CHAPTER-3

ORGANISATION OF NURSING SERVICES

INTRODUCTION

Health care system, like any other enterprise, functions through organisations. Nursing service is one of such organisations. There is a need for the design of sound organisational structures and their continual evaluation in terms of suitability due to inescapable impact of momentous changes in the field of technology and human behaviour on all areas of social activity. It is all the more important for the organisation of nursing services because they deal not with the machines or files, but with the human beings which bring about two-way interaction. That is why the study of the Organisation of Nursing Services of Nehru Hospital, P.G.I. Chandigarh is being undertaken here. Study of the organisational structure of an enterprise is one of the common means of bringing about improvement in corporate performance. Hence, the study of Organisation of Nursing Services in P.G.I. will help in bringing above improvement in performance of Nursing Services.
MEANING

Dictionary defines the word ‘to organise’ as 'to frame and put into working order'. Simply stated, an organisation may be described as a group of people interacting one with another and pooling their efforts towards a common objective. The term 'organisation' lends itself to three different meanings:

i) the act of designing the administrative structure,

ii) both designing and building the structure,

iii) and the structure itself.

Organisation refers to a plan of action to ensure fulfilment of purpose or purposes, which a group of individuals has set for realization and towards the attainment of which they are collectively bending their energies.

According to Gaus: Organisation is "the relation of efforts and capacities of individuals and groups engaged upon a common task in such a way as to secure the desired objective with the least friction and the most satisfaction for whom the task is done and those engaged in the enterprise".¹

Gladden defines it as “the pattern of relationships between persons in an enterprise, so contrived as to fulfil the enterpriser’s functions.”²

Dale Yoder states that ‘Organisation as a process is purposive and systematic assignment of functions, duties and responsibilities among members of a group or team. It defines the part that
each member of an enterprise is expected to perform and the relations among those members....” It is all the more important for the organisation of nursing services because they deal not with the machines or files, but with the human beings which bring about two-way interaction.

Edgar H. Schein has defined an organisation as, “the rational co-ordination of activities of a number of people for the achievement of some common purpose or goal, through division of labour and functions and through an hierarchy of authority and responsibility.”

Pfiffner and Sherwood, defines organisation as ‘the pattern of ways in large number of people, too many to have intimate face-to-face contact with all others and engaged in complexity of tasks relate themselves to each other in the conscious, systematic establishment and accomplishment of mutually agreed purposes.”

Another definition we acquaint ourselves is that of Amitai Etzioni. According to Etzioni, “Organisations are social units (or human groupings) deliberately constructed and reconstructed to seek specific goals. Corporations, armies, schools, hospitals, churches and prisons are included; tribes, classes, ethnic groups, friendship groups and families are excluded. Organisations are characterized by:

(1) divisions of labour, power and communication responsibilities, divisions which are not random or
traditionally patterned, but deliberately planned to enhance the realization of specific goals;

(2) the presence of one or more power centres which control the concerned efforts of the organisation and direct them toward its goals; these power centres also must review continuously the organisation’s performance and re-pattern its structure, where necessary, to increase its efficiency;

(3) substitution of personnel, i.e., unsatisfactory persons can be removed and others assigned their tasks.6

So, we find that organisation is not merely a structure; in fact, it embraces structure as well as the human beings who man and run it in order to realize the preconceived objective. This is clearly borne out in the following observation.

"Organisation is the systematic bringing together of interdependent parts to form a unified whole through which authority, coordination and control may be exercised to achieve a given purpose. Because the interdependent parts are made up also of people who must be directed and motivated and whose work must be coordinated in order to achieve the objectives of the enterprise, organisation is both structure and human beings..... to try to deal with Organisation merely as frame work and without considering the people who make it up and those for whom its services are intended would be wholly unrealistic."7
Hence Nursing Organisation is the systematic bringing together of different levels of nursing personnel to form the whole nursing services through which authority, co-ordination and control may be exercised to achieve the purpose of provision of best possible nursing care. Because these different levels are made up of nursing personnel who must be directed and motivated and whose work must be co-ordinated in order to achieve the objectives of the P.G.I.M.E.R., Chandigarh, nursing organisation is both structure and human beings. So, the nursing personnel who constitute the nursing services and the patients for whom nursing services are intended must also be considered along with the structure of nursing organisation.

