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PROBLEMS IN PROVIDING NURSING SERVICES

HOW THESE ARE IDENTIFIED AND SOME MEANS FOR THEIR SOLUTION

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Nursing service is the department of the hospital or public health agency which provides for the direct and indirect care of the patient. This is accomplished by co-ordinating the facilities of other departments into the total plan for treatment and care as ordered by the doctor in charge of the patient.

Nursing service, as a department, also has a large and influential effect on educational programs in the hospital or agency whether they be for medical students, nursing pupils or others. Where there is inadequate nursing service with resultant poor patient care whatever the cause, the best clinical experience for student learning cannot take place.

Nursing service and nursing education are inseparable. To have good nursing service there must be good medical and nursing education: to have good nursing and medical education there must be good nursing service.

In many areas nursing service administration has the responsibility for departments other than nursing and the inherent non-nursing functions add to the complexity of problem situations confronting nursing service administrators.

To define nursing service administration as it is used in this paper is to say that, as in any other form of administration, it is to get a job done in the best, quickest and least expensive way with the maximum of results. To do this the right people must be in the right place with the right equipment at the right time to accomplish the objective which is in this instance, good nursing care.

To accomplish this the administrative functions of forecasting, planning, organizing, co-ordinating, directing and controlling are used. Involved in these is the necessity for recognizing and solving problems so that the administrative function can be carried out successfully.

To do this three questions must be answered:

1. How is the existence of problems known?
2. What kinds of problems generally confront nursing service administration?
3. How are these problems solved?

In this paper a general approach to the answers of the above questions will be attempted.

I. A GENERAL APPROACH TO IDENTIFYING PROBLEMS IN NURSING SERVICE

It is obvious that to solve a problem it must first be recognized that the problem exists.

How does this awareness take place? It takes place when it is known that the objectives of the organization are either not reached or, are not satisfactorily reached.

The main objective of nursing service is good patient care which implies early rehabilitation of the patient to his highest possible level of functioning in the community. When this goal is not reached with the least expenditure of time, personnel and money, a problem exists.

Some problems are small and comparatively easy to solve, others are complex and require more time for analysing and solving.

Problems can be brought to the attention of nursing service administration in a number of ways. A few of the most common will be mentioned as examples.

1. The patients' recovery and discharge from hospital is slow. This leads to overcrowding of available space more duties for hospital personnel than they can reasonably perform to obtain optimum results and strain to find the money required for hospital facilities, equipment and supplies. In the case of a hospital with non-paying patients it means an even greater equipment and supplies, hospital maintenance and the payment of salaries.
2. There is an alarming increase in the incidence of infections and cross-infections.
3. Patients' complaints of care received may be higher than the normal expectancy, causing general discontent among patients and their relatives.

4. Medical staff may be dissatisfied, complaining of nursing care provided or perhaps even finding it necessary to shoulder some of the nursing responsibilities themselves. This leads to further problems.
5. Nursing personnel may be too frequently sick or absent. Morale may be low.
6. Numbers of personnel may seem insufficient to adequately meet the needs of the patients.
7. Public demands for more hospitalization might make it necessary for expansion of health facilities with all the attending problems of greater space and staffing needs.

These are only a few of the areas where it is indicated that all is not as it might be. Whatever brings this realization to the attention of nursing service administration is the first awareness that a problem area exists.

If a problem exists it must be solved.

In problem solving there are a number of techniques that can be used, but basic to all are six simple steps and on these are built whatever approach to problem solving seems to be best for any particular situation.

THE SCIENTIFIC STEPS TO PROBLEM SOLVING

1. Recognize that a problem exists and delimit it.

It may be found that more than one problem arises from a single cause.

2. Survey of pertinent related information.

From one's own experience and the knowledge and experience of others, probable solutions to the problem are considered such as:

What problems similar to these have occurred before? How did they resemble this one? How did they differ? What was done to attempt to solve them? Would all, or any, of the solutions used in one case be helpful in this particular case at this particular time?

By talking to others and reading available literature, some valuable information may be gathered that can be used to stimulate the thinking of nursing administration toward solving the problem. Always one must come back to trying to answer the question, what is best in this particular situation at this time? Why? Why not?

3. Formulation and development of an hypothesis.

After due consideration of the problem, one solution is considered the best. This is called an hypothesis which means, a supposition made as a basis for reasoning and from which to work towards the solution.

4. Collection of data.

Gather objectively all the facts possible regarding the problem area. This must be done without prejudice for, or against, any person, area or situation. Opinions and emotional bias must be discarded. In this step only facts must be considered, pleasant or unpleasant, if the problem is to be solved logically and beneficially.

