOWLA**  Matron, Medical College Hospital School of Nursing, Dacca, East Pakistan.

**Miss D. NAYLOR**  Ward Sister, General Infirmary, Leeds, Yorkshire, United Kingdom of Great Britain and Northern Ireland.

**Miss H. PATRINELI**  Matron, Evangelismos Hospital, Athens, Greece.

**Miss F. PETERSON**  Principal, Division of Nursing, Department of Health, Commonwealth of Australia, Canberra, Australia.

**Miss A. W. SIMPSON**  Matron, Baragwanath Non-European Hospital, Johannesburg, South Africa.

Although the principles of administration outlined and illustrated in this publication apply equally to schools of nursing, they are here directed primarily to the administration of nursing service in hospitals or public health agencies. The section on training is, therefore, confined to the on-the-job training programmes which all nursing administrators must plan for their personnel.

In the meetings held in December 1957, it was suggested that this publication might be of particular value to (1) nurses who have administrative
responsibilities and who have had preparation and experience in administration; (2) those who are teaching principles of administration in nursing; (3) nurses who are learning principles of administration and their application, either on the job or through a formal educational programme; (4) student nurses who are following a basic programme in which courses in administration are included; and (5) professional workers in related health fields who have administrative responsibilities.

It is hoped that this publication will find practical application among the above and other groups, that it will prove useful in various types of study programme, and that it will be of assistance in solving some of the problems of nursing service.
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THE PRINCIPLES OF ADMINISTRATION

The function of administration is an essential factor in the development of any service: it provides the means whereby the most effective use can be made of the knowledge and skills of those giving the service.

The development of nursing service has been enhanced greatly by advances which have been made in professional skills and technical proficiencies, but it seems apparent that the same advance has not been made in the art of administration. Indeed, there is ample evidence from studies which have been made in many countries that better use can be made of the skills acquired and of the energy and enthusiasm of the men and women who make up the nursing team. Unless the training of the professional nurse includes a study of administrative practice, when she \(^1\) reaches a position of authority, she is ill prepared for it. It must be remembered that administrative practice is not confined to the top level of authority, that all who occupy positions which call for the planning and direction of the work of others need to exercise administrative skill.

It has been stated that "lack of administrative skill can only be cured by persuading administrators to become more skilful", and it follows that the remedy lies in a determination on the part of all those whose work involves administrative functions to acquire the necessary skill. The first essential must, therefore, be a thorough understanding of the principles upon which administration is based. Once these are understood, then the various methods by which they can be applied to actual situations can be appreciated.

What Is Administration?

Administration has been defined as an enabling process; and, in the sense in which it is usually understood, it covers the whole art of carrying into effect any policy, plan, or undertaking, whether conceived by government, public, or private agency. It may, however, go further than the simple executive function of applying known rules to given cases; for in its widest form it must embrace leadership, policy-making, and planning.

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1 Throughout this publication, the feminine and masculine pronouns relating to nurses are interchangeable.
In any work situation the three factors involved are:
(1) policy: what shall be done;
(2) organization: the co-ordination of the efforts of the persons involved; and
(3) execution: the carrying-out of the operation.

In the simplest form all three can be combined in one individual. For example, if a man decides to build a house, that decision is the policy which originates the operation; assembling the necessary materials and equipment signifies the function of organization; and, if he possesses the necessary skill, he can proceed to build the house himself, and thus complete the third function—execution. If, on the other hand, he does not possess the skill, his function is purely a policy-making one, and organization and execution are represented by the experts he employs.

Some people hold that administration cannot begin until the policy is decided. While that may be true of the simple case, in the more complex situation the function of administration must be present at the policy-forming stage. The reason is that policy decisions, if they are to be good ones, must be based on verifiable facts; and, in the process of collecting those facts, which is known as investigation, administration must play its part. In other words, before a policy or plan can be conceived, some attempt must be made to forecast the situation to which the plan is to be applied; and the degree of accuracy in forecasting is a measure of the success of the plan.

All too often projects of major importance are launched without due regard to this principle of investigation, and it is important to bear in mind that the foundation for decisions of policy should be matters of fact rather than matters of opinion. Policy-making bodies there must be, whether they are committees, councils, or governments; but the success of their policies depends entirely upon the factual evidence which they have before them as a basis for their forecasting. It is therefore highly necessary that there should be active participation in the policy-forming stage by those directly concerned. To be effective, this participation should not be confined to the top level of authority, but should be carried right down. The result will be a policy that is at once realistic and workable.

The process of investigation involves two things: (1) the collection of facts, and (2) the classification (or analysis) of facts. Prudence dictates that such investigation should be undertaken by individuals who are able to interpret the facts in the light of expert knowledge.

At this stage the second principle, reality, must be applied, since all forecasting must be in terms which correspond to the realities of the situation. It is easy to produce the ideal plan; but, if the resources necessary to implement it are not available, it is useless. True planning takes into account all the limitations as well as the resources of the situation, and factors such as
shortage of equipment and personnel or lack of adequate funds become at once a challenge and an imperative to the improvising powers of the planner.

Henri Fayol, a famous French industrialist, broke down the key function of administration into five main aspects: to plan, to organize, to command, to co-ordinate, and to control. But, as Urwick points out, Fayol used the word "prévoyance", which, although translated "to plan", really covers two functions: to foretell the future, and to prepare for it. In other words, the term means both forecasting and planning. If Fayol's analysis is followed, it will be seen that there are, in fact, six aspects of administration, falling into two main groups related as to process and effect as follows:

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<th>Process</th>
<th>Effect</th>
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<td>Forecasting</td>
<td>Plan</td>
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<tr>
<td>Organization</td>
<td>Co-ordination</td>
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<tr>
<td>Command</td>
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These six aspects of administration follow each other in logical sequence. Thus forecasting is essential before a plan can be formulated. The plan needs organization, which has as its objective the co-ordination of the efforts of the persons involved; and this can be achieved only by effective command, which results in complete control of the situation.