TYPES OF NURSING ORGANISATIONS

Nursing Organisations are formal and informal. Both of these two types coexist in both a structural and functional context in P.G.I.M.E.R., Chandigarh.

FORMAL NURSING ORGANISATIONS

According to Simon, formal organisation means, “a planned system of co-operative effort in which each participant has a recognised role to play and duties and tasks to be performed. The key to the whole process is effective co-operation among the persons engaged in the operation.”

These are formally recognised and exist as formal arrangements of function and individuals in an officially established pattern of
structure. It is meant to handle activities which are of routine and recurring nature. It meets the consciously anticipated needs of problem-solving, communication and procedures concerned with bringing about an achievement. It provide guidance and support to the members of a group when they are in doubt. By its very nature, a formal organisation, however, tends to be rigid and inflexible.

INFORMAL NURSING ORGANISATIONS

Informal Organisation in the words of Chester Barnard, "is rather obviously a condition which necessarily precedes formal organisation." 9

These are in the forms of a simple interaction of individuals. These are difficult to identify and may not, therefore, be considered to be an organisation in the traditional sense of the word, but are necessary supplement to the formal structure. An informal organisation develops spontaneously between and among individuals either to satisfy the purely social needs of the individuals or to bridge gaps in the formal structure. It may have its basis in the expert or referent qualities of authority, on initiative or on ambition. As it is usually of a tenuous and transitory nature, it provides a useful means by which the formal structure can adjust itself to the variations in needs occurring from day to day. Being spontaneous and fluctuating, sympathetic and responsive to attitudes and feelings, an informal organisation is ideally suited to meet the requirements of a "first time ever" task
or to accommodate the changing relationships between and among individuals. The informal nursing organisation reveals both the strength as well as the weakness of formal nursing organisation. Informal arrangements that are good and of a recurring nature deserve to be formalized; those which are bad need to be investigated, those which are harmless deserve to be allowed to exist.

In this chapter we will discuss the formal organisation of nursing services in the Nehru Hospital attached to the P.G.I.M.E.R., Chandigarh.

FUNCTIONS

The function of an organisation is to enlarge the resources and opportunities of those for whom it has been established. In it is implicit the idea of change. “An organisation that ceased to change is moribund.” According to Dr. Bhandari, “change is a necessary way of life for most organisations. If the change is not brought in time, the organisation becomes stale and stagnant and the opportunity is also lost. The need for change should be anticipated, identified and analysed. It is always better to weigh the pros and cons before implementing a change. Basically, people resist change and greater the proposed change the stronger the resistance. The strategy for change should be selected depending upon the situation, individuals and the time factors.” As Simon has stated, it influences the members by:

i) dividing work among them;
ii) formulating standard practices;
iii) transmitting decisions downward, upward and crossways;
iv) providing a communication system, thereby making known all sorts of information; and
v) training them.\textsuperscript{12}

**PRINCIPLES OF ORGANISATION**

The principles of organisation are the inductive generalisations as a consequence of keen, informed and continuous observation of administrative phenomena. These principles of organisations are neither rigid nor absolute. Flexibility and capability of adaptation to every need are in the essence of these principles. These have to be applied judiciously in terms of immediate situation and keeping in view the many internal and external pressures exerted on any organised activity by factors like rapidly increasing levels of technology of education and of social consciousness.

**DEFINITION OF OBJECTIVES**

Every organisation has some goals or objectives for which it has been established. To achieve these objectives, it is necessary that the members of the organisations should be not only aware of them but should also perceive the relevance of their work to these objectives. The higher the degree of clarity with which an enterprise specifies its objectives the greater is the possibility of their being achieved with optimal utilization of
resources. Objectives should indicate in as precise a manner as possible the nature of the desired achievement in terms of quantity, quality, cost and time. They should be periodically reviewed and modified if necessary due to continuous flux of the environment in which it operates.