5. Analysis and summary.

When all of the facts have been gathered, an analysis of the situation takes place and the information summarized. The hypothesis is put to work and tested. This is usually considered an experimental period during which the solution for the solving of the problem can be tried. This experimental or testing period is given a certain time limit depending upon the complexity and depth of the problem area.

6. Formulation of conclusions and generalizations.

At the end of the experimental period the results are critically and objectively evaluated and a conclusion formed as to the success of the hypothesis and solution tried. If the problem area has disappeared, or improvement has taken place, it can be assumed that the solution tried is the right one and is successful. If no improvement has taken place one of three things might have happened and must be investigated:-

a) The wrong solution has been tried, proved ~~un~~successful and therefore other solutions must be investigated.

b) The persons involved with the experiment have not carried out the methods in the proper way. Therefore, their ability and motivation must be investigated and corrected.

c) The real problem was not recognized and delimited and therefore the entire process must be gone through again.

It must be recognized that some problems can be analyzed and solved in a short time and with a minimum of effort; others will take and need greater skills and objectivity on the part of the people attempting to solve them.

In nursing service it must be recognized that often, particularly with major problem areas, nursing service may have to include other departments in the problem solving. The department of nursing, functioning as it does as liaison between the patient, medical staff and other departments, must of necessity affect, and be affected by other areas.

II. PROBLEMS IN GENERAL THAT AFFECT NURSING SERVICE

Although problems in nursing service can more or less be generalized throughout the world, each situation in which the problem arises makes it unique in itself. The degree of the seriousness of the same basic problem in different areas might make it seem to be entirely different when in fact it is not.

It is of the utmost importance to recognize that each situation must be understood in its own area and culture, with its own particular needs. Its problems must be solved by the best method for that specific area and with the available resources of people and equipment.

One pattern cannot be evolved to fulfill all requirements for all people, in all places, at all times. Studies can be made of the methods used by others in similar situations, as was mentioned before, but, it is rarely possible to take the solution, completely transplant it to another area and find it adequate. Only by studying the similarities and making adjustments can help be gained from others' experiences.

The problem areas in nursing services are grouped for brevity into five main areas:

1. Personnel
2. Equipment and supplies
3. Physical facilities
4. Procedures and nursing techniques
5. Patients, patients' families and the community.

1. Personnel

Lack of personnel: quantitatively, qualitatively and improper utilization.

The problem of insufficient nursing personnel to care for patients is world-wide. It is a problem that must be recognized by nursing education as well as nursing service, as theirs is the responsibility to prepare the nurses who will be the future performers in the nursing service area. This is one of the points at which nursing service and nursing education could, with mutual profit, discuss the problems involved.

Nursing education basic, post-basic and in-service with on-the-job training, is being discussed in other papers presented here and so these areas will not be discussed now. However, it is hoped that the importance of all of these in relation to the provision of personnel for nursing service needs will be readily seen and appreciated. Nursing education, in all aspects must provide the necessary knowledge for the nurses and auxiliary workers to function in the work for which they are being prepared.

Nursing service must provide the necessary area for this knowledge to be used to the best advantage, and, for the proper utilization of the employee's capacity to its utmost, so that people do not function below their ability or try to perform work that is beyond their capabilities.

If the problem confronting nursing service appears to be insufficient personnel, the following questions must be asked:

- a) Are there really not enough (numbers) of people?
- b) Are there enough numbers but quality of preparation and/or performance is lacking and therefore performance at their highest capacity is lacking?
- c) Is there improper utilization of personnel due to lack of adequate supervision, outdated hospital policies and nursing policies and procedures, or, outdated physical facilities and equipment?

The answer might lie in any of these questions or might be a combination of two or more. Before "a" can be answered in the affirmative, "b" and "c" must be analyzed and answered.

If the answer is insufficient numbers of people then the nursing service administrator must look to the sources for more. Larger numbers of nurses must be prepared. This takes time and money. While this is being done, what other resources can be tapped?

Short courses can be set up on-the-job training to enable people with little or no formal education to function quite well in many areas of the hospital and release the trained nursing personnel for nursing duties only.

The time-consuming work of bringing supplies from one area to another, cleaning equipment transporting patients from one department to another are only a few examples of work that can be done by properly trained auxiliary personnel.

When auxiliary personnel are properly trained, supervised and utilized, it releases, not only the trained nurse for the nursing functions for which she was educated, but it reduces the hospital personnel budget, as usually the auxiliary worker is in a lower wage scale than the trained nurse.

Under proper supervision of the trained nurse, it is quite safe to teach auxiliary workers, such as nurse's aides to do the simple basic nursing procedures for the convalescent and long-term patient. It is the responsibility of the trained nurse, with her knowledge of the patient's needs, to decide if the auxiliary worker should be allowed to do the simple procedures she has been taught to any particular patient. For example, an auxiliary worker may be called upon to give a bath to a patient, but if the patient were very ill or critically injured, the simple bed bath might require all the skills of the trained, experienced nurse to prevent further injury.