Shown in schematic form, the elements of administration are:

```
Principles        Process         Objective              Effect
INVESTIGATION ➔ FORECASTING

REALITY ➔ ORGANIZATION ➔ THE PLAN ➔ CO-ORDINATION + CONTROL

ORDER ➔ COMMAND
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The Plan

Planning is not just a matter of preparing for certain changes. Except in special cases, it is necessary to integrate the plan into the existing framework of the administrative structure.

The characteristics of a good plan may be described as follows:

1. It should be based on a clearly defined objective. What the plan is intended to accomplish should be set out in terms which are clear not

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1 Fayol, H. (1950) *Administration industrielle et générale*, Paris
2 Urwick, L. (1947) *Elements of administration*, London
only to the planner, but also to all who may be concerned in the operation of the plan.

2. It should be simple. If the objective is at all ambiguous, there is a danger that the plan will become complex; and this will lead to misdirected effort and unnecessary expenditure. Therefore, the simpler the plan, the more chance of success it has.

3. It should provide for a proper analysis and classification of actions. By this means the best use can be made of the energies of those taking part in the plan. A study of the various activities needed to accomplish the work will nearly always show some opportunity for simplification of work. Standards must be set in order that quality as well as quantity of performance can be assessed.

4. It should be flexible. In nursing, perhaps more than in any other field of work, flexibility is essential; and the plan must be capable of adaptation to meet emergencies or changing situations.

5. It should be balanced. The successful integration of a plan into the total purpose of the undertaking is possible only if each activity required is operating with equal effectiveness.

6. It should use available resources to the utmost. This emphasizes the principle of reality already discussed.

Most of the above characteristics are so simple as to be obvious, yet it is surprising how many are overlooked in the preparation of a plan, and it is prudent to check against them any plan which may be produced before attempting to put it into operation.

**Organization**

The policy or plan having been decided, the next step is organization; and it is perhaps in this sphere that administration makes its greatest contribution. Briefly, it is the process of organization which finds the means, human and material, to meet the situation foreseen. To do this it is necessary: (1) to make a careful determination of what jobs are to be done and what workers are required to do them; (2) to assess the amount of materials, tools, and equipment needed for the accomplishment of the work.

There are thus two programmes, which may be termed “personnel” and “material”. Of the latter little need be said, since it depends entirely upon the type of work to be done. It must, however, be emphasized that the use of the word “material” does not necessarily signify a manufacturing process: it is just as important to see that professional, technical, and clerical workers are supplied in adequate quantities with the equipment necessary to enable them to make their proper contribution to the work.
on hand. This, again, may appear to be a statement of the obvious; but studies have shown that shortages of equipment are responsible for a tremendous loss of time. In one such study in the hospital field, it was found that inter-ward borrowing of small items such as bed-pans, wash-bowls, trolleys, and even matches accounted for half an hour to one and a half hours daily in each ward.

The provision of materials and equipment, important though it is, is only part of the plan. Administration which carries the responsibility of accomplishing results through the efforts of other people is concerned not only with the direction, but also with the development of people. The organization of work is very much a human affair, in which results, though visibly depending on materials and equipment, cannot be accomplished except by human effort. The purpose of organization is to unify that effort, and a clear understanding of human relationships is necessary if the desired result is to be obtained.

Modern management now recognizes certain fundamental ideas which apply equally well in all nursing administration, namely:

(1) that the quality of the working force is the most vital factor in success;

(2) that initiative is to be encouraged;

(3) that the raising of morale in the working group is more important than the imposition of a rigid discipline;

(4) that training based on careful selection must become a conscious and continuous process;

(5) that proficiency is not dependent on skill alone, but on the use made of available energy and latent ability, and that potential qualities can be drawn out under favourable working conditions by the proper guidance, direction, and stimulus exercised by those who administer.

All these factors are implied in good organization. If the goal of co-ordination is to be attained, it is necessary to (1) establish a true identity of purpose; (2) establish an identity of training to ensure that personnel in selected areas react to a given situation in the same way; (3) establish committees, executive and consultative; and (4) prepare organizational charts, procedure instructions, manuals, and so forth.

The techniques by which these objectives may be reached will be detailed in a subsequent section.

Command

Since the purpose of planning is to secure systematic action in accordance with the general objective, the process of command comes into play; and the underlying administrative principle is found in order. There must be
someone responsible for over-all direction to ensure that everything is being done in accordance with the plan which has been adopted, the orders which have been given, and the principles which have been laid down: this is the responsibility of the administrator.

It is important to see that individual interests do not interfere with the general interest. It has already been stated that there must be an objective; indeed, the whole conception of a plan implies that it is a plan to do something. But it is quite possible that in the process of organization parts of that organization may develop their own internal objectives separate from, and possibly inconsistent with, the general purpose. For example, a hospital ward has as its objective the care of sick patients; but in the process of organization all sorts of secondary objectives may develop. It may be used as a field of research, or for teaching students; and, although neither of these purposes is inconsistent with the general objective, it is important that they should not be pursued to such an extent that the main objective, i.e., care of the patient, suffers.

There must be an authority to see that sectional interests do not conflict with the main purpose, and the principle upon which this is based is known as centralization. This does not, however, mean that every order must emanate from the central authority. Once the policy has been laid down, the process of delegation must come into play. If it does not, the central authority will quickly find that it is overwhelmed with detail; and the co-ordination of the efforts of the total working force will become impossible. If delegation is to be effective, however, careful selection and placement of staff for that purpose are necessary; and staff members must be vested with authority appropriate to the responsibility delegated. This, coupled with fair and judicious treatment as regards both remuneration and conditions of service, will result in high morale throughout the organization. High morale is the most potent factor in that synthesis of effort which is called team-work, and its resultant effect is seen in the stability of the working force.

In this process of command, then, the personnel programme is of vital importance. The following are listed as the main aspects of the personnel function of administration:

(1) to recruit, select, and place workers (of all grades) in the appropriate posts in such a manner that they will be able to obtain, as well as to give, satisfaction;
(2) to provide and maintain the best possible working environment;
(3) to practise effective methods of joint consultation;
(4) to see that methods of supervision are adequate and that supervisors are properly trained for their duties and responsibilities;
(5) to see that methods of determining remuneration are equitable;
(6) to make provision for on-the-job training and in-service education for all categories of personnel; and

(7) to encourage the provision of social and recreational activities.

Co-ordination and Control

If the foregoing aspects of administration have been heeded in the conception and execution of a plan, the logical outcome will be control. By this is meant the wider aspect of the word which is defined by Fayol as “seeing that everything is being carried out in accordance with the plan which has been adopted, the orders which have been given, and the principles which have been laid down”.

The degree of control exercised must therefore depend upon how successfully the co-ordination of the efforts and ideas of all who are taking part in the operation is accomplished. Mary Parker Follett¹ points out that there is a fear of the word “control”, which to many people implies a domination of one individual over others, and that it is therefore important to appreciate that control means control by facts and not by persons. It is “the law of the situation which dictates to all of us, and not some individual’s whim”; this must be clearly explained when an order is given. For example, an order that hands must be washed before and after dressing a wound is not given to satisfy the supervisor’s desire for cleanliness; it is to obviate the risk of infection.

These considerations led Miss Follett to enunciate four principles which should guide the administrator in securing control. These are:

1. “Co-ordination by direct contact.” This means that the people actually engaged on the job should be encouraged to get together, pool their ideas, and settle their differences without necessarily having to go through the formal chain of authority. Provided there are proper confidence and loyalty and all parties take the trouble to keep each other informed in matters in which they have a mutual concern, there is no reason why these short cuts should not be used. Such discussion will lead to a better understanding of others’ problems and will accelerate the progress of work.

2. “Co-ordination in the early stages.” This is a step in promoting that enthusiastic co-operation which is necessary to the successful plan. The fact that a plan needs the co-operation of other people to make it work demands that they should be allowed to contribute to the planning. They may be able to offer constructive suggestions, and they most certainly will be able to see the difficulties which have to be faced.

3. “Co-ordination as the reciprocal relating of all the factors in a situation.” This means that each process of adjustment creates in itself a new

¹ Metcalf, H. C. & Urwick, L., ed. (1941) Dynamic administration: the collected papers of Mary Parker Follett, London
situation. The relationship between one individual and another, or one department and another, may be influenced by yet other individuals or departments, so that co-ordination does not stop at the simple process, but has as many possible permutations as the combination of relationships allows. This can best be illustrated by looking at the number of possible lines of communication between individuals: 2 persons have 2 possible lines of communication; 4 persons have 12; 9 persons have 72; 26 persons have 650; etc.

4. "Co-ordination as a continuing process." This rests on the fact that, as the situation changes, so there must be machinery to work out new methods to meet it. The danger in relying upon precedents is that the methods evolved therefrom are apt to become rigid to such an extent that they become routines and may thus lose their utility. True leadership is not content to respond to events as they happen. It must be creative and be able to devise new processes, techniques, and procedures as required.
THE APPLICATION
OF PRINCIPLES OF ADMINISTRATION

The titles listed below are defined as they are used in the following pages.

**HOSPITAL**

Director of Nursing Service (Matron or Nursing Superintendent)

Assistant Director of Nursing Service (Assistant Matron, Night Supervisor)

Supervisor (Departmental Sister)

Head Nurse (Ward Sister)

Staff Nurse

Auxiliary Nursing Personnel

The administrative head of the total nursing service of the hospital.

Acts as assistant to the Director of Nursing and deputizes in her absence.

Administrative head of a group of wards, or of a specific department.

Administrative head of a ward unit.

The nurse most directly concerned with giving nursing care.

Staff working under the supervision of the nurse.

**PUBLIC HEALTH**

Director of Public Health Nursing (Chief Public Health Nurse, Superintendent Public Health Nurse)

Assistant Director of Public Health Nursing

Public Health Nursing Supervisor

Public Health Nurse

Auxiliary Nursing Personnel

Administrative head of the total public health nursing service in a given agency.

Acts as assistant to Director of Public Health Nursing and deputizes in her absence.

Administratively responsible for the activities of a group of public health nurses and auxiliary personnel in a given area.

The nurse most directly concerned with giving service to the families of the community.

Staff working under the supervision of the public health nurse.

In translating the principles of administration into action, due regard must be paid to the way in which the size and complexity of modern undertakings necessitate the division of activities into various levels. At the top
level is the policy-making body, that is, the employing authority. Sufficient investigation and consultation at all levels must have been undertaken in the first place in order to supply the policy-making body with relevant facts upon which to base its decisions of policy. At the next level is the operating authority, that is, the chief executive officer of the undertaking. Theoretically this individual takes the place of the employer in the simple master-servant relationship; but, as it is manifestly impossible for him to know and give orders personally to all the employees, he, in his turn, delegates responsibility to a group of individuals who exercise that delegated authority in supervising the work of others. This level is that of supervision. At the end of this chain of responsibility the point is reached where what is delegated is responsibility for the performance of specific functions. Such activities are known as operations, and they cover a range which extends from the performance of simple repetitive duties to those requiring a high degree of skill.

These divisions of authority give rise to various types of relationship between officials. Four main types may be distinguished:

“A. Line relationships exist between a superior and the subordinates immediately and directly responsible to him.

“B. Lateral relations are those between positions in various parts of an undertaking where no direct authority is involved.

“C. Functional relations are those which arise when duties are divided on a functional basis, i.e., when an individual exercises authority on one particular subject by reason of special skill or knowledge. They can, and should, exist side by side with line relations.”

D. Staff* relations are those which arise when an individual is acting as the representative of a superior. This individual is not vested with authority in her own right but is acting “for and on behalf of” the person in whom the authority is vested. Her function is one of transmission and interpretation coupled with the duty of seeing that the orders given are executed.

Examples of individuals who may be found in these various relationships follow:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Public health</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line</td>
<td>Director of public health nursing to public health nursing supervisor, to public health nurse</td>
<td>Director of nursing service to head nurse, to nurse, aide, etc.</td>
</tr>
<tr>
<td>Lateral</td>
<td>Public health nurse with health educator, with nutritionist, with social worker</td>
<td>Head nurse with doctor and social worker and dietitian</td>
</tr>
</tbody>
</table>

* Urwick, L. (1947) *Elements of administration*, London
* The term “staff” is sometimes used to define the functional relationship rather than the staff relationship described here.
Nursing service administration at any level is the application of the principles of administration for the ultimate purpose of providing nursing service to the individual.

In the over-all administration of a nursing service, whether at the national, intermediate, or local level, there is the responsibility for forecasting the needs and for estimating the material and human resources required. There is also the responsibility for the adequate training and distribution of staff, and for the organization of the service in order that the staff may maintain the necessary level of efficiency.

Although many of these functions may be performed by units such as hospitals and health agencies, there remains at the national, intermediate, or local level an over-all responsibility for promoting the balanced and efficient maintenance of the nursing service, and for ensuring co-ordination with educational and other services towards a defined goal.

In some countries where there is no central authoritative body for the execution of a health plan, the administration of the nursing services may be the responsibility of the governing boards of the individual health agencies or hospitals. These boards then delegate such responsibilities to the nursing service of the agency.

The director of nursing service must be a nurse, and she will have delegated to her the responsibility of organizing the nursing service. In carrying out that responsibility she, in turn, will delegate the actual supervision of operations to various grades of staff, i.e., to supervising nurses in a public health agency, or, in the hospital, to supervisors, head nurses, night superintendents, and others who act for the director of nursing service in the line relationship to head nurses, nurses, and others. The people to whom the director of nursing service has delegated portions of her responsibility must also exercise administration within their prescribed area. The importance of clearly defining in writing the scope of their duties, responsibilities, and authority cannot be overemphasized.

This is true leadership, for, however great the personal efficiency of the leader may be, unless she has learned how to delegate, and does so, she will run the risk of being crushed under the weight of accumulated duties.

Throughout the whole scale one important principle must be followed: authority and responsibility must correspond. To hold an individual accountable for activities of any kind without assigning to her the necessary
authority to discharge that responsibility not only results in unsatisfactory performance, but also is manifestly inequitable.

To carry out these nursing responsibilities, some form of administrative machinery is necessary—in this case, an organized nursing service. It is important to remember that this nursing service machinery cannot operate in isolation, but must be integrated into the administrative set-up of the complete health service.

What is this complete service? In so far as it relates to the needs of the community, it is made up of four distinct functions:

(1) prevention, which includes the promotion of health, health education, control of communicable diseases, and examination of healthy people for early discovery and treatment of disease;

(2) restoration, which includes prompt diagnosis, medical and nursing care, and rehabilitation;

(3) education and training, preparing all types of personnel for medical and health work; and

(4) research.

The fact that the above are described as distinct functions does not mean that the responsibility for their promotion need be segregated; and, although in some countries the terms “hospital service” and “public health service” are used, it must be remembered that these terms are complementary, and that a complete health service must be an integrated one. Separate and distinct agencies may, and indeed often are, used to perform the various functions; but it would be unwise to regard them as watertight departments.

In the course of time, a pattern of hospital nursing service has become recognized, and consequently many of the situations described and the examples cited to illustrate principles are taken from that area of work. Some examples relating to the field of public health, where the pattern is not nearly so clearly defined, are also included. The principles of administration, however, apply equally to both.

No plan can be sufficiently standardized to meet all situations; indeed, as has been pointed out, one of the main characteristics of a plan should be flexibility—the quality of adaptability to changing situations. It is therefore emphasized that any examples which are given are presented purely to show how principles can be translated into action, and such examples should not be treated as patterns to be meticulously copied. They can, however, be used as devices to check the soundness of any plan produced.

**PLANNING**

The responsibility for over-all planning is vested in the top-level authority, i.e., the policy-making body; and it is from this authority that the whole chain of administrative responsibility stems. Whether the authority is a
government, public, or private agency matters not at all: its primary objective, to meet the health needs of the community, requires planning. In the process of planning, all the relevant aspects have to be investigated; and prominent among these aspects is the nursing service. The responsibilities of the policy-making body in this respect may be summarized as follows:

(1) to see that the nursing department at the operational level is properly organized (this implies that the head of the department is a nurse qualified to fulfill her functions, that a positive programme of recruitment is in operation, and that the relationships, duties, and responsibilities of all personnel concerned are clearly defined);

(2) to see that the working environment is such that the personnel are able to perform their duties effectively, and to see that the necessary supplies and equipment are available;

(3) to establish a programme of staff education and training in order that personnel may be properly prepared for their duties;

(4) to provide facilities for the clinical instruction needed in training programmes; and

(5) to see that the health, safety, and welfare of all personnel are adequately safeguarded.

It will be seen that the above conditions apply equally to hospital or public health nursing; but, in order to illustrate how the administrative function operates, it is proposed to take the hospital as an example.

The policy-making body may be any collection of individuals—e.g., board of trustees, committee of management, government department, etc.—charged with the responsibility of organizing and maintaining the required service. In its planning it should follow the principle of investigation, for which purpose consultation with the operating authority, i.e., the person to whom it has delegated the direction of a particular sphere of activities, is essential. In the case of the nursing service, that authority is the director of nursing service or the chief public health nurse; and her contribution in this initial stage is invaluable.

Once the policy or decision as to what shall be done is arrived at by the policy-making body, it should be officially communicated to the operating authority. The presence and participation of the director of nursing service at the discussions which precede formation of policy do not absolve that body from its responsibility of establishing effective lines of communication, and the official notification of policy decisions is the first of those lines. The effective implementation of policy cannot be assured except by enlisting the loyal co-operation of all who are to take part in the plan; and the concept of team-work in which the efforts of all are directed to a particular goal demands that each member of the team shall know and understand not only
her own part in it, but also the part which others have to play—hence the importance of channels of communication.

To the director of nursing service are delegated the authority and responsibility for organizing and administering the nursing service, and it is her duty to develop the policies laid down and to institute the necessary procedures and techniques. She, in her turn, will delegate authority and responsibility in writing to members of her staff. This is called the flow of authority. Fig. 1 and 2 are simple examples.

Formulation of the Hospital Nursing Service Plan

The first essential in administrative planning is that the plan should be based on clearly defined objectives; and the director of nursing service, in co-operation with her staff, will therefore need to formulate these objectives, which will obviously be in accordance with the policy laid down. It is good practice to list the objectives, and the following are examples of some which might be found in such a list:

1) to give the highest possible quality of nursing care in terms of total patient needs (this will involve spiritual, psychological, social, rehabilitative, and educational needs as well as the physical);

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**FIG. 1. DELEGATION OF RESPONSIBILITY FOR HOSPITAL NURSING SERVICE**
Although the midwife is not included in the above chart, the importance of her position in the public health programme of many countries is fully recognized; but her place in the administrative set-up varies. Where the midwife is a part of the public health nursing service, provision for this should be made in the chart.

(2) to assist the physician in the medical care of the patient, and to carry out such therapy as is prescribed;

(3) to promote programmes of in-service training; to provide facilities for the clinical instruction necessary for the basic and post-basic preparation of nurses and of auxiliary nursing personnel;

(4) to promote and encourage nursing studies in order that quality of performance may be improved and maximum utilization of personnel obtained; and

(5) to evaluate the quality of the nursing service.

It is emphasized that the objectives listed above are not suggested as being applicable to all nursing departments or, indeed, as being completely comprehensive. It would be possible to list many other objectives, such as the promotion of good human relations, co-operation with other departments, and others; but these are secondary and logically follow the effective achievement of the primary objectives. The latter have been kept to a minimum, since the essence of a good plan is simplicity. It is, nevertheless, a useful exercise for the director of nursing service to make her list as comprehensive as the policy which she is following allows.
Having listed the objectives, the next step is to investigate the factors involved. These include: (a) the number and types of patient beds; (b) the nursing service likely to be required in wards, operating rooms, and out-patient departments; (c) the procedures and techniques necessary for good nursing care; (d) the number and types of personnel needed to perform the necessary duties; (e) the provision of equipment and supplies; and (f) the physical facilities, i.e., working environment. When these factors have been carefully analysed, the total resources needed can be assessed and weighed against the resources available. In the process detailed above, the director of nursing service has followed the first principle of administration—investigation—but it is also necessary that she should observe the principle of reality, since it is useless to produce a plan which demands resources that are not available.