Goddard has listed the Objectives of Nursing Services as:

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

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

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

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

v) to evaluate the quality of the nursing service."13

OBJECTIVES OF NURSING SERVICES IN NEHRU HOSPITAL, P.G.I.M.E.R., CHANDIGARH

The Objectives of the Nursing Services in Nehru Hospital, attached to the P.G.I.M.E.R., Chandigarh has been clearly and
precisely laid down as expressed by nursing administrator:

i) To provide quality nursing care to patients.

ii) To promote on-going education programme through various activities.

iii) To encourage the members to become more expert to identify patient's problems and to provide ways and means to solve it.

iv) To promote professional knowledge through 'nursing action' research and 'skill training.'

The main objective to provide curative services to indoor patients as well as outdoor patients is achieved by efforts of all the nursing personnel in conjunction with medical and para medical staff by ensuring comprehensive patient care. However the other objective i.e. to provide preventive, promotive and rehabilitative services is achieved through planned or incidental health teaching to the patients and their attendants in the outdoor patient departments as well as indoor patients during their stay in the hospital and at the time of discharge, though to a limited extent due to shortage of time. The objectives of Nursing Service Department is shown in figure 3.1.

HIERARCHY

To attain its prescribed objectives, an organisation performs a number of functions. Organisation is essentially the division of functions among all the workers. The distribution of functions
FIGURE 3.1
OBJECTIVES: NURSING SERVICE DEPTT.
and responsibilities is both horizontal and vertical. Vertical distribution creates levels like Top Management, Middle Management, or level of Supervision, and the level of Specific Performance. Due to the difference in the qualification and qualities and the difference in the nature of responsibility at these levels and the difference in the salary scales between different levels, superior-subordinate relationship does emerge in the organisation. According to White, “Hierarchy consists in the universal application of the superior subordinate relationship through a number of levels of responsibility reaching from the top to the bottom of the structure”. It is called the ‘Scalar Process’. Hierarchy provides the much needed channels of communication in the organisation from the top to the bottom and from the bottom to the top. It also facilitates delegation of authority.

To achieve the objectives of nursing service organisation of Nehru Hospital, P.G.I.M.E.R. Chandigarh, varied functions have to be performed. These functions have been divided along with responsibility among all the nurses both vertically and horizontally which create levels like: Top management, Middle Management and Level of specific performance. The Hierarchy of Nursing Service Organisation is shown in figure 3.2.

**LINE RELATIONSHIP IN NURSING SERVICES OF NEHRU HOSPITAL, P.G.I.M.E.R., CHANDIGARH**

The nurses at the level of specific performance i.e. Nursing Sister Grade II are responsible to the top management i.e. Chief
FIGURE 3.2

HIERARCHY OF NURSING SERVICE ORGANISATION

DIRECTOR

MEDICAL SUPERINTENDENT

CHIEF NURSING OFFICER

NURSING SUPERINTENDENT

NURSE-EDUCATOR

DY NSG. SUPERINTENDENT

ASSTT. NSG. SUPERINTENDENT

NSG. SISTER GRADE - I

NSG. SISTER GRADE - II

NURSE-EPIDEM.
FIGURE-3.3

Showing line relationship

Top Management - Chief Nursing Officer

Middle Management - Nursing Superintendent

Nurse-Educator  Deputy Nursing Superintendent  Nurse-Epidemiologist

Assistant Nursing Superintendent

Sister Grade I

Level of Specific performance  Sister Grade II
Nursing Officer through the middle management i.e. Nursing Sister Grade I, assistant Nursing Superintendent, deputy Nursing Superintendent and Nursing Superintendent respectively. Nurse Educator and Nurse Epidemiologist at middle management are responsible to Top management i.e. Chief Nursing Officer through Nursing Superintendent as shown in figure 3.3.

STAFF RELATIONSHIP

The nursing personnel of College of Nursing have no direct staff relationship with the hospital nursing administrator but indirectly they help in the achievement of the objectives of 'Nursing Services' by posting nursing students in the hospital who provide curative as well as preventive, promotive and rehabilitative services to the patients. Though it is not continuous but intermittent according to their requirement as recommended by Indian Nursing Council syllabi.