If there are enough numbers but performance is not up to highest capacity, then the area of adequate supervision must be looked into. Proper supervision of nursing personnel is needed twenty-four hours a day, seven days a week. Good supervision can not only improve the quality of work done but also increase the amount of work performed.

Supervision, by competent, experienced nurses will make it possible to spread knowledge over large areas of patient care because they can advise and direct the nursing care of large numbers of patients through the less experienced trained nurse as well as the auxiliary personnel.

To simply bewail the fact that there are not enough qualified nurses will not provide people to carry on the every-day care of the patients. When personnel are needed to care for patients already existing in the hospital, the nursing administrator, with the hospital director, must look at what jobs are to be done, what skills are needed to perform the jobs, what people are available who can best be trained to perform them and what qualified nurses are available for supervision of those engaged.

If there are sufficient numbers of personnel, or, if it is impossible to provide more numbers, then the adequacy of their performance level must be analyzed.

Can the nursing personnel perform more than they are now doing? Will supervision enable the work to be better planned so that each person is doing what he can do best and at the same time realize that his job is of extreme importance to the total care of the patient no matter in what category he or she happens to be.

Perhaps changes in policies or physical structure need to be considered to enable personnel to function more adequately.

Perhaps the nursing personnel are responsible for jobs that are not nursing, but could be placed under the direction of another department thus releasing the nursing department to expend all their efforts in the particular duties of planning and giving nursing care.

2. Equipment and Supplies

Where a lack of equipment and supplies exists it will be necessary for the nursing service administrator to think in terms of available budgetary allowance and then with helpful suggestions of the nursing personnel in the various nursing areas to decide:

- a) What equipment is the most essential for the care of the patients?
- b) What type of equipment will require the least nursing personnel time for operation, cleaning and care?
- c) What equipment is proven to be the most durable and long-lasting. Thus, the spending of a little more money at this time may prove the most economical.

It is often found upon investigation and analysis of a situation that in reality there is sufficient equipment if the personnel responsible for using it are taught its proper use, care after use, and storage. Supervision is needed to be sure that after teaching, the personnel apply the knowledge properly.

If equipment can be stored in a central supply area where personnel can be trained to the proper care, storage and issue of it (to the various nursing units) when needed, it is found that it lasts longer and better use is made of it throughout the hospital. This is an area where auxiliary personnel with very little formal education can be taught to work effectively.

This also saves nursing time on the wards for more time to be diverted to caring for the patient and planning with the doctor for better care.

When certain equipment is not available it becomes necessary for nursing, medical staff and others, to collaborate and try to improvise something from available resources that will take care of the immediate needs.

3. Physical Facilities

Old-fashioned physical facilities and even modern buildings designed without the necessary knowledge of what is needed by nursing staff to provide efficient nursing care, can increase the time and effort expended by the nurse. This results in wasted time which in turn can be interpreted in wasted money and reduced nursing care.

Although the building of a new hospital may not be possible, careful thinking, planning and using imagination will assist the old-fashioned hospital to meet present-day needs.

The amount of money that may be spent on renovation will readily be met by the money saved in nursing time and effort and in better patient care.

4. Procedures, Policies and Nursing Techniques

With the advance of modern scientific medicine, particularly in the areas of surgery and drug therapy, nursing service finds that some problems stem from using out-dated nursing procedures that are no longer applicable and that call for types of equipment no longer available.

New procedures should be established with the collaboration of nurse educators, medical staff, hospital administrator and others concerned for improved medical care and treatment and to save nursing time and effort while still giving the patient the necessary physical and emotional care to meet his or her individual needs.

Nursing procedures and equipment and supplies should be standardized as much as possible, throughout the hospital so that all personnel are familiar with them and problems that arise and are solved in one area can quickly be eradicated throughout the entire institution.

Policies of the hospital and nursing department must be reviewed periodically, preferably yearly, so that out-dated ones relating to procedures, job descriptions and other items can be changed to meet the new needs and help to solve the problems facing nursing administration.

5. Patients, Patients' Families and the Community

Many problems for nursing service administration stem from the fact that patients and their families do not seem to co-operate with nursing and hospital policies. These are problems that must be solved according to the particular situation.

Generally speaking, with the co-operation and collaboration of the medical staff, hospital administration and social service (where it exists) a campaign of family and community education explaining the reasons for the different policies can be effective. When the needs of the patient are presented and the anxieties of the family accepted, the problem can be lessened if not entirely eradicated. Many hospital policies could be changed to better meet the patient's needs and still be efficient for the operation of the hospital.

