

A STUDY TO DETERMINE THE MOST EFFECTIVE METHOD
OF ACCOMPLISHING ADMINISTRATIVE FUNCTIONS
ON THE NURSING UNITS AT SPOHN HOSPITAL,
CORPUS CHRISTI, TEXAS

by

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B. S. IN NURSING, INCARNATE WORD COLLEGE, 1961

A PROJECT REPORT SUBMITTED TO THE FACULTY OF THE
U. S. ARMY-BAYLOR UNIVERSITY PROGRAM IN HOSPITAL
ADMINISTRATION, BAYLOR UNIVERSITY, IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF HOSPITAL ADMINISTRATION

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OF ACCOMPLISHING ADMINISTRATIVE FUNCTIONS
ON THE NURSING UNITS AT SPORN HOSPITAL,

CORPUS CHRISTI, TEXAS

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Objectives	3
Factors Bearing on the Problem	4
Assumptions	4
Definitions of Terms	5
Review of the Literature	6
Approach to the Problem	8
II. DISCUSSION	9
Background and Findings	9
Analysis of Observations	12
Analysis of Interviews	13
Analysis of Activities	14
III. UNIT ADMINISTRATION ALTERNATIVES	18
Ward Clerk and Ward Clerk Aide	18
Hospital Information System	19
Unit Manager Plan	20
Evaluation of Alternatives	22
IV. SUMMARY	24
Conclusions	25
Recommendations	26
Further Research	26

APPENDIX

Page

A. GRAPHS 28

B. POSITION CONTROL SPACES 33

Nursing Service 3 Main

Nursing Service TABLE OF CONTENTS

C. ACTIVITY ANALYSIS 36

Page

BIBLIOGRAPHY

ACKNOWLEDGMENTS ii

Chapter

I. INTRODUCTION 1

Hospital Setting and History 2

Conditions Which Prompted the Study 3

Statement of the Problem 3

Objectives 3

Factors Bearing on the Problem 4

Assumptions 4

Definitions of Terms 5

Review of the Literature 6

Approach to the Problem 8

II. DISCUSSION 9

Background and Findings 9

Analysis of Observations 12

Analysis of Interviews 13

Analysis of Activities 14

III. UNIT ADMINISTRATION ALTERNATIVES 18

Ward Clerk and Ward Clerk Aide 18

Hospital Information System 19

Unit Manager Plan 20

Evaluation of Alternatives 22

IV. SUMMARY 24

Conclusions 25

Recommendations 26

Further Research 26

APPENDIX	Page
A. GRAPHS	28
B. POSITION CONTROL SPACES	33
Nursing Service 3 Main	
Nursing Service 2 Main	
C. ACTIVITY ANALYSIS	36
BIBLIOGRAPHY	51

The hospital of today is the focal center for health activities within the community, just as the nursing unit is the focal center for patient care activities within the hospital. As a continuing result of the population explosion over the past twenty-five years, the need for new hospitals and expansion of old facilities has magnified the medical care and administrative problems. Hospitals today are faced with these difficulties as they endeavor to fulfill their primary responsibility to the community, that of providing health care for the sick and injured. Traditionally, nursing service has existed as an integral part of providing this service, and

although the number of nurses in practice has increased substantially, demands for nursing service have increased even faster. Quantitatively, the shortage makes it impossible to supply hospitals and other health facilities and organizations with sufficient numbers of adequately prepared nurses. Qualitatively, it impairs the effectiveness of patient care.

Wars, advanced medical technology, scientific discoveries, health insurance, rising hospital costs, increasing life span, and changing patterns in nursing education are only a few of the major factors which have contributed to the increased demands for nursing service and the problems which plague hospitals today in attempting to carry out their mission

¹U. S. Department of Health, Education, and Welfare, "Toward Quality in Nursing--Needs and Goals," Public Health Service Publication No. 392 (Washington, D. C.: U. S. Government Printing Office, 1963), p. 3.

CHAPTER I

INTRODUCTION

The hospital of today is the focal center for health activities within the community, just as the nursing unit is the focal center for patient care activities within the hospital. As a continuing result of the population explosion over the past twenty-five years, the need for new hospitals and expansion of old facilities has magnified the medical care and administrative problems. Hospitals today are faced with these difficulties as they endeavor to fulfill their primary responsibility to the community, that of providing health care for the sick and injured. Traditionally, nursing service has existed as an integral part of providing this service, and

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¹U. S. Department of Health, Education, and Welfare, "Toward Quality in Nursing--Needs and Goals," Public Health Service Publication No. 992 (Washington, D. C.: U. S. Government Printing Office, 1963), p. 3.

²Ruth S. Yankauer and Eugene Levine, "The Floor Manager Position--Does it Help the Nursing Unit?," Nursing Research, III (June, 1954), 4.

despite a shortage of qualified personnel.

Hospitals could not exist without nursing service, for nursing is the basic component of patient care and is continuous from the moment of a patient's admission until his discharge.² Hospital inpatients are housed on nursing units which comprise three areas of activity, each of which is interdependent and vital to patient welfare: medical treatment, nursing care, and services which support this treatment and care. Although medical treatment is an essential element, it must be recognized that the doctor's infrequent visits are brief; thus, the management of the nursing unit is actually committed to two major areas of activity, patient care and unit administration.³

Hospital Setting and History

Spohn Hospital was built in 1905 to meet the health care needs of a community of 7,000. Today, this community has ten hospitals serving a population of 300,000. Spohn is a nonprofit, Catholic hospital operated by the Sisters of Charity and named in honor of Dr. Arthur E. Spohn, a renowned Canadian physician, who settled in Corpus Christi, Texas, in 1895 and was instrumental in the founding of the original Spohn Sanitarium.

Spohn Sanitarium, built in 1905, was destroyed by a hurricane in 1919. Temporary facilities were set up in a private home until the first building of the present hospital was completed in 1923. In 1923, this three-story brick building was ranked as one of the foremost

²Joseph S. Lichty, "A Hospital Administrator Looks at Nursing Service," Nursing Outlook, XIV (November, 1966), 53.

³Ruth G. Yankauer and Eugene Levine, "The Floor Manager Position-- Does it Help the Nursing Unit?," Nursing Research, III (June, 1954), 4.

hospitals in Texas by the American College of Surgeons. Since then, three additions have been added--in 1937, 1952, and 1961--bringing the present capacity to 300 beds and 50 bassinets. Plans are in progress at this time to begin another 120-bed addition in late 1967.

Conditions Which Prompted the Study

Spohn Hospital is the oldest medical facility in Corpus Christi, Texas, and, like other hospitals, is faced with the problem of a shortage of qualified personnel. The problems associated with an acute shortage of registered professional nurses prompted this hospital to request that a study be conducted in the area of nursing administration.

The Administrator at Spohn was aware of various programs that had been implemented in other hospitals to improve patient care by relieving nursing personnel of nonnursing administrative details. It was the desire of the Hospital Administrator that a study be conducted on the nursing units at Spohn to determine the most appropriate method for accomplishing unit administration.

Statement of the Problem

To determine the most effective method of accomplishing administrative functions on the nursing units at Spohn Hospital, Corpus Christi, Texas.

Objectives

1. To identify the functions performed within specific nursing units and designate those tasks which could be accomplished by individuals unskilled in medical techniques.

2. To suggest a means of increasing the effectiveness and

strengthening the position of the head nurse by reorganizing her responsibilities to exclude nonnursing functions.

3. To recommend alternative methods of accomplishing administrative functions on the nursing unit.

Factors Bearing on the Problem

1. In 1966 the occupancy rate was almost 100 percent; the current occupancy rate is 101 percent.

2. On 2nd and 3rd Main from 44 to 50 percent of the patients are age 65 or older. (see Appendix A).

3. Only 42 percent of the authorized registered nurse spaces are filled by regular full-time employees.

4. Eighty-five percent of the nursing service personnel are nonprofessionals.

5. The hospital was without a qualified Director of Nurses from July, 1966, to April, 1967.

6. The medical staff is composed of 113 active members and 100 courtesy members.

Assumptions

1. The current occupancy rate will persist until more hospital beds are available.

2. The older wards of this hospital will require a larger staff than other units due to their lack of modern facilities and the type of patient admitted.

3. The quality of patient care will improve as more time is made available for professional nursing functions.

4. Professional nurses are performing a large number of

nonnursing functions which could be safely and efficiently handled by a competent individual unskilled in medical techniques.

Definition of Terms

Charge Licensed Vocational Nurse--a licensed vocational nurse who, under the supervision of a registered nurse, is responsible for the functioning of the nursing unit in the absence of a registered nurse. She must also have successfully completed a course in drugs and medications at Del Mar Junior College.

Graduate Nurse--an individual who has completed an accredited course in nursing, but does not have licensure to practice as a registered nurse because of failure to take the State Board Exam, failure to pass the Exam, or failure to comply with licensure requirements in Texas.

Graduate Vocational Nurse--an individual who has completed an accredited course for vocational nurses but is not licensed.

Licensed Vocational Nurse--an individual who has completed an accredited course for vocational nurses and is licensed by a state agency.