This is particularly evident in forecasting establishment requirements. The director of nursing service may consider that a certain number of nursing personnel is needed; but, if these are not available, she has to adapt her plan accordingly. This is where the real skill of the administrator becomes apparent, for such a situation demands that the skill of the available nurses be utilized to the utmost, and that such activities as can be properly and safely performed by less highly skilled persons should be so delegated. It is suggested that the use of job analysis for such a purpose can be of great use, and a description of this particular technique is given on page 45.

The Process of Organization

The plan having been formulated, the process of organization is called into play to put it into operation. The objective of organization is to see that the purpose for which the plan exists is accomplished in an effective, economical, and efficient manner. In general it can be said that there are four functional areas of work for which provision must be made: (a) administration, (b) nursing care, (c) the training of unskilled workers, and (d) domestic or housekeeping activities; but, again, these are not separate and distinct functions. The process of administration is present in (b) and (d) in the same way as nursing is present in (a) and (d), since these also contribute to the total needs of the patient. For the purpose of this publication, however, it is proposed to discuss the administrative function as a whole; and this begins with the administration of the nursing service.

Administration of the Nursing Service

The major responsibilities connected with the administration of the nursing service are:

(1) planning for total patient care,
(2) selection of personnel and assignment of their activities,
(3) organizational and clerical activities of the nursing service office,
(4) general supervision,
(5) relationships with other departments,
(6) public relations, and
(7) after-care of patients.

Planning for total patient care

The prime responsibility of the nursing department lies in planning for total patient care, and the first step is to survey the entire field in order to determine the demands likely to be made upon the various units which go to make up the nursing department. At the same time, an assessment should be made of the resources (personnel and material) available in order that the reality of the situation can be taken into account.

The decision as to what method of nursing care shall be adopted will depend very much upon the extent or the limitations of the resources disclosed by this assessment. The two methods most generally used are: (1) job assignment, in which the nursing care of the patient is provided by assigning specific tasks to grades of personnel in accordance with their ability to perform them, and (2) patient assignment, in which the individualized care of the patient is the prime motive. Patient assignment is usually planned on the basis of assigning the total nursing care of a group of patients to a nursing team.

Whichever method is used, the processes of planning and organization come into play; and allowance must be made in the continued direction of the programme of nursing care for such adjustments as may be necessary from time to time in the light of changing circumstances.

Selection of personnel and assignment of activities

Good personnel practice demands that the selection of personnel and the subsequent assignment of their activities be interdependent. Unless the demands of the job are known in detail, it is impossible to select the right person to do it; neither can it be expected that the individual will obtain as well as give satisfaction in the job. It is therefore suggested that a list of the total activities of the nursing department be compiled on the basis of job analysis. From the job analysis appropriate job specifications should be written and used in the selection of personnel. An example of such a job specification is given in Annex 5, pages 94 and 95. It follows then that no activity should be assigned to an individual who is not capable of performing it.

As a corollary to the above, it should again be emphasized that, wherever responsibility is assigned, the corresponding authority should accompany it.
It is also good practice to make the analysis of activities a continuing process in order that adjustments and re-assignments can be made when necessary.

Organizational and clerical activities of the nursing service office

The office of the director of nursing service is the nerve centre of the department, and certain administrative details must be performed therein. Among the duties of this office are the following:

1. receiving periodical reports from the nursing units and reviewing them;
2. allocating personnel (an allocation-of-staff list should be available);
3. investigating complaints;
4. arranging for the acquisition of equipment and supplies;
5. conferring with supervisors, medical staff, and heads of departments;
6. clearing departmental requisitions;
7. keeping records;
8. conducting correspondence;
9. interviewing and carrying out employment selection procedures; reviewing personnel progress reports;
10. dealing with personal and professional problems of individuals;
11. attending to welfare of staff;
12. liaison with chief executive of hospital and transmitting instructions and information.

The above are mainly daily activities, many of which can be efficiently performed by secretaries or clerical staff; but the director and her assistants have specific responsibilities which come under the heading of office work. These include sick and sick-leave lists, special leave and holiday lists, night-duty cover, preparation of and amendments to procedure manuals, and preparation and submission of budgets and such reports as are required.

A well-regulated nursing office is essential to effective administration.

General supervision

Over-all supervision of the nursing department is vested in the director of nursing service, who is available for consultation and who visits each of the units. The importance of the face-to-face relationship in supervision should be recognized. The director is not able to supervise all personally; she should delegate that responsibility to supervisors who have had training to fit them for this function.

Relationships with other departments

The nursing department cannot function in isolation, and its perfect integration with other departments is largely a matter of administration.
Many of the problems of ward organization and community care are caused by the impact of other departments, and there is considerable room for closer co-operation. This can be brought about only by the discussion of common problems with the object of co-ordinating activities. The conference technique, in which general and specific problems are examined, can be of great use in prompting a clearer understanding of others' problems. Reference is made to this type of conference in the third report of the WHO Expert Committee on Nursing.\footnote{\textit{World Health Org. techn. Rep. Ser.}, 1954, \textit{91}, 10-12}

It is urged that regular consultation and discussion between heads of departments should be an integral part of the administrative plan.

The modern concept of total patient care, in which the patient is recognized as a person with individual needs, has many implications for the director of nursing service in her planning, particularly with regard to the relationship of the nursing department to all the other departments and services which contribute to that total patient care. It follows, then, that an effective nursing plan cannot be conceived, much less put into operation, unless there has been prior consultation with other departments.

\textit{Public relations}

The maintenance of good community relations depends to a great extent upon the quality of the nursing care given; and, in the process of selection of staff, it must be emphasized that it is not only technical proficiency which counts, but also the spirit in which the activities are performed. The courteous reception of the patient’s family and visitors and a sympathetic and understanding attitude towards their problems go a long way towards promoting good public relations. This attitude cannot be established by decree: it is something which must permeate the whole department, and wise administration is a prerequisite. The attainment of high morale in the working force is almost entirely dependent upon good supervision at all levels.

Wherever possible, the director of nursing service and other nursing personnel should be ready and willing to take such part in community life and service as their professional activities permit. By so doing they can help to educate the general public concerning the place of the hospital and public health service in the community.

There is a tremendous amount of goodwill available in the form of voluntary help. An effort should be made to secure such help when advisable.

\textit{After-care of patients}

One of the objectives of total patient care must be the restoration of the patient to his place in the community, and whatever provision is necessary
for continuing nursing care and treatment should be included in the over-all plan. This may include instruction to the patient’s family, arrangements for adjustment in his mode of living, or any other assistance which may be necessary for his complete rehabilitation. The policy and procedure governing the follow-up necessitate liaison with voluntary and statutory organizations concerned with the health and welfare of the community. (See Fig. 3).

Administration of the Nursing Unit

The implementation of the over-all plan for the nursing department provides for the establishment of a number of units or departments, each charged with the responsibility of accomplishing some portion of the plan. The process of administration must therefore enter into the organization of these units. An analysis of the one most frequently encountered, i.e., the ward, will illustrate the effective use of administrative principles.

Once again, the first step is to list the objectives. These may be summarized as follows:

1. Assisting the patient with those physical services necessary for his well-being and comfort which he cannot do for himself or cannot do unaided, and planning such services to meet his individual needs as they are affected by his physical condition and his emotional reaction.

2. Observing, recording, and reporting to the physician for the 24-hour period the physical, emotional, and mental symptoms which may have significance in diagnosis and in the direction of therapy.

3. Preparing the necessary equipment for, and assisting the physician with, diagnostic tests and therapeutic measures.

4. Giving medications and carrying out treatments prescribed by the physician.

5. Observing the patient for reactions which may follow treatments, and taking the necessary measures to combat them should they occur.

6. Assisting in providing a clean, orderly, well-ventilated environment for the patient, and protecting him from infections, accidents, and fire hazards.

7. Helping the patient to feel secure in his new environment and to adjust himself to his condition and to any limitations he may have as a result of his illness.

8. Teaching the patient how to maintain and improve his health and to carry out his treatments when he goes home.

9. Establishing good rapport with the patient’s family and his friends.

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1 American Hospital Association and National League of Nursing Education (1950) Hospital nursing service manual, New York
FIG. 3. THE ADMINISTRATIVE FUNCTION AS RELATED TO THE NURSING PLAN *

(10) "Meeting emergency situations and unforeseen situations with promptness and good judgment"

(11) "Making contacts for the patient with others concerned with his care, such as the medical social worker, the dietitian, the occupational therapist, or the clergy, or nursing agencies when he leaves the hospital."

A secondary objective may be recognized when medical, nursing, or other research is being done in the ward.

It will be seen that the range of activities necessary to meet the total needs of the patient is one which requires varying degrees of skill, and it is part of the function of administration to see that those skills are utilized to the best advantage.

The executive chief of the ward is the head nurse, and she is responsible to the director of nursing service for the implementation of the total plan in so far as it concerns her department and for the organization and direction of the activities of the personnel employed therein. If she is to make the best use of her resources, the first step is obviously for her to list all the activities to be performed; it is suggested that it will be of great assistance to her if she
does this according to the functional areas of work. These are three in number, and may be defined as follows:

1. Nursing care: this embraces all activities necessary to supply total nursing care. These may be considered under three main groups:

   (a) those which are concerned with the comfort and well-being of every patient, irrespective of the disease from which he is suffering;

   (b) those which are concerned with the carrying-out of medical treatment;

   (c) those which are concerned with education, which must form an integral part of the other two groups—that is, education of the personnel giving the nursing care, and education of the patient for positive health and his return to his place in the community.

2. Organization: these are the activities concerned with the management of the ward work and the personnel involved.

3. Domestic: these are the activities concerned with the cleanliness of the ward as a unit of the hospital. In some countries this is the function of another department.

![Diagram](image)

The principle of investigation must now be brought into play if a successful assignment of activities is to take place. The factors which the head nurse has to consider are: (1) the total number of patients to be nursed; (2) the physical dependency of the patients; (3) the total nursing needs of the patients; and (4) the physical facilities, equipment, and supplies needed. When these factors have been thoroughly investigated, the head nurse is in
a position to estimate the demands, in terms of ward personnel and their respective qualifications, which the total work load will make. An analysis of these factors can be very illuminating, and some brief comments on each may be of help.

(1) Number of patients

The number of patients that can be catered for at any one time is generally prescribed by the number of beds; but the bed turnover may make a considerable difference in the number of patients nursed over a period, and consequently in the work load of the ward. Hospital (or medical) policy enters very much into this factor, and the head nurse must take part in the discussions which precede the formulation of policy before she can make the requisite allowance in her plan for patient care.

(2) Physical dependency of patients

This is an important factor in assessing the work load. It has been estimated \(^1\) that nearly half the total work of a ward consists of looking after the physical needs of the patient, and it is therefore a major factor which justifies close investigation.

A number of research projects have studied these needs, and it has been found that patients can be classified under the following headings:

(a) Totally ambulant:
- Requires bed made when unoccupied
- Can wash and dress self
- Moves about ward independently or in chair
- Can get up to meals
- Uses sanitary annex, e.g., lavatory

(b) Partially bedfast:
- Requires bed made either occupied or unoccupied
- Can wash self in sanitary annex (if near bed) or in bed
- May partly dress self
- Can move in bed and to a small extent about ward
- Can feed self either at table or in bed
- Can use lavatory chair if available or lavatory if near bed, but may use bedpan or urinal

(c) Bedfast but not helpless:
- Requires bed made when occupied
- Can wash self
- Can move in bed
- Can feed self
- Requires use of bedpan and urinal

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\(^1\) Nuffield Provincial Hospitals Trust (1953) *The work of nurses in hospital wards*, London
(d) Partially helpless:
   Either in bed or in chair
   Requires bed made when occupied
   Has to be washed and dressed
   Requires some lifting and moving
   Can feed self
   Requires use of bedpan and urinal

(e) Totally helpless:
   Either in bed or up in chair
   Requires bed made when occupied
   Has to be washed and dressed
   Requires all lifting and moving
   Has to be fed
   Requires pipe or cigarette to be lit and even put in mouth
   Requires use of bedpan and urinal

It is obvious that the work load of the ward can vary enormously according to the number of patients in each category. A ward of, say, 30 patients all totally helpless would make demands different from those of a ward of totally ambulant patients; but fortunately, the situation is seldom met where all patients are of the same degree of dependency. What is of interest is the average dependency over a period of time, for it has been found that over a period a pattern emerges which will be fairly constant. This does not mean that all medical or all surgical wards will show the same pattern. There are considerable differences, but those differences are usually the result of hospital policy. If sufficient trouble is taken to record and classify patients over a period of time, the average dependency can be ascertained; from this the number of nursing hours needed can be calculated. The latter, in turn, can be used as a basis for determining the number and qualification of staff required.

(3) Total nursing needs of the patient

Obviously the nursing needs of the patient will influence the total work load of the unit; and, where patients are segregated by speciality—e.g., medical, surgical, orthopaedic, paediatric, and other specific wards—experience will dictate the particular nursing and other skills required. Even so, there can be considerable variations; one surgeon, for instance, may insist on elaborate pre-operative procedures which may not be considered necessary by another, and it is essential to recognize such factors and cater for them.

The resources of the unit must also be organized to ensure that the patient’s total needs are met. These needs are not confined exclusively to the physical and mental: the social and emotional needs—worry about
home conditions, fear of the future, and many other equally important concerns—must be taken into account if a sense of confidence and security is to be imparted to the patient. Since human beings vary in temperament, even those suffering from the same disease may make quite different demands for the satisfaction of their social and emotional problems; and no exact assessment of their needs is possible. This does not matter, however, provided the problem is recognized and the resources are at hand to cope with it.

(4) Physical facilities, equipment, and supplies

The head nurse may be tempted to think that the physical facilities are something about which she can do very little. The ward (building) is there, and its inconveniences may necessitate structural alterations which are impossible to bring about.

Nevertheless, even within the limits of the physical facilities provided, there is room for the exercise of good planning. The arrangement of furniture and equipment can sometimes, with very little trouble, be altered to effect an improvement. For instance, the transfer of a medicine cupboard from a lane of traffic to a quiet place with a good light will lessen the chances of error in medication and speed up the flow of traffic at the same time. Good administration aims at seeing that a ward is so arranged and equipped that good nursing is possible, economy of effort and maintenance facilitated, and the time and energy of personnel conserved.

The provision of adequate equipment and supplies has already been mentioned. Much time can be saved and irritation avoided if particular attention is paid to this requirement.

Investigation of the foregoing factors is primarily designed to reveal the work load of the ward, that is to say, what amount of work is needed to be accomplished in order to carry out the objectives.

The next important factor is the time at which the work has to be done, and the head nurse is advised to compile a time-table setting out the routine tasks which have to be done and the times of the day at which they are performed. From time to time peak periods of work will emerge. The frequency of activities and the estimated time which has to be allowed for the main phases of work can be calculated.

When the head nurse has completed her investigations along the foregoing lines, she can formulate her plan for action. This will begin with the assignment of activities, that is to say, the determination of who shall do what.

The assignment of personnel to her unit in the first place is, of course, the responsibility of the director of nursing service; but it is recommended that such assignment be done in consultation with the head nurse. Nursing policy will already have decided what method is to be adopted for the
nursing care of the patient, i.e., job assignment or patient assignment; and it is not intended to discuss the merits of these particular methods in this publication. The only point to emphasize is that the assignment of personnel to the unit will be affected by the method of nursing care which has been prescribed.

Whichever method is in force, it is the responsibility of the head nurse to analyse the total nursing needs of the patient in order that she may determine the degree to which professional skill is needed. She should then prepare weekly and daily time-tables for the unit, making sure that there is adequate coverage at night and during peak periods, meal hours, and off-duty times.

Finally, the function of supervision must enter into the plan, since it is by that means alone that the objective can be successfully attained. Supervision is an administrative technique through which the care of the patient can be safeguarded and personnel can be helped to improve the quality of their work through teaching and guidance. Thus the control necessary to good administration can be exercised.

Good human relations depend almost entirely upon good supervision. This demands maturity and understanding on the part of the head nurse. She will find that the study and application of the principle of co-ordination as previously discussed will be of great help to her in formulating the supervisory aspect of her plan.

Annex 1, page 89, shows in diagrammatic form the various phases of the formulation of a ward nursing plan, and the administrative principles involved.

Formulation of the Plan in Public Health Nursing

Before determining the objectives of a public health nursing service, the director of public health nursing participates with other administrative personnel of the agency in defining the over-all agency policy and programme. Based on these, and with the aid of her staff, she formulates the objectives of the nursing service. These might include the following:

(1) health counselling to individuals, families, and community groups;

(2) provision of nursing care when necessary, and teaching and supervision of others providing nursing care;

(3) assistance during physical examinations and medical, diagnostic, and preventive procedures;

(4) promotion of environmental sanitation in homes, schools, industry;

(5) case-finding related to the agency’s programmes, and participation in epidemiological investigation;

(6) co-operation in community studies and other special research of the agency;
(7) participation in educational programmes for nurses, other professionals, and members of the community.

Having set the objectives, the director of public health nursing and her staff will formulate the nursing programme after investigating the following:

(1) type and extent of the service to be provided, e.g., child health to all children from birth to school age who are not under the care of the private physician;

(2) nursing activities to be developed, e.g., bedside care, teaching of auxiliary personnel;

(3) procedures and techniques to be carried out;

(4) numbers and types of personnel needed and over-all personnel policies;

(5) equipment and supplies needed, including transportation;

(6) physical facilities in clinics, schools, industry;

(7) other community resources available;

(8) social and cultural factors in the community;

(9) legislation related to health services.

Adjustment may have to be made in the objectives when resources and funds, as well as trained staff, are limited.

Administration of the Public Health Nursing Service

Factors to be considered in implementing the public health nursing services include:

(1) development of work priorities, procedure manuals, record systems;

(2) recruitment, selection, and placement of staff;

(3) provision of supplies and equipment;

(4) supervision of staff;

(5) relationships with other departments and agencies as well as community members;

(6) programme analysis.

*Development of work priorities, procedure manuals, record systems*

In order to give the best possible service to the largest number of families, standards must be developed within the individual agency in accordance with staff resources. In this connexion, consideration should be given to priorities in health needs.

Procedure manuals compiled and kept current through group action would include those for nursing procedures, standing orders, and administrative policies.
Adequate records and reports must be kept to assist the individual staff members in planning their work and to serve as tools in the evaluation of the programme.

**Recruitment, selection, and placement of staff**

The public health nursing administrator co-operates with recruitment programmes of the agency, and has the responsibility for selecting and placing the necessary staff. She should apply the techniques of job specification in the selection of nursing personnel.

**Provision of supplies and equipment**

In her budget request to the director of the agency, the director of nursing makes provision for the equipment and supplies necessary for carrying out the nursing activities.

**Supervision of staff**

The director of public health nursing provides or promotes adequate supervision for all members of her staff, with special attention to orientation programmes, continuous guidance, and counselling and training programmes designed to improve the quality of the nursing service, prepare the members of the staff for specific jobs, or further the development of potential leaders within the group.

**Relationships with other departments and agencies and with community members**

In order to promote a better understanding of the objectives of the agency and the nursing service, relationships are maintained with other departments, other agencies, and members of the community. Referral systems are useful in ensuring the best use of existing resources.

**Programme analysis**

To ensure the effectiveness of the service, the director of public health nursing reviews programme activities and working methods continuously as they relate to the objectives of the agency and the health needs of the community. (See Annex 2, page 90.)

**EVALUATION OF THE NURSING SERVICE ADMINISTRATION**

Thus far the function of nursing service administration has been indicated by definition, and the plan which has been built up exemplifies the application of administrative principles. It is seldom, however, that a nurse administrator has the opportunity to plan *de novo*; and it is suggested that some form of check-list whereby existing practices can be examined would
be of practical use. The following questionnaire has been devised for that purpose, and answers to the questions will indicate where weaknesses exist. The questionnaire refers to hospital nursing service administration, but it can be adapted equally to the public health field.

NURSING SERVICE ADMINISTRATION QUESTIONNAIRE

Objectives

1. Is the director of nursing service aware of the over-all purpose of the hospital? What part does she play in the formation of policy by the governing authority?

2. (a) Have specific objectives been developed as guides to aid in achieving the general objective?

(b) Which of the following personnel participated in the development of objectives?
   (1) Hospital administrator
   (2) Director of nursing service
   (3) Supervisors of nursing
   (4) Supervisors of other departments
   (5) Head nurses
   (6) Staff nurses
   (7) Medical staff

Organization

3. Are the functions, authority, and responsibility of nursing service personnel clearly defined?
   (1) Are specific positions with titles in existence?
   (2) Are written job specifications in use?
