Chapter XI

NURSING SERVICE ADMINISTRATION

1. Introduction

'To Nurse' means to suckle, to tend as an infant, taking care of the sick is like taking care of the infant or child, to bring him up to his normal state and hence this act is termed as 'Nursing'.

"Nursing in its broadest sense may be defined as an art and a science which involves the whole patient-body, mind and spirit; promotes his spiritual, mental, and physical health by teaching and by example; stresses health education and health preservation, as well as ministration to the sick; involves the care of the patient's environment - social and spiritual as well as physical; and gives health care to the family and community as well as to the individual".

Who does this nursing? International Council of Nurses (ICN) defined (1965) -- "The nurse is a person who has completed a programme of basic nursing education and is qualified and authorised in her country for the promotion of

health, prevention of illness and the care of the sick"²

These two definitions of 'Nursing' and of a 'nurse' emphasise that a nurse needs to be specially educated for taking care of sick, prevention of diseases and promotion of health of the individual.

**Brief History of Nursing**

The earliest organised nursing service can be traced in the religious orders by missionaries who dedicated their lives to devoted service. Reference of Nursing can even be found as far back as 500 to 600 A.D. "Introduction to simple nursing can be traced to the ancient civilisation. For example, the ideals held by nursing practitioners and some elementary nursing procedures are described in the books of Charles. Authority believe these treatises were written about 500 to 600 A.D."³

Nursing as a profession in India is of recent origin. The era of modern nursing commences with the work of Florence Nightingale in the Crimean War (1854-56).

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She was born in 1820. In 1852, she took up nursing much against the wishes of her parents. She studied nursing in a hospital which did not satisfy her. She visited many countries in Europe to gain first hand information about nursing training. As a result of these studies Florence Nightingale was fully convinced of the need for an organised training programmes for nurses.4

The first influence on nursing in India was made by Florence Nightingale. On a request from the Sanitary Commission for Bengal in 1865, Nightingale drew up some suggestions as - "Suggestions on a system of Nursing for Hospitals in India." This was the beginning of modern nursing in India.5

The Florence Nightingale system of imparting training to nurses was also started in India. In 1871 the Government of Madras started the training programme for nurses. Gradually the Christian Mission Hospitals in India started - full fledged training courses for nurses which made significant contribution to nursing education in India particularly the efforts of Lady Dufferin in training of


midwives and nurse dais through a chain of voluntary hospitals known as "Dufferin Hospital". In the beginning, each hospital was conducting the training and awarding certificates to the successful candidates independently. But since 1893 uniformity in the training was brought by formation of 'North India united Board of Examinations for Mission Hospital which held the first examination for the candidates from all the Mission Hospitals in 1910. The movement led to formation of many more Boards/Associations in subsequent years viz., the South-India Board in 1913, Mid-India Board in 1926 and Bombay Presidency Nursing Association in 1909. Thus the standardisation of nursing education in India was done.

For ensuring the quality of training, many Nursing Councils such as Bombay Nursing Council in 1935 and Madras Nursing Council in 1926 were constituted. By 1939 all States except Assam had constituted either a nursing council, board or special body for the purpose of carrying out similar functions. The Indian Nursing Council Act to constitute the Council was promulgated in December, 1947 on the basis of the recommendations of the Health Survey and Development Committee (Bhore Committee) 1946, and the Indian Nursing Council was constituted in the same year under the Act.  

In addition to these training courses, university education for nurses was introduced in 1946 by College of Nursing at New Delhi and at Vellore and subsequently at many more places like Hyderabad, Indore, Bombay, Jaipur, Trivandrum, Bangalore, Chandigarh etc.

Postgraduate degree course offering M.Sc. Nursing degree also started in 1960 in College of Nursing, University of Delhi. Today graduate as well as post-graduate degrees are being offered by many universities in the country.

Today the image of a traditional nurse who was expected to give mere bedside care has changed as a modern nurse is expected not only to keep pace with the technological development by offering highly skilled nursing but to perform teaching, administration, health education and health maintenance of patient as well as of the community.

Nursing Service Department in a hospital is that organisation through which nurses are able to achieve their mission, philosophy and objectives. The mission of the Nursing Service Department is to provide comprehensive nursing care for all patients admitted to the hospital or treated on an outpatient status. High ethical conduct, loyalty, professionalism, efficiency and personalized services are expected of each person belonging to the nursing service.
A detailed study of this Department in the Safdarjang Hospital was conducted with the following objectives:

i) Nursing Service.

ii) Functions.
   a) Administrative Functions.
   b) Patient care functions.
   c) Training functions.

iii) Job satisfaction of the staff.

Methodology

Methodology used for the indepth study of this department included the following:

1) Record Study: A number of registers are maintained for recording the staff strength, their assignments to various units, the duty roster, seniority etc. These records were studied for collecting the data.

2) Informal discussion with various categories of nursing personnel of the nursing service office, hostels, school of nursing was done.

3) Formal interview of 50 nurses (about 10% of the total strength) was conducted with the help of a structured questionnaire. Samples were drawn with cluster sampling method. 50 nursing personnel including 30 staff nurses,
12 wards sisters, 35 assistant nursing superintendents and 3 teaching staff, constituted the sample.