Nurse Aide or Orderly--an individual who has received a minimum of 40 hours of training in elementary nursing procedures and can perform these basic nursing procedures under the supervision of a registered nurse.

Nursing Service--refers to all hospital personnel occupying position control spaces (see Appendix B for example) assigned to the nursing department, and includes: registered nurse, graduate nurse, licensed vocational nurse, graduate vocational nurse, nurses' aide, orderly, technician, inhalation therapist, ward clerk, and ward clerk aide.

Nursing Service Personnel--refers specifically to those individuals involved in giving direct patient care, i.e., nurses, aides,

orderlies, and student nurses.

Probationary Period--the first three months of employment are regarded as a probationary period, and no benefits (other than wages as agreed) are extended during this period.

Regular Part-time Employee--an individual who has successfully completed the probationary period and who normally works less than a standard 40-hour week.

Unit Manager--an individual who is responsible for the administrative activities of one or more nursing units; sometimes referred to in the literature as a service coordinator, floor manager, service manager, or division steward.

Ward Clerk Aide--an individual who accomplishes off-ward errands for the nursing unit and assists the ward clerk with clerical activities.

Review of the Literature

In the articles researched, it was repeatedly noted that in addition to the nurse shortage, registered nurses have not been properly utilized. As one author stated, "Many hospitals face the problem of keeping qualified personnel where they are most needed."⁴ Various approaches have been used to relieve the head nurse of an ever-increasing amount of clerical duties and other nonnursing activities. Some hospitals have established delivery messenger service and have hired additional ward clerks; some have installed expensive automatic equipment to accomplish administrative tasks; while others have employed a unit manager to perform nonnursing functions and supervise the clerical duties performed by

⁴Goldia N. Barclay, "Keeping Trained Personnel at the Bedside," Hospitals, XXXVII (January 16, 1963), 64.

a ward clerk.

In reviewing the available literature, it was apparent that more and more hospitals throughout the country have been experimenting with a unit manager concept. Nonnursing unit managers have been placed in almost every area within the hospital from the operating room⁵ to the diet kitchen.⁶ There are several different methods by which they may be programmed into the organizational system; however, the problem of to whom a unit manager should be responsible needs to be clarified in the preplanning phase.⁷ Although one of the pilot programs initially placed the unit manager position under the medical service,⁸ a few of the others originally thought this position belonged under nursing service.^{9, 10} The revised and extended programs of today identify the unit manager position as an extension of management responsible to administration.^{11, 12} Generally, the reason which these hospitals gave for adopting a unit manager plan was to

⁵Margaret J. Ferris and Nancy A. McWillie, "Unit Management in the Operating Room," Hospital Topics, XLI (December, 1963), 69.

⁶Jane Hartmen, "Floor Managers Share Responsibility in This Food Distribution System," Modern Hospital, C (February, 1963), 124.

⁷Dagmar E. Brodt, "The Service Manager," Hospital Progress, XLVII (September, 1966), 70.

⁸Interview with Ted Eilerman, student at Grace Lutheran Hospital and formerly a unit manager at Presbyterian--St. Luke's Hospital in Chicago, April 26, 1967.

⁹Max A. McBeth and Douglas C. Carpenter, Jr., "Seven-Year Appraisal of a Ward Manager System," Hospitals, XL (March 16, 1966), 79.

¹⁰Lichty, op. cit., p. 53.

¹¹McBeth and Carpenter, op. cit., p. 79.

¹²Interview with Ted Eilerman, April 26, 1967.

provide more administrative control at the ward level by relieving the nurse of unit administration and thereby increasing nursing service time for patient care management.

Approach to the Problem

The methods used in this study were observation, interview, and activity analysis.

Observation

A guided tour through the hospital by members of the administrative staff provided the writer with a knowledge of the physical layout of the nursing units in their relationship to other departments of the hospital. Further observation of organizational factors directly affecting the use of nursing personnel was made on two of the general medical and surgical units during the study period.

Interview

Planned interviews were arranged with the directors of those departments which were most actively involved with the nursing units. Informal interviews were obtained with assistant hospital administrators, administrative assistants, the Director of Nurses, the Director of Nursing Education, and instructors in the professional and vocational schools of nursing.

Activity analysis

Chronological lists were prepared showing the activities performed by head nurses, a ward clerk, and a ward clerk aide. These lists provided a general picture of the different kinds of administrative activities performed by designated categories of personnel assigned to the inpatient units.

CHAPTER II

DISCUSSION

Background and Findings

The director of nursing service managed all of the nursing units, while the head nurse functioned as the administrator or manager of a single nursing unit directly responsible to the director. Just as the director assumed responsibility for whatever happened within the nursing department, the head nurse traditionally was accountable for everything that happened in the nursing unit. As administrator of a nursing unit, she has been charged with the responsibility of planning, directing, coordinating and controlling the hundreds of activities which were performed each day on her ward. These administrative and nonnursing duties assumed by the head nurse have become such a burden that she has been unable to adequately fulfill her primary mission of patient care.

Quality and quantity of nursing care in any hospital have been affected by numerous factors. Some major factors which appeared to be particularly pertinent to this study were: (1) structural features and facilities of the ward, (2) type of service, (3) age of patients admitted, (4) number and educational qualifications of personnel assigned, and (5) number of doctors prescribing for patients on the nursing unit.

The patient-care units at Spohn had been carefully designed to permit maximum personal care at the time they were built. All nursing stations were centrally located in relation to patient rooms. Within

Annexes A and B, added in 1952 and 1961 respectively, each room was equipped with separate bath and toilet facilities, piped-in oxygen, radio, air-conditioning, and a patient-nurse intercom system. However, in the older area of the hospital, known as 2 and 3 Main, many of the conveniences were lacking: oxygen had to be provided by cylinder; rooms were individually air-conditioned by window units; the patient call-system consisted of only a signal light; and most of the rooms lacked separate bath and toilet facilities. The two telephones within the nursing station were located on opposite sides of the room which created an inconvenience for the ward clerk who had to leave her desk to answer the second phone.

The nursing units observed (2 and 3 Main) were classified as mixed general medical and surgical wards. Most of their accommodations (12 out of 17 rooms on 2 Main, and 17 out of 27 rooms on 3 Main) were private rooms; both units were used primarily for medicare admissions as the room cost was less than in other areas of the hospital. The capacity on 2 Main was 24, which included one bed in the hall; and on 3 Main the capacity was 45, which included two beds in the hall. During the period of this study, there were more medical than surgical patients on both units and from 44 to 50 percent of the patients were age sixty-five or older (see Appendix A).

The Personnel Director did not specify whether nursing service personnel authorizations were based upon 80 or 100 percent occupancy (according to MacEachern, 75 to 80 percent occupancy is the top limit for safe and efficient care of the patient¹). The fact remained that Spohn was operating at 101 percent capacity and could not fill the authorized vacancies for either registered or licensed vocational nurse positions (see

¹Malcolm T. MacEachern, Hospital Organization and Management (revised third edition; Chicago: Physicians' Record Co., 1957), p. 202.

Appendix B, Position Control Program--Nursing Service--3 Main). Since the authorized number of registered and licensed vocational nurses were unobtainable either on a full- or part-time basis, the hospital employed nurses' aides in excess of the space authorizations in the Position Control Program (see Appendix B, Nursing Service Vacancies on 3 Main). Spohn is typical of many Catholic hospitals in that most of the nursing service supervisory positions were filled by sisters, while the head nurse positions were occupied primarily by middle-aged women with family responsibilities.² Both of the units observed were assigned one full-time registered nurse in addition to the head nurse. On 3 Main this assigned registered nurse worked permanent night duty, while on 2 Main the additional registered nurse worked the day shift. Regular part-time registered nurses usually worked two days per week on 3 Main and frequently substituted for the head nurse on her days off. When regular part-time registered nurses were not available on the head nurse's day off, the sister supervisor assumed the head nurse responsibilities. Charge licensed vocational nurses were assigned to these nursing units on the evening shift from 3:15 to 11:00 o'clock. On evenings when the charge licensed vocational nurses were off, the head nurse or sister supervisor provided responsible coverage.

Another factor which affected the quality and quantity of nursing care available for patients was the number of physicians who visited the hospital in their relationship with the nursing units. The tour provided an opportunity to observe the facilities and equipment in the newer additions as compared with those in the older area. An obvious problem in the older wing of the hospital was the in-

²Everett C. Hughes, Helen M. Hughes and Irwin Deutscher, Twenty Thousand Nurses Tell Their Story (Philadelphia: J. B. Lippincott Co., 1958), p. 81.

doctors who had arrived at approximately the same time. Since most doctors preferred to have a nurse accompany them on patient rounds, many delays were unavoidable as they waited for the availability of the nurse. Prior to and following patient rounds, the doctors tended to collect in the nursing station, where they visited, reviewed records, wrote new orders, dictated charts, and made phone calls.

A factor which also contributed to a reduction in the nursing hours available for patient care was the amount of time involved in charting daily observations on the nurses' notes. After the doctors' morning rounds, charts on which new orders had been written were placed on the clerk's desk. Until these orders were transcribed by the ward clerk and checked by the nurse, patient charts were not available for nursing personnel to record pertinent observations. It was often early afternoon when nursing personnel obtained the charts and attempted to recall significant information to chart. Much time was spent in charting even though some observations were not recorded and most notations were excessively brief. Occasionally, recorded information was lined through with a signature to indicate an error on the chart.