   (3) Are authority and responsibility for each position clearly indicated?

4. Are the duties of non-nursing personnel defined in writing?

5. In cases where nursing service personnel are also assigned to a school of nursing, do the dual positions carry dual titles, and are the functions of each position clearly defined?

6. Are the major functions of nursing service analysed in order to prepare job specifications?

Responsibility

7. Who has administrative responsibility for the entire nursing service?

8. What delegation of administrative responsibility exists for (a) evenings, (b) nights?

9. Who is responsible for the over-all direction and education of non-professional nursing personnel?

Co-ordination

10. Are procedures and policies established to provide for total patient care?

11. Are administrative policies and procedures co-ordinating nursing service with other services in the hospital?

12. Are policies and procedures made known to the entire supervisory staff? Are they readily available?

Functioning of nursing service

13. Is there a definite plan to inform all new employees of their functions, authority, and responsibility? Is it in writing?
14. How are changes in functions determined?
15. How are personnel informed of changes in their functions and responsibilities
   (a) verbally, or (b) in writing?
16. How are non-professional nursing personnel instructed in their duties?
   (a) By formal plan including instruction and supervision?
   (b) By on-the-job training?
   (c) By continuous in-service training?

Nursing care of patients

17. Are there specific standards in use to determine the amount and type of nursing
    care needed?
18. Are there general standards established to determine patients to whom non-
    nursing personnel may give care?
19. What is the basis for nurse-patient assignment?
   (a) Are standards set to determine the amount and type of care needed?
   (b) Are specific functions and duties assigned to personnel?
   (c) Is a check made to see that individuals are capable of giving care as assigned?
20. On what basis is the patient load determined?
   (a) On the needs of the patient?
   (b) On the ability of the personnel to give care?
   (c) On the number of personnel available?
   (d) On the amount of time available?
   (e) On any other basis?

Records

21. Are daily records of the amount and type of nursing care kept?
22. What do the records indicate?
23. Are records used to help evaluate the nursing service?

Nursing care : procedure and policies

24. Are there working policies regulating the performance of procedures, etc.?
   (a) Who may perform procedures?
   (b) Amount of supervision required?
   (c) The need for the procedure?
   (d) Integration of procedure with total patient care?
25. What provision is made for the co-ordination of medical and nursing care?
26. What provision is made for periodic review, analysis, and evaluation of nursing
    service?

Personnel

27. What procedure is adopted for the recruitment, selection, and placement of
    professional and non-professional nursing personnel?
28. Are job specifications established as part of the selection procedure?
29. What provision is made for the health and safety of personnel?
   (a) Are regular physical examinations made?
   (b) Are personnel given formal instruction in safety measures?
30. What provision is made for in-service training?
It is not claimed that the above list of questions is exhaustive, and nurse administrators will doubtless find that other questions will present themselves as a result of the investigations which answers to the list will entail. What is important is that the process of investigation should be conducted in a thorough manner, and in no case should the answers "yes" or "no" be considered sufficient. If, for example, the answer to question 20, "Are daily records kept of the amount and type of nursing care?" is "yes", then the opportunity should be taken to review the extent and value of the records, and that can be done only by looking at each one separately, considering whether the purpose for which it was originally established is being achieved and whether some improvement in form or content could not be made, and generally establishing the worth of its contribution to the total objective.

In the process of compiling a questionnaire and in the subsequent review of the facts elicited, the director of nursing service should take every opportunity to consult with other levels of administration, both within and without the nursing sphere. By this means a greater awareness of others' problems is created, and the chances of successful co-operation are greatly enhanced.

The use of a questionnaire of this nature entails a great deal of work, but the stimulus which it provides and the opportunities which it reveals make it well worth while.
THE TECHNIQUES OF ADMINISTRATION

In the first part of this publication, the importance of the personnel programme in the process of organization was emphasized. The primary objective of the present section is to describe the various techniques which can be utilized to help towards the goal of complete co-ordination.

It is recognized that in many situations the nursing service will have to comply with over-all administrative policies, especially as they concern employment, remuneration, and certain aspects of health and welfare. It is believed that a better understanding of the administrative techniques described in this section will help the nursing administrators in those situations to analyse and bring to the attention of the policy-making authorities the needs of the nursing personnel, and will also enable them to interpret the objectives of these policies as they apply to the nursing service.

Since this is not a textbook, the descriptions are, of necessity, brief; but it is hoped that a secondary objective, that of stimulating the reader to further, detailed study of these techniques, will also be achieved. To that end, a select bibliography of appropriate textbooks is given on page 101.

PERSONNEL POLICY

It has been shown that policy—what shall be done—is the prime factor in any work situation, and that a clearly defined personnel policy, that is to say, what shall be done about the various grades of employees who cooperate to provide nursing service, is a prerequisite of good administration. Some sort of policy there must be. It may be good, or it may be bad, but it cannot be entirely absent because it is, in practice, the sum total of the administrative acts of those in authority. If those acts are not uniform—if, for example, one supervisor is easy-going and turns a blind eye to bad timekeepers while another is severe and punishes those who arrive late for work—a sense of injustice will rapidly become apparent. The injustice lies not in the fact of punishment (most people are fair-minded and recognize the need for discipline): it is caused by the inequality of treatment.

The fact that authority has to be delegated to various supervisory grades creates in itself a problem of human relations, for it would be foolish to
expect decisions of a uniform nature to be given by people of varying temperament and personality unless some guiding principles were laid down for them. A written personnel policy has two important values: to the employee it represents a guarantee of fair and equitable treatment, and to the supervisor it is a safeguard in that it relieves her of the responsibility of making a "personal" decision which may conflict with decisions given by other supervisors or, indeed, with previous decisions of her own.

Before a written statement of policy can be produced, a great deal of constructive thinking has to be done; and it is suggested that the principle of co-ordination in the early stages (page 17) should be adopted. This can best be done by setting up an *ad hoc* committee composed of representatives of all grades of employees. Such a committee would need to examine the objectives of the undertaking and how they can best be correlated with the aims of the employees concerned, and in this process it would need to employ the principle of investigation. The result of the committee's deliberations would be specific recommendations as to policy to be adopted and procedures necessary to make the policy effective. These recommendations would, of course, have to be approved by the governing authority, as there might be limiting factors, e.g., finance, which would have to be taken into account. Nevertheless, the process of thinking together in the initial stages of policy development is one of inestimable value, and may be regarded as the keystone to the sound personnel relationships which personnel policy endeavours to build.

Written personnel policies usually begin with a general statement outlining the management's basic philosophy. Such a statement referring to nursing service administration, either hospital or public health, might read:

"The nursing service administration of . . . believes that its supreme objective, the best possible patient care, can be achieved only by the full co-operation of all who are privileged to take part in that care.

"It seeks to establish a team dedicated to the protection of the health and well-being of the patient, in an environment that will enable every member of the team to obtain, as well as give, satisfaction in his or her work. To that end the administration will make every effort to—

"(1) employ those persons best fitted by education, skill, and experience to perform prescribed work;

"(2) guarantee fairness in the maintenance of discipline;

"(3) upgrade and promote existing staff wherever possible;

"(4) take all practical steps to avoid excessive hours of work;

"(5) ensure the greatest practicable degree of permanent and continuous employment;

"(6) maintain standards of remuneration comparable to those that prevail in similar positions;

"(7) provide and maintain a high level of physical working conditions, with particular reference to the prevention of accidents, maintenance of health, and rehabilitation of sick and injured employees;

"(8) maintain effective methods of regular consultation between administration and employees;"
“(9) provide suitable means for the orientation, on-the-job training, and evaluation of employees to enable them to secure competence in the performance of their duties and fit them for promotion;

“(10) encourage social and recreational facilities for employees;

“(11) develop appropriate schemes for employee welfare.”

FUNCTIONS AND TECHNIQUES OF PERSONNEL ADMINISTRATION

Having written the general statement of policy, the administration is faced with the problem of how the objectives specified can be best achieved. This is where the various techniques of administration are used, and below are indicated the appropriate means. For this purpose the various objectives are grouped according to the generally recognized functions of personnel administration.

Each of these functions is discussed separately, and descriptions of the appropriate techniques are given in the pages which follow:

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The Employment Function

Objective A—Job analysis, job specifications

The essential foundation for any personnel programme is a careful determination of the scope of the work to be done. It is necessary for the
purpose of recruiting a suitable number of desirable and qualified individuals to perform the work, and it is equally important as a basis for selection, rating, transfer, and promotion.

Before any of these operations can be critically appraised, it is necessary to have an accurate description of the various jobs to be done, together with an assessment of the abilities required in an individual to perform them satisfactorily. To do this, the process of investigation must be employed. Such investigation can best be conducted by the institution of a programme of job analysis. Until recent years this technique was largely confined to the industrial world, but studies undertaken in a number of countries have proved conclusively that it can be used to great advantage in the field of nursing. Particularly is this noticeable in the scope which has been shown for redeployment of work in the nursing sphere, for making sure that the skill of the trained nurse is used to the best advantage and that tasks which do not require that skill can be as effectively performed by less highly trained personnel.

Job analysis

What is job analysis? The generally accepted definition is "a scientific study and statement of all the facts about a job which reveal its content and the modifying factors which surround it". In other words, job analysis is no more than an accurate description of the work to be done and the qualities necessary in the person who is to do it successfully. The theory of job analysis is that there are five aspects of basic work and that, whatever the job may be, those five factors are responsible for its total make-up. The factors are: (1) mental requirements, (2) physical requirements, (3) skill requirements, (4) responsibilities, and (5) working conditions. The type of work does not matter in the least; neither does its importance to the community: doctor or porter, nurse or ward maid—all have these fundamental characteristics in their jobs, although the amount of each factor necessarily varies with each job.

This leads to the question what is meant by a job. For the purposes of job analysis, the definition is "the group of duties, responsibilities, and activities assigned to an individual". Thus a job refers to an occupation, e.g., that of nurse or shorthand-typist; it does not refer to a portion of the work assigned to an individual, such as changing a dressing or typing a letter.

The two preliminary steps in a programme of job analysis are the preparation of job descriptions and of job specifications. The former is a written summary of the most important features of a job, and it is usual to compile this by making a factual record of the way in which each employee spends his or her working day. The idea of job description is not a new one. Some sort of job description indicating the general nature of the work to be
done must exist in the mind of every employer when he engages a new worker. In these days, however, a general idea is not enough; and any shortage of manpower makes it imperative that employers, whether private or public, should not only pick the best people for the job, but also see to it that those people are employed to the best of their ability. Fitting each position with the proper employee is a difficult task, but it can be made easier if it is based on objective information regarding the job.

It may well happen that employees having similar titles will be found doing work which varies considerably in its content, and the initial stages of compiling the job description often reveal valuable information which it is both useful and prudent for the administrator to know. Detailed study of the actual way in which different employees perform the same job may also suggest methods of work simplification which will make for economy of effort and a better all-round performance of the job.

If a job analysis is to be a success, it cannot be a superficial procedure. It requires detailed examination of jobs, and this work should be done and supervised by persons with training and experience in this field. Two alternatives are available: either trained assistance can be brought in from the outside, or individuals selected from the existing staff can be given special training in job analysis methods.

There is much to be said for the employment of outside specialists since not only are they versed in the technique, but also, by virtue of experience, they have become accustomed to establishing good relationships with the personnel who are to be observed. This is quite an important factor, for the establishment of any job analysis programme is bound at the outset to be viewed with suspicion and apprehension; and the detached, objective approach of the outsider may elicit a greater degree of co-operation.

On the other hand, there is no reason at all why job analysis should not be conducted from within, provided that it is completely detached from the ordinary work programme. It cannot be conducted at odd moments as a part-time job, and responsibility for executive control and operation should be vested in one individual who should be accountable only to the chief executive officer of the undertaking. Depending on the size of the programme, sufficient personnel should be assigned to her, and preliminary training in analytical techniques should be given.

The preliminary step is to hold a group discussion with all heads of departments, at which the purpose of the analysis should be discussed and the results which it is hoped to achieve outlined. The method which it is proposed to adopt should be explained fully and the impact which the analysis is likely to have upon the various departments in terms of time or possible dislocation of work discussed. It is particularly important that not only the heads of departments, but also “first line” supervisors should be convinced of the value of the programme; little success can be expected if they are antagonistic. In some cases it has been found desirable to address
an individual letter to every employee, explaining the purpose of the analysis and asking for co-operation; where methods of joint consultation exist, they, too, are excellent channels of communication. Experience has shown that this preliminary work of explanation is of the utmost importance: it can allay many misunderstandings or misapprehensions which may be in the minds of the staff. In order that the normal pattern of work should be followed, employees of all grades must feel secure in the knowledge that the information acquired will be treated as confidential and that nothing said or done during the analysis will be used as evidence against them personally.

The first step in the actual job analysis procedure is to ascertain the title of each separate job in the undertaking. From this a number of "basic" jobs will be apparent, and the first task will be to discover the exact nature of these jobs.

Each departmental head should be asked to compile an organizational chart of the department giving the titles of the various jobs in operation. This will give the analyst a preliminary picture of the organization by jobs, but it would not be safe to conclude that jobs which have the same name are necessarily the same in work content.

The methods normally used to secure information for the job description are: (1) the questionnaire method, and (2) the observation method.

Experience has shown that a real understanding of the demands made by the range of duties involved in a job is possible only if those duties are studied against a background of the environment and conditions under which the work is performed. For this reason the observation method is strongly recommended, both for accuracy and for standardized judgement; but it is, of course, time-consuming and therefore expensive. A description of both methods will enable the administrator to judge which is likely to be more successful in his own hospital.

1. The questionnaire method

In this method each worker is required to fill in a questionnaire on which she lists her duties, the equipment and supplies used, the nature of supervision given and received, and any other information considered relevant. It is essential that these questionnaires when completed be checked with the head of the department, and in some instances it is preferable for the head of the department or the immediate supervisor herself to complete a questionnaire for each job. These are then checked against the ones prepared by the individual workers, and discrepancies are noted and investigated.

A specimen individual job description form is reproduced in Annex 3, page 91. This may be used as a comprehensive guide, though amendments to suit individual requirements of a particular hospital may be made as desired.
It will be seen that the form requires information regarding:
(1) title of the job;
(2) place of the job;
(3) general description of duties;
(4) lists of records and reports to be completed;
(5) list of equipment and supplies used;
(6) proportion of time spent in standing, sitting, walking, etc.;
(7) supervision given and received;
(8) working conditions; and
(9) employee's opinion of difficulties attached to work.

Detailed consideration of these points suggests the following comments:
(1) and (2) Title and place of job need no comment except that care should be exercised to make identification of the job easy.

(3) General description of duties. These should be subdivided into daily, weekly, and monthly duties, and an estimate of the percentage of time spent on each given. The relation of the work to other jobs should also be indicated. This is particularly important in hospital work, where the care of the patient involves overlapping of the duties of a number of people of varying grades.

A word of caution should be inserted here concerning the importance of checking the reliability of the information compiled under this heading. It is extremely difficult for any person except those doing completely repetitive jobs to give a reliable estimate of the time spent on various activities, and some spot checks by actual observation should always be undertaken.

(4) List of records, etc. The information acquired under this heading is of considerable value and can often lead to duplication of work being avoided.

(5) List of equipment, etc. This, again, can lead to useful information, and the employee's comments are often most revealing.

(6) Proportion of time spent in standing, etc. This will reveal the amount of physical effort entailed in the job and may open up possibilities of making the job easier for the worker.

(7) Supervision. Requires no comment.

(8) Working conditions. This is designed to highlight such conditions as are disagreeable and, again, may help in ameliorating them.

(9) Employee's opinion. Much useful information can be obtained, particularly regarding facets of the work which the employee may find difficult. It may be found that insufficient instruction or training on some particular point has been given, or it may open the door to a rearrangement of the work.
Before the questionnaires are distributed, it should be stressed that they are not concerned with the actual performance of the job, but solely with the duties involved. On completion and return, they should be reviewed and discussed with the employee in a personal interview, following which any specific points can be discussed with the supervisor.

Complementary to the individual job description is the job qualification questionnaire (see Annex 4, page 92). This is completed in an interview with the supervisor. Its purpose is to verify the information culled from the job description form and, at the same time, to get such additional information as will enable the analyst to indicate the type of person best fitted to perform the job. A perusal of the form will show that the supervisor is asked to give the qualifications of the "ideal" employee, not necessarily those of the person on the job, though they may, of course, coincide.

(2) The observation method

In this method the analyst obtains the information by means of actual observation of the worker on the job, and supplements this by interviews with the supervisors. The observation can be "mass", that is to say, with one observer recording the work of a number of employees, or "individual", in which the observer is concerned with one worker at a time. According to the nature of the work, a decision has to be made whether the observation is to be continuous, i.e., minute by minute, or at stated periods, e.g., at quarter- or half-hour intervals. In cases of repetitive work, the latter, or even longer periods, would suffice; but, where the activities are numerous and constantly changing, as in nursing, continuous observation is necessary. A simple form of observation sheet, ruled for the appropriate time periods, is used; at the end of each day, the observer summarizes the time spent on each particular activity. This method of recording, though laborious, has one great advantage: it pictures the work as it takes place so that, in addition to the description of the task, the length of time it took, and the person who did it, any interruptions which occur are highlighted, and the peak periods and slack periods are easily seen.

Based on the data thus gathered, work summaries are prepared. These are schedules showing the total work content of each department broken down into the time spent on each activity by each grade of worker. The importance to the administrator of such a clear picture cannot be over-emphasized. It enables her to see at a glance how the time is being spent, who is doing what, and, what is perhaps even more important, which jobs are not being done or are being only partially done. It gives her a basis for comparison as regards both departments and relative jobs in different departments. The possibilities are enormous; and, although the work involved is tedious, it is well worth while.

It must be remembered that heads of departments and supervisors are sometimes prone to take a parochial view, thinking only in terms of their
own particular departments; and it is not easy for an administrator to suggest rationalization of work, or to resist a specious demand for more staff, unless she has this type of factual knowledge at her disposal. It is not suggested that the administrator should make arbitrary decisions purely on the basis of the facts revealed. When the work summaries are completed, the first task is to go through them with the head of the department; and, if the work is of a professional or technical nature, it may be necessary to seek further expert advice.

The job specification

As a result of the total information gained from the foregoing sources, the analyst is in a position to write the job specification. This is the final product of a programme of job analysis designed to facilitate the recruitment, selection, and placement of personnel, and is a summary of the information gleaned from the job description and job qualification forms after they have been carefully reviewed. It contains particulars of the activities to be performed, the responsibilities and the relationships of the job with other jobs in terms of work procedure and organization structure, and the requirements sought in the individual worker for the job. An example of a job specification form is given in Annex 5, pages 94 and 95.

* * *

A programme of job analysis has many advantages, among which can be enumerated the following:

1. It provides a solid base upon which to choose the right people and to plan the right training for them.

2. By defining what is essential to the job, it reveals the inessentials, the irrelevant and obsolete practices which often encrust the job in actual performance.

3. It shows where there is overlapping or duplication of work, and the faulty use of existing personnel.

4. It provides basic material for the production of work and procedure manuals.

5. It helps to promote good morale in that it enables the administrator to deal intelligently with complaints. It also helps her to establish definite lines of promotion.

It is urged that sufficient time should be given to allow a job analysis programme a chance to show results. If it is to be of maximum benefit, the knowledge gained from a job analysis programme must be put into practice even if this means overcoming prejudice and discarding traditional procedures, both of which require some little time. If it can be made a continuous
programme, the chances of success are assured, for in time the whole of the working force will accept it as an integral part of the organizational structure.

Other administrative aids

1. Schedules

Time schedules and work schedules are useful administrative devices for the orderly regulation of activities and for avoiding omissions.

Time schedules indicate the time at which specific activities should take place. They are best divided into daily, weekly, and monthly lists. Daily time schedules indicate the time of the day at which routine procedures and regular daily activities should take place; weekly schedules indicate the day of the week and the time for such weekly tasks as requisitions and reports and any other weekly duty; monthly schedules serve the same purpose for similar activities which must be performed at monthly intervals. These time schedules are of great help to the head nurse in the over-all management of her unit in that they form a check-list for easy reference.