2. Nursing Service Department

The primary purpose of the Nursing Service Department is to provide comprehensive, safe, effective and well organised nursing care to all the patients attending the hospital. As providing patient care is a team effort and it cannot be kept pending or overlooked, the department responsible for this function should definitely be well organised and effectively managed. In Safdarjang Hospital, this department is under the charge of the Nursing Superintendent who is directly responsible to the Medical Superintendent. This department is so organised that it looks after both the elements of nursing service and nursing education.

The Nursing Service Department is divided into the following three units:

These are: 1. Nursing Service Unit.
2. School of Nursing.
3. Nurses' Hostel.

2.1 Nursing Service Unit

The nursing service unit of this department is directly responsible for providing nursing care to all the patients for 24 hours a day. It is also responsible for carrying out the administrative functions which enable the nurses to provide effective, well organised, and comprehensive nursing care to the patients. The functions of the nursing service are carried out by a number of assistant nursing superintendents (ANS), ward sisters, staff nurses, public health nurses, housekeepers, part-time nurses, secretarial staff and group D Staff for the office. The number of staff in each category is given in Table No.43.

Table 43

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Category of Staff</th>
<th>No.of posts sanctioned</th>
<th>No.of posts filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Asstt. Nursing Superintendents</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>2.</td>
<td>Ward Sisters</td>
<td>77</td>
<td>77</td>
</tr>
<tr>
<td>3.</td>
<td>Staff Nurses</td>
<td>529</td>
<td>518</td>
</tr>
<tr>
<td>4.</td>
<td>Public Health Nurses</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

contd...
Each assistant nursing superintendent is responsible for a number of units/wards. The allocation of all the units in the hospital to ANSs is given in Table No.44.

### Table 44

<table>
<thead>
<tr>
<th>Asstt. Nursing Supdt.</th>
<th>Units/wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANS 1</td>
<td>OPD, Emergency A</td>
</tr>
<tr>
<td></td>
<td>Casualty and Emergency B</td>
</tr>
<tr>
<td>ANS 2</td>
<td>Burns and Plastic wards</td>
</tr>
<tr>
<td>ANS 3</td>
<td>Orthopedic wards</td>
</tr>
<tr>
<td>ANS 4</td>
<td>Surgical wards</td>
</tr>
<tr>
<td>ANS 5</td>
<td>O.T. ICU.CCU</td>
</tr>
<tr>
<td>ANS 6</td>
<td>H,Block-Medical wards</td>
</tr>
<tr>
<td></td>
<td>ENT, Eye and cancer ward</td>
</tr>
<tr>
<td>ANS 7</td>
<td>L.R. Nursery Maternity and Guynena wards</td>
</tr>
<tr>
<td>ANS 8</td>
<td>Pediatric wards</td>
</tr>
</tbody>
</table>
The nurses hostel is also under the charge of one of these assistant nursing superintendents. Each unit/ward is further assigned to a ward sister. In each unit under the direct supervision of the ward sister there are the staff nurses, part-time staff nurses and B' grade nurses. As a part of the training the nursing students are also placed in various nursing care units to have clinical experience. They are placed to practice under the supervision of a trained staff nurse or the ward sister.

There are six public health nurses appointed in this unit for integrating community health nursing with hospital nursing care. They are deployed in such units where their service as a link with the community is very essential. The unitwise deployment of PHNs is given in Table No.45.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Units</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Maternity wards</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Pediatric wards</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>School of Nursing</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>S.T.D. Clinic (For field visit to rural areas)</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Rehabilitation (DO)</td>
<td>1</td>
</tr>
</tbody>
</table>
Twenty part-time staff nurses are appointed in the hospital, 15 of them are 'A' grade qualified nurses and 5 of them are 'B' grade nurses. Due to family problems, particularly the married nurses opted to be appointed as part-time nurses. They only work 6 hours in the morning shift from 8.00 a.m. to 2.00 p.m. They are posted in such units where this type of timing is suitable for the functioning of the units. They are mostly placed in OPDs and departments like CSSD, Radiology, Blood Bank etc.

A number of staff nurses are deputed to each assistant nursing superintendent depending on the need of her units. The present number of staff nurses deployed in each set of units/wards is given in Table No.46. However this is not very rigidly followed, depending on the requirement some changes are always made.

Table 46

Deployment of Staff Nurses in various units

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Units/Wards</th>
<th>Number of staff assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Surgical</td>
<td>47</td>
</tr>
<tr>
<td>2.</td>
<td>H Block-medical + ENT + Eye + Cancer</td>
<td>65</td>
</tr>
<tr>
<td>3.</td>
<td>Orthopedics</td>
<td>48</td>
</tr>
</tbody>
</table>

contd...
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Burns and Plastic</td>
<td>52</td>
</tr>
<tr>
<td>5.</td>
<td>Pediatric</td>
<td>60</td>
</tr>
<tr>
<td>6.</td>
<td>Maternity</td>
<td>120 (12 full-time + (8 part-time for injection room)</td>
</tr>
<tr>
<td>7.</td>
<td>Casualty</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Emergency A</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Emergency B</td>
<td>12</td>
</tr>
<tr>
<td>8.</td>
<td>OPD, ICU, CCU</td>
<td>30 (including 8 part-time nurses)</td>
</tr>
<tr>
<td>9.</td>
<td>O.T.</td>
<td>72</td>
</tr>
</tbody>
</table>

The office of the Nursing Service Department is housed in a two storied building. The Ground Floor of the building is occupied by the office for the Nursing Superintendent and secretarial staff. All the records and registers are maintained and stored in this office. The personal files with service books of all the staff are maintained and kept in Administration section II except for Nursing Superintendent, which is taken care of by Administration-I along with other group 'A' gazetted staff. The first floor of the building is occupied by the School of Nursing.