Analysis of Interviews

Analysis of Observations

A guided tour through the hospital was most helpful in orienting the observer to the administrative areas and the numerous departments of the hospital in their relationship with the nursing units. The tour provided an opportunity to observe the facilities and equipment in the newer additions as compared with those in the older area.

An obvious problem in the older wing of the hospital was the inadequacy of elevator service to two very busy wards. The administrative

personnel also pointed out the lack of a pneumatic tube delivery system in this area. These two nursing units presented a major administrative problem in that the inadequate physical facilities necessitated additional staffing to provide adequate patient care.

The Nursing Service Organizational Chart, a graphic representation of the expected interaction levels, has been used as a visual approach to two-way communication. Such a chart has enabled the worker to see his own position in relation to that of each worker with whom he associated in the performance of his duties.³ To the observer, who spent ten days collecting activity data on selected nursing units at Spohn Hospital, it was apparent that there were no clearly defined lines of authority in the nursing department. Although some individuals stated they had a personal copy of their job description, the nursing units had nothing posted to establish criteria by which the assignments for different levels of personnel could be determined. The only graphic representation observed was a copy of the Hospital Organizational Chart posted on the bulletin board in each nurses' station.

Analysis of Interviews

Arrangements were made to interview directors of those allied departments most actively involved with the nursing units. The primary objective of the planned interviews was to gain a better understanding of the issues which confronted other departments as they endeavored to support nursing service.

One problem area most frequently mentioned during the interviews

³Edythe Alexander and others, Nursing Service Administration (St. Louis: C. V. Mosby Co., 1962), p. 130.

was concern for a lack of or a breakdown in communications. Department heads commented on this in the following manner: (1) each day a different person made out the item and/or activity requisition which frequently contradicted what was requisitioned the day before; (2) the paper work submitted for equipment repair and unit maintenance was often followed by two or more phone calls regarding the same problem; (3) everyone tried to do too much too fast, which resulted in many errors; and (4) incomplete and inadequate information on work orders, prescription or supply forms, diet rosters, laboratory slips and/or consultation requests caused unnecessary delays. The interviewer wondered whether this was actually a breakdown in communications or an indication of poor organization within the nursing unit. All department directors were very much aware of the shortage of nurses and were eager to do whatever they could to provide assistance.

Analysis of Activities

Nursing activities varied according to the different skill levels of personnel assigned to the unit. Individual proficiency ranged from the skilled registered nurse down to the nonprofessional attendant and the volunteer who had minimal training and little or no experience in nursing. The hospital provided student experiences for three-year professional nurse students and one-year student vocational nurses. Although the students contributed toward the total nursing care rendered, a listing of their activities was not deemed pertinent to this study.

Activity observations on wards 2 and 3 Main revealed that most of the direct patient care was performed by the licensed vocational nurse and nurses' aide. It was no surprise to learn that most of the direct

patient care was given by this group of personnel since they comprised 85 percent of the nursing service personnel who were employed full time (see Appendix A--Nursing Service Personnel graph).

A notation of the head nurses' activities was made at spaced intervals over an eight-hour period. Personal time for meals and coffee breaks was omitted from the list. Over one-third of the recorded activities (12 out of 29 and 11 out of 26) could have been performed by someone other than a medically trained individual (see Appendix C--Head Nurse Activities 3 Main). A comparable finding has been reported by the University of Texas Medical Branch Hospital.⁴ On ward 2 Main over 50 percent (18 out of 29) of the head nurse activities could have been accomplished by someone other than a medically trained individual. This latter percentage more closely parallels another reported study conducted at a Catholic hospital where it was found that over 50 percent of management and clerical duties performed by the head nurses could be reassigned to other personnel.⁵

Ward clerks have been employed on the nursing units at Spohn Hospital for many years and are considered indispensable in that they relieve the head nurse of a tremendous volume of clerical functions. The activities of a ward clerk on one unit were noted by the observer, while on the other unit the ward clerks on the day and evening shifts recorded a detailed list of their activities for the observer (see Appendix C). The primary purposes of obtaining studies of the ward clerk activities

⁴Patricia Bosworth, "Project Report of Unit Management," Texas Hospitals, XXII (August, 1966), 20.

⁵Sister Mary Donald and Sister Mary Suzanne, "The Head Nurse's Dilemma," Hospital Progress, XLVI (April, 1965), 77.

were to discern the types and volume of clerical functions performed and to evaluate the possibility of including additional tasks in their routine list of duties.

The activity lists submitted by the ward clerks were comparable to the itemized list of activities performed by the ward clerk who was observed (see Appendix C). However, there was only one phone call recorded on the activity lists submitted. Apparently this was inadvertently overlooked for telephone calls were a primary duty in the ward clerk's job description, and they occurred on the average of one call every four minutes on the ward observed.

The ward clerk aide was a ward runner. This position had been established for ward 3 Main within the past year. Observations of the activities of this individual were made to identify what tasks were performed, how duties were assigned, and how the work was organized to accomplish the goals.

The ward clerk aide observed was a young married woman in apparently good physical health who appeared to enjoy this type of work. It was difficult, though, to discern to whom she was responsible. When she reported to the nursing unit at nine o'clock that morning, there were at least five persons (head nurse, licensed vocational nurse, part-time registered nurse, and a senior professional nurse student) who gave her an assignment to pick up or deliver some item. These activities varied from obtaining a newspaper for a patient to an emergency order for a pint of blood from the blood bank. During the period of observation 75 percent of her duties involved trips off the ward. Two-thirds of these trips were made via elevator to the laboratory, pharmacy, diet kitchen, and central service. Although this individual was well organized in

that she accomplished several requests per trip and planned her route to avoid unnecessary delays, she often made a second trip to the same area within a 5-15 minutes period.

UNIT ADMINISTRATION ALTERNATIVES

The administrative personnel at Spohn Hospital were interested in seeking the best method of accomplishing administrative functions on the nursing units. Wards 2 and 3 Main located in the older wing of the hospital were of primary concern because of their requirement for additional staffing. Even though some of the nonnursing and clerical activities had been delegated or reassigned, head nurses on the observed units were still performing tasks which could be accomplished by individuals unskilled in medical techniques.

Some alternative methods for accomplishing administrative functions on the nursing units at Spohn Hospital include: (1) ward clerk and Ward Clerk Aide; (2) hospital information system; (3) unit manager plan.

Ward Clerk and Ward Clerk Aide

Spohn Hospital is currently utilizing a ward clerk and a ward clerk aide to accomplish administrative functions on only one of their nursing units.

The employment of a ward clerk has relieved the professional nursing personnel of many unit management functions such as: answering the phone; transcribing doctors' orders; making out medicine cards,

CHAPTER III

UNIT ADMINISTRATION ALTERNATIVES

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The employment of a ward clerk has relieved the professional nursing personnel of many unit management functions such as: answering the phone; transcribing doctors' orders; making out medicine cards, locally by a computer. Manual entry units and printers are installed at every nurses' station as well as in the radiology, dietary, laboratory,

laboratory requests, and x-ray forms; assembling chart forms; filling in chart headings; maintaining graphic records; ordering supplies and equipment; interpreting hospital policies and procedures to visitors; checking personnel time cards; and keeping bulletin boards up to date. The ward clerk aide functions as an assistant to the ward clerk by performing off ward errands such as: delivering specimens to the laboratory; picking up pharmacy supplies; delivering late breakfast trays; and assisting the ward clerk with clerical functions.

The advantages are:

1. Nurses are relieved of most of the unit clerical functions and therefore have more time to devote to patient care.
2. Morale is improved when employees are fully utilized in functions for which they were specifically trained and for which they were employed, such as clerks to do clerical work and nurses to give nursing care.

The disadvantages are:

1. Overall unit maintenance and supply continues to be a responsibility of the head nurse.
2. Placing two more individuals on the unit under nursing service increases the head nurse's responsibility for supervision and evaluation.

Hospital Information System

The hospital information system is an automatic data processing network through which all clerical or paper work is handled electronically by a computer. "Manual entry units and printers are installed at every nurses' station as well as in the radiology, dietary, laboratory,

central supply, operating room, recovery room, pharmacy, and outpatient department."¹ Orders and other pertinent data are recorded by means of code keys, decoded and printed back on a console, and then transmitted to be retained in the memory system when verified as correct.

To enhance the effectiveness of the hospital information system it is necessary to also install pneumatic tube and other automatic delivery systems from all departments to each nursing unit.

The advantages are:

1. Computers at each nursing station will reduce the enormous amount of paper work performed by nurses.
2. Computers will make more nursing hours available for patient care.
3. Computer codes will simplify order entries and provide greater accuracy.

The disadvantages are:

1. The cost of installing computer equipment in an old building will be too expensive.
2. A preparatory educational program will be necessary for instruction in the use of this equipment.
3. Computers will not entirely relieve the head nurse of unit management responsibility.