Work schedules outline the basic duties of the various grades of personnel. They are usually written in order of sequence of work, as far as possible. They must, of course, be regarded mainly as guides, since an emergency may at any time occur and prevent a strict adherence to them.

The technique of job analysis is of great help in the compilation of time and work schedules; and group discussion, in which the personnel who are actually going to carry out the various activities can participate, often produces helpful suggestions which add to the efficiency of the team.

2. Manuals

It is good administrative practice to assemble all the directives regarding administration and procedure in a loose-leaf manual which can be available for reference. These directives, in general, fall under three headings:

(1) administrative procedures, issued by the nursing office and referring mainly to regulations;

(2) unit procedures, outlining the procedures to be used in the management of the unit; and

(3) nursing procedures, outlining procedures carried out by the nurse. These procedures should be in detailed form and specify the purpose for which the procedure is to be used, the equipment needed, the sequence of steps in the procedure, and the precautions to be observed.

Special departments, such as operating rooms or out-patient departments, should have an additional section containing the procedures which apply only to that department.

The contents of the manual, particularly in relation to specific procedures, will be more acceptable if compiled following group discussion.
It is important that the manual should be kept up to date and that obsolete directives and procedures should be removed when the new material is issued.

3. Records

Records are administrative devices used to collate and classify information. It must be remembered that they are not an end in themselves; their usefulness must be judged by the contribution they make to an administrative, educational, or research objective. In all cases where a record is kept, there should be a clear concept of its purpose; and only items which serve that purpose should be included in it.

Records may be of a "temporary" nature, and care should be taken to see that those of a purely temporary nature are not allowed to continue beyond the purpose for which they were drafted.

The criterion for evaluating a record is the use which is made of the information collected. A periodic review of records is recommended.

In so far as nursing service administration is concerned, records in common use are patients' records, medical orders, nursing records, time records, personnel records, inventories, narcotics records, and evaluation records; but others may suggest themselves. Providing they fulfil the criteria laid down, they can make an effective contribution to good administration.

4. Forms

Forms are the means by which the information collected is presented. Great care should be exercised in drafting appropriate forms. Wherever possible, they should be of a standard size in order to facilitate filing.

5. Reports

The purpose of a report is to convey factual information. It can be oral or written. In general, the written report is preferable in that it is generally more comprehensive and can be kept as a permanent record. It is important that reports should be written in a clear and concise form and that the information contained in them should be accurate.

In many instances, in addition to a presentation of facts, a report may contain conclusions or findings based on the facts and recommendations concerning them.

Where facts can be expressed numerically, their presentation is best shown in a tabular form, with previous figures also included for purposes of comparison. Statistical information of this kind can be of great value in forecasting and planning. Use can also be made of graphs and charts for pictorial presentation.

The number of copies of a report should be kept to a minimum; when more than one copy is needed, the use of carbon paper should be permitted.
6. Orientation programmes

The purpose of a programme of orientation is to help personnel to adjust themselves to their new situation. The programme should always begin with a welcome to the organization and formal introduction to the person to whom the new staff members are to be responsible and to the other people with whom they will work.

Information about the aims and purposes of the organization and about its personnel policy should be given. In many instances a printed booklet containing all the relevant information a new employee will need to have is presented.

Objective B—Agreed code of regulations

Modern methods of maintaining discipline differ considerably from the enforcement of a blind, unquestioning obedience which was characteristic of the older concepts: it is now recognized that, in the maintenance of discipline, the preventive rather than the punitive aspect should be emphasized. The purpose of discipline is to eliminate factors that make for group inefficiency and to encourage those that facilitate effective co-operation. Disciplinary action should therefore have a positive rather than a negative aim. It should encourage workers, including those particularly affected by such action, to co-operate rather than to resent.

Effective discipline can be said to exist when people recognize as necessary and willingly accept such regulations and restrictions as may be essential to the orderly conduct and safe working of the organization. This may be termed "discipline by consent". In its employment emphasis is placed on leadership rather than on domination, persuasion as distinct from dictation, selling ideas rather than imposing arbitrary orders, and consultation with those concerned before changes are made.

It is necessary in all cases where people work or play together that some code of conduct, some rules, should be established; and those rules are more likely to be accepted and willingly observed if, in their formation, some joint participation takes place. The nurse administrator should, therefore, seek the advice of a committee representative of all grades of workers.

The first duty of such a committee would be to determine what types of bad conduct are considered to be sufficiently serious to warrant the imposition of penalties. The following are some examples of conduct meriting disciplinary action: insubordination; neglect of duty; repeated lateness or absenteeism; incompetent performance of duties; immoral conduct, drunkenness, improper use of narcotics or drugs; smoking in non-smoking areas; discourteous treatment of patients or public; and wilful destruction of property. This list is not intended to be comprehensive, and other examples may suggest themselves as appropriate to particular circumstances.
After drawing up the code of conduct, the next step is to decide what penalties are to be inflicted for infractions of the code. These will obviously depend upon the seriousness of the offence, and may increase in severity for repeated infractions. Before the agreed code is applied, the circumstances of the alleged infraction should be fully investigated. This not only satisfies the principle of justice, but also may disclose mitigating circumstances which must be taken into account, and which in the future may be prevented. Usually some form of warning or reprimand, either oral or written, is given before any actual penalty—e.g., suspension, demotion, or discharge—is inflicted.

When the agreed code of regulations with appropriate penalties has been drawn up, it should be given the widest publicity. The publication of a rule book has much to commend it. In the case of new employees, it is good policy to insist upon their reading the code at the employment interview. The opportunity can be taken to explain the need for rules, and the employee's signature after reading can be accepted as her willingness to abide by the rules as a condition of employment. If, in addition, the rule book contains an appreciation of the organization in the form of a brief historical note and some details of its objective, newcomers can more readily absorb its traditions.

Finally, it is emphasized that, although the establishment of an agreed code of regulations makes the task of the supervisor an easier one, it does not absolve her from the duty of promoting self-discipline. Every offence should be treated as an opportunity for re-education in the reasons for rules and the importance of their observance in the general interest.

Objective C—Assessment of personnel

The basic purpose of an assessment of personnel is to provide a means of appraising the immediate and potential value of an employee. No objective tests or standards are available to measure quantitatively such qualities as initiative, leadership, or self-control; yet these characteristics, together with the interests and attitudes of an employee, may be important to the successful performance of a particular job. An assessment of personnel is therefore of great significance to administrators as a technique for improving the quality of the service provided. In addition, it has a specific value to the person who is being evaluated in that it affords an opportunity for a critical self-examination, from which correcting faults, overcoming weaknesses, and developing potentialities may result.

As it is necessary to rely on judgements and opinions, procedures have been developed for a more objective method of obtaining and recording these judgements. The major steps to be followed are: (1) definition of the purpose of the assessment programme, (2) decision as to what groups are to be assessed, and (3) selection and definition of the qualities to be assessed. Among the purposes for which the programme can be used are:
(1) to provide an objective basis on which to base salary increases, merit awards, and promotions;
(2) to provide an opportunity for a periodic review of the progress of individuals;
(3) to check the efficacy of the training programme; and
(4) to provide a basis for employee counselling.

A decision must be made as to which groups of workers are to be assessed, since it is obvious that the same scale cannot be universally applied. When this decision has been reached, the qualities which it is desired to evaluate in each group should be given careful consideration. Since assessments will be made by various individuals, it is necessary to define carefully each quality to be evaluated, in order that all assessors shall have the same conception of it. The qualities most frequently assessed fall under five major headings:¹

(1) quality of performance,
(2) mental qualities,
(3) supervisory qualities,
(4) personal qualities, and
(5) capacity for further development.

Each of these includes a variety of specific features: performance includes evaluation of both quantity and quality of work; mental qualities include such features as ability to learn, adaptability, and originality, together with such complex characteristics as reasoning powers; supervisory qualities include leadership, organizing ability, and co-operation; personal qualities are many, the most commonly considered being honesty, self-control, initiative, appearance, and attitude towards work and fellow employees; capacity for further development generally includes intelligence, acceptance of responsibility, and other features inherent in leadership.

It is clear that all the traits mentioned, with the possible exception of performance, are extremely difficult to describe in terms of objective behaviour; and recourse must be made to a descriptive scale, which usually has not more than five divisions. The use of such terms as “good” “satisfactory”, “fair”, etc. is to be avoided because of the impossibility of their being used with any degree of consistency by different assessors. Thus, if the quality to be evaluated is initiative, the five-point rating scale might read:

| Seeks additional tasks. Highly ingenious | Resourceful and alert to opportunities | Does regular work without waiting for directions | Sometimes needs to be told | A routine worker. Waits to be told |

The subdivisions above the line can be used to denote degrees within the point, the middle division in each case being taken as a sort of norm or standard.

Examples of two different types of assessment scale are given in Annexes 6 and 7, pages 96-98, but it is emphasized that these should not be followed too literally. It is important that each scale should be especially constructed to suit the particular demands of the job specification. Annex 6 gives an example of a simple numerical scale in which the figures are used to indicate the degree to which the quality is present. Such a scale is suitable for the more junior grades, but for the senior personnel it is advisable to go into more detail, and Annex 7 illustrates the type which may be used for that purpose.

The establishment of an assessment procedure demands that those who are to be entrusted with the responsibility of assessment should take part in all the preliminary discussions regarding the construction of the scale; the conference method is ideal for this purpose. There should be a periodic review of the scale. The difficulties likely to be encountered can be thoroughly examined and a basic guide of procedure compiled. One effective device in the conference procedure is to ask all the would-be assessors to assess someone well known to them all. This will illustrate the dangers of misunderstanding the definition of terms and will lead to a clearer appreciation of the problems involved and to greater uniformity.

It is generally accepted that at least three assessments of each employee are necessary to give a worth-while result, but no number of assessments is a guarantee of complete accuracy.

The assessment of personnel can be a valuable aid to administration, but it has its limitations. It is advisable to see that the following practices are observed:

1. The assessment of each individual should be made by the person to whom the individual is administratively responsible and, where possible, by one other person.
2. The assessment should be made in relation to the job specification.
3. The preparation of the assessment should include discussion with the individual concerned.
4. The assessment should be considered confidential.

Remuneration

Objective D—Job evaluation

The problem of payment for services rendered is one which has perplexed mankind ever since the first master-servant relationship was established, and it is still a major factor in all fields of work. In general it can be said that there are three methods of determining remuneration. They are (a) by
(b) by bargaining, or (c) by analysed judgement. These are shown in diagrammatic form in Fig. 4.

**FIG. 4. METHODS OF DETERMINING REMUNERATION**

The fiat method is the traditional one of antiquity in which the master states the remuneration he is prepared to pay, and the servant, if he wishes to work for him, has perforce to accept it.

Gradually the custom of fixing a rate for a unit of time or a specific task performed was developed. Although originally the sum to be paid was determined by the master, this eventually gave way to a system of individual bargaining in which the variation in human performance was recognized.

The growth of trade unionism carried the principle of bargaining from an individual to a collective stage in which the representatives of employees and employers agreed upon rates of pay to be applied to the industry or profession under review. The principle of collective bargaining is current in many fields of work today, but it is not wholly satisfactory since the end result depends not necessarily on the merits of the case, but on the bargaining strength of the contracting parties. In time of unemployment, employers are in a position to enforce a low wage; but, if workers are few and jobs are many, the position is reversed. Thus, although a bargain may be struck, it is not necessarily a fair one; and modern management is thinking more and more in terms of fixing remuneration by analysed judgement. The method employed is known as job evaluation, and the following is a brief description of it.

Job evaluation is a system of job measurement which stems from the theory already advanced in job analysis (page 45) that there are a number
of factors common to all jobs. These factors vary in degree from job to job; but, if the job descriptions have been properly compiled, the extent to which each factor is present can be readily ascertained. These differences in job factors, when measured, show the relative importance of each in proper job performance. For example, under the heading "mental requirements", one job may require the educational standard of a university graduate, while another may be satisfactorily performed by anyone with a minimum formal education. Similarly, under "working conditions", a great variation may exist, one job being performed under pleasant and safe conditions while another may have disagreeable elements, including exposure to hazards which may affect the employee's mental or physical well-being. It is proper that these variations should be taken into account in arriving at a basis for the remuneration of the job, and job evaluation provides the means whereby this is attempted.

Methods

There are two principal methods used in the process of job evaluation: the factor comparison method, and the point rating system.

1. The factor comparison method

Under this method it is usual to select a number of "key jobs", ranging in salary from low to high, upon which there is a large measure of agreement as to duties and rate of remuneration. These jobs are then examined by a committee appointed for the purpose; this committee is best comprised of representatives of management, the supervisory grades, and the workers concerned. The key jobs are then ranked by each member of the committee individually in the order of importance of the job factors, i.e., mental requirements, physical requirements, skill requirements, responsibilities, and working conditions. After the individual rankings have been made, the results are summarized and any marked discrepancies freely discussed. Usually the discrepancies can be resolved by discussion; but, in the event of definite disagreement, the particular job should be eliminated and another one substituted. When agreement is reached, the rankings are averaged.

The next step is to distribute the current rate of remuneration for the job over the five factors so that all the salary is accounted for. Here again the individual process with its resultant average is used. A job paying a salary of $150 a month might show the following distribution:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental requirements</td>
<td>35</td>
</tr>
<tr>
<td>Physical requirements</td>
<td>30</td>
</tr>
<tr>
<td>Skill requirements</td>
<td>45</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>20</td>
</tr>
<tr>
<td>Working conditions</td>
<td>20</td>
</tr>
</tbody>
</table>

It is emphasized that the key jobs used in this process should be ones which are clearly defined and accepted as carrying appropriate rates of pay.
This is because, when evaluated as above, they form the basis of a comparative scale which can be applied to all other jobs under review.

Once the key scale has been established, the person making the evaluation first studies the complete job specification and then concentrates on the items listed as mental requirements. Having clearly in mind the mental requirements involved in the key job, he then uses his judgement to determine whether the mental requirements of the job which is being evaluated are greater or less than the jobs shown in the scale. This process is repeated for each of the five factors and translated into money values, thus giving a total evaluated rate.

It is important to remember that the whole evaluation process is concerned with the worth of the job and not with the individual performing it.

2. The point rating system

Under the point rating system, job factors are also used; but they are broken down in greater detail than in the factor comparison method, and points are awarded according to the degree to which each factor or sub-factor is present in the job.

The first essential, therefore, is to establish a list of factors and sub-factors common to all jobs and to construct a rating scale for the measurement of each factor. This is in itself a task of some magnitude, and is best accomplished by appointing a special committee.

<table>
<thead>
<tr>
<th>List of factors</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education</td>
<td>15</td>
</tr>
<tr>
<td>2. Previous experience</td>
<td>10</td>
</tr>
<tr>
<td>3. Training time</td>
<td>10</td>
</tr>
<tr>
<td>4. Skills</td>
<td></td>
</tr>
<tr>
<td>(a) Manual: dexterity</td>
<td>5</td>
</tr>
<tr>
<td>(b) Mental: resourcefulness</td>
<td>5</td>
</tr>
<tr>
<td>ability to do detailed work</td>
<td>5</td>
</tr>
<tr>
<td>ability to analyse and make decisions</td>
<td>5</td>
</tr>
<tr>
<td>(c) Social: co-operation</td>
<td>5</td>
</tr>
<tr>
<td>capacity for self-expression</td>
<td>5</td>
</tr>
<tr>
<td>5. Responsibility</td>
<td>30</td>
</tr>
<tr>
<td>(a) For work of others</td>
<td>10</td>
</tr>
<tr>
<td>(b) For institutional policy</td>
<td>10</td>
</tr>
<tr>
<td>(c) For goodwill and public relations</td>
<td>10</td>
</tr>
<tr>
<td>(d) For equipment, supplies, and cash</td>
<td>10</td>
</tr>
<tr>
<td>(e) For records and files</td>
<td>10</td>
</tr>
<tr>
<td>6. Effort</td>
<td>50</td>
</tr>
<tr>
<td>(a) Manual</td>
<td>10</td>
</tr>
<tr>
<td>(b) Mental</td>
<td>15</td>
</tr>
<tr>
<td>7. Working conditions</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
</tr>
</tbody>
</table>
To illustrate this process an extract is given from a job evaluation guide prepared by the Committee on Institutional Nursing of the Canadian Nurses Association.\(^1\) It is not suggested that this guide is applicable universally (many variations have been noted in similar studies), but it shows in a simple form the procedure to be undertaken. The list of factors decided upon and the maximum points awarded to each are shown on page 59.

It will be seen that the maximum number of points a job could carry under this scheme is 150, but this figure is an arbitrary one. Some plans provide for a quite small number of points, while in others the points figure may be as much as a thousand. In general, it is found that the fewer the points, the more difficult it is to rate the relative importance of the factor: a larger number of points allows small differences to be more readily expressed.

The next step is to construct a rating scale for each factor and sub-factor, and it is important that a clear definition of the factor and sub-factor should be agreed upon. Following the over-all definition, the evaluator enumerates the degrees to which the factor is present in the job and awards an appropriate number of points to each.

This process is also best shown by example; and, from the list of factors shown above, one sub-factor and one factor have been selected.

EXAMPLE 1

**Factor:** Working conditions

**Definition:** Working conditions are those elements, including hazards, under which the job is performed. They are beyond the employee's control and may affect her physical or mental well-being.

**Degrees:**

1. Good conditions. Tasks pleasant; little chance of injury; little noise or confusion; air, light very good.  
2. Good conditions with minor features which disturb the physical or mental well-being of the employee. Slight noise; some monotonous work; uneven temperature; disagreeable appearance of work-place.  
3. A periodic disagreeable element or combination of factors such as heat, cold, dampness, fumes, noise, vibration, intermittent schedule, or minor possibility of contagion and occasional contact with disagreeable patients.  
4. A disagreeable element which is continuous. Broken hours, undesirable work shifts. Occasional exposure to loss of time through accidents, etc.  

**Points**

1. 0  
2. 3  
3. 5  
4. 10

EXAMPLE 2

**Factor:** Skills

**Sub-factor:** Manual dexterity

**Definition:** The speed, accuracy, and experience needed to perform tasks within the hospital.

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\(^1\) Canadian Nurses Association, Committee on Institutional Nursing (1957) *Job analysis and job evaluation*, Ottawa
1. Does simple routine tasks which do not require special mechanical skill in procedure; accuracy and speed of reaction not of great importance.  

2. Must do simple procedures using hospital equipment and machinery at reasonable speed. Normal reaction time.

3. Must have knowledge of the use of several types of equipment. Use of hospital equipment of fairly complex nature.

4. Knowledge of use of most hospital equipment needed; requires knowledge of how equipment functions.


Points

0

1

2

3

4

It will thus be seen that, when each factor and sub-factor has been defined and broken into degrees and points have been assigned to each degree, there will be in existence a rating scale which can be applied to every job within the organization.

When all the jobs have been rated, they should be arranged in order of point value. The next step is to convert the points into monetary ratings. For this purpose the same procedure is used as in the factor comparison method, that is to say, a number of key jobs are selected, the salaries of which are comparable to those of similar jobs throughout the community. A division of the salary according to the number of points awarded will give the final point value, which can then be applied to other jobs.

3. Conclusion

It has been stressed that in both the factor comparison method and the points rating system the use of a committee is an essential factor. The committee must be fully representative of the particular grades of workers whose jobs are being evaluated, and it should form a permanent feature of the remuneration structure, revising and reviewing its own work from time to time in order to meet changing circumstances.

It is again emphasized that the main function of the committee is to fix the basic rate for the job; but, once that is done, it may be necessary to add to the basic rate some extra remuneration to meet a specific factor. For instance, it may be the policy of the organization to reward long service and meritorious performance, and in such cases an addition to the basic rate is right and proper. Similarly, difficulties of recruitment or geographical circumstances may also need to be recognized; this, too, can be done by an addition to the basic rate.

Joint Consultation

Objective E

Consultative and advisory committees

It is now generally accepted that autocratic control in any field of work is no longer desirable and even, perhaps, no longer practicable. In its place
some means of control has to be found which is more in keeping with modern thought and conditions, and the chief claim for joint consultation is that it does, in fact, provide this means. It has been said that “the main value of joint consultation lies in the good relationships which it engenders and the fact that it satisfies the human desire to be personally identified with the project in which one is engaged. Through joint consultation, management will be better able to eliminate misunderstandings, to know the views of employees before policy decisions are taken, to know about matters on which strong feeling exists and to be informed of employees’ attitudes in countless domestic situations and management procedures.” ¹

Franklin D. Roosevelt said, “Authority can be based only on acceptance and confidence on all sides.” Joint consultation may thus be regarded as the effective background of authority. Properly applied, it creates a feeling of identity of purpose and inspires mutual confidence. In no sphere of work are these attributes more important than in that which relates to the care of patients. Co-operating in the care of the patient are all grades of workers, ranging from the highly skilled to the unskilled; it is therefore important that these people should be brought together in order that they may have a greater appreciation of each other’s function. To do this there must be a genuine sincerity of purpose on the part of the administrators of the undertaking: they must believe in joint consultation wholeheartedly, and not just accept it as a necessary evil. Joint consultation does not, in any way, usurp the functions of management. Its nature is purely consultative and advisory: it is a two-way channel through which matters affecting the progress and well-being of the undertaking can receive regular consideration.