2.2 School of Nursing

The Nursing education unit as a part of the Nursing Service Department is under the charge of the Nursing Superintendent.
Physical set-up

There are following three divisions of the school:

i) General Nursing.

ii) Maternity Nursing.

iii) Library.

In general nursing section there are two class rooms, one demonstration room, one office room for three tutors and one store.

In maternity block for maternity nursing training there is a lecture room and one office room shared between the midwifery tutor and the assistant nursing superintendent in charge of maternity nursing service.

There is a common library for all the hospital staff located adjacent to the nurses hostel. Some books for reference are kept in the office of the sister-tutor in the school building itself.

Staff: In total, there are five teaching staff including the following:

2 General Nursing Tutors
1 Midwifery Nursing Tutor
1 Clinical Instructor
1 Public Health Nurse*
Other Staff: 1 Nursing orderly-cum-class room attendant
1 Typist
1 Sweeper

2.3 Nurses' Hostel

There is a Nurses' Hostel for providing residential accommodation to the staff nurses and student nurses within the premises. Only the unmarried nurses are given accommodation in the hostel.

Physical set-up

The Nurses' hostel is located in the middle of the campus. There are 174 single rooms and 88 double room suites with the capacity for accommodating 262 persons. All the double room suites have attached baths and toilets. There are 24 baths and toilets be shared by the girls occupying all the single rooms. Usually the ward sisters and ANS are given double room suites and the Staff nurses and students are accommodated in the single rooms.

At present there are total 250 girls including 80 students and 170 ward sisters, ANS and staff nurses.

* The PHN is deputed from the strength of 6PHN in Nursing Services.
The Assistant Nursing Superintendent in charge of the hostel is assisted by four housekeepers and a number of other staff who perform all the activities for day to day management of the hostel and the mess. The existing staffing pattern of the hostel is given in Table No. 47.

Table 47
Staff in Nurses' Hostel

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Category of Staff</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>House-Keepers</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Cooks</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Maids</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Masalchis</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Bearers</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>Khidmatgars</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Sweepers</td>
<td>11</td>
</tr>
<tr>
<td>8</td>
<td>Chowkidars</td>
<td>1 (provided by the Security Officer)</td>
</tr>
</tbody>
</table>

All the staff work in two shifts except one bearer who is assigned for the night also. The morning shift functions from 6.00 a.m. to 2.00 p.m. and the evening shift from 2.00 p.m. to 9.00 p.m. Three housekeepers are always on duty in the morning and in the evening. One of them is given residential accommodation within the premises and is on call duty during the night.
Mess

It is compulsory for the students to eat in the mess, whereas for the staff nurses and sisters, it is optional. Almost all the staff cook for themselves within the rooms only. Mess fee is only Rs.150/- per month. Mess is managed by the mess committee. The mess committee is constituted of the following members:

- Mess President
- Vice-President
- Treasurer
- Mess In charge
- Mess Secretary

All these members are elected by the members of the mess. This committee meets once a month and the election is annual.

There is an independent kitchen store. Raw materials are purchased directly by the mess committee. The mess provides breakfast, mid morning tea, lunch, evening tea and dinner. The timings are fixed for these meals and tea. The timings followed are given as follows:

- Breakfast: 7.00 am - 8.30 am
- Tea: 10.00 am
- Lunch: 11.30 am - 1.30 pm
Tea 04.00 pm
Dinner 07.00 pm - 8.00 pm

Recreations

There is a common lounge where a colour TV set is fixed for all the residents. Besides this they have a very little provision for recreation. There is a carom-board for the girls which they play very rarely. For outdoor games a badminton court is made for the girls.

Rules

There is no dhobi system or laundry service provided to the residents. They wash their clothes themselves or make arrangement on their own. Roll call is taken for the students twice daily. Once in the morning at breakfast and again at 9.00 pm after dinner. The house-keeper on call duty for the night shift takes round of each students' room after the night roll call is over.

In case any resident falls sick, she is taken to the casualty. Visitors are not permitted to enter the rooms except for the senior sisters. Each girl is supposed to meet her visitors in the common parlour. The visiting time for the students is from 9.00 am - 8.00 pm and for the staff till 9.00 pm.
Security

One bearer is always on duty at the gate in each shift. For the night shift one chowkidar from the security service of the hospital is also placed in the Nurses Hostel.

3. Functions of the Nursing Service Department

This department performs various functions such as administrative functions, patient care activities and conducts teaching and training programmes.

The nursing superintendent therefore has to be a competent, qualified person who can coordinate and collaborate all the activities of this department with other departments of the hospital. Her responsibilities are shared by many other administrative and supervisory nursing personnel at various levels. All the functions performed by the department are classified into the following categories:

1. Administrative Functions.
2. Patient care functions.
3. Teaching and Training functions.

3.1 The Administrative Functions

The administrative responsibilities of the Nursing Service Department includes proper planning of services,
delegation of authority, proper and adequate staffing of all the units/wards to provide effective patient care, supervisory mechanism, determination of nursing policies and procedure, promotion of public relations. The functions in relation to these responsibilities carried out in the Safdarjung Hospital are discussed here.