Unit Manager Plan

The unit manager plan was designed and has been adopted by many hospitals today as a means of relieving the head nurse of a multitude

¹James P. DeMarco, "Automating Nursing's Paper Work," American Journal of Nursing, LXV (September, 1965), 74.

of nonnursing administrative details. Lay personnel, called "unit managers," have been employed by the hospital and assigned on a clinical ward under the auspices of hospital administration. Their role has incorporated the following activities: coordinate and provide services, supplies, and equipment to the patient care unit; assume responsibility for establishing and maintaining a satisfactory physical environment in the patient unit; orient, train and supervise unit clerical and messenger personnel; coordinate clinic appointments, medical tests, therapy, visiting, nourishment; and serve as liaison between the patient unit and other departments. Unit managers must work closely with medical and nursing personnel in all administrative details important in maintaining high standards of patient care.

The advantages are:

1. The unit manager will provide central responsibility for all administrative aspects of the nursing unit.
2. Unit management will be improved through direct supervision at the operational level.
3. Nurses will be free from most of their nonnursing duties and more nursing care hours will be available for patient care.
4. As nursing personnel are relieved of nonnursing duties, and are given more time to nurse their morale will rise and more job satisfaction will be evident.
5. The organizational efficiency of the unit manager system will permit more time for professional staff in-service education.
6. The unit manager will function as the liaison between hospital administration and patient care.

The disadvantages are:

1. A unit manager on the nursing unit adds one more position to an already complex organization.
2. The hospital may experience difficulty in being able to employ qualified personnel to fill these requirements.
3. The functioning of the organization may experience some setbacks stemming from a resistance to change.

Evaluation of Alternatives

The primary advantage of the first alternative, a ward clerk and a ward clerk aide for each nursing unit, would be the availability of increased nursing hours for patient care. Proper utilization of trained personnel will also improve employee morale. Although this alternative relieves the nurse of many clerical and nonnursing functions, the head nurse is still charged with total management responsibility for the unit.

Another method for accomplishing administrative functions on the nursing unit would be the installation of electronic computers to accomplish the clerical tasks of the nurse. While the hospital information system would reduce the amount of paper work required and enable the nurse to devote more time to patient care, this system is costly and will not entirely free the nurse of all nonnursing administrative responsibilities.

A third alternative for accomplishing administrative functions on the nursing unit would be the establishment of a unit manager system. Under this system an individual who is not a nurse assumes responsibility for administrative functions within the nursing unit and is

responsible to an assistant administrator. This concept has a dual advantage in that it provides administrative control at the ward level and helps increase nursing care time by relieving the nurse of nonnursing management responsibilities at unit level.

New hospitals and the expansion of old facilities to meet the needs of a growing community compound the problems hospital administrators are faced with today in attempting to obtain qualified personnel. With an acute shortage in quantity as well as quality of skilled nursing personnel, administrators are keenly aware of an urgent need to relieve the head nurse of as many administrative, nonnursing functions as possible.

An acute shortage of registered nurses at Spohn Hospital in Corpus Christi, Texas, prompted the Administrator to request a study of nursing administration. In May, 1967, a ten-day study was conducted at this hospital in an effort to determine the most effective method of accomplishing administrative functions on the nursing units.

Like many hospitals, Spohn had attempted to alleviate its nursing shortage by employing additional nonprofessional personnel and part-time registered nurses. While nursing-care hours are of little value in assessing the quality of care given, a graph of nursing hours available on wards 2 and 3 Main from December, 1966, through April, 1967, (see Appendix A--Percentage of Nursing Hours Available), shows that the majority of direct patient care was given by the nonprofessional personnel. Often the head nurse, being the only registered nurse on the ward, was unable to provide adequate supervision of the less skilled nonprofessional personnel because of the demands of unit management. To support unit

CHAPTER IV

SUMMARY

New hospitals and the expansion of old facilities to meet the needs of a growing community compound the problems hospital administrators are faced with today in attempting to obtain qualified personnel. With an acute shortage in quantity as well as quality of skilled nursing personnel, administrators are keenly aware of an urgent need to relieve the head nurse of as many administrative, nonnursing functions as possible.

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Often the head nurse, being the only registered nurse on the ward, was unable to provide adequate supervision of the less skilled nonprofessional personnel because of the demands of unit management. To support unit

administration and improve quality nursing care, it is imperative that a nonnurse manager be assigned to relieve the head nurse of administrative functions so she may supervise patient care activities performed by less skilled personnel.

The fact that this hospital was without a qualified director of nursing service from July, 1966, until April, 1967, undoubtedly had some bearing upon the conditions observed within the nursing unit. For a hospital of 300 beds or over, effective supervision of nursing service is necessary; and no one director, regardless of qualifications, experience and ability, can handle this task alone.

Some of the major factors which influenced the quality and quantity of nursing care available on the units observed included: (1) physical features and facilities of the unit, (2) type of service, (3) age of individuals admitted, (4) number and skill level of personnel assigned, (5) number of physicians prescribing for patients on the unit, and (6) amount of nursing time involved in recording on patient records.

Alternative methods for accomplishing administrative functions on the nursing units at Spohn Hospital are: (1) a ward clerk assisted by a ward clerk aide for each nursing unit; (2) a Hospital Information system which provides an automatic processing computer on each nursing unit; (3) a unit manager responsible to an assistant administrator for unit administration.

Conclusion

The establishment of a unit manager system is the most effective method of accomplishing administrative functions on the nursing units at Spohn Hospital.

Recommendations

It is recommended that:

1. A pilot study be made utilizing the project director as a unit manager on a selected general medical and surgical unit. The pilot study would permit: the project director to identify specific managerial tasks and devise a method of evaluating the job, the hospital to prepare their personnel to work with this new concept, the unit personnel to plan for its implementation, and the administrative staff to select and train the first unit manager.

2. An assistant administrator be appointed as project director to work with the nursing supervisor from the selected area in developing a detailed job description for the unit manager.

3. The project director maintain close liaison with the nursing unit personnel during the preplanning phase and pilot study.

4. An attempt be made to evaluate those individuals on the hospital staff who are eligible and would qualify for the unit manager position.

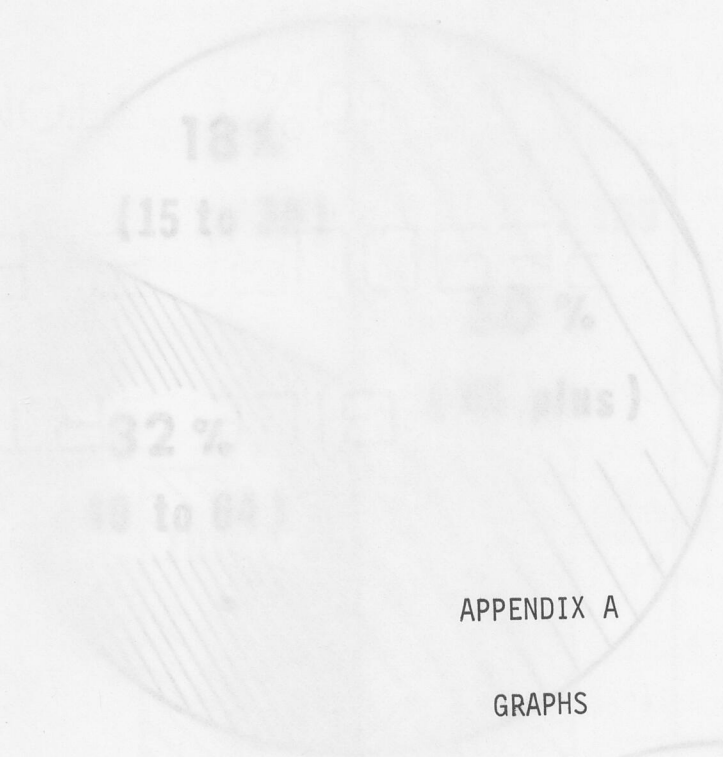
5. After a routine has been established, consideration be given to extending unit manager coverage on a daily basis, to include responsibility for another nursing unit and to provide another unit manager for the evening shift.

Further Research

Further research is indicated to acquire a more accurate description of the responsibilities of a unit manager for Spohn Hospital. This study attempted to identify the unit management and nonnursing functions being performed on selected nursing units. A future study should be

made to determine the level at which nursing activities should be performed and to clearly define the limits of each skill level. The writer sees a strengthening of unit management under administrative control and improved management of patient care through more effective utilization of skilled nursing personnel.