Joint consultation can be formal, i.e., established by constitution, or informal; the importance of the latter cannot be overemphasized. In the normal course of work a great deal of informal consultation must of necessity take place, and the proper encouragement and development of it can do much to create harmony in the establishment. If formal consultation is desired, then some care should be exercised in instituting it. The fullest possible information of the proposed consultative body should be given to all concerned; otherwise, an atmosphere of suspicion or mistrust may arise.

Formal consultation within the nursing service should begin with the regular conference (usually daily) which the director has with her senior staff. Such meetings are in reality work conferences at which immediate problems are discussed, but it is good practice for decisions to be recorded, and in that sense they become part of formal joint consultation.

The nature of other joint consultation can be varied according to the needs of the undertaking, but regular meetings between the director and representatives of all grades of professional nursing staff should be encouraged.

¹ Institute of Personnel Management (1950) Joint consultation: a practical approach, London
While an endeavour should be made to preserve the informal spirit even in formal joint consultation, it is nevertheless desirable to have a simple constitution defining the purpose and scope of activities. No one form of constitution can be regarded as a model, but the following headings are found in most constitutions:

1. The purpose of the committee: Here the personnel policy advocating regular exchange of views between management and employees should be clearly stated.

2. The functions of the committee: In the normal course of events, the functions of a joint committee are consultative and advisory only; but, if the committee is charged with a specific responsibility, e.g., the administration of welfare funds, then appropriate executive powers must be given.

3. The scope of activities: This should be as wide as possible and should include all matters affecting the general well-being of personnel. Examples are: (a) consideration of physical welfare and working conditions; (b) suggestions for improvement in methods and organization of work—and suggestion schemes with appropriate rewards for constructive ideas may well come within the scope of a joint committee; (c) general amenities; (d) recreation. Provision can be made for subcommittees to deal with specific matters, but they must be linked to the main committee and report back to it at regular intervals.

4. Chairman and secretary: The importance of these two offices needs no emphasis, but the manner in which they are filled is a matter for the particular establishment to determine. Suffice it to say that the success of any joint consultation can be in direct relation to the ability and interest of these office holders.

5. Meetings: It is recommended that meetings be held at regular intervals; and, since their purpose is directed to the betterment of the service, it is proper that they should be held within normal working hours.

Thus far the description of joint consultation has dealt with matters of general interest to management and employees alike, but it is also useful to employ joint consultation for the consideration of professional matters. Special committees to review nursing procedures or in-service training programmes are examples, and these can be of great assistance in promoting efficiency and goodwill.

Group discussion

Group discussion is a manifestation of the principle of "co-ordination by direct contact" enunciated by Mary Parker Follett (page 17). Its chief value lies in the fact that it encourages the active participation of all concerned and stimulates them to make their own contribution to the problem under review. An excellent definition of group discussion is given
in section 2 of the handbook of hospital personnel administration issued by the Committee on Personnel Relations, Council on Administrative Practice, of the American Hospital Association: “a group of people having common problems and related interests who sit together informally to exchange their points of view and their individual experience and to pool their various opinions with the object in mind of arriving at some definite recommendation or plan of action”.¹

The essence of group discussion lies in its informality and the fact that discussion centres round a topic in which all who are taking part have a direct interest and to which, by virtue of their experience and knowledge, all can make a particular contribution. There is no limit to the variations of group discussion: it can range from a discussion between the Matron and her senior staff on matters of nursing policy to a “get-together” on the part of the ward sister and her staff to talk about a specific problem which has arisen in the ward or department. The success of any group discussion is in direct proportion to the care with which it is planned.

A brief review of some of the uses for this technique may be of help. The first, as has already been indicated in the definition, is to pool experience; and, when one considers the number of years of collective experience possessed by even a numerically small group, it is easy to see how valuable the experience of a group can be in developing a solution to a problem or a recommendation for specific action. Secondly, the group discussion is bound to stimulate thinking and reasoning by those participating. The examination of situations and problems and the consequent analysis of possible actions and solutions create in the group a capacity to recognize similar problems in their own daily work and develop their ability to reason through to a solution. Thirdly, through group discussion new policies or procedures can be examined before being put into practice. The unexpected difficulties which often develop when the planning stage is translated into action can be anticipated by obtaining the reactions of the group; and, if the proposed change passes this test satisfactorily, its acceptance in practice is more readily assured. Fourthly, group discussion serves as a valuable means for the members of the group to get to know each other as individuals and to appreciate each other’s contribution. Fifthly—and perhaps this is an especially important aspect of group discussion—problems which involve relationships with other departments can be examined in conjunction with those departments.

The interrelationship of the various departments in a hospital is a vital factor in its operation, and no amount of planning or group discussion within the nursing department alone will avail if the success of the plan depends on co-operation from other departments. They, too, must be brought into the picture.

¹ American Hospital Association, Committee on Personnel Relations (1949) Hospital personnel administration. Section 2. Conference techniques, Chicago
An interesting example of the role of group discussion in solving a problem which involved several departments is cited in the third report of the WHO Expert Committee on Nursing. In this example, the head nurse (ward sister) was anxious to rearrange the nursing schedule in order to maintain adequate nursing care at a peak period. Extra nursing personnel were not available, and it was apparent that any rearrangement of the work load would depend upon the co-operation of a number of people outside the administrative ambit of the ward in question. These included the nurse teacher responsible for scheduling student nurses’ classes, the doctor in charge of the clinical schedule for medical students, the hospital administrator, and the chief doctor of the surgical staff, all of whom, in the course of their own planning, had of necessity to impinge on the work of the ward.

To be effective, group discussion must be a democratic process in which all taking part are assured of complete freedom to voice ideas and opinions without fear of unpleasant consequences. The object of the whole procedure is to draw out collective experience and to seek advice, not to give it. If this is done conscientiously, it will improve employee morale and add greatly to the quality of supervision at all levels.

Health and Safety

Objective F

The establishment of a positive health and safety programme means much more than a pre-employment physical examination and the publication of a code of safety rules. It involves:

1. A study of the working environment in all its aspects. This includes not only the physical factors—lighting, heating, ventilation, etc.—but also such problems as the risk of infection and contagion, and the hazards peculiar to the work undertaken.

2. The supervision of the health of each employee by means of complete physical examinations for new workers and periodic re-examinations.

3. The education of employees in the principles of health and hygiene so that they may develop healthy habits of living and working.

4. The compilation and maintenance of sickness and accident records and the intelligent use of those records.

Nursing administration has particular responsibilities in relation to such a programme. It not only is concerned with the health of the nurse, but also must safeguard the patient; a study of the working environment must therefore have that twofold purpose. Nurses are entitled to expect that the risks of infection and contagion be reduced to a minimum by the

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exercise of preventive measures and by immunization. The patient is entitled to an assurance that his care is in the hands of someone who is physically and temperamentally capable of assuming that responsibility. Administration must therefore see to it that the working environment is clean and well lighted and ventilated, and that full protection from infection, accident, and fire hazards is given.

The pre-employment physical examination is undertaken with the object of determining the suitability of the candidate for the job in question. It follows that the physician conducting it should be familiar with the nature of the work, the conditions under which it is performed, and the emotional strains likely to be involved. The result of the physical examination and the recommendation of the physician are communicated to the nursing administration, in which the ultimate responsibility for the decision is vested. Due regard must be paid to the physician's recommendation, as it would obviously be foolish to employ a person not considered suitable. However, for some applicants whom the physician judges unsuitable for the job in question, the nursing administration may well find work of a less exacting nature, and thus retain persons who might otherwise be lost to the service.

Included in the health programme must be facilities for the prompt treatment of emergency sickness and accidents. Prolonged illness necessitating hospital treatment is another matter; and, whatever policy exists in this respect must be made known to, and understood by, the employees. In many countries there are insurance plans for hospital treatment and medical care, and nurses should be encouraged to participate in these plans.

The education of employees in health and safety measures should be part of a planned programme in which personal advice, group discussion, talks, films, and other devices can be used to create a continuing consciousness of the importance of these matters. Particularly is this the case with regard to the measures designed to prevent accidents, for the effectiveness of these depends entirely on the degree of co-operation achieved. Accidents, however trivial, should always be reported immediately, with full particulars of the circumstances; and it is good policy to establish a routine setting out the various steps to be taken.

Physical hazards can never be entirely eliminated; but they can be reduced by constant vigilance in the inspection of equipment, keeping floors and other surfaces in a good state of repair, and seeing that passages and stairways are adequately lighted and free from obstruction. This vigilance is not confined to the departmental head: every individual must become safety conscious, not only for her own sake, but also in the interests of others.

The importance of adequate records in the health and safety programme needs no emphasis. Health records are valuable for the information they supply in the compilation of statistics concerning the state of health of
each employee and whether it is affected by working conditions. Over a period of years, comparative studies can be made which will indicate the frequencies of particular illnesses and draw attention to possible defects in the physical environment. Health records are also useful in testing the efficiency of the health teaching.

Accident records are essential for much the same reasons. They enable the effectiveness of existing safety measures to be assessed and provide pointers to such further measures as may be required. In brief, the records should provide the answers to the following questions:

1. How often do accidents occur?
2. How serious are they?
3. How, when, where, and to whom do they happen?

Welfare

Objective G

Long before the need for personnel management became universally recognized, “welfare” was practised in many fields of work. It arose out of the genuine desire on the part of the “good” employer to take an interest in his employees; and, although the criticism has sometimes been levelled that this type of welfare was paternalistic and even patronizing, it nevertheless represented the first recognition of the principle that human needs and desires can affect materially the quantity and quality of work.

Present-day personnel management is wider in scope and more technical in application; but it still remains true to the basic principles of the welfare concept and realizes that the employee is a whole person, with family and social relationships, fears, doubts, and problems, all of which affect productivity and morale. It therefore recognizes that it is advantageous to provide such services as will help the employee to meet personal problems and to promote his greater well-being.

The services which usually come under the heading of welfare are: social and recreational facilities, employee counselling, benevolent funds, retirement plans, and rest rooms and canteen facilities.

Social and recreational facilities

The extent to which social and recreational facilities should be developed depends largely on whether such facilities are available in adequate form in the general community and on whether the personnel concerned are able, by reason of hours of work, locations of work-places, etc., to make use of them. In general, it is a good principle that social and recreational facilities should not be provided unless there is a genuine desire for them on the part of the employees concerned and unless the situation demands them.
A hospital is a social unit, and the desire for some form of corporate leisure activity is to be encouraged; but, at the same time, it must be remembered that hospital employees, by the very nature of their work, do not have nearly so many opportunities for outside social contacts as other classes of worker; and it may well be wise to encourage them to participate in as many outside activities as possible in order that they may experience the benefits of a fuller life. To this extent full information about the various social and recreational activities available outside as well as inside the hospital should be made known. All organized recreational activities should be run by the employees themselves, even if the cost is wholly or partly borne by the hospital. No attempt should be made on the part of the administration to develop recreational facilities where they are not wanted.

Employee counselling

Most employees are from time to time faced with personal problems. These can be many and varied, ranging from financial and domestic worries to the more complex problems involving emotional factors. Whatever they may be, the fact remains that, if an employee has a worry on her mind, it is bound to affect her working life, even if the cause is in no way connected with the work.

The opportunity to discuss a problem with an understanding person is a great step towards its solution, but the effectiveness of employee counselling depends entirely upon the manner in which it is given. The kind of service required is a combination of information bureau and private consultation. If information only is required, the existence of a specific person or office acting as a clearing house for this purpose saves much time by canalizing enquiries. In general, no difficulty need be experienced in establishing this kind of service.

The more difficult problems are those of an emotional nature, and in dealing with them the experience and skill of the counsellor are most important. Quite often all that is needed is the release of emotional strain which results from talking freely about troubles. But where there is a serious emotional conflict, the function of the counsellor is to make arrangements for the individual to obtain advice and help from someone competent to give them.

The personal problems of individuals must always be treated by the administration with a sense of urgency, and prompt action regarding them can contribute much to good human relationships within the organization.

Benevolent funds

The functions of a benevolent fund are to provide for exceptional needs which cannot be met through any of the recognized channels. In general, problems needing assistance from this source do not arise very
often; but, when they do, much hardship may ensue; and the knowledge that a fund exists to help in case of special difficulty gives employees a sense of security.

In some instances the fund is financed entirely by grants from the employing authority; in others, the employees themselves pay a small sum each week to add to the contributions of the employer.

Retirement plans

In most fields of work a pension scheme is regarded as an essential part of good personnel policy. Such schemes can do much to remove the fear of insecurity on retirement. Because of the conditions of work of nurses, this is frequently a particular problem. Every endeavour should therefore be made to initiate and support plans which provide for future financial security for nursing personnel.

Rest rooms

The sense of urgency which necessarily pervades the work of a nurse demands that opportunities be provided for complete relaxation during meal breaks and at other legitimate times. The provision of a rest room need not be a costly matter. All that is required is a well-ventilated room in a quiet spot, comfortably furnished with easy chairs and one or two couches on which people can lie flat. Games and noisy conversation should, of course, not be allowed.

In addition to a rest room, nurses should have available places to receive guests.

Canteen facilities

A good standard of nutrition is an essential foundation for good health, and adequate canteen facilities should be available for all grades of staff. It is particularly important that there should be a really good service for night workers. Menus should be planned to give nourishing meals with as much variety as possible.

Living accommodation

When it is difficult to find adequate living accommodation in the community, residential facilities will be required. These should be of a good standard and should provide a homely atmosphere and facilities for receiving and entertaining guests.

Good accommodation in rural areas might be considered part of the policy for a successful health programme.

Education and Training

Objective H

The function of training as it applies to the personnel aspect of administration is confined to the programme which must be undertaken in order to
further the knowledge and experience needed by the working force. General education is not considered here, as it is assumed that the employee has already satisfied the standards laid down by the job specification; neither is the education for a professional qualification considered. The methods described in the following pages apply primarily to the training of auxiliary and domestic personnel. They may also be used to teach new procedures, to improve working methods, and to train for leadership.

**Purposes of training**

Training is valuable only when it is geared to what it is intended to achieve, and the first step should be a complete survey of training needs. These may vary considerably—hence the importance of a definite programme.

Applying the principle of investigation, the purposes sought from the training should be ascertained. When this is done, objectives can be stated, and the programme can be so arranged that each section of it—each lesson in a section—is a step towards a well-defined goal.

The two main purposes of training as described here are (1) to supply facts, rules, and procedures, and to develop skills; and (2) to influence attitudes, habits, and behaviour. The first is usually referred to as "on-the-job" training; the second, designed mainly for potential supervisors, is called "training for leadership".

**On-the-job training**

On-the-job training aims to teach relatively simple, factual material or to develop specific technical proficiencies. In most cases it is not difficult to accomplish, and it is comparatively easy to measure its results. Training of this type is primarily intended for beginners in the non-professional fields of work.

The principles which are suggested as applying to this kind of training are:

1. The interest of the trainee must be captured at the start and sustained throughout the whole of the training programme. She must have the desire to learn; otherwise, much of what is being taught will not be of benefit. This is particularly true in the case of non-professional employees, who often regard training programmes with suspicion. There are many reasons for this attitude: fear of exploitation; resentment of any departure from traditional methods; and belief that training is unnecessary since they already know, or think they know, how best to do the job. These fears and doubts must be removed at the outset; and the material of the training programme must be so presented that there will arise a spontaneous desire to co-operate.

2. The subject matter must, therefore, be geared to the intellectual and educational level of those participating, and the reasons for each regulation or operation carefully explained. It is a cardinal rule that instruction must
be so simple that it can be easily absorbed by the most backward of the group to be trained. Every point, however obvious, must therefore be illustrated by practice and example.

3. Training must not be hurried. There is a maximum rate at which assimilation can take place, and due allowance must be made for the material to become a habitual part of the trainee’s thought processes. This can be checked by frequent tests, which will expose any misunderstandings or incorrect habits before they become permanently fixed in the trainee’s mind.

4. The ultimate test is the ability of the trainee to explain and demonstrate the work to others. To do this, the trainee has not only to be able to do the job, but also to explain why it should be done in a particular way.

It follows that the practical instruction must be given by someone who not only is technically competent in the performance of the work, but also is capable of imparting knowledge and of inspiring emulation on the part of those being trained. Such all-important qualities of leadership are not inherent in an individual: they can be, and often are, acquired by trial and error in the hard school of experience. But good administration prepares potential supervisors through a positive programme of training for leadership.

Training for leadership

The quality of the supervisor will be reflected in the quality of the staff, and it is therefore important to see that supervisors and potential supervisors are given some training to fit them for the role of leadership which they must assume.

The word “supervisor” is used here to denote anyone in an organization who has responsibility for the work of others, and this includes all levels of supervision. Concisely, the principal function of the “administrator” is to direct and unify the efforts and inclinations of the individuals of a group, and this calls for the qualities of leadership. True leadership is not domination: it is a process of mutual stimulation in which the leader not only influences the group, but is, in turn, influenced by it and is thus able to assemble the various wills into one, unified, driving force.

Promotion to supervisory rank must obviously be based on the possession of technical ability. No one could expect to direct the work of others who did not herself possess a thorough knowledge of the work, the procedures and the materials and equipment involved, as well as familiarity with the organization’s policies, regulations, agreements, inter-departmental relationships, etc. But knowledge of work and knowledge of responsibilities do not necessarily make a good supervisor; certain essential “skills” are required in addition. These may broadly be classified as:
(1) skill in instructing—the ability to instruct new members of the group and to give clear directions to all concerned;

(2) skill in improving methods—the ability to make the best use of staff and equipment;

(3) skill in human relations—the ability to handle people so that they are anxious to give of their best; the ability to promote harmonious working relationships.

The need for these "skills", each of which is of the greatest importance in effective supervision, is common to all supervisors at all levels, irrespective of the business or service in which they happen to be employed.

The problem of training supervisors in these skills, or of developing these skills in them, is essentially one of modifying their attitudes towards certain aspects of their duties; it is a problem of replacing traditional habits and attitudes by a methodical, objective technique. To assist in achieving this, three short programmes are suggested, although they are not exclusive of others which might be developed:

1. Instruction: This seeks to develop in supervisors skill in giving clear and unambiguous directions, in instructing workers in what they have to do and how they should do it.

2. Methods: This outlines a plan of action whereby the supervisor seeks to improve working methods and eliminate unnecessary work.

3. Human relations: This is concerned with skill in dealing with problems of human relations which arise "on the job".

These programmes may be followed through individually, but they are best conducted by group discussion methods under the guidance of an experienced supervisor.

1. The instructional programme

The instructional procedure is used primarily where there is a job to be taught. It is simple, practical, and direct; it consists of three steps: preparation, presentation, and performance. These steps may be described as follows:

Step 1 — Preparation

(a) By the instructor. First of all, the instructor must break down or analyse the job in order to determine the important steps and pick out the key points. (An important step is a logical segment of the operation which substantially advances the work. A key point is anything in a step which might have some special significance, i.e., make the work easier to do, any knack or special training needed, or any special factor which might injure the worker.) Then she must ascertain that everything is ready, that is to say, the right equipment, materials, or supplies which may be needed. Finally,
she must see to it that the conditions under which she proposes to instruct are the same as those under which the job has to be done.

(b) Of the worker. The preparation of the worker begins by putting her at her ease, letting her know what the job actually is, and finding out if she has any previous knowledge of it. This last point is important, as she may have acquired a fixed method of her own which she may find difficult to discard. Above all, the worker's interest in learning the job must be aroused. The final stage of this step is to place the worker in the actual position necessary to begin the job.

Step 2 — Presentation

This is the telling, showing, and questioning step; and it begins with the instructor's explaining and demonstrating one important action at a time. Each key point must be stressed, the instructor demonstrating and the trainee repeating each important step, building up from the beginning of the operation each time until finally the whole operation is mastered.

Instruction must be given clearly, completely, and patiently, and only in an amount which the trainee can assimilate.

Step 3 — Performance