RELATIONSHIP WITH NON-NURSING PERSONNEL

Nursing personnel have direct relationship with personnel of other departments of the hospital who directly or indirectly contribute towards the achievement of the objectives of the hospital or nursing service administration such as:

- Medical personnel i.e. doctors
- Pharmacists
- Technologists
- Physiotherapists
- Clerical staff
- Sanitation Staff/safaiwala
- Ward servants
- Dieticians
- Radiologist
- Security staff

EQUATION OF RESPONSIBILITY TO AUTHORITY

Authority is the right to act and take decision without the obligation to consult others. Authority has two components i.e., right to command and the power to enforce. Responsibility is accountability for omissions and commissions in carrying out the specified job. It tends to encourage initiative and resourcefulness. It promotes consciousness of the duties and responsibilities inherent in the job and motivates the nurses to discharge them effectively.

In the Nursing Service Organisation of Nehru Hospital, P.G.I.M.E.R., Chandigarh, the Chief Nursing Officer have authority i.e. right to act and take decision within the framework of policies of the institute in consultation with the Medical Superintendent. She has the right to command and the power to enforce orders given by the Director or Medical Superintendent but she can not take any major decision herself without consulting the Medical Superintendent. She is totally responsible for any problem in the nursing service. Similarly Nursing Sister Grade I is the incharge of any unit. She has full authority to take decisions regarding the smooth functioning of the unit. She has the right to command and
power to enforce the orders of the Chief Nursing Officer but she can not take major decisions without consulting the higher authorities i.e. Assistant Nursing Superintendent who in turn consults Deputy Nursing Superintendent. She is wholly responsible for problems related to nursing care of patients in her unit.

If authority and responsibility are not properly matched, it will be difficult to achieve harmonious organisational relationships or ensure effective accountability. It is, therefore necessary that each nursing personnel should be given authority commensurate with her responsibility; responsibility without authority leads to misery; authority without responsibility can lead to tyranny.

UNITY OF COMMAND

Every worker in any organisation gets instructions or command from their superiors, so as to work orderly, effectively and efficiently. In short, it means that an employee should receive orders from one superior only or in other words, each individual in the enterprise should receive definite instructions whether functional or administrative from one source. Pffifner and Presthus has mentioned that "The concept of unity of command requires that every member of an organisation should report to one and only one leader". This is essential to ensure effective reporting and control, avoid confusion and conflict and maintain the morale of the employees. Further Fayol has added that "should it be violated, authority is undermined, discipline is in jeopardy, order
disturbed and stability threatened."17

The reality in the modern era in the words of Seckler-Hudson is that "The old concept of one single boss for each person is seldom found in fact in complex governmental situations. Many interrelationships exist outside the straight line of command which require working with and reporting to many persons for purposes of orderly and effective performance."18

In the Nursing Service Organisation of Nehru Hospital, P.G.I.M.E.R, Chandigarh, the principle of unity of command is followed at the higher echelons of the organisational structure as Medical Superintendent gives instructions or command to the Chief Nursing Officer and so on. The whole chain of command moves as shown in figure 3.4.

But at the actual level of performance, there are two or three Nursing Sisters Grade I incharge of the unit. Nursing Sister Grade II who provide bedside care to the patients receive instructions from all the three Nursing Sisters Grade I as well as medical personnel of their respective units. So, at the base level, unity of command is divided, there-by causing confusion and conflict and hence lowering the efficiency and morale. Same channel is followed in the reverse order for the purpose of reporting.