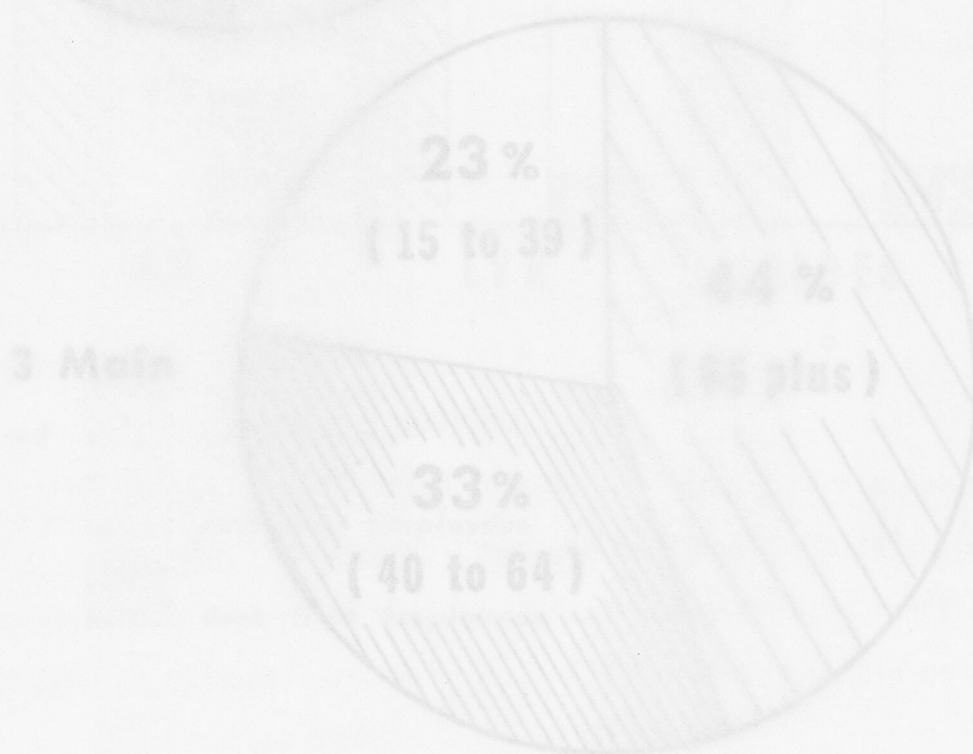
Percentage Distribution of Patients by Age Groups