This is the stage at which the worker does the job "on her own". The instructor should carefully note any errors made, correct them, and have the worker explain each important step and key point as she does the job again. This process must be continued until the instructor is quite satisfied that the trainee has completely mastered the job.

It is then possible to put her on her own, but it is important that someone should be designated to whom she may go for help if needed.

Throughout the whole process, questions from the trainee should be encouraged. At increasingly longer recurring intervals, a follow-up should be made.

* * *

The following example has been deliberately chosen as appertaining to a simple, basic technique. It is given solely to illustrate the breakdown of a job and the steps involved in the procedure. The procedure itself is not necessarily recommended.

EXAMPLE OF USE OF INSTRUCTIONAL PROGRAMME FOR AUXILIARY WORKERS

Situation: An auxiliary worker is being instructed in the simple operation of combing a patient's hair.

Technique: Combing of patient's hair

Objective: Comfort, appearance, prevention of tangling of hair
<table>
<thead>
<tr>
<th>Steps in the work</th>
<th>Key points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equipment:</strong></td>
<td></td>
</tr>
<tr>
<td>A comb and brush.</td>
<td>Usually the patient’s own.</td>
</tr>
<tr>
<td>Ribbon or narrow bandage.</td>
<td></td>
</tr>
<tr>
<td>Towel.</td>
<td></td>
</tr>
<tr>
<td><strong>Preparation of equipment:</strong></td>
<td></td>
</tr>
<tr>
<td>Assemble equipment on patient’s bedside table.</td>
<td></td>
</tr>
<tr>
<td><strong>Preparation of patient:</strong></td>
<td></td>
</tr>
<tr>
<td>Prepare patient, putting towel under her head across</td>
<td>If the patient is able to sit up, put towel around her shoulders. This</td>
</tr>
<tr>
<td>the pillow.</td>
<td>will prevent loose hairs from getting on the pillow or the patient’s gown.</td>
</tr>
<tr>
<td><strong>Procedure:</strong></td>
<td></td>
</tr>
<tr>
<td>Take out any hairpins.</td>
<td>If patient wishes, or hair is very tangled, brushing up from the neck-</td>
</tr>
<tr>
<td>Take off glasses, if any.</td>
<td>line towards the head is especially effective.</td>
</tr>
<tr>
<td>Brush hair.</td>
<td>Keep it tight, but not too tight, between the scalp and the comb. A few</td>
</tr>
<tr>
<td></td>
<td>drops of water or alcohol on the hair will help take out the tangle.</td>
</tr>
<tr>
<td>Comb hair, holding one section of hair at a time in</td>
<td></td>
</tr>
<tr>
<td>one hand.</td>
<td></td>
</tr>
<tr>
<td>Comb ends first, then sections nearer to scalp.</td>
<td></td>
</tr>
<tr>
<td>Finish one side of head.</td>
<td></td>
</tr>
<tr>
<td>Go to opposite side of bed and comb other side.</td>
<td></td>
</tr>
<tr>
<td>Ask patient to turn head to side, so that back of</td>
<td></td>
</tr>
<tr>
<td>hair can be combed.</td>
<td></td>
</tr>
<tr>
<td>Arrange hair so that patient looks as comely as</td>
<td></td>
</tr>
<tr>
<td>possible.</td>
<td></td>
</tr>
<tr>
<td>Put in hairpins to keep it in place.</td>
<td></td>
</tr>
<tr>
<td><strong>After-care of patient:</strong></td>
<td></td>
</tr>
<tr>
<td>Take towel from under patient’s head.</td>
<td>Some patients like a ribbon or piece of bandage tied around head and</td>
</tr>
<tr>
<td>Leave patient in comfortable position.</td>
<td>fastened under hair at back. Very long hair that tangles easily may be</td>
</tr>
<tr>
<td><strong>After-care of equipment:</strong></td>
<td>braided if patient is willing.</td>
</tr>
<tr>
<td>Put comb, brush, and towel away.</td>
<td>Avoid dropping loose hair on bed.</td>
</tr>
<tr>
<td>Wash hands.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** This technique offers opportunity for teaching the patient importance of personal habits, care of hair and scalp.
2. The methods programme

There is nothing mysterious or highly technical about methods studies (work simplification), and any supervisor who is anxious to improve methods in her unit can do so if she is prepared to go to a little trouble. The main difficulty arises because people are accustomed to accept situations as they are, and it needs courage to suggest perhaps radical alterations in a ward or department which has been jogging along comfortably for years. Good supervision, however, must never accept it that because something has always been done it is necessary to go on doing it or, if it is necessary, that the way in which it is being done is the best way.

The following plan is suggested as being simple and effective. It involves:

(1) an analysis of existing methods by recording in detail everything that is being done,

(2) questioning each detail as to its necessity and the possibility of there being a better way of doing it.

A brief description of the phases of the plan follows.

Step 1 — Analysis

The keynote of analysis is observation and accurate recording of what is being done. This is done in detail because it is only by breaking down the activity into the greatest possible detail that opportunities for improvement, elimination, or both can be seen.

An example of this form of analysis is given below.

In making the analysis, it is important to note any stage at which the worker seems to be experiencing difficulty. Some of these difficulties may be due to the fact that the particular worker is not suited to the activity, in which case appropriate action should be taken. In most cases, however, the difficulties which do arise are inherent in the job; and it is the function of supervision to find those difficulties and remove them.

It should be particularly emphasized that, in making this kind of study, the supervisor should be careful not to time the work being done. There is a tendency always to talk of time and motion study as if the two were inseparable; but they are quite distinct studies; and, if the most is to be got out of the motion study for the improvement of methods, the time factor must be ignored. The observation method of analysis and recording detailed above is the only reliable foundation for methods studies.

Having observed and recorded, the supervisor then embarks on—

Step 2 — Challenge each detail

This is the really interesting step. It will be found that by asking a number of fundamental questions the sufficiency of the arrangements can be tested. Examples are:

1. Why does the activity take place? Is it absolutely necessary to the purpose of the unit?
PROCEDURE FOR GIVING HYPODERMIC INJECTION

_Purpose_: Parenteral administration of a drug

<table>
<thead>
<tr>
<th>Articles needed</th>
<th>Steps</th>
<th>Procedure</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previously assembled sterile tray</td>
<td>Wash hands</td>
<td>Wash under running water and dry</td>
<td>To prevent cross-infection</td>
</tr>
<tr>
<td>containing:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypodermic syringe and needles in container</td>
<td>Collect tray</td>
<td></td>
<td>Previously assembled tray saves time</td>
</tr>
<tr>
<td>Forceps in receiver</td>
<td>Collect drug from appropriate</td>
<td></td>
<td>Drug kept in cupboard in accordance with</td>
</tr>
<tr>
<td>Wool swabs in container</td>
<td>storage cupboard</td>
<td></td>
<td>regulations</td>
</tr>
<tr>
<td>Kidney basin</td>
<td>Collect prescription</td>
<td></td>
<td>For checking drug</td>
</tr>
<tr>
<td>Small bowl containing antiseptic cleaning solution</td>
<td>Prepare patient</td>
<td>Explain what you plan to do</td>
<td>To reassure patient</td>
</tr>
<tr>
<td>The whole covered by sterilized metal lid</td>
<td>Check drug</td>
<td>By reading the prescription carefully</td>
<td>To ensure that the correct drug is given to</td>
</tr>
<tr>
<td>Ampoule containing drug</td>
<td>Remove lid of tray</td>
<td></td>
<td>patient for whom it is prescribed</td>
</tr>
<tr>
<td>File</td>
<td>File top off ampoule</td>
<td>By holding wool swab behind ampoule when</td>
<td>To open ampoule carefully, preventing injury to</td>
</tr>
<tr>
<td>Prescription</td>
<td></td>
<td>filing</td>
<td>administrator and contamination of drug</td>
</tr>
<tr>
<td></td>
<td>Wash hands</td>
<td>Wash with soap under running water and</td>
<td>To ensure cleanliness in the preparation of the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>dry</td>
<td>injection</td>
</tr>
<tr>
<td>Task</td>
<td>Description</td>
<td>Purpose</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Prepare injection</td>
<td>Assemble syringe and adjust needle using forceps</td>
<td>To prevent contamination To measure dose correctly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Withdraw fluid from ampoule and exclude air bubbles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry syringe to patient</td>
<td>Lift two swabs from container with forceps</td>
<td>To ensure asepsis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Place one swab in receiver and place the syringe on top</td>
<td>To protect the needle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dip the other swab in antiseptic solution and rest on top of needle</td>
<td>In order to have it ready for swabbing the skin</td>
<td></td>
</tr>
<tr>
<td>Clean site of injection</td>
<td>Swab skin with moistened swab</td>
<td>To lessen risk of introducing infection</td>
<td></td>
</tr>
<tr>
<td>Give injection</td>
<td>Pinch the skin of the upper arm and introduce needle at a slightly oblique</td>
<td>To ensure that the needle enters subcutaneous tissue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>angle</td>
<td>Injection of fluid into compressed tissue is painful</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relax the skin</td>
<td>To give drug parenterally</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inject fluid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove syringe</td>
<td>Place dry swab over needle and withdraw quickly</td>
<td>To lessen pain</td>
<td></td>
</tr>
<tr>
<td>Swab the site of injection</td>
<td>Massage lightly with dry swab</td>
<td>To aid dispersal of drug</td>
<td></td>
</tr>
<tr>
<td>Remove syringe and tray and clean and</td>
<td>By washing and sterilizing by approved methods</td>
<td>To ensure that the tray is ready when needed again</td>
<td></td>
</tr>
<tr>
<td>re-sterilize</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. When does it take place? This question will also help in arriving at data about time-tables, frequency of operations, cycles of activities, peak loads, etc. "How often?" is a good subsidiary question.

3. Where does it take place; or, in the case of equipment, where is it? The arrangement and accessibility of equipment are very important and can have an effect on the nursing of the patient. Much can be done to see that the working area is so arranged and equipped that good nursing is possible, economy of operation and maintenance facilitated, and the time and energy of the personnel thus conserved.

4. Who does it? What is the relationship between activity and staff? Is this activity one which is commensurate with the ability of the individual performing it?

Summing up, this step concerns itself with the answers to three main questions: why a particular activity takes place, whether it is necessary, and whether there is a better way.

Step 3 — Review and develop

This is the stage at which the ideas which have presented themselves as a result of the previous two steps must be reviewed and their possibilities examined. Three key words are given as aids to planning the progress of new methods: eliminate (every unnecessary movement), simplify (check the sequence of motions), and combine (movements wherever possible).

Step 4 — Introduce

This step is concerned with the introduction of new plans or the variation of existing ones. It is important that the supervisor should convince not only her own superiors, but also the staff whom she is supervising that her suggested alterations are sound. It is good practice to work out ideas with the people who are actually doing the job, and it is therefore necessary to explain the purpose of any study at the outset and to enlist the help of those who are taking part. The guiding principles to follow before any new method is introduced are to submit the new method for approval, and to convince and train those who are to use it.

Finally, as in the other programmes, it is essential that results should be checked.

The variations of the methods programme are unbounded, and it is impossible to give sufficient examples to illustrate every phase. The following are suggestions.

1. Procedure for arrangement of furniture and equipment

It is a sound principle that the worker should not have to waste time on unnecessary journeys, and attention should be given to the flow of work so that equipment and supplies are readily at hand. The supervisor should make a plan of her department, showing the arrangement of furniture and equipment, and spend some time noting the journeys made by nurses and
other personnel in the course of their duties. Whenever this has been done, it has invariably been found possible to cut down the time thus spent and so to make the job less tiring.

2. Procedure for review of clerical work

From time to time all forms of record and report should be reviewed to ascertain if their purpose is justifiable and if there is any duplication of effort. This can be done by listing them under the following headings: (1) title of record or report; (2) originated by; (3) sent to (including number of copies); (4) purpose. In almost every instance it will be found possible to eliminate some records or reports. Specific studies which have been made have shown that a great deal of unnecessary effort is being spent in this type of work, i.e., “paper” work.

3. The human relations programme

Wherever two or more people are working together the question of human relationships is of supreme importance. What is usually described as personnel management is in fact that function of supervision which has as its primary object the maintenance of human relationships on a basis which, by consideration of the well-being of the individual, enables all those engaged in the undertaking to make their maximum personal contribution to its effective working. Full co-operation can never be achieved unless individual workers are convinced that their treatment by the employing authority is just.

Since the spokesman of the employing authority is the supervisor, it follows that her judgement, her appraisal of the situation, and her action must be regulated by the same code of justice. Human nature being what it is, it would be too much to expect that supervisors be completely consistent unless they have mastered the foundations upon which good human relations are built.

A superior gets results through people. The quality and quantity of the work accomplished are largely determined by the supervisor’s attitude towards her staff. This must be a positive one, and her administrative acts must be such as will inspire loyalty and a desire to give of one’s best.

All administrative acts have some bearing on human relations, but those coming under the following headings are particularly important.

(1) Giving orders: A supervisor must not be afraid to give orders, but she should not give unnecessary ones. People expect their work to be well regulated, and will respect those whose orders are given clearly and concisely. Above all, it is important to remember that the giving of orders is not a personal matter between supervisor and employee: it is a function which is dictated by the demands of the situation.

(2) Assessing achievement: It is the supervisor’s duty to review performance from time to time and to let each employee know how she is
getting on. Give credit where credit is due, and reward with commendation the extra or unusual achievement.

(3) Displaying confidence: The supervisor must have confidence in herself and in her staff. She should inform them in advance of any changes that will affect them and, if possible, explain why the changes are being made.

(4) Recognizing and encouraging potential ability: The supervisor must make the best use of each person's ability, and she should look for and develop any latent abilities not being used. If a worker suggests a new idea of value, full credit should be given; and, if indicated, she should be allowed to demonstrate it to her colleagues. The supervisor not only should view her staff in terms of their value to her particular department, but also should consider their value to the undertaking as a whole. This means that she should never stand in the way of a person's promotion even if she suffers some temporary embarrassment thereby.

(5) Understanding: Above all, it is indispensable that the supervisor have a liking for people, an accepting attitude, and an understanding of the basic needs of human beings.

A policy founded on the foregoing points cannot fail to produce good human relationships. Nevertheless, the occasion is bound to arise when the supervisor is confronted with a particular problem which demands a decision. There are certain steps which will help her in solving such problems.

Step 1. Get the facts.

All too often a hasty decision is made without knowledge of the full facts. It is good practice to (a) review the record, (b) find out what rules and customs apply, (c) talk with the individuals concerned, and (d) ascertain opinions and feelings. In following this procedure, the supervisor is sure that she has the whole story. She can then...

Step 2. Weigh and decide.

In arriving at a decision, she must (a) fit the facts together, (b) consider their bearing on each other, (c) consider the possible actions she can take, (d) check practice and policies, and (e) consider the effect which her actions will have on the individuals and the group. She is then in a position to...

Step 3. Take action.

At this stage she must decide whether she is going to take action herself, or whether she needs help in arriving at a decision. In the latter case she would, of course, consult her own supervisor. But this should be done only if the problem is a very serious one or if repercussions of the action are likely to be felt outside the immediate department. The method of communicating the action to the workers and its correct timing are also of
great importance, and careful thought should be given to them. Having taken action, the supervisor will need to...

Step 4. Check results.

She must look for changes in attitudes and relationships and follow up her action if necessary. She must exercise her judgement as to how often and how long she will need to check results—certainly no longer than is necessary for her to be convinced that her action has achieved its purpose.

EXAMPLE ILLUSTRATING THE HUMAN RELATIONS PROGRAMME

Situation

The head nurse of ward A was worried because her stock of linen was low owing to exceptionally heavy demands. She decided to send a message to the laundry supervisor explaining her difficulty and requesting that further stocks be sent to her as soon as possible. She entrusted the message to Jane, an auxiliary worker of some years’ experience, and urged her to hurry on account of the pressure of work in the ward. Jane decided to take a short cut to the laundry by using a gate which was normally left open during the daytime.

To her annoyance, she found the gate locked and had to retrace her steps and take the long route to the laundry. When she arrived, she found that the supervisor was absent; so she spoke to Betty, one of the laundry maids, and told her that the head nurse was very much annoyed because she had no linen in stock and that, unless a fresh supply was sent at once, there would be trouble. This angered Betty, who replied that, as far as she was concerned, the ward had all the stock it was entitled to. She went on to say that it was high time the ward personnel washed the dirty linen themselves and that there was every likelihood that in the near future they would have to do so.

On her return to the ward, Jane saw the head nurse, who chided her for being so long away but did not ask her about the message she was supposed to have delivered.

There was great indignation among the ward personnel when Jane told them what Betty had said, and fuel was added to the fire when one of them remembered that a friend of hers in the office had told her that some new machines were on order for use in the wards. No one knew exactly what the machines were, but everyone assumed that they were washing machines and that the ward personnel would shortly be asked to cope with laundry in addition to their ordinary work.

Jane and her friend decided that they did not intend to go on working in the ward under those conditions and gave notice to the head nurse to that effect. Jane gave a highly coloured version of her talk with Betty. The head nurse, who had also heard rumours about the “machines”, sought an interview with the director of nursing service and told her about the situation. She added that she, too, would have to consider her position, as the work in her ward was already so heavy that it would be impossible tocope with an increased load.

How should the director of nursing service deal with the situation?

Following the suggested procedure, she begins to:

Step 1. Get the facts.

Some of these she will already have noted during the course of the interview, but she now asks the head nurse for a more detailed account of the original incident. She finds out that the head nurse had not received an acknowledgement of her message from
the laundry supervisor, although she received a supply of linen shortly afterwards. She learns from the head nurse that the other head nurses have also heard rumours of "machines", and she realizes that this must refer to a meeting she had with the hospital administrator and the laundry supervisor at which the possibility of purchasing a new type of sluicing machine had been discussed. The hospital administrator had promised to obtain particulars of the machine, and it seemed obvious that the rumour must have originated from someone's having seen the correspondence. No order had, in fact, been placed. She tells the head nurse of this meeting and informs her that she will discuss the matter with all the head nurses at their next meeting.

She then interviews Jane and by close questioning finds out that the message was not delivered as sent. She also hears about the gate being locked, which surprises her as she has not received any communication to that effect.

In the course of conversation, she ascertains that Jane and her friend are not really anxious to leave the hospital but that they have been working at high pressure for a long time and the prospect of extra work had proved the last straw. She points out to Jane the importance of transmitting a message accurately and reporting back to the head nurse after having delivered one. She assures Jane that there is no question of extra work being placed on the ward personnel—indeed, the reverse is the case as it is hoped that the new machines which are contemplated will save work. Jane agrees to talk to her friend and reconsider their decision to leave.

The director of nursing service then sees the laundry supervisor and enquires what the position is regarding ward supplies. The laundry supervisor complains that he is always getting unreasonable requests from the head nurses; but, on being pressed for details, he admits that his main grievance is that the time schedule is not always strictly adhered to and that his planning consequently becomes difficult. He mentions the particular incident which had been reported to him by Betty as an example of the way in which ward personnel treat his staff. Questioned about the gate, he admits that it was locked on his instructions but explains that some laundry had been stolen and he was anxious to keep unauthorized persons from having easy access to the laundry.

Step 2. Weigh and decide.

As a result of her fact-finding investigation, the director of nursing service has a picture of the general situation, which, she wisely realizes, is not confined to the particular incident under review. She feels that the temporary measures she has taken to stop the rumour from spreading and to reassure the ward personnel are not enough. The real problem, as she sees it, is one of poor communications generally within the hospital.

Step 3. Take action.

The director of nursing service decides that to take the appropriate action she must have the help and co-operation of the hospital administrator. She therefore consults him and suggests that a conference of all heads of departments and head nurses should be convened to discuss the problem of "communications within the hospital". The hospital administrator agrees, and the conference duly takes place.

In introducing the subject, the hospital administrator, who acts as chairman, is careful to make no reference to the particular incident which gave rise to the conference; but he stresses the importance of good communications between all departments as an aid to better patient care. He invites all present to list the factors which in their opinion make for a lack of good communications, and many items are brought up for discussion.

A frank interchange of opinions brings to light many grievances and misunderstandings and helps all present to understand each other's point of view. The laundry supervisor realizes that his action in locking the gate caused repercussions which went far beyond
his own ambit; the head nurses appreciate the importance of adhering more closely to their time schedules; and the hospital administrator and director come to the conclusion that a preliminary discussion with all interested parties about the proposed new machines would have prevented false rumours from circulating. Having listed all the factors involved in a lack of communications, the group then proceeds to examine them one by one and to suggest ways in which they could be eliminated, with a resultant improvement in communications. It is decided by the group that each member present should conduct a similar discussion with her own staff and that a further meeting should be held to review the reaction.

Step 4. Check results.

The meeting planned for a future date will provide an opportunity to review the situation and to see what improvement has been effected.
A PHILOSOPHY OF ADMINISTRATION

In the foregoing pages an attempt has been made to explain the principles of administration and to show how those principles can be applied in the field of nursing service. Descriptions of the various techniques and devices at present in use in administration have also been included, but it is emphasized that these must be regarded as a guide only.

Those responsible for administering the work of any organization, or part thereof, must be alert to recognize and prepare for the changing needs of that organization; for organizations, like other human affairs, are not static, but are subject to a constant process of change and development. Continued objective thinking and systematic analysis of the best ways to attain objectives must therefore be practised.

No technique or group of techniques can take the place of applying the principles of logic and scientific method to the problems of administration, and this approach should ever be present in the minds of administrators.

The philosophy underlying the whole field of administration, particularly as it applies to health work, is based on the following key points: ¹

"Firstly, in the management or administration of any enterprise, the quality, quantity, timing, and cost of the work necessary to reach the objectives of the enterprise are interrelated factors which must be given constant attention. If the resources for health work, in trained persons and in finances, were unlimited, the need for constant attention to these factors would not be so great. But the limitation in the number of trained personnel and the lack of adequate financial resources are major obstacles to greatly improved health in the world today. We must, therefore, husband our resources carefully to accomplish as much as possible with what we have available.

"Secondly, one of the greatest possible contributors to wastage of our precious resources, whether at the local, national, or international levels, is the failure of those at any level of administration, and at all stages in the management of the activity, to base all decisions on verifiable facts. There should be no tolerating errors in administrative action which occur because someone failed to get all of those facts. In the evolution, execution, and control of work plans, obtaining the factual evidence should always be the first step.

"Thirdly, delegation of responsibility and authority is an important aspect of successful administration, to place the responsibility for decision at the lowest possible organizational level in order to attain decisions as speedily as possible. No administrator can do in detail