**SPAN OF CONTROL**

Span of control is simply the number of subordinates or the units of work that an administrator or supervisor can personally direct.
FIGURE 3.4

UNITY OF COMMAND

MEDICAL SUPERINTENDENT

CHIEF NURSING OFFICER

NURSING SUPERINTENDENT

DY. NURSING SUPERINTENDENT

ASSTT. NURSING SUPERINTENDENT

NURSING SISTER I

NURSING SISTER I

NURSING SISTER I

NURSING SISTER II

\[\text{Receive Orders From}\]
\[\text{Responsible to}\]
According to Dimock, "The span of control is the number and range of direct, habitual communication contacts between the chief executive of an enterprise and his principal fellow-officers." ¹⁹

This is similar to the concept of "Span of Attention" in psychology. As there is a limit to human capacity, a supervisor should have neither too many nor too few subordinates under his minimum control.

If the span of supervision is extended too thinly, the results are unsatisfactory. When an executive controls the work of too large the number of subordinates:

a) he is left with little or no time for planning, policy formulations and coordination;
b) he cannot give adequate guidance to the subordinates;
c) the quality of work suffers; and
d) there is little or no effective supervision.

There is no unanimity as to the exact number, but there does exist a general agreement that the shorter the span, the greater will be the contact, and consequently, more effective control. When an executive has too few persons to supervise:

a) there is a possibility of wastage of manpower;
b) he may do his subordinates work;
c) he may exercise too close a supervision amounting to interference which the subordinates may resent.

Seckler-Hudson also points out that, "There are dangers inherent in excessively limited span of control, such as, the risk
of detailed supervision of the few reporting; the resultant failure to stimulate subordinates or to fully use the capacities of them. It is possible also that short spans of control mean long chains of command.\textsuperscript{20}

The actual fact is that there can be no rigid span of control. The decision regarding the exact span of control of an executive or supervisor depends upon many variable factors such as:

a) Size of enterprise;

b) Nature of work;

c) Personality of the supervisor, i.e. physical & psychological make-up;

d) Quality of subordinates;

e) Geographic dispersion of command.

In the Nursing Organisation of Nehru Hospital, P.G.I.M.E.R., Chandigarh, if we see the organisation chart, span of control of one Nursing Superintendent is 8 as she controls eight Deputy Nursing Superintendents. The ratio is 1:8. It is correct span of control according to the principle of attention. There are 8 Deputy Nursing Superintendents to control 13 Assistant Nursing Superintendents.

Each Deputy Nursing Superintendent controls approximately 1-2 Assistant Nursing Superintendents. The ratio varies from 1:1 to 1:2. This span of control is too short and hence there is wastage of manpower at this level, and at times they are doing Assistant
Nursing Superintendent's work. They also exercise too close supervision which is seen as interference by the Assistant Nursing Superintendents and at times they show resentment.

There are 13 Assistant Nursing Superintendents. Each Assistant Nursing Superintendent is incharge of one block. As there are some units which are located far away from the main hospital building, such as Command Block which contains Trauma B Ward and De-addiction Ward and New Advanced Paediatric Centre, these have separate Assistant Nursing Superintendents. There are 96 Sister Grade I. So, Each Assistant Nursing Superintendent controls approximately 7 Nursing Sisters Grade I posted in two to three wards under her charge. The ratio is 1:7, so it is correct span of control.

There are 857 Sisters Grade II who are the workers at the base, who give direct bedside nursing care to the patients. Each Sister Grade I controls approximately 8-9 Sisters Grade II. It seems to be correct span of control but in actual practice, this is not so, because all of the Sisters Grade I are on morning duty except those who are put on hospital duty in the evening and night shifts. So, we find that in reality, in the morning time, span of control is too short for Nursing Sister Grade I, as there are 2-3 of them to control approximately 5-6 Sisters Grade II. So, there are chances of too close supervision which causes resentment among Sisters Grade II. To overcome this, Sisters Grade I have divided their work. There are some who make duty rosters and are responsible
for over-all administration of the unit, while others supervise the sanitation and equipment & supply etc., or they divide the cubicles for supervision. At times Sister Grade I has to do the work of Sister Grade II especially those who are promoted under back-log scheme. Some of them are solely posted in the dressing rooms to assist in dressings while some are posted in investigation laboratories like endoscopy room etc. So, there is wastage of man power.