2 Main

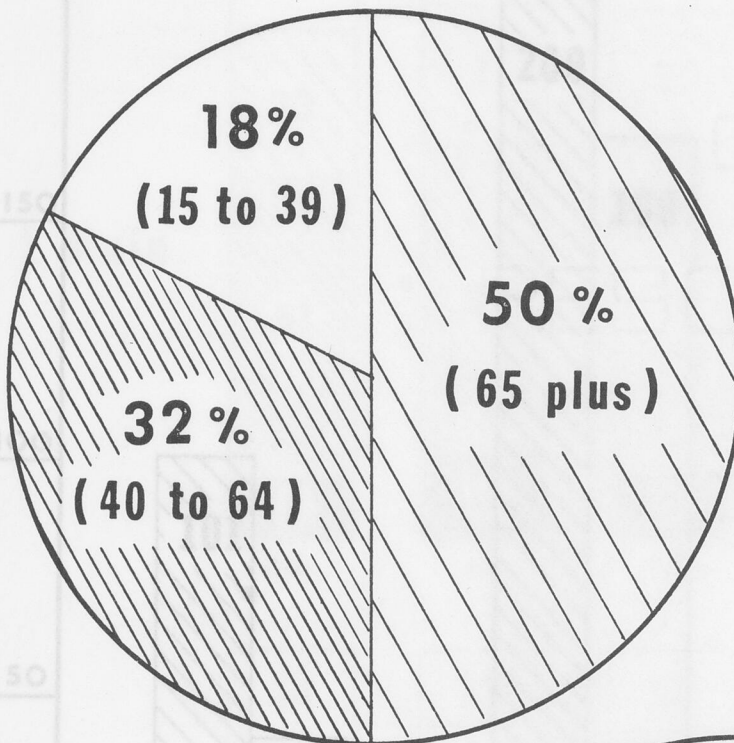
APPENDIX A

GRAPHS

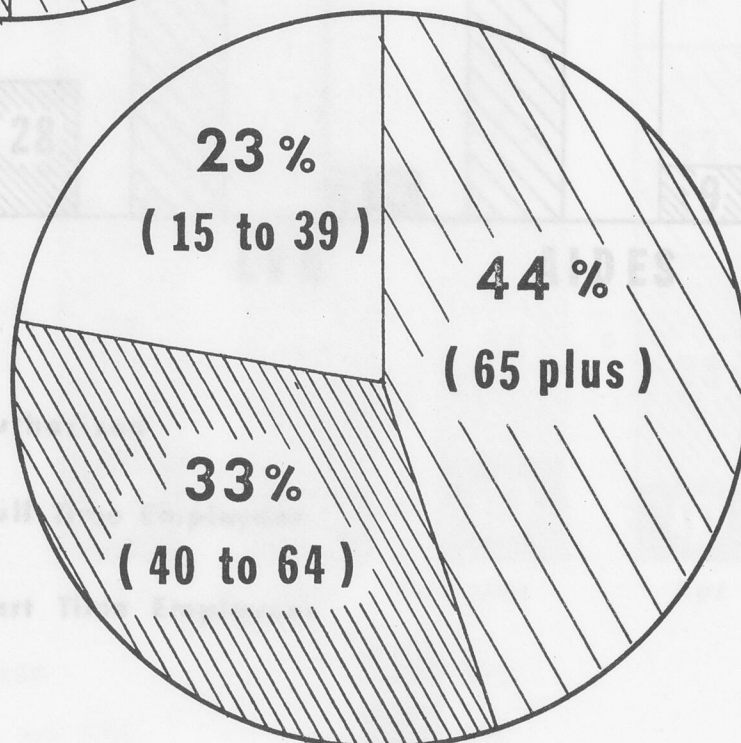


3 Main

Percentage Distribution of Patients by Age Groups



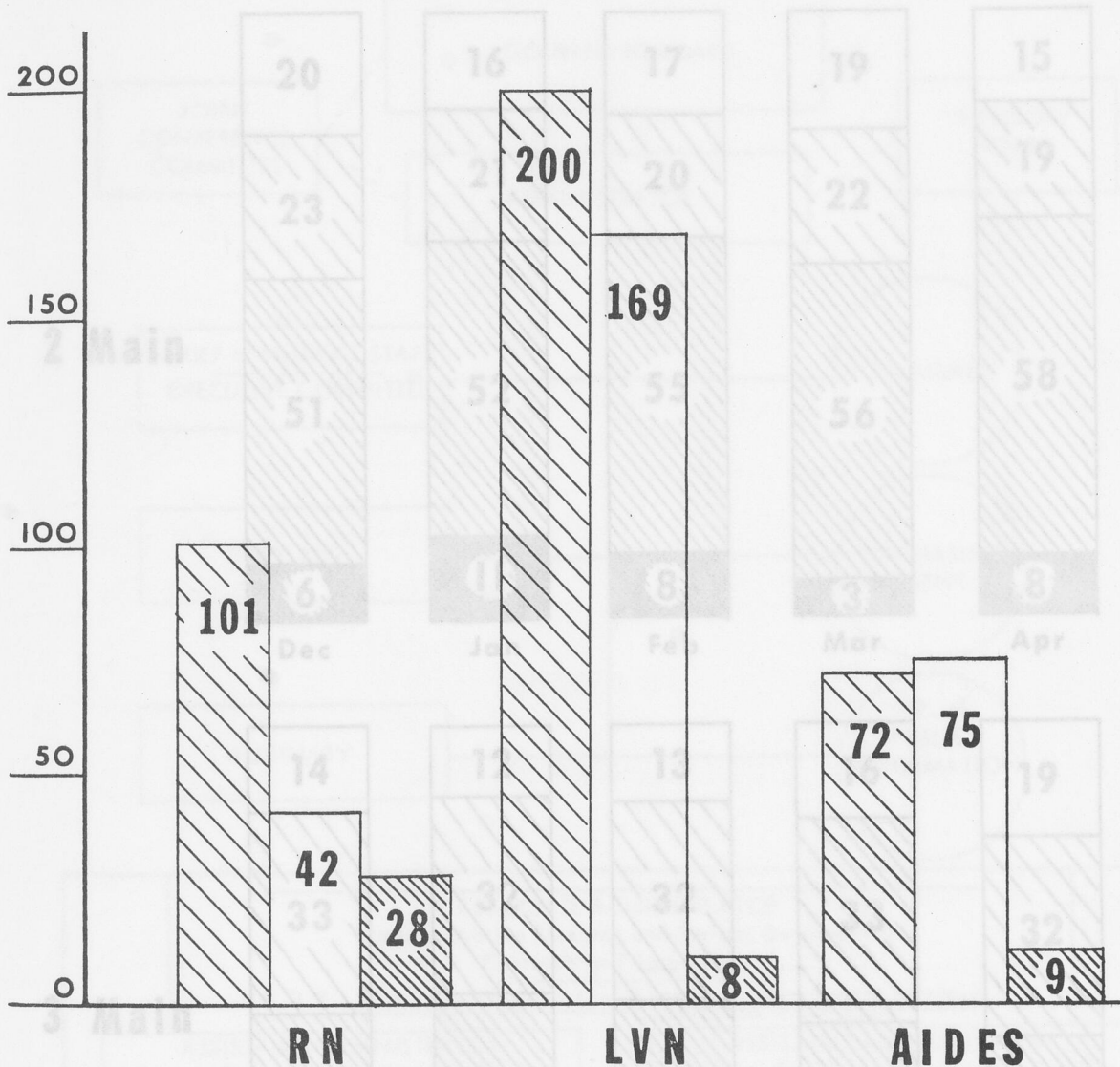
2 Main






3 Main

Legend

Nursing Service Personnel




Legend

-  Authorized
-  Full Time Employees
-  Part Time Employees

Legend:  OTHER

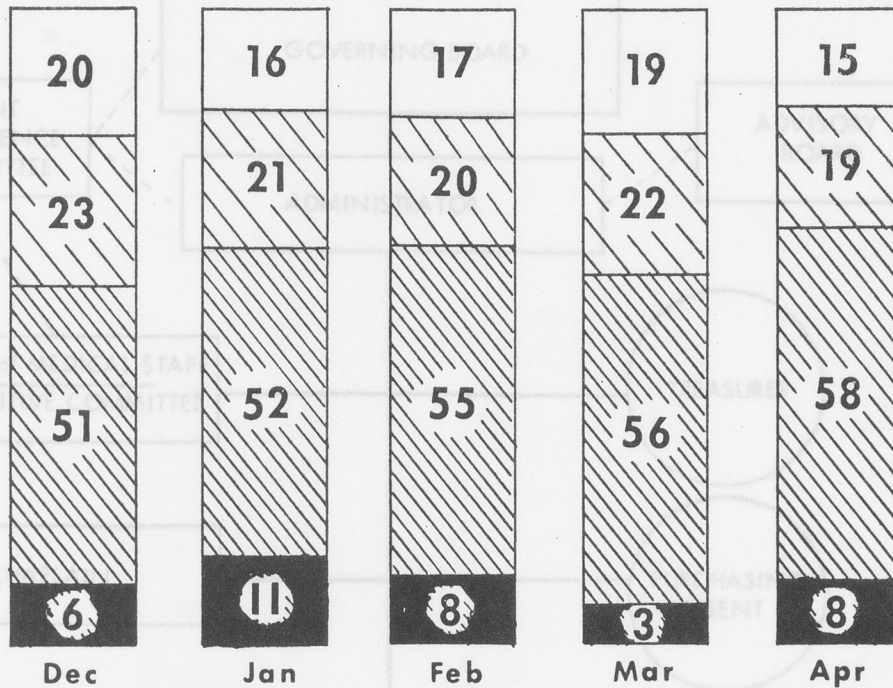
 NA and ORD

 LVN

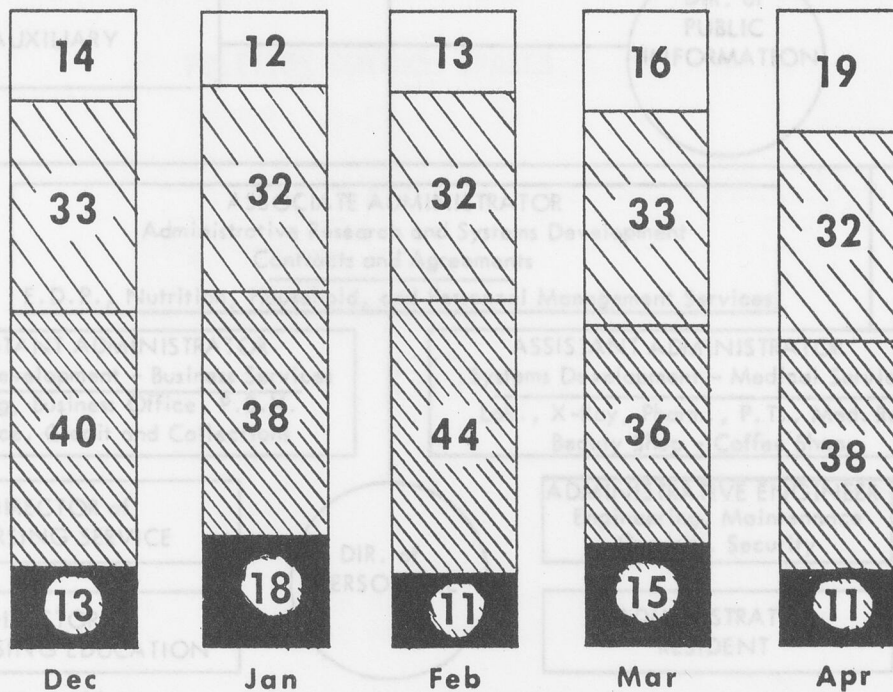
 RN

Percentages of Nursing Hours Available

2 Main



3 Main



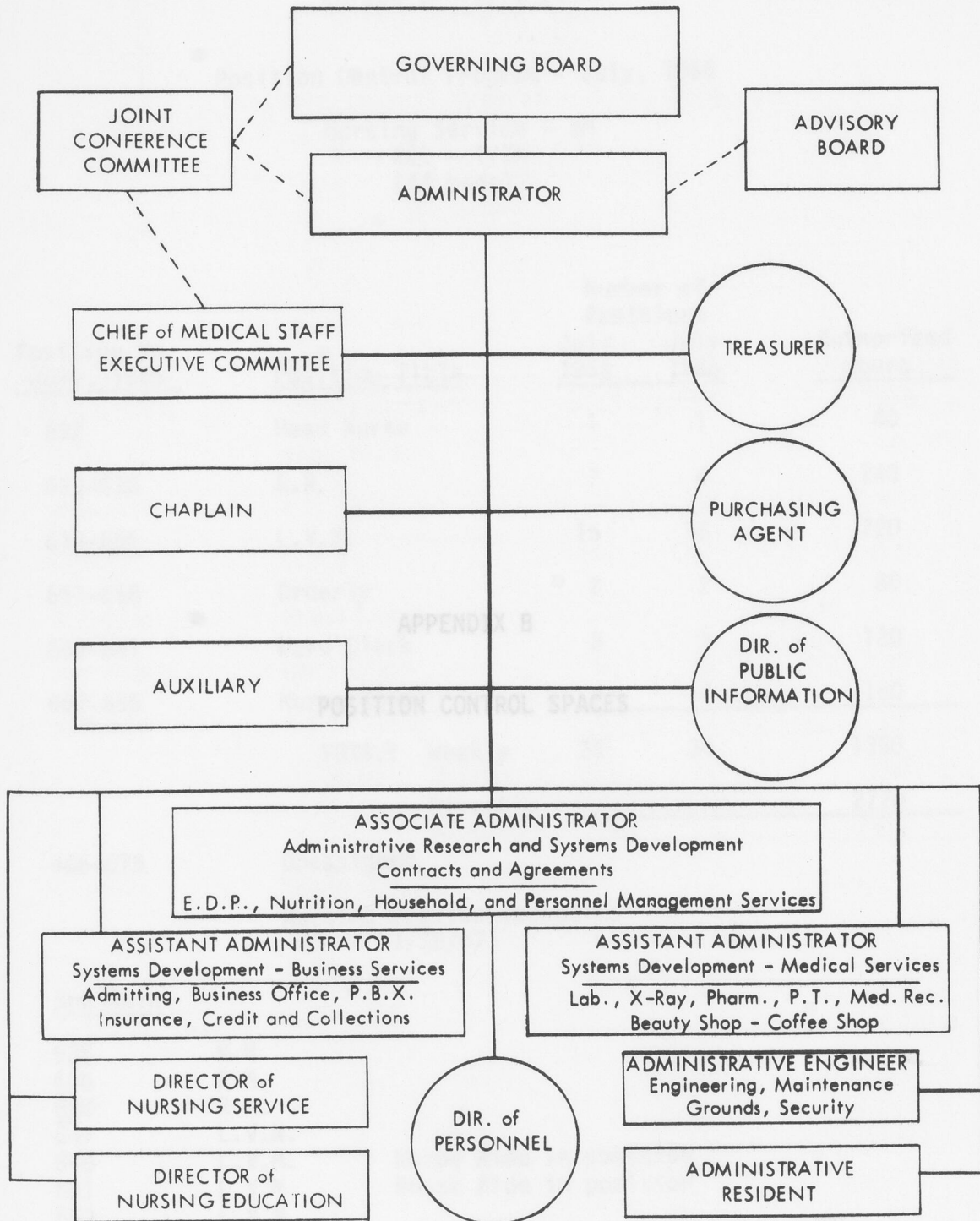
Legend:  OTHER
 NA and ORD

 LVN
 RN

SPOHN HOSPITAL
Corpus Christi, Texas
August, 1966

LEGEND:

- Line
--- Advisory
○ Staff to all departments



Spohn Hospital
Corpus Christi, Texas

Position Control Program - July, 1966

Nursing Service - 3M

641 - 1/3M

(44 beds)

Position No. July, 1966	Position Title	Number of Positions		Authorized Hours
		July 1964	July 1966	
632	Head Nurse	1	1	40
633-638	R.N.	7	6	240
639-656	L.V.N.	15	18	720
657-658	Orderly	2	2	80
659-661	Ward Clerk	3	3	120
662-665	Nurse		4	160
TOTAL: Weekly		35	34	1360
Biweekly				2720