It is good administration to review the policies throughout the hospital and ask, do they still meet the needs in the best possible way for which they were created. If not, what changes are needed and using the scientific problem solving approach, take the necessary steps to change them into more appropriate policies for to-day.

III. THE DEMONSTRATION UNIT : ONE APPROACH TO SOLVING PROBLEMS

Earlier it was stated that there are many approaches to solving problems although basically all will follow the six scientific steps. One approach is to experiment and try the solution on a special ward or section called the Demonstration Unit.

This is particularly valuable where problems are caused basically because of the need to change methods of nursing procedure and of ward administration practices.

This unit can be used in two ways:

1. When a solution to a problem has been decided upon the specific unit to be used is known by all as the experimental area and here the hypothesis can be tested.

2. If it proves to be successful, the Unit can then be used as a training centre for other personnel to learn the method. These people in turn go back to their original wards and set up the new method for the improvement of the problem situation there. Gradually, throughout the hospital, the new method is established with no interruption in the every-day running of the institution.

Planning the Demonstration Unit

Before planning the unit, it is obvious that the problems must be analyzed and the solution decided upon.

1. A plan must be outlined showing the recommendations made. This will probably entail some changes in nursing routines, procedures, staffing needs, policies, physical changes and/or other modifications.
2. The plan should then be discussed with hospital administration, medical staff and other departments that might be involved in the changes, such as X-Ray, dietary, pharmacy and others. In this way problems that might arise from the changes can be discussed by the departments concerned; suggestions made and solutions decided upon and incorporated into the total planning.
3. New policies should be made, where necessary, to take care of changes in procedures, personnel duties or creation of new jobs.
4. The entire nursing staff should be told of the planned experiment; the reasons for it and the result hoped for. The nursing staff should be made to feel a part of the experiment. They will try to make it succeed when interest is aroused and they are made to feel a part of it. If they do not feel personally involved in it they tend to perceive it either as something which has nothing to do with them or as something that is being imposed upon them by others.
5. The physical area chosen for the experimental unit should be typical of the problem areas existing in other parts of the hospital.
6. The personnel who are to be used for staffing this unit, day, night and for relief, need not necessarily be the staff working at present in that area.

Nurses who are interested in the experiment should be selected from the entire nursing staff experiment. These should also have the ability to learn and later to teach others. These are the nurses who will prove, or disprove, the solution to the problem. They are also the ones who will convince others that "this is the answer", and the ones who will be responsible for teaching others how to do things the new way and will establish the new method in other nursing units.

7. Short courses of instruction should be outlined with the help of nurse educators for all the different categories of nursing personnel who will be participating in the establishment and staffing of the Demonstration Unit. The personnel should clearly understand the objectives of the experiment, the reasons for changes in policies and procedures, and their role and responsibility in the unit which at the start is experimental but later becomes a teaching-demonstration area for others.
8. Set the date for the opening of this unit as the Demonstration Unit.

9. Be sure that all departments and the medical staff are aware of the changes and of any new policies that have been created to cover the needs of the unit.
10. Give the experimental area every chance possible to succeed but always work within the framework of reality for the rest of the hospital. Throughout the experimental period continue to analyze objectively the results and make adjustments where needed. If the planning has been carefully based on scientific problem-solving techniques there should not need to be too many adjustments to make.
11. At the end of the experimental period the final assessment should be made and the results critically evaluated.

If the results show that the problem or problems have been solved, and the experiment has proven successful, then nursing service can follow through with plans to rotate nurses from other areas to the Demonstration Unit to learn so that they can make the necessary changes within their own areas.

A major strength of the Demonstration Unit is that it provides a means whereby the potential capacities of nurses are likely to be developed by involving them in definite areas of teaching and supervision while they themselves are under supervision. Further there are the marked advantages of a controlled situation where maximum efficiency and harmony of operation is ensured.

Weaknesses lie in the misinterpretation of its objectives by nurses, doctors and other hospital personnel hence the need for careful planning in advance that will involve as many as possible, either directly or indirectly.

The greatest weakness of the Demonstration Unit will be if it has been made atypical to other hospital units and as such does not prove to be a realistic teaching centre for nursing personnel who must return to their own oft-times poorly equipped and under-staffed wards. Therefore, it is necessary to not create a situation that cannot within the realm of possibility be duplicated elsewhere in the hospital and nursing service department.

The major strength will be recognized if there is created for all to see, a Demonstration Unit that can be duplicated in other areas where similar problems exist, where other nursing personnel given similar opportunities can create an atmosphere conducive to good nursing care and personal satisfaction of workers, equipment and facilities at their disposal.

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