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THE NURSING ASPECTS OF ADMINISTRATION OF A MATERNAL
AND CHILD HEALTH PROGRAMME

by

Margaret M. Campbell

1. Introduction

"In most countries, nurses comprise the largest number of health personnel in either a hospital or a public health service. The selection of a competent chief nurse to serve as the leader of the nursing team is considered essential. The chief nurse will be responsible to the director of the total health service for the amount and quality of nursing service required to carry out the entire health programme. In this capacity (as chief of the nursing service) the chief nurse would be a member of the administrative team of which the physician in charge is the team leader, and would participate on the policy level in analysing the health service needs, in planning how best to meet those needs, and in suggesting ways by which the total service may be improved". This quotation is taken from the Report of the Technical Discussion of the Ninth World Health Assembly on "Nurses: their Education and their Role in Health Programmes" as published in the Chronicle of the World Health Organization, July, 1956. It serves as a broad definition of the place of the nurse-administrator, whether she work in a hospital, generalized public health service or in one of the specialized fields such as Maternal and Child Health.

In analysing in greater detail the role of the nurse-administrator, she is found to have a part in three broad aspects of the Maternal and Child Health Programme, namely, in General Administration, Activities associated with the Provision of Care, and training Activities.

2. General Administration

A. Management of Caseload:

Its determination is made jointly by the administrative officer and the chief nurse.

a) General planning:

Agreement must first be secured on broad policies with regard to what the necessary service should be.

b) Specific :

1) Determine how many people could receive care from the service with benefit to themselves and the community. This involves study of surveys and vital statistics reports of the population figures broken into age groups, birth rates, mortality and morbidity rates, causes of morbidity and mortality, etc. She must consider along with these the particular characteristics of the specific population that might be expected to modify the general pattern. These include age, nationality or sociologic factors, such as poverty, that might be expected to influence certain rates like morbidity in that particular area. In addition must be taken into account the proportion of care provided by other clinics, hospitals or agencies operating in the area.

2) Estimate how much service is required to meet the existing needs adequately. This is difficult to determine because even information based on past experience cannot be used per se. Service given is not necessarily a true index of service needed. Therefore, in estimating the desirable amount of nursing service, it is not possible to set a standard number of visits for any particular type of health supervision, but only a very broad and flexible average which must be modified and adapted according to the need of the individual family. Keeping in mind that situations arise necessitating the need for care for purposes other than those for which the service was originally set up, only very broad estimates should be recommended as policy.

3) Determine how much of what types of service can be provided within the limits of staff and time available. Total effective time for service is reckoned as the total working time less the time needed for office activities, travel and in-service education. The case-load must be adjusted realistically to

this time limit. Certain factors may be brought in to relieve the professional nurse of some duties which could be carried by less highly trained personnel namely, auxiliary workers, volunteers, etc., and clerical workers to carry duties which are more efficiently done by them, relieving the professional worker. It is in this area that every effort must be made to assure the best use of the nurse's time for duties which only she can do, in order that the service may function as effectively and economically as possible.

4) Select cases and activities. It is important to consider a balanced case-load in maternal and child health as in any other programme and in this, the family approach should be kept in mind. It is important to plan carefully for continuing programmes and not to overemphasize certain problem areas to the detriment of the overall programme. Consideration should be given to the preventive potential when priorities must be established, i.e. where the difference the care or lack of it, might be expected to make, is greatest. The relative values of the various methods of providing care must be considered. That is, where class teaching, clinic visit or home visit is likely to bring the best result. If a particular emphasis has been agreed upon, activities may be geared so that a larger amount of the nurse's time is available for more intensive participation in this programme. It is generally agreed that greater lasting advantage accrues from a smaller carefully selected case-load for concentrated service in preference to minimum service to a larger number. Changed family behavior rather than numbers reached should be the criterion in the selection of cases and activities. Case-loads should be continually evaluated and modified through periodic review in order to weed out activities that are non-productive or obsolete. Through time studies and job analyses, methods may be modified and revised so that the best possible utilization of the time of each nurse may be effected.

5) Scheduling activities:

Within the broad framework of the policies and recommended schedules as set forth above, two types of plans are necessary for the effective carrying out of the service:

a) a long-range plan for service of a non-recurring type taking into account the special emphasis the programme is to have for the ensuing three, six or twelve months;

b) a specific immediate work plan, daily, weekly, or monthly with the definite individual itinerary. This should indicate where the nurse expects to be, when, what activity she is engaged in and whom she is visiting. This should be available to anyone who may need to reach her or plan to see her. It must necessarily be flexible to a point, but experience proves that it can be maintained more readily than is usually credited if effort is made. In nursing administration, planning, both long and short-term, conserves nursing time and improves the service given, and is one of the most important functions of the nursing administrator.

B. Office Activities:

Administration usually involves some degree of office management. This involves selection of site, equipment, maintenance, care of files and correspondence, budget of anticipated nursing expenditure, and relationships with clerical personnel. The degree in which the nursing administrator is involved in the office organization and management will vary widely from one agency to another. In general, her task is to promote good organization and management whether as an indirect or direct responsibility because it pays dividends in the saving of nursing time, in the orderly handling of the mechanics of planning, accounting and of correspondence, and in better service to the public.

C. Records and Reports:

Definitions: Records are plans for or statements of service rendered to individuals or families, while reports are used for the compilation of information. They serve as a tool in family guidance and have use in the management of the nurse's daily work.

They reveal information of use in appraisal of the nurse's work and in revealing the highlights and gaps in the service. The preparation of reports tends to focus the attention of the individual worker on the total job where she may otherwise become bogged down on one aspect. Records and reports also provide a means of communication between workers in one agency and with those of other agencies.

The administrative aspects involve the production of a sound system of recording with adequate record forms, of filing to facilitate economy of time and effort and ease of planning, to facilitate compilation of reports of statistical

information and to permit reception of suggestions for its improvement, and implementation of such suggestions.

Broadly speaking, records concerned with nursing are of two kinds :

a) Service records and reports pertaining to services rendered to individuals and families, classified into certain categories, and according to types of activities;

b) Records and reports of non-service activities involving breakdown of the individual worker's time on tasks not related directly to the giving of service but of importance to the agency. This includes the daily, weekly, or monthly report of the worker to her agency.

Nursing administrators should keep in mind that records and reports are only a means to an end. In themselves they are valueless, and it is only in their careful use in conjunction with related information, that they serve a useful and unique purpose.

3. Activities Associated with the Provision of Care.

The nursing administrator is concerned with this as a co-ordinator between the nursing staff and the physician in charge.

Specific tasks may involve assistance in the correction of inadequate personnel policies with regard to salary, hours of work, vacations, sick leave, retirement pensions, etc., which affect the provision of care insofar as they affect the morale of the staff. Other matters may involve provision of adequate and suitable working space, necessary clerical assistance, adequate and suitable equipment to permit the nurse to function adequately, transportation, measures for personal safety of the staff in carrying out their work, etc. It may be the responsibility of the administrator to place any inadequacies before the physician in charge for his action.

4. Training Activities.

The chief nurse has responsibility for the in-service training of the nursing staff, for noting in which areas the individual nurse is weak, and for stimulating and providing opportunities for the staff to keep up to date on new trends. Especially in the field of Maternal and Child Health is this important since conclusions from the current research must, at times, bring about revolutionary changes in individual concepts formerly held.