APPENDIX B

POSITION CONTROL SPACES

666-675 Unassigned
Nursing Service Vacancies
1/18/67

3rd Main

635	R.N.	
636	R.N.	
638	R.N.	
647	L.V.N.	
648	L.V.M.	Nurse Aide in position
651	L.V.M.	Nurse Aide in position
653	L.V.N.	
654	L.V.N.	Nurse Aide in position
656	L.V.N.	Nurse Aide in position
658	Orderly	
666	Unassigned L.V.N.	in position

Spohn Hospital
Corpus Christi, Texas

Position Control Program - July, 1966

Nursing Service - 3M
641 - 1/3M
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TOTAL: Weekly		35	34	1360
Biweekly				2720
666-675	Unassigned			
Nursing Service Vacancies 1/18/67				

3rd Main

635	R.N.	
636	R.N.	
638	R.N.	
647	L.V.N.	
648	L.V.M.	Nurse Aide in position
651	L.V.M.	Nurse Aide in position
653	L.V.N.	
654	L.V.N.	Nurse Aide in position
656	L.V.N.	Nurse Aide in position
658	Orderly	
666	Unassigned L.V.N.	in position

Spohn Hospital
Corpus Christi, Texas

Position Control Program - July, 1966

Nursing Service - 2M
641 - 1/2M
(27 beds)

<u>Position No.</u> <u>July, 1966</u>	<u>Position Title</u>	<u>Number of</u> <u>Positions</u>		<u>Authorized</u> <u>Hours</u>
		<u>July</u> <u>1964</u>	<u>July</u> <u>1966</u>	
598	Head Nurse	1	1	40
599-600	R.N.	5	2	80
601-611	L.V.N.	14	11	440
612-616	Unassigned	-	-	-
617-619	Ward Clerk	3	3	120
620-621	Nurse Aide	5	2	80
TOTAL: Weekly		30	19	760
Biweekly				1520
622-631	Unassigned			

- 20. Recorded information about patient's condition.
- 21. Accompanied a doctor to visit patients.

HEAD NURSE ACTIVITIES--3 HOURS

- 1. Listened to the morning report.
- 2. Discussed work assignments with staff nurse.
- * 3. Talked on the phone with a patient's mother.
- * 4. Checked with the patient to obtain a reply to the mother's question.
- 5. Made morning visit to each patient--asked patient how he felt.
- 6. Assisted a private duty nurse.
- 7. Answered a patient's signal light.
- 8. Assisted a private duty nurse.
- 9. Accompanied a doctor to visit patients.
- 10. Countersigned doctor's orders which were initialed by a student nurse.
- 11. Attempted to start an IV (unsuccessful).
- 12. Accompanied a doctor to visit patients.
- 13. Noted orders.
- 14. Accompanied a doctor to visit patients.
- 15. Attempted to start IV again (unsuccessful).
- * 16. Answered the phone.
- 17. Assisted another nurse with the starting of the IV.
- 18. Attended a meeting (staff nurse was in charge during her absence).
- * 19. Posted laboratory request slips on bulletin board.

* Activities which, in the writer's opinion, could be performed safely and efficiently by someone other than a medically trained individual.

* 20. Recorded information on report for nursing office.

21. Accompanied a disturbed patient back to her room (patient crying

and upset--scheduled for an operation tomorrow).

HEAD NURSE ACTIVITIES--3 MAIN

* 22. Obtained pertinent information from team members for the nursing

1. Listened to the morning report.

2. Discussed work assignments with staff nurse.

* 3. Talked on the phone with a patient's mother.

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* 19. Posted laboratory request slips on bulletin board.

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- * 20. Recorded information on report for nursing office.
- 21. Accompanied a disturbed patient back to her room (patient crying and upset--scheduled for an operation tomorrow).
- * 22. Obtained pertinent information from team members for the nursing report.
- * 23. Assisted with the transfer of a post-op patient from litter to bed.
- * 24. Recorded information on the nursing report.
- * 25. Answered the phone.
- * 26. Called the doctor to verify an order.
- * 27. Answered the phone.
- * 28. Completed the nursing report.
- * 29. Talked with a visitor--inquiry concerned with locating a patient.
- * 30. Wrote out a return slip for pharmacy items.
- 31. Summoned to the office to answer the phone (doctor was inquiring about a patient's temperature).
- 32. Started an IV.
- * 33. Recopied master assignment sheet for the next day.
- 34. Checked orders and noted them with signature.
- 35. Explained today's worksheet to another nurse (a regular part-time registered nurse).
- 36. Dispensed a medication.
- 37. Explained a nursing procedure to a student nurse.
- 38. Made rounds with student nurse evaluators.

* Activities which, in the writer's opinion, could be performed safely and efficiently by someone other than a medically trained individual.

HEAD NURSE ACTIVITIES--3 MAIN

1. Listened to the morning report.
 2. Performed incidental patient care activities while making morning rounds.
 - * 3. Checked diet trays as they were removed from the food cart.
 - * 4. Answered the phone (ward clerk was distributing menu requests for the following day).
 5. Checked Kardex.
 - * 6. Answered the phone (ward clerk was not in the office).
 7. Removed breakfast tray from patient room.
 - * 8. Collected equipment from an empty room.
 - * 9. Labeled broken equipment to be sent for medical repair.
 - * 10. Wrote out a return slip for pharmacy items.
 11. Summoned to the office to answer the phone (doctor was inquiring about a patient's temperature).
 12. Started an IV.
 - * 13. Recopied master assignment sheet for the next day.
 14. Checked orders and noted them with signature.
 15. Explained today's worksheet to another nurse (a regular part-time registered nurse).
 16. Dispensed a medication.
 17. Explained a nursing procedure to a student nurse.
 18. Made rounds with student nurse evaluators.
- * Activities which, in the writer's opinion, could be performed safely and efficiently by someone other than a medically trained individual.

- * 19. Provided instructions to a patient's daughter--administrative details of hospital discharge procedure.
- * 20. Initialed doctors' orders and laboratory requests.
- * 21. Searched for evaluation forms which were normally kept in a file cabinet in the conference room.
- * 22. Observed a student prepare an IV solution.
- * 23. Discussed a nursing procedure with the observer.
- * 24. Washed an isolation canister.
- * 25. Supervised student vocational nurses.
- * 26. Answered the phone.
- * 8. Inspected a patient's wallet which had been found under a mattress. Wallet was found by an employee who cleaned the room after the patient had been transferred to the intensive care unit.
- * 9. Questioned those individuals who had admitted the patient.
- * 10. Questioned the individual who found the wallet.
- * 11. Filled out an incident report on the wallet.
- * 12. Discussed housekeeping problems with the Housekeeping Manager.
- * 13. Checked and noted doctors' orders.
- * 14. Checked time cards for accuracy.
- * 15. Discussed personnel problem with the supervisor.
- * 16. Questioned personnel in an effort to obtain the address of an employee who had been absent for several days.
- * 17. Searched the telephone book looking for employee's address.
- * 18. Removed charts from the desk and returned them to chart rack.

* Activities which, in the writer's opinion, could be performed safely and efficiently by someone other than a medically trained individual.

19. HEAD NURSE ACTIVITIES--2 MAIN

1. Listened to the morning report.
- * 2. Discussed an incident report with the ward clerk.
- * 3. Explained medicare chart forms to the observer.
4. Made morning visit to each patient room.
- * 5. Inspected the utility room for cleanliness.
- * 6. Checked charts--observed nurses' notes for recording and signature, also added new forms as necessary.
- * 7. Filled out information on an incident report.
- * 8. Inspected a patient's wallet which had been found under a mattress. Wallet was found by an employee who cleaned the room after the patient had been transferred to the intensive care unit.
- * 9. Questioned those individuals who had admitted the patient.
- * 10. Questioned the individual who found the wallet.
- * 11. Filled out an incident report on the wallet.
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- * 17. Searched the telephone book looking for employee's address.
- * 18. Removed charts from the desk and returned them to chart rack.

* Activities which, in the writer's opinion, could be performed safely and efficiently by someone other than a medically trained individual.

19. Received a telephone call--discussed a staffing problem with the nursing office.
20. Assisted the doctor.
21. Discussed the weekend nursing personnel coverage with the registered nurse who would be in charge.
- * 22. Delivered a diet tray to patient's room and arranged the overbed table.
- * 23. Checked time cards.
- * 24. Discussed ward report over the phone with the nursing office.
25. Made out evaluations on student nurses.
26. Discussed doctors' orders with registered nurse in charge of medication.
27. Checked and signed off nurses' notes.
- * 28. Initialed laboratory requests.
29. Reported the day's activities to the evening personnel.
30. Checked doctors' orders, made out lab slips and medicine cards.
31. Copied doctors' orders onto the Kardex and added new doctor's order forms as necessary.
32. Restocked laboratory forms from supply kept in conference room.
33. Collected "Hold Breakfast" cards from doors of patients' rooms and completed menu forms.
34. Checked on the ward to locate one of the student instructors per request of a part-time registered nurse.
35. Took down a laboratory report per phone.
36. Assembled the chart of a patient who just returned from surgery.
37. Checked the postoperative orders and made out medicine cards and

WARD CLERK ACTIVITIES (6:45 - 3:15)

1. Checked charts, stapled laboratory slips and inserted new forms into charts. Used addressograph to mark patient's identification data on each new form.
2. Made out the heading on the Diet Roster.
3. Checked doctors' orders and recopied orders on medicine cards.
4. Filled out Daily Nursing Service Hours Record.
5. Made a list of the room numbers to check off diet menus.
6. Checked supplies--pencils, pens, clips, etc.
7. Updated the doctor-patient list, a card with the names of all the doctors who have patients on the ward and the names of the patients, etc.
8. Checked menu forms to see that an adequate number was available.
9. Took a routine form to a patient's room to obtain his signature for medical treatment--an insurance consent form.
10. Checked doctors' orders, made out lab slips and medicine cards.
11. Copied doctors' orders onto the Kardex and added new doctor's order forms as necessary.
12. Restocked laboratory forms from supply kept in conference room.
13. Collected "Hold Breakfast" cards from doors of patients' rooms and completed menu forms.
14. Checked on the ward to locate one of the student instructors per request of a part-time registered nurse.
15. Took down a laboratory report per phone.
16. Assembled the chart of a patient who just returned from surgery. Checked the postoperative orders and made out medicine cards and

laboratory slips.