During evening and night shifts, the span of control is too large as there is only one Sister Grade I in each block to supervise approximately 9-12 Sister Grade II in different wards. So, there is lack of adequate guidance, effective supervision and quality of work suffers. The Span of control in the Nursing Organisation is shown in table 3.1.

DELEGATION OF AUTHORITY

Centralization stands for concentration of authority at or near the top; decentralization, on the other hand, denotes dispersal of authority among a number of individuals or units.

According to White, "The progress of transfer of administrative authority from a lower to a higher level of government is called 'Centralization', the converse, 'Decentralization.'"21 The essential element in decentralization is the delegation of decision-making functions. According to Avasthi and Maheshwari "Decentralization signifies the central authority divesting itself of certain powers which are given away to the local authorities which, so to say.
# TABLE 3.1

Span of Control

<table>
<thead>
<tr>
<th>SUPERVISOR</th>
<th>SUPERVISED</th>
<th>TENTATIVE RATIO</th>
<th>ACTUAL RATIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIEF NURSING OFFICER (1)</td>
<td>NURSING SUPERINTENDENT</td>
<td>1:1</td>
<td>1:1 (M)</td>
</tr>
<tr>
<td>NURSING SUPERINTENDENT (1)</td>
<td>DEPUTY NURSING SUPERINTENDENT</td>
<td>1:8</td>
<td>1:8 (M)</td>
</tr>
<tr>
<td>DEPUTY NURSING SUPERINTENDENT (8)</td>
<td>ASSISTANT NURSING SUPERINTENDENT</td>
<td>1:1 - 1:2</td>
<td>1:1 (M)</td>
</tr>
<tr>
<td>ASSISTANT NURSING SUPERINTENDENT (13)</td>
<td>NURSING SISTER GRADE - I</td>
<td>1:7</td>
<td>1:7 (M)</td>
</tr>
<tr>
<td>NURSING SISTER GRADE - I (96)</td>
<td>NURSING SISTER GRADE - II</td>
<td>1:8 - 1:9</td>
<td>1:2 - 1:3 (M)</td>
</tr>
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<td></td>
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<td></td>
<td>1:9-1:12 (E &amp; N)</td>
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</tbody>
</table>
become autonomous in the field. Delegation, on the contrary, implies transfer of certain specified functions by the central to the local authority which thereupon acts as the agent of the former which retains the right to issue directives or revise decisions. In brief, what is ceded is merely functions and not authority and responsibility."

As an organisation grows, the decision making problems become complex and there arises the need for distribution of authority. Operational challenges and problems arising at each level require effective and timely decisions. Delegation is one of the main ways of dividing authority.

The main advantages of delegation are:

a) effective use of various levels;
b) development of an increased sense of responsibility in the employees leading to organisational development;
c) increase in efficient utilization of resources; and
d) greater effect on use of control.

For delegation of authority to be effective, following are the guidelines:

a) It should follow well defined procedures and policies.
b) It should be specific and preferably be written down.
c) It should be to a post and not to a person.
d) It should have a proper built in system of reporting.
e) It should be periodically reviewed.
Ruth Hansten and Marilynn Washburn developed a four step model to illustrate the process of delegation which was essential because nurses need to work with limited resources and to direct less prepared personnel to provide quality care. They proposed the "Four Rights" of delegation. These "Rights" include:

- the right task (the one that can be delegated).
- the right person (the one qualified to do the job).
- the right communication (clear, concise, description of the objective and your expectation), and
- the right feedback (evaluation in a timely manner, during and after the task is completed).\(^23\)

According to Joseph Raj, "Trying to accomplish everything oneself can put an organisation into turmoil and result in loss of opportunities. Moreover, demotivated subordinates will cease to give their best and are unlikely to stay on long in the organisation."\(^24\)

According to Goddard, "Once the policy has been laid down, the process of delegation must come into play. If it does not, the central authority will quickly find that it is overwhelmed with detail; and the co-ordination of the efforts of the total working force will become impossible. If delegation is to become effective, however, careful selection and placement of staff for that purpose are necessary; and staff members must be vested with authority appropriate to the responsibility delegated."\(^25\)

In Nehru Hospital, the Chief Administrator of Nursing i.e.,
Chief Nursing Officer in consultation with Medical Superintendent takes only the major policy decisions regarding the Nursing Service Department which affect the whole department.