1. Implementation of the hospital policies, regulations and directions received from higher authorities from time to time

The Nursing Service Department is responsible for initiation as well as implementation of the policies of the hospital in respect of nursing care of patient and the various rules and regulations concerning the same. It is also the responsibility of the Department to see that the policies and regulations of the hospital are interpreted properly and communicated to all the personnel working in this department for effective implementation. This is done by sending a copy of the circular to all the unit heads through a messenger and a copy is put on the notice board in the nursing service office.

2. Departmental Policy and Routine

Like all other departments in a hospital, Nursing Service Department also should form its own policies and routines and compile these in a book form which
can be referred to as 'Departmental Policy Book'. For easy and smooth functioning, each unit/ward should be provided with a copy of this book. In Safdarjang Hospital no such book is prepared by this department, but a booklet on Personnel Policies for Nursing Personnel of Safdarjang Hospital was prepared in 1978 which is followed by this department till date.

3. **Staffing**

Proper staffing of the Nursing Service Department is very crucial because of the peculiar nature of the working of the service.\(^8\) The nursing staff has to be on duty for 24 hours a day for providing continuous nursing service. Every hospital has to work out its own requirement based on the following factors:\(^9\)

a) Number of beds in hospital.

b) Layout of the hospital and physical facility in a nursing care unit/ward.

c) Type of hospital and the services provided to the patients by the hospital.

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d) Type of catering population and the kind and number of emergency cases coming into the hospital.

e) Method of assignment of nurses in the unit practiced—Functional method, Patient care method or Team nursing method.

f) Availability of labour saving devices.

g) Drugs and material supply system of the hospital.

h) Dietary service system of the hospital.

And the most important factor is that average number of bed side nursing hours required per patient in 24 hours. Extensive research has been done to ascertain the average number of hours of nursing care a patient needs in 24 hours in a hospital. This requirement of hours per patient day (HPD) varies depending on the acuteness of the patients condition. His dependency needs fall under three categories:

i) Acutely ill patients who are bed ridden might require even 10 hours HPD needing direct nursing care in 24 hours.

ii) Moderately ill, where he needs to be assisted in meeting his human needs conducive to faster recovery and rehabilitation. Here the requirement of nursing care might be of 3.5 HPD.
iii) Mildly ill, when the patient has the minimum dependency needs and is able to take care of himself for most of his physical needs, might only require nursing assistance in meeting educational and emotional needs which requires only 1-2 HPD. This has been worked out from the findings of a study conducted by RAK College of Nursing, New Delhi (1966).\textsuperscript{10} The manual of the Essentials of Good Hospital Nursing Services suggested measures for developing norms for staffing a ward which were derived from a study of 14 hospitals over a period of one year. The figures/hours of bed side nursing care requirement per patient per day were to be considered as minimum.\textsuperscript{11} These are given in Table No.48.

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Patients in Ward</th>
<th>No. of hrs./day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Medical, surgical and mixed ward</td>
<td>3.2</td>
</tr>
<tr>
<td>2.</td>
<td>Maternity ward</td>
<td>4.2</td>
</tr>
<tr>
<td>3.</td>
<td>New born ward</td>
<td>2.3</td>
</tr>
<tr>
<td>4.</td>
<td>Infants ward</td>
<td>5.5</td>
</tr>
<tr>
<td>5.</td>
<td>Older children ward</td>
<td>4.3</td>
</tr>
</tbody>
</table>

\textsuperscript{10} Ibid., p.64.

\textsuperscript{11} MacEachern M.T., \textit{op cit.}, p-527.
Considering various factors the Indian Nursing Council (INC) has recommended the nurse patient ratio as 1:3 for bedside care. The departmental and supervisory nursing personnel are not included in this norm. The recommended staffing norm for each ward and for various units\(^{12}\) is presented in Table No.49.

**Table 49**

**Staffing Norm For Each Ward As Recommended By I.N.C.**

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Wards (Units)</th>
<th>Staff Nurse</th>
<th>Ward Sister</th>
<th>Deptt. Sister/ANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Surgical Ward</td>
<td>1:3</td>
<td>1:25</td>
<td>1 for each shift</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3-4 wards</td>
</tr>
<tr>
<td>2.</td>
<td>Orthopaedic ward</td>
<td>1:3</td>
<td>-do-</td>
<td>-do-</td>
</tr>
<tr>
<td>3.</td>
<td>Paediatric Ward</td>
<td>1:3</td>
<td>-do-</td>
<td>-do-</td>
</tr>
<tr>
<td>4.</td>
<td>Gynaecology</td>
<td>1:3</td>
<td>-do-</td>
<td>-do-</td>
</tr>
<tr>
<td>5.</td>
<td>Maternity ward</td>
<td>1:3</td>
<td>-do-</td>
<td>-do-</td>
</tr>
<tr>
<td>6.</td>
<td>Intensive care unit</td>
<td>1:1</td>
<td>1 each shift</td>
<td>1 for shift 3 to</td>
</tr>
</tbody>
</table>

Contd...