17. Checked doctors' orders. Flagged charts with a red marker until orders were noted and signed by a registered nurse.
18. Pulled patient's charts for one of the doctors.
19. Stapled laboratory reports in charts.
20. Charted the temperatures on Nurses' Notes and graphed them on the temperature sheet.
21. Checked with the admitting office--patient wished to change her bed to a different location within the same room--transfer slip made out and all records, cards, etc., changed.
22. Made out Diet Roster for next day.
23. Informed a student of doctor's order for a diet change.
24. Cleaned up the office area and put charts back in rack.
25. Ate dinner.
26. Checked doctors' orders.
27. Graphed 11 o'clock temperatures.
28. Went to a ward clerk's meeting.
10. Handled 37 incoming and 53 outgoing phone calls during the 6 hours
11. Ordered late breakfast trays for four patients who just returned from X-ray.
12. Filled out diet roster for evening meal.
13. Ate dinner.
14. Charted 11 o'clock vital signs.
15. Filled out the Daily Patient Report for the Nursing Office. This report contains the following information: date, nursing unit, room number, patient's age, name of patient, name of doctor, and diagnosis.

WARD CLERK ACTIVITIES (6:45 - 3:15)

Activity list as prepared by a ward clerk--explanations have been added for clarification of some tasks.

1. Made out "doctor and patient's" card. A list of all the doctors who have patients on this ward and the room number of each of their patients.
2. Charted 7 o'clock temperatures.
3. Checked through all charts and added new record forms as necessary.
4. Transcribed doctor's orders from Kardex.
5. Assembled patient's chart with the required dismissal forms.
6. Checked breakfast trays to see that all of the diets ordered were received.
7. Distributed the diet menus for the next day.
8. Removed "Hold Breakfast" cards from patient's door (laboratory personnel have drawn the blood as requested).
9. Called diet kitchen to prepare late breakfast trays.
10. Collected diet menus and sent to kitchen.
11. Ordered late breakfast trays for four patients who just returned from X-ray.
12. Filled out diet roster for evening meal.
13. Ate dinner.
14. Charted 11 o'clock vital signs.
15. Filled out the Daily Patient Report for the Nursing Office. This report contains the following information: date, nursing unit, room number, patient's age, name of patient, name of doctor, and diagnosis.

16. Filled in the "day" portion of the Daily Nursing Service Hours Record.
17. Attached laboratory reports to the proper form in the correct patient's chart.
18. Attended a ward clerk's inservice meeting.

1. Received report from the ward clerk who worked day duty.
2. Admitted a patient--this consists of stamping the patient's name on all chart forms, laboratory request forms, medication and treatment cards, pharmacy request form, and central service request form; name and other pertinent information must also be entered on the Kardex, the temperature work sheet, the diet roster, and the Daily Patient Report.
3. Transcribed doctor's orders from chart to Kardex; made out medicine and treatment cards; and prepared X-ray, laboratory, and pharmacy requests.
4. Graphed temperatures.
5. Checked diet trays for evening meal to see that all patients were served diets as ordered.
6. Transcribed preoperative orders--made out medication cards and copied the orders from order form to the Kardex.
7. Admitted another patient--activities same as above.
8. Performed errands off the ward--requests on the new patients taken to pharmacy, laboratory, X-ray, and central service. Picked up diet trays for new admissions.
9. Checked all charts and added new pages as necessary.
10. Ate supper.
11. Transcribed orders from seven charts--filled out request forms and medication cards as required.

WARD CLERK ACTIVITIES (3:00 - 11:30)

Activity list as prepared by the ward clerk on evening shift--
 explanations have been added for clarification of some tasks.

1. Received report from the ward clerk who worked day duty.
2. Admitted a patient--this consists of stamping the patient's name on all chart forms, laboratory request forms, medication and treatment cards, pharmacy request form, and central service request form; name and other pertinent information must also be entered on the Kardex, the temperature work sheet, the diet roster, and the Daily Patient Report.
3. Transcribed doctor's orders from chart to Kardex; made out medicine and treatment cards; and prepared X-ray, laboratory, and pharmacy requests.
4. Graphed temperatures.
5. Checked diet trays for evening meal to see that all patients were served diets as ordered.
6. Transcribed preoperative orders--made out medication cards and copied the orders from order form to the Kardex.
7. Admitted another patient--activities same as above.
8. Performed errands off the ward--requests on the new patients taken to pharmacy, laboratory, X-ray, and central service. Picked up diet trays for new admissions.
9. Checked all charts and added new pages as necessary.
10. Ate supper.
11. Transcribed orders from seven charts--filled out request forms and medication cards as required.

12. Filled in Room Tally Sheet--to be sent to Admitting Office by 8:30 in the morning.
13. Performed errands off the ward.
14. Filled in information on Daily Patient Report form for the next day.
15. Performed errands off the ward.
16. Filled out the Diet Requisition--a menu requisition form for all ward diets.
17. Checked Kardex for "Hold Breakfast" orders.
18. Recorded room number of "Hold Breakfast" patients on blackboard and posted "Hold Breakfast" signs on the patient's door.
19. Completed Daily Patient Report--report form to be in nursing service office by 10:30 o'clock.

- * 8. Obtained a pint of blood and/or returned empty blood container to the Blood Bank 5
- * 9. Delivered request slips to X-ray 4
- * 10. Delivered reports to nursing office 3
- * 11. Deposited discharge forms at the cashier's office 3
- * 12. Obtained equipment from intensive care unit 3
13. Assisted ward clerk with charts 3
- * 14. Delivered forms to the Information Desk 2
15. Charted temperatures 2
16. Obtained patient's signature on insurance forms 1
17. Distributed and collected menus, also helped some patients fill them out 1

* Activities off the nursing unit which involved a total of 26 elevator trips during the 8-hour observation period.

WARD CLERK AIDE ACTIVITIES (9:00 - 5:30)

Activities	Number of Trips
* 1. Picked up or returned drugs to pharmacy	17
* 2. Picked up or delivered items and/or specimens to the laboratory	15
* 3. Made trips to diet kitchen to pick up delayed diets, deliver diet rosters, return trays	13
* 4. Obtained supplies from Central Service	11
5. Delivered supplies to patient rooms	10
6. Delivered late diets to patient rooms	6
* 7. Delivered charts of patients who were discharged to the Medical Records Department	5
* 8. Obtained a pint of blood and/or returned empty blood container to the Blood Bank	5
* 9. Delivered request slips to X-ray	4
* 10. Delivered reports to nursing office	3
* 11. Deposited discharge forms at the cashier's office	3
* 12. Obtained equipment from intensive care unit	3
13. Assisted ward clerk with charts	3
* 14. Delivered forms to the Information Desk	2
15. Charted temperatures	2
16. Obtained patient's signature on insurance forms	1
17. Distributed and collected menus, also helped some patients fill them out	1

* Activities off the nursing unit which involved a total of 26 elevator trips during the 8-hour observation period.

* 18. Transported a discharged patient to the exit	1
* 19. Borrowed a wheelchair from another ward	1
* 20. Transported a patient to EEG	1
* 21. Obtained a newspaper for a patient	1
22. Answered the hall telephone	1
23. Answered a patient's signal light	1
24. Made out diet roster for next day	1
25. Listed the next day's work sheet on the black-board in conference room	1

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ABSTRACT

The primary function of the unit manager plan is to provide administrative control at the unit level and thereby increase nursing care time. Unit management increases in proportion to patient care management. While ward clerks have been invaluable in relieving the nurse of many nonnursing administrative functions, they have not completely liberated the nurse from all of those activities which can be performed safely and efficiently by an individual who has not had the benefit of medical training.

The unit manager plan as it is referred to in the literature describes an administrative concept which has been introduced into numerous hospitals throughout the country. Many aspects of this plan are not new, but they have acquired a renewed importance due to the shortage of registered nurses and compounded by nursing service assuming the responsibility for additional activities which another profession forces upon them. With a unit manager responsible for total unit administration, the registered nurse is able to devote her talents to an improvement in the quality of patient care rendered.