Delegation of administrative responsibility by the Chief Nursing Officer is as under:

Chief Nursing Officer or Nursing Superintendent takes administrative decisions between 9 a.m. to 5 p.m. But after 2 p.m. till 8 p.m. Assistant Nursing Superintendent on evening duty takes emergency administrative decisions whereas routine administrative decisions are left to the Chief Nursing Officer. Thereafter from 8 p.m. to 8a.m. Assistant Nursing Superintendent on night duty takes emergency administrative decisions and is given charge of nursing care of the whole hospital. From 8 a.m. to 9 a.m. seniormost Deputy Nursing Superintendent posted in the Nursing Superintendent's office manages the administration of nursing care of the hospital. Delegation of administrative responsibility is as under:

- Chief Nursing Officer 9 a.m. to 5 p.m.
- Deputy Nursing Superintendent 8 a.m. to 4 p.m.
- Assistant Nursing Superintendent (Evening) 2 p.m. to 8 p.m.
- Assistant Nursing Superintendent (Night) 8 p.m. to 8 a.m.

The decisions regarding different departments/blocks are delegated to the Deputy Nursing Superintendent who is the incharge of that department or block e.g. The Deputy Nursing Superintendent who is incharge of out patient departments takes decisions.
regarding the matters concerning nursing personnel in her department i.e. O.P.D's and she is wholly responsible for the consequences there of.

Delegation of supervisory responsibility

Deputy Nursing Superintendent delegates supervisory authority to the Assistant Nursing Superintendent of the department/block who gets the authority to take policy decisions regarding that particular department/block. And they are responsible for the consequences and for reporting this to the Deputy Nursing Superintendent who in turn reports to the Chief Nursing Officer.

In each department/block one Assistant Nursing Superintendent is responsible for supervision of nursing care of the patients in the wards of that block during the morning shift, i.e. 8 a.m. to 2.30 p.m., whereas in the evening and night shifts, this responsibility is delegated to the Sister Grade- I on evening and night duty who are incharge of that block from 2 p.m. to 8 p.m. and 8 p.m. to 8 a.m. respectively.

Assistant Nursing Superintendent 8 a.m. to 2.30 p.m.
Sister Grade I (Evening) 2 p.m. to 8 p.m.
Sister Grade I (Night) 8 p.m. to 8 a.m.

This is delegated to the post and not to the person. i.e. if she is transferred to another unit then who so ever replaces her will have this authority.
There is a built-in system of reporting. She has to report to the Chief Nursing Officer regarding the decisions taken by her. Nursing Sister Grade I is authorised to take decisions regarding the internal management of the particular ward and posting of staff in different shifts etc.

Nursing Sister Grade II who gives bedside care to the patients is authorised to take decisions regarding the management of nursing care of the patients under her care.

**SYSTEMATIC GROUPING OF RELATED ACTIVITIES**

To attain its prescribed objectives, an organisation performs a number of functions, which in turn, give rise to a series of activities. In order to ensure that these functions and activities are performed in a harmonious manner, it is necessary that they are grouped on a systematic basis. The grouping can be, according to purpose or objectives, functions, area, location, skills or specialized knowledge, processes, clientele and contacts. In many cases, these factors may be found to be interdependent, resulting in overlapping in activity.

In Nursing Organisation of Nehru Hospital, P.G.I. Chandigarh, posting of nursing personnel is done in different wards or units which are divided on the basis of skills or specialized knowledge and the clientele such as medical wards, (female medical ward or male medical ward), surgical wards (female surgical ward or male surgical ward), Eye and E.N.T. ward, Neurosurgical ward,
Psychiatry ward, Children ward, Cardio-thoracic ward, Communicable
disease ward, Gastro-enterology ward or De-addiction ward or
Intensive-Care Unit etc.