\(^{12}\) Indian Nursing Council, Syllabi and Regulations for the course in General Nursing and Midwifery, 1986, p.8 & 9.
### Table No. 50

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Coronary care unit</td>
<td>1:1</td>
<td>- do -</td>
<td>4 units</td>
<td>clubbed together</td>
</tr>
<tr>
<td>8. Nephrology</td>
<td>1:1</td>
<td>- do -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Neurology Neurosurgery</td>
<td>1:1</td>
<td>- do -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Special wards</td>
<td>1:1</td>
<td>- do -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Operation theatre</td>
<td>3 for 1 each</td>
<td>1 ANS</td>
<td>for 4-5 O.T.S.</td>
<td></td>
</tr>
<tr>
<td>12. Casualty and emergency unit</td>
<td>2-3 SN 1 each</td>
<td>1 ANS</td>
<td>depend on the number of beds casualty</td>
<td></td>
</tr>
</tbody>
</table>


The requirement of staff nurse for various OPDs is usually calculated on the basis of actual observations. The requirement is based on the number of patients attending the respective OPD. The requirement recommended by the INC for common OPDs is given in Table No.50.

The INC has also recommended to keep 30% of overall strength as leave reserve (keeping in mind the number of days a nurse is entitled to be off duty). A nurse gets 82 days off, 30 days EL and 12 Casual leave in a year. It has also been observed that about 25% of the total strength is
off, duty everyday. The Safdarjang Hospital being controlled by central government follows the staffing norm recommended by the INC as it is accepted by the DCHS.

Table 50
Requirement of Staff for OPDs as Recommended by Indian Nursing Council

| 1. Surgical, orthopaedic, dental | 1 for 120 patients |
| 2. Medical                    | 1 for 140 patients |
| 3. Gynaecology               | 1 for 35 patients  |
| 4. Paediatric, ENT, Eye      | 1 for 85 patients  |
| 5. Skin                      | 1 for 100 patients |
| 6. Injection Room            | 1 for 86 patients  |
| 7. Minor O.T.                | 1 for 13 patients  |


4. Assignments of staff to various units

The hospital is divided in a number of subdivisions for the purpose of coverage with nursing staff. Each subdivision is put under the charge of an Assistant Nursing Superintendent. A number of staff nurses are deputed to each ANS depending on the requirement of her subdivision. Each nurse is further assigned to a particular unit for a certain period. Number of staff nurses deployed in each set of units/wards is given earlier in Table No. 46.
For the coverage of 24 hours the nurses have to work in 8 hourly straight shifts. Three shifts are practiced in most of the hospitals. The timings for each shift are as follows:

- **Morning Shift**: 7.00 a.m. to 3.00 p.m.
- **Evening Shift**: 3.00 p.m. to 9.30 p.m.
- **Night Shift**: 9.30 p.m. to 7.00 a.m.

The nurses assigned to a particular unit rotate in three shifts periodically, so that no one person has to do the odd hours duty permanently. This rotation is done by the Ward Sister in consultation with the Assistant Nursing Superintendent in charge. Usually the rotation is done in the following manner. In every month a staff nurse is on:

- **Night duty for 8 days**
- **Morning duty for 9 days**
- **Evening duty for 6 days**
- **and Off duty for 7 days**

Attendance by each staff member is marked daily in the respective unit.

Duty hours are arranged by the ward sister according to the convenience of the ward, but no staff has to work for more than 48 hours a week. Nurses are not entitled to any overtime. Within a ward mostly the functional method of assignment is followed, in which each nurse is assigned to functions and to a number of patients.
5. **Supervision**

It is essential that Nursing Service Department should establish a suitable system for supervision of all the categories of staff working under nursing service. This department in Safdarjang Hospital like in any other hospital has developed various supervisory levels and adopted 'taking round of every unit' as a mechanism for supervision. This method of 'direct on the spot' supervision is quite effective. But most often it is perceived as a mechanism for inspection which is mainly fault finding both by the supervisor and the supervisee. The nursing superintendent takes round everyday covering some units at a time. But there is no fixed routine made for covering the units in a particular day. The ANS in charge of the assigned units goes 2-3 times to each unit while she is on duty. Ward sister is expected to do on the spot supervision of all the staff assigned to her unit. Various reports, records registers are maintained which are used for indirect supervision of all the staff.

6. **Reporting**

Reports play an important role in good administration of any organisation for supplying and collecting necessary information. Verbal as well as written, both types of reporting are practiced in this department. Usually NS or
ANS takes verbal report from the ward sister/any staff while on round. A report on all the patients in each shift is written in a report book by the nurses and they handover the ward to next shift staff alongwith this written report. Any incident or accident in any ward or unit is reported to the Nursing Superintendent in writing. The Nursing Superintendent is expected to report to the Medical Superintendent about all the units everyday. All the ANSs, keep her well informed by reporting regularly once in the morning after taking over from night nurses, once in the afternoon (if anything is special) and once in the end of the shift. For the evening and night shift one supervisor of senior sister level is on duty to take care of the shift.

7. Advisory responsibilities

Nursing superintendent is involved in advisory committees for the functions which are indirectly related to nursing service. She is one of the members of the following committees:

1) Coordination Committee.
2) Loss Committee.
3) Selection Committee (For Staff Nurses).
4) Departmental Promotion Committee.
8. Maintaining of Records

The nursing service department is usually responsible for three types of records:

a) Records relating to the care and treatment of patients including the nurses' records.

b) Requisition for supplies, drugs or services to be furnished by other departments.

c) Records relating to the department of nursing such as time schedules, work assignments, personnel evaluation records.