¹ From a paper presented by Mr. M. Siegel, Assistant Director-General, Department of Administration and Finance, World Health Organization, Geneva, to the Advisory Group on Nursing Administration, 16 December 1957.
all the work he is administering, for by definition an administrator manages the work of others. Therefore, the principle of delegation of responsibility should be followed to the utmost extent consistent with efficiency and co-ordination of policy. The responsibility and authority of individuals should be clearly defined in writing, and the authority placed in each position must correspond to the responsibility which the position carries.

"Fourthly, since the function of administration is to attain an established objective through the management of people, administration is deeply concerned with human relations. How the individual workers in any enterprise, including health work, feel about a situation is one of the facts of the situation which the administrator must take into account in assessing the total situation. Good morale of staff is essential to the success of any undertaking, and that morale is affected by both financial and non-financial factors. For the financial factor, the amount of remuneration is often less important to morale than the knowledge that remuneration of each individual is fair as compared with that of other staff in the same organization or institution. Among non-financial factors contributing to good morale are a personal satisfaction in knowing that a job is well done and the satisfaction of being associated with an institution of which one can be proud.

"Fifthly, efficient communications are essential to all aspects of effective administration. Staff must be adequately and currently informed about plans, methods, schedules, problems, events, and progress. It is necessary that instructions, knowledge, and information be passed on for practical application to all concerned, and that they be so clearly presented as to make misinterpretation or misunderstanding impossible. Proper and adequate communication is not just in one direction: it requires two-way passage. Administrators must be certain that they know and understand the problems of workers for whom they are responsible. Communications must flow from the bottom upwards, as well as from the top down.

"Finally, and perhaps most importantly, administration must be completely flexible, to meet the changing needs of the situation."

The primary objective of this publication is to help all those whose activities are motivated in the service of the individual to make their maximum contribution to that end. It is the sincere hope of those who have participated in its preparation that they have achieved that objective.
ANNEXES
Annex 1

WARD NURSING PLAN

Objective: To give the highest possible quality of nursing care in terms of total patient needs.

Functional areas of work:

Nursing: Details of daily nursing care of patient

Domestic: Care of patient's environment

Organizational: General ward management

Consideration of the implications of the above will result in a:

Programme of work:

Personnel: Objective—to assign activities in such a manner that the purpose of the plan will be effectively, efficiently, and economically accomplished

Material: Objective—to secure and maintain the necessary supplies and equipment

In planning the above programmes, use can be made of:

Administrative techniques:

Personnel: Job analysis, job specification, time schedules, work schedules, training programmes, procedures, routines

Material: Maintenance of inventories, requisitions for (a) supplies, and (b) services

Direction of the plan involves:

Supervision:

Orientation and guidance, orders and directives, evaluation of work, records and reports, promotion of good human relations

Administrative principles involved

Investigation
Forecasting

Organization and Co-ordination

Command and Control
Annex 2

PUBLIC HEALTH NURSING PLAN

Objective: To give the highest possible quality of nursing care in terms of community needs.

Functional areas of work:

Nursing: Details of daily nursing care to families
Domestic: Care of family and community environment
Organizational: General public health unit management

Consideration of the implications of the above will result in a:

Programme of work:

Personnel: Objective—to assign activities in such a manner that the purpose of the plan will be effectively, efficiently and economically accomplished

Material: Objective—to secure and maintain the necessary supplies and equipment

In planning the above programmes, use can be made of:

Administrative techniques:

Personnel: Job analysis, job specification, time schedules, work schedules, training programmes, procedures, routines

Material: Maintenance of inventories, requisitions for (a) supplies, and (b) services

Direction of the plan involves:

Supervision:

Orientation and guidance, orders and directives, evaluation of work, records and reports, promotion of good human relations
Annex 3

SAMPLE JOB DESCRIPTION FORM *

Name ____________________________  Name ____________________________

Title of job ____________________________  Title ____________________________

Department ____________________________  Location ____________________________

1. Give a complete description of the duties you perform
   (a) Daily
   (b) Weekly
   (c) Monthly
   (d) Occasionally

2. List the records and reports completed by you
   (a) Daily
   (b) Weekly
   (c) Monthly
   (d) Occasionally

3. List the equipment and supplies you use in your work

4. What proportion of your time is spent in:
   (a) Standing ________ %  (b) Sitting ________ %
   (c) Walking ________ %  (d) Lifting ________ %  (e) Other ________ %

5. Do you supervise other employees? If so, indicate the nature of supervision and the number supervised.

6. Give a brief description of the conditions under which your work is performed, with particular reference to those considered disagreeable.

7. What, in your opinion, is the most difficult part of your job?

Date ____________________________  Signed ____________________________

* To be filled in by the individual worker
Annex 4

SAMPLE JOB QUALIFICATION QUESTIONNAIRE*

Title of job ___________________________ Date ______________________

Department ___________________________ Location __________________

Please enter below your opinion of the requirements which it is desirable to look for in persons to be engaged for this position. Do not enter the qualifications of present employees unless they are identical with your opinion.

Mental requirements

1. What minimum formal education is required?

2. What special education is required?

3. What technical knowledge is required?

4. What are the requirements of the job for interpreting written or verbal instructions?

5. Does the job require the worker to give explanations, draft reports, or convey ideas through writing or speaking?

6. What previous work experience, if any, is necessary?

7. What is the minimum length of time needed to acquire such experience?

Physical requirements

8. Do any physical requirements of the work demand certain physical qualifications? If so, please indicate hereunder:
   
   Sex
   Height
   Weight
   Appearance
   Eyesight
   Strength (note unusual features only)
   Hearing

9. Age bracket: minimum starting-age
   maximum starting-age

Skill requirements

10. To what extent is manual dexterity required?

11. Does the job involve original thinking and problem solving?

12. To what extent is the ability to do detailed work required?

* To be answered by supervisor
Skill requirements (Cont.)

13. To what extent is the ability to make decisions required?

14. To what extent is co-operation with associates and the general public necessary?

Responsibility

15. Are any employees supervised by the employee in this position? If so, indicate the number of employees supervised and the nature and extent of the supervisory responsibility.

16. To what extent does the job involve responsibility for institutional policy, goodwill, and public relations?

17. Indicate nature and extent of responsibilities for equipment, supplies, and cash.

Working conditions

18. Are any conditions present in the location of this work which might be considered unfavourable, undesirable, or disagreeable to the employee, e.g., surroundings, temperature, lighting, lack of facilities, special hazards, etc.?

19. Does the nature of the work require the employee to be under constant pressure?

General questions

20. What, in your opinion, would be the most difficult part of the work to teach a new employee?

21. From what positions within the organization could employees be promoted to this position?

22. For what higher positions in the organization should this work train an employee?

Any other remarks

Signed _______________________

Supervisor
# Annex 5

**SAMPLE JOB SPECIFICATION**

<table>
<thead>
<tr>
<th>Title of job</th>
<th>Head Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of immediate supervisor</td>
<td>Surgical Supervisor</td>
</tr>
<tr>
<td>Department</td>
<td>Surgical</td>
</tr>
<tr>
<td>Location</td>
<td>Male Surgical Ward A</td>
</tr>
</tbody>
</table>

**Job summary**
Under occasional supervision has charge of ward of 28 male patients and is responsible for:

- (a) Direction and organization of nursing care and nursing service
- (b) Education of students in the ward
- (c) Direction of the housekeeping of the ward
- (d) Ward equipment and supplies

**Hours of duty**

**Holidays**

**Salary range**

**Age range**
<table>
<thead>
<tr>
<th>Mental requirements</th>
<th>Skills</th>
<th>Physical requirements</th>
<th>Working conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal education __________ years</td>
<td>Ability to plan work</td>
<td>Sex - male or female</td>
<td>Pressure of work</td>
</tr>
<tr>
<td>Grade __________</td>
<td>Knowledge of use of equipment</td>
<td>Appearance - well poised, neat</td>
<td>Crowded ward</td>
</tr>
<tr>
<td>Special education</td>
<td>Accuracy in performing complex</td>
<td>Strength - good health essential</td>
<td>Occasional disagreeable</td>
</tr>
<tr>
<td>Accredited school of nursing</td>
<td>procedures</td>
<td>Minimum height __________</td>
<td>elements</td>
</tr>
<tr>
<td>Post-graduate courses</td>
<td>Supervision and guidance of work</td>
<td>Minimum weight __________</td>
<td></td>
</tr>
<tr>
<td>Ward administration __________</td>
<td>of others</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ability to make decisions</td>
<td>Effort (physical) standing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ability to analyse problems</td>
<td>sitting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Must command respect and</td>
<td>walking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>confidence</td>
<td>other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Co-operation with other departments</td>
<td>Effort (mental) Sustained mental</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and public</td>
<td>application for long periods</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skill in presenting ideas and facts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training time</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Responsibility

Supervision of workers within ward
Confidential records
Equipment
Supplies
Annex 6

SAMPLE ASSESSMENT SCALE FOR NURSING PERSONNEL

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Ward</th>
<th>Name of employee</th>
<th>CONFIDENTIAL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient care — Does she:</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform assignments skilfully?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Show a genuine interest in comfort and progress of patients?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe and report unusual incidents and symptoms?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish good rapport with patients?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibility — Does she:</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report on duty punctually?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See work to be done and show initiative in doing it?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Follow directions intelligently and with judgement?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out assignments promptly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neatness — In uniform without jewellery — hair off collar and tidy, etc.</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>In work — does she return articles to their proper place and aid in keeping units neat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health — Does she:</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observe good health habits — cleanliness, hand-washing, good posture, etc.?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appear rested each morning?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform her assignments without undue physical and mental strain?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adaptability — Does she:</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show understanding and courtesy to her co-workers?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet new situations calmly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accept suggestions for improvement graciously?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loyalty — Does she:</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid criticism or comments before patients?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoid destructive criticism or idle gossip?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe rules and uphold standards?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present her problems to the proper person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The reverse side of this form should contain space for comments by the rater and the following—

Record discussed with nurse ________________________________

Date ________________________________

Signed ________________________________

Rank or position ________________________________
<table>
<thead>
<tr>
<th>Work performance</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledge of work</td>
<td>Completely informed</td>
<td>Unusually well informed</td>
<td>Well informed</td>
<td>Poorly informed</td>
<td>Lacking</td>
</tr>
<tr>
<td>2. Accuracy</td>
<td>Highest possible accuracy</td>
<td>Very careful</td>
<td>Careful</td>
<td>Careless</td>
<td>Very careless</td>
</tr>
<tr>
<td>3. Reliability</td>
<td>Greatest possible reliability</td>
<td>Very reliable</td>
<td>Reliable</td>
<td>Doubtful reliability</td>
<td>Unreliable</td>
</tr>
<tr>
<td>4. Neatness and orderliness</td>
<td>Greatest possible neatness and orderliness</td>
<td>Very neat and orderly</td>
<td>Neat and orderly</td>
<td>Disorderly</td>
<td>Slovenly</td>
</tr>
<tr>
<td>5. Execution</td>
<td>Completes assignments in shortest possible time</td>
<td>Completes assignments rapidly</td>
<td>Completes assignments in reasonable time</td>
<td>Slow in completing assignments</td>
<td>Takes a very long time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental qualities</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Judgement</td>
<td>Perfect judgement</td>
<td>Excellent judgement</td>
<td>Good judgement</td>
<td>Poor judgement</td>
<td>Neglects and misinterprets facts</td>
</tr>
<tr>
<td>2. Reasoning powers</td>
<td>Highly developed</td>
<td>Very logical</td>
<td>Normal reasoning ability</td>
<td>Doubtful at times</td>
<td>Completely illogical</td>
</tr>
<tr>
<td>3. Memory</td>
<td>Exceptional</td>
<td>Very good</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisory qualities</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organizing ability</td>
<td>Highest possible effectiveness</td>
<td>Effective under difficult circumstances</td>
<td>Effective under normal circumstances</td>
<td>Lacks planning ability</td>
<td>Inefficient</td>
</tr>
<tr>
<td>2. Co-operation</td>
<td>Greatest possible co-operativeness</td>
<td>Very co-operative</td>
<td>Co-operative</td>
<td>Difficult to handle</td>
<td>Obstructive</td>
</tr>
<tr>
<td>3. Leadership</td>
<td>Most capable and forceful leader</td>
<td>Very capable</td>
<td>Capable</td>
<td>Fails to command confidence</td>
<td>Antagonizes subordinates</td>
</tr>
</tbody>
</table>
### Annex 7 — (concluded)

<table>
<thead>
<tr>
<th>Personal qualities</th>
<th>Extraordinarily enthusiastic</th>
<th>Eager interest in work</th>
<th>Normal interest</th>
<th>Sometimes indifferent</th>
<th>Completely indifferent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attitude towards work</td>
<td>Strong force for morale</td>
<td>Congenial and co-operative</td>
<td>Normally tactful and obliging</td>
<td>Sometimes difficult to work with</td>
<td>Quarrelsome and unco-operative</td>
</tr>
<tr>
<td>2. Attitude towards others</td>
<td>Exceptional</td>
<td>Very good</td>
<td>Average</td>
<td>Poor</td>
<td>Timid</td>
</tr>
<tr>
<td>3. Self-confidence</td>
<td>Shows great originality</td>
<td>Very resourceful</td>
<td>Progressive</td>
<td>Rarely makes suggestions</td>
<td>Needs detailed instructions</td>
</tr>
<tr>
<td>4. Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Capacity for future development | | | | | |
| General summing-up | | | | | |

| Great possibilities. Should go far | Very promising promotional material | Shows promise | Moderate development | Future growth doubtful |

General comments:

Date

Rated by

Discussed with employee
SELECT ANNOTATED BIBLIOGRAPHY
SELECT ANNOTATED BIBLIOGRAPHY

AMERICAN HOSPITAL ASSOCIATION


Section 1 deals with the importance of a planned personnel policy and outlines the formulation of policy content.
Section 2 shows how the conference method can assist the administrator to solve important management problems. It explains in detail the essential steps to be taken in preparing for and conducting a conference and the subsequent evaluation of the results.

AMERICAN HOSPITAL ASSOCIATION and NATIONAL LEAGUE OF NURSING


The purpose of the manual, which was written especially for the small hospital, is to direct attention to the conditions and facilities which are essential to organizing and maintaining a nursing department "which fulfils its professional, social and ethical obligations to the patient, his physician, the hospital, the community and its own personnel". It deals with the organization, administration and personnel of the nursing department, the administration of the nursing unit, the department's budget and cost accounting, records, reports, physical facilities, equipment and supplies.

AMERICAN NURSES ASSOCIATION. PUBLIC HEALTH NURSES SECTION


This statement of functions, standards and qualifications for the practice of public health nursing represents the participation in its compilation of nearly 10,000 nurses. It deals with positions for public health staff nurses, administrators, supervisors, and consultants. It also includes proposed standard practices for public health nurses and recommended qualifications for each of these categories.

AMERICAN NURSES ASSOCIATION


This pamphlet reports briefly on studies of nursing functions made during a 5-year period in 17 States of the USA. Findings suggest necessary modifications in administration of nursing services, especially at the ward level.
BENGE, E. J.

Job evaluation and merit rating. New York, National Foremen's Institute, Inc. 1946. 73 pp. $7.50.

A manual which describes job evaluation methods, the checking of results, the application of findings and a merit rating scale.

BROWN, J. A. C.

The social psychology of industry; human relations in the factory [Harmondsworth, Middlesex], Penguin Books, 1954. 309 pp. 2/6

An account of the social background of industry in which are discussed the fundamental topics of morale, the impetus which causes men to work, and the influence of industrial work upon the mental health of the individual and the community.

CANADIAN NURSES ASSOCIATION. COMMITTEE ON INSTITUTIONAL NURSING

Job analysis and job evaluation. Ottawa, 1957. 50 pp. $1.00 (Available in English and French).

A manual intended to stimulate the interest of nurses and hospital administrators in the technique of job analysis, job description, job specification and job evaluation. It describes how these techniques may be developed for use in a hospital as a whole or in departments within a hospital.

COHEN, B. J. & EVANS, M. M. T.

Working conditions and employee services. 2nd ed. London, Macdonald & Evans, 1950. 88 pp. 2/6

A pamphlet presenting in broad outline a picture of the kind of working conditions and employee services which are now accepted as good industrial practice.

FAYOL, H.


An analysis of the principles of administration as applied to business management.

FINER, H.

Administration and the nursing services. New York, Macmillan, 1952. 333 pp. $4.50

This book is intended not as a treatise on administration, but rather as one on the significance of administration for nursing service. It is principally concerned with the philosophy and the principles of administration. Dr. Finer stresses the need for a knowledge of administrative principles by the nursing administrator.

FOLLETT, M. P.

Dynamic administration; the collected papers of Mary Parker Follett (Metcalf, H. C. & Urwick, L., ed.). London, Pitman, 1941. 320 pp. 18/—

"The Follett philosophy is that any enduring society, any continuously productive industrial organization, must be grounded upon a recognition of the motivating desires of the individual and of the group."
Freeman, R. B.

*Techniques of supervision in public health nursing.* 2nd ed. Philadelphia, Saunders, 1950. 466 pp. $5.00

The author develops a philosophy of supervision, discusses specific techniques and the principles which underlie their establishment, and develops the concept of supervision with emphasis on guidance and skills in interpersonal relationships.

Institute of Personnel Management

*Joint consultation.* London, 1950. 47 pp. 2/6

One of a series of pamphlets issued by the Institute of Personnel Management. It deals with the "how" more than the "why" of joint consultation and is intended as a practical guide to the establishment of joint consultation within an organization.

Lesser, M. S. & Keane, V. R.

*Nurse-patient relationships in a hospital maternity service.* St. Louis, Mo., Mosby, 1956. 301 pp. $4.25

This book reports on a study of the relationship between functions of professional nurses and the services desired by hospital maternity patients. The study was carried out by a nurse and a sociologist. Thought-provoking questions are raised about the relative values of many activities which nurses have traditionally carried out in obstetrics.

MacEachern, M. T.

*Hospital organization and management.* 3rd ed. Chicago, Physicians' Record Co., 1957. 1315 pp. $18.75

This is a textbook on hospital management, with chapters on the departments concerned with patient care, including the nursing department. Administration of the nursing service is described in a practical way; a check-list for self-evaluation of nursing service personnel administration has been added.

McMurry, R. N.

*Handling personality adjustment in industry.* New York, Harper, 1944. 297 pp. $3.50

Written primarily for top management, this book is designed to give executives insight into the sources of and possible solutions for some of the more pressing problems of personnel administration and industrial relations.

Morton, F. J. B.


This book analyses foremanship problems in the light of the economic and social changes which have been responsible for new methods of organization and new personal relationships in industry.

National League for Nursing. Department of Public Health Nursing

*Public health nursing service manuals: a guide for their development.* New York, 1955. 122 pp. $2.00

This manual includes a discussion of purposes, preparation and format of service manuals. Factors useful as guides in preparing manuals are discussed, i.e., community
description, history of organization, plan of organization, agency objectives, financial
support, agency policies, service planning, priorities for planning services, techniques
and procedures, records and reports, administrative relationships between educational
institutions and public health nursing agencies.

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF PUBLIC HEALTH NURSING
Staff education: a guide for public health nursing services. New York,
1955. 47 pp. $1.00

This guide develops a philosophy of staff education, and discusses orientation
programmes and continuing staff education, giving patterns of planned education
programmes.

NUFFIELD PROVINCIAL HOSPITALS TRUST
The work of nurses in hospital wards. London, Nuffield Provincial
Hospitals Trust, 1953. 218 pp. 6/6

The terms of reference of this study were "to carry out a complete job analysis
of the work of the nurse and other members of the health team in order to obtain
the necessary data so that an answer can be given to the fundamental question
'What is the proper task of a nurse?'"

PERRODIN, C. M.
622 pp. $6.00

The author defines nursing supervision as "a service devised to improve patient
care by promoting, stimulating and fostering personnel growth and welfare. It is
concerned with personnel. It is concerned with physical facilities and equipment
only in as far as they affect the quality, quantity and ease or difficulty of workmanship
of personnel."

REISSMAN, L. & ROHRER, J. H. ed.
Change and dilemma in the nursing profession; studies of nursing services
in a large hospital. New York, Putnam, 1957. 450 pp. $6.80

A report of two studies conducted in a large general hospital. The studies con-
sider the role of the nurse, her function, her relationship to other personnel and
to patients, and her position within the hospital structure.

SECKLER-HUDSON, C.
Organization and management: theory and practice. Washington, D.C.,
American University Press, 1955. 324 pp. $5.00

A systematic and critical analysis of the principles and processes of organization
and management. An extensive bibliography is included.

SEYFFER, C. ed.
The organization of hospital nursing services. Washington, D.C., Catholic
University of America Press, 1952. 148 pp. $2.75

The proceedings of a workshop on the organization of hospital nursing services.
Urwick, L.

_The elements of administration._ 2nd ed. London, Pitman, 1948. 132 pp. 10/6

Based on a series of lectures delivered by the author, this book focuses in a logical scheme the various principles of administration formulated by different authorities.

US Public Health Service. Division of Nursing Resources


This publication provides a guide to one method of studying head nurse activities. Results of such a study may serve as a basis for the careful analysis necessary in reorganization of nursing services.

US Public Health Service. Division of Nursing Resources

_How to study nursing activities in a patient unit_ [a manual prepared ... under the direction of Margaret Arnstein]. Washington, D.C., US Government Printing Office, 1954. 48 pp. $0.25 (US Public Health Service Publication No. 370)

This manual gives a scientific method of study of activities of nursing personnel in a hospital. The material can be readily adapted to the individual needs of any hospital. It is helpful in answering such questions as “How many non-nursing duties are being assigned to nurses? How much time are nurses spending on unnecessary housekeeping details and daily routine that clerks, nursing aides and others can carry on? Are some units better organized in this regard than others?”

US Public Health Service. Division of Nursing Resources


This is another of the series of manuals prepared by the Division of Nursing Resources of the US Department of Health, Education, and Welfare for studying nursing personnel activities. This guide focuses on the supervisor and suggests a method for studying what she does from the point of view of time, area of activity, and the level of skill required, how it is applied, and with whom.

US Public Health Service. Division of Nursing Resources


The out-patient department can play a key role in early discharge from the hospital, and in programmes of home care, and rehabilitation. This manual was prepared to serve as a guide which may be used to study the nursing services of this important department.
WORLD HEALTH ORGANIZATION. EXPERT COMMITTEE ON NURSING

1/9 $0.25 Sw. Fr. 1.00

This report deals with some of the principles of nursing service administration.

YODER, D.


Exceptionally comprehensive guide treating objectives, techniques and significant developments in industrial relations. Designed primarily for students, the book also gives an appraisal of the effect of changing conditions on modern industrial relationships.