This department is Safdarjang Hospital is maintaining all these three types of records at various levels, (a) and (b) are mostly done in the wards and units whereas (c) is maintained both in nursing service office and within the wards.

3.2 Patient Care Activities

To provide care to the sick and injured is one of the most important factors why a hospital should exist in a community. Quality of patient care must be the central core around which all hospital activities revolve. The nursing service has taken this responsibility on its shoulder. Hospital services should be organised in such a way so that the patients receive optimal care. Organisation of hospital
services to meet the patients needs as the right patient in
the right bed with the right services, at the right time
has been described as 'Progressive Patient Care'. According
to this concept the patients should be housed according
to their degree of illness and need for care rather than by
traditional hospital grouping according to sex, age, type of
illness or economic ability. The principal elements of PPC are
as under :  

1. Intensive Care: which implies intensive nursing of
critically ill patients demanding the immediate
availability of skilled personnel, life saving
equipment and supplies for the revival, restoration and
sustenance of their vital functions.  

2. Intermediate care: which means moderate nursing of
moderately ill patients who may be ambulatory for short
periods of time.

3. Self Care: This is primarily educational and
supervisory care of convalescent, ambulatory and self
sufficient patients requiring therapeutic or diagnostic
services.

13. Mittra Pratima et al., Progressive Patient Care, Health
and Population - perspective and issues. NIHFW, 1986,


15. Atkinson R.S. et al., Hand Book of Intensive Care,
4. **Long-term or extended care**: which is the restorative and rehabilitative care of chronically ill patients requiring prolonged medical and nursing care.

5. **Home care**: it implies preventive and promotive care of the community, restorative care of the convalescent at home through the extension of certain hospital services.

6. **Ambulatory or outpatient care**: which means care of the ambulatory patients requiring diagnostic, curative, preventive and rehabilitative services.

In Safdarjang Hospital, patients are not grouped as per the requirement of the Progressive Patient Care concept. However, some of these elements are being practiced in the hospital like critically ill patients are grouped together and admitted in intensive care unit, some of the patients requiring long term care are grouped together as in spinal ward, paraplegic ward etc. Ambulatory care is provided to those patients who are not admitted and only avail the services of outpatient department. The element of home care is also practised by the nursing service department by assigning the part-time nurses to STD clinic, Rehabilitation clinic, PHN for community health nursing etc. In all the general wards mixed type of patients of different degrees of dependency needs are admitted. Depending on the needs of these patients, the nursing staff plan the nursing
care activities for each patient. The actually ill patients are placed in a ward nearer to nursing station, so that they can be paid more attention compared to the rest of the moderately and mildly ill patients requiring intermittent nursing attention.

Indirect nursing care like maintaining patients' records, maintenance of cleanliness and hygiene, making arrangements for supplies and materials, assistance to dietary service, assistance to CSSD, radiology department and other supportive services, providing health education to the patient as well as to the attendants etc. are also performed by the nursing staff.

3.3 Education and Training Activities

Almost every government hospital particularly the teaching hospitals have a training centre for nursing education which is referred as School of Nursing and the training imparted is of 'A' grade diploma in Nursing. In many hospitals, this school functions independently as a separate entity, and not an annexe of the Nursing Service Department. But in Safdarjang Hospital the Nursing Superintendent is overall incharge of the nursing service as well as the nursing education. There are separate teaching staff, the sister tutors, public health nurse, clinical instructor for imparting the training. But coordination and cooperation of the nursing service staff deployed in the wards are essential for supervision of the students'
Students

The eligibility of a student for admission to this course is determined by the hospital as per the regulations of Indian Nursing Council. Essential qualification required is 10+2 or its equivalent but preference is given to candidates with higher educational qualifications. She should have working knowledge of regional language and good knowledge of English. Age should be between 17-25 years. Only unmarried girls or widows without encumbrances can apply.

Method of Admission

Applications are sent to the Medical Superintendent on the prescribed form alongwith a copy of the marks obtained in 10+2 examination. The candidates appear in a selection test and only successful candidates are called for interview.

Each student is given a stipend of Rs.125.00 per month during the training period.
There are 80 students in total. Students are admitted once in a year. Earlier only 15 students were taken in one batch but since 1988 the number of students in each batch has been increased to 35.

Evaluation of the students

In addition to yearly examinations, monthly class room tests on theoretical part of each subject are taken. For evaluation of clinical experiences an evaluation proforma is filled up by the ward sister or the incharge person of the unit viz., house-keeper for kitchen etc.

4. Job satisfaction of Nursing Personnel

Job satisfaction of the nursing personnel was studied as a part of the study of this Nursing Service Department with the following objectives:

1. To identify the level of job satisfaction of nursing personnel.

2. To identify the areas of most and least satisfaction.

This Study was carried out with the help of a questionnaire which was given to nursing personnel including 30 staff nurses, 12 ward sisters, 5 assistant nursing superintendents and 3 teaching staff as discussed earlier.
The questionnaires were filled while interviewing them. Pretesting was done on 5 respondents and accordingly minor modifications were carried out in the final questionnaires before administering. The questionnaires are given at Annexure XII.

Those nursing personnel who were willing to participate having a minimum of one year experience were selected for the study by random method from different wards and units of the hospital. From each ward in the morning shift 2 nurses every week for 4 weeks were taken (from 7 August to 3rd September, 1988). As the staff nurses rotate in every shift after 10 days all the staff were covered. 6 ward sisters from various wards and 6 ward sisters from different units were taken.

Method for Data Analysis

The data collected was checked for completeness. Responses to the items of the job satisfaction scale were measured in terms of score values assigned as given in Table No. 51.

Each question carries 10 marks. There is a total of 44 questions making total 440 marks.
Responses of Nurses to the Items of Job-Satisfaction Scale

<table>
<thead>
<tr>
<th>Responses to the questions</th>
<th>Level of satisfaction</th>
<th>Score Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>Highly satisfied</td>
<td>4</td>
</tr>
<tr>
<td>Agree</td>
<td>Satisfied</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>Somewhat satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>Least satisfied</td>
<td>1</td>
</tr>
</tbody>
</table>

Selection of Level of Satisfaction

Theoretically for selecting the level of satisfaction, the range between the maximum \((44 \times 4 = 176)\) and minimum \((44 \times 1 = 44)\) possible scores obtained on the scale is divided by 4 and the score thus obtained is successively added to all the possible score value and these limits are set to determine the number of nurses falling in each category of satisfaction level.

The limits are as follows:

- Highly satisfied: 143-176
- Satisfied: 110-143
- Somewhat satisfied: 77-110
- Least satisfied: 44-77
Actual score obtained and limits were set. The maximum and minimum scores obtained were 168 and 96 respectively and the limits were worked out as described above. The set limits are as follows:

- Highly satisfied: 150-168
- Satisfied: 132-150
- Somewhat satisfied: 114-132
- Least satisfied: 96-114

Table 52

<table>
<thead>
<tr>
<th>Percentage Distribution of Sample in Terms of Level of Job Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scores</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>150-168</td>
</tr>
<tr>
<td>132-150</td>
</tr>
<tr>
<td>114-132</td>
</tr>
<tr>
<td>96-114</td>
</tr>
</tbody>
</table>

The responses were tabulated areawise for identifying areas of most satisfaction and of least satisfaction. Scores for each area were added and mean score for each response was worked out. Mean of the 50 mean scores was computed.

Thus the satisfaction score for each area was obtained. According to the scores the areas are given ranks.
The satisfaction scores obtained for each area are presented below:

Area 'A' - 20 - 8 = 2.5
Area 'B' - 33 - 10 = 3.3
Area 'C' - 30 - 16 = 1.8
Area 'D' - 28 - 10 = 2.8

Area-wise satisfaction scores and their ranks are presented in Table No.53.

Table 53
Area-wise Satisfaction Scores and Their Ranks

<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Areas</th>
<th>Satisfaction Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Area B (working itself)</td>
<td>3.3</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Area D (Supervision)</td>
<td>2.8</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Area A (material reward)</td>
<td>2.5</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Area C (working)</td>
<td>1.8</td>
<td>4</td>
</tr>
</tbody>
</table>

Conclusions of the Study

Based on the analysis of the empirical data gathered by the study done on job satisfaction of the nursing personnel, conclusions can be drawn that majority of the nursing
personnel are not satisfied with their jobs. Only 30% (8% highly satisfied and 22% satisfied) of the personnel which is much less than half of the strength, are satisfied.

From the areawise satisfaction scores it has been found that Area 'B' which represents the work itself has scored maximum whereas, the Area 'C' representing working organisation scored minimum. Therefore, it is evident that in order to increase the satisfaction level, working organisation should be given priority over all.

5. Conclusions

The bed strength of the hospital has been increased to 1387 since September, 1988. For such a large hospital providing almost all the speciality and some super speciality care, the Nursing Service Department was found very much inadequate in coping up with the nursing care needs of the patients. Based on the analysis of the empirical data and information received the following shortcomings were observed.

(1) **Shortage of Staff Nurses**

According to INC norms of 1:3 plus 30% leave reserve for bed side nursing there should be 600 staff nurses available exclusively for wards. In addition to this strength for all the special units like OPD, Casualty, OTS,
Labour Rooms, X-ray department etc. there should be separate quota of nursing staff.

But in this hospital at present there are only 538 staff nurses including 20 part-time nurses. Over and above the Bed Occupancy Rate of the hospital is always more than 100% meaning the presence of extra patients in the hospital in addition to the sanctioned bed complements. Considering this fact the calculation for the requirement of staff nurses should take these extra patients into account.

Among the sanctioned 549 posts most of the time a number of posts remain vacant. Every year about 30-40 staff nurses resign from this hospital either to migrate to Middle East Countries or to join private or voluntary organisations. Like private medical practitioners, private nursing is also becoming very popular day-by-day, particularly in a metropolitan city like Delhi. In most of the voluntary hospitals, nursing homes, patients engage private nurses for getting adequate and efficient nursing care. This alternate opening for the nurses is encouraging them to resign from jobs in government hospitals where pay structure is comparatively low, creating perpetual shortage of nurses in government hospitals. The Safdarjang Hospital is no exception to this trend.
(2) Poor Quality of Nursing Care

Patients in wards do not receive nursing care according to their needs. Very little direct nursing care is provided to the patients. It is only limited to giving medicines, injections and some special procedures like Rylestube feeding, catheterization of female patients, aspiration of gastric secretions through nasal tube etc. All the other needs are met by the attendants of the patients. It was found out that shortage of nurses is one of the responsible factors leading to this situation.

(3) Shortage of Supply in the Wards

Particularly the linen supply is very poor in every ward. At times for days together fresh washed linen is not supplied to wards leaving the patients lying in dirty sheets.

(4) Faulty Supply System

According to hospital procedure the ward sister has to send an indent to either medical store or general store for material supply, to linen and laundry department for washed linen supply, CSSD for sterile material supply. And these departments supply all these material to each ward either through their own messenger or nursing orderlies/ayas from
the ward come and collect. In actual practice, it was stated by the nursing sisters that unless and until they themselves visit the stores their supplies are not made. Ward sisters spend a lot of time on following up the different indents to various stores. This supply system keeps the nursing sisters busy only for acquiring material resources for providing nursing care.

(5) **Stock of Materials in the Ward**

Each ward sister is given a large stock of different materials. She only gets fresh material or sterile material on exchange basis and accounts of stock has to be maintained by the ward sister. This is not only time consuming, it also causes mental stress and strain which comes in the way of her performing other activities particularly supervision of patient care and supervision of staff nurses and student nurses.

(6) **Poor Sanitary Condition and Cleanliness in the Wards**

There is a full fledged sanitary department in a large hospital for looking after the sanitary system and cleanliness of the whole hospital. All the safakaramcharis belong to this department which is supervised by a sanitary supervisor responsible to the Public Relations Officer. Inspite of this organisation it is found that cleanliness in
most of the wards is not up to the satisfaction. Toilets are found clogged, stinking and dirty.

(7) Authority Over Group 'D' Staff

The safaikaramcharis belong to the sanitary department and a number of them are assigned to each ward according to the requirement. Their leaves are granted by their supervisor and not by the ward sister. At times, they inform the ward sister just before proceeding on leave. Ward sisters have to pursue for getting replacement which otherwise should be arranged for by the sanitary supervisor as a routine.

(8) Maintenance Problem

Maintenance of both the electrical and civil jobs are taken care of by the CPWD staff. As a routine, they are expected to take rounds and find out the defects. Over and above, the nurses from the wards make a complaint to the clerk posted in the service centre for the purpose of registering complaints and intimate the workers for repair. They may straightway complain to the engineers on telephone or by sending a complaint book. Most of the ward sisters complained that the CPWD staff do not take round frequently enough for identifying problems. This work is entirely left on the nurses' shoulders. However, once the complaint is
lodged it is usually taken care of. But nurses have to spend a lot of time on identifying the defects and sending a request for its repair.

(9) **Lack of Procedure Manual**

A Procedure Manual for the nurses was prepared and published by the hospital in 1967. Since then it has neither been revised nor reprinted. In no ward a copy of this book was found. The nurses did not have any knowledge about it.

(10) **Personnel Policies for Nursing Personnel**

This had been compiled and produced in 1978. Except the administrative and supervisory staff, no other staff nurse has an access to it. Some of them do not even have any idea of the availability of this document in the hospital.

(11) **Lack of Rotation of Staff Nurses**

Rotation of staff nurses is not practiced in the hospital. At the time of their joining, they are assigned to a particular ward under an assistant nursing superintendent. A staff nurse once assigned to a unit is never changed thereafter in future. She is only changed when promoted as sister against a vacancy somewhere else. This system makes a staff nurse expert in only one discipline. As a result, she finds it difficult to take the supervisory responsibilities
as ward sister in another ward. Not only this, the practice of non-rotation also makes every staff nurse a machine after she puts in a few years of service in one particular ward and thus making her job monotonous.

(12) Lack of Coordination between the Nursing Superintendent and the rest of the Staff

The Nursing Superintendent meets the staff only while she is on round. As a routine no regular periodic staff meeting is organised. The Nursing Superintendent does not get any feedback from the staff for making communication effective between her and the staff.

(13) Lack of Enough Opportunities for Professional Growth

There is very little scope for the nurses in most hospitals for participating in some professional activities, meetings, refresher courses or continuing education programmes. However, some of them are sponsored for participating in continuing education programmes organised by Rajkumari Amrit Kaur College of Nursing, Hospital Management Course and courses for nursing professionals organised by National Institute of Health and Family Welfare and Central Health Education Bureau.

(14) Non-involvement of Nursing Personnel in Administrative Decisions

Besides the Nursing Superintendent being one of the
members of some committees as discussed earlier, very little involvement of the nursing personnel in administrative decisions is found in hospitals. Nurses play a major role in accomplishing the mission of the hospital but due attention was lacking in the hospital resulting in involvement of the nurses in unionism.

(15) Job Satisfaction

The study on job satisfaction of the nursing personnel concluded that only 8% of them are highly satisfied which is very negligible. However, 22% of them expressed that they were satisfied. The remaining 70% were either little bit satisfied or least satisfied.

While studying areawise satisfaction, even though the area of job itself was ranked on top, the question related to availability of material resources for providing patient care in that area scored least. Almost all of them expressed, while being interviewed that supply of material resources was most erratic and short.