CO-ORDINATION OF WORK

In any organisation, the parts have to work in coordination
with each other in order to produce effective results. Proper
coordination entails adjustments of the parts to each other and of
the movement of individual parts in time so that each can make its
maximum contribution to the achievement of the result.

In Nursing Organisation of Nehru Hospital P.G.I., Chandigarh,
there is proper coordination of work in each ward or unit. The
managerial and supervisory functions are divided among the Sisters
Grade I i.e. one is responsible for the management of personnel
i.e. of Sister Grade II such as making their duty rotation plans and
assignment of duties. Other is responsible for equipment and
supplies in the ward such as drugs, linen and other equipment.
Whereas the other may be responsible for the sanitation of the
ward. Though all of them take up each other's responsibility in the
absence of other due to leave or night/evening shift.

Each Nursing Sister Grade II is assigned work/duty on the
basis of patient assignment or functional assignment. Whatever
the bases, coordination of work is there so that it avoids
duplication of work, waste of men, money & material and friction
or jealousies. In patient assignment, each Sister Grade II is
responsible to provide comprehensive nursing care to patients
assigned to her so that all patients are assigned to one or the other Sister Grade II.

In functional assignment, each Nursing Sister Grade II is responsible to carry out one or two activities for all patients which contributes to the total patient care e.g. one will distribute medicine and other injections, whereas the other will check vital signs and carry out stat instructions & so on. So, by coordinating the activities of all nurses, total comprehensive care is provided to all patients in the unit.

According to this principle, work has to be distributed among its members. In Nursing Services Organisation, the work is clearly distributed among all nursing personnel as per job responsibilities.

Chief Nursing Officer Manages the top level personnel i.e. Nursing Superintendent but for the management of Deputy Nursing Superintendent, she delegates this responsibility to the Nursing Superintendent.

JOB DESCRIPTION

The Nursing Service Department has assigned job description for each category of Nursing Personnel which are:

Chief Nursing Officer

Statement of Responsibility: The job involves responsibility for planning, organising and implementing high standards of care in nursing, control over inservice and clinical nursing education programme and in clinical nursing research projects.

Supervision Received: Nursing Service as an independent
department, the Chief Nursing Officer is responsible to the Director of P.G.I.M.E.R.

**Supervision Exercised**: Supervision and guidance to the senior nursing staff to ensure maximum efficiency and productivity. Disciplinary measures at all levels of nursing staff.

**Duties and Responsibilities**

i) Plans and estimates nursing man-power, material resources and budget for the Department of Nursing and collaborates with other Departments of PGIMER to determine Institute needs.

ii) Co-ordination and control of nursing staff and their activities towards achieving institutional aims.

iii) Determines nursing policies to achieve reasonable and attainable standard of nursing care (preparation of nursing policy manual, nursing procedure manual and job description for each cadre of Nursing).

iv) Recruitment of nursing staff from best possible sources. Assesses the availability of nursing personnel for recruitment in the community.

v) Ensure adequate material resources for patient’s optimum comfort e.g. linen, basic necessities and food etc.

vi) Maintains reports, records and confidential files pertaining to nursing department.

vii) Guides nursing supervisors in carrying out their functions of teaching and supervision.
viii) Plans and organises clinical programmes of specialities for postgraduate nursing students.

xi) Assesses the needs of inservice education programme for hospital staff.

x) Co-ordinates, co-operates and collaborates with members of the multi-disciplinary team in formulation of policies and decision making.

xi) Establishes and maintains good interpersonal relations with professional and non-professional agencies in the community and participates in programmes in public relations.

xii) Encourage a problem solving attitude among the staff during her rounds and guides them in research.

xiii) Participating in teaching and research.

xiv) Evaluates activities of Nursing Service Department periodically.

**Nursing Superintendent**

**General Nature and Purpose of the Job** : The Nursing Superintendent is responsible for administration and supervision of nursing services and patient care.

**Lines of Authority** : She is directly responsible to the Nursing Service Administrator, Nehru Hospital, P.G.I., Chandigarh, for the posting of nursing personnel, management of the patient care in the hospital and improvement of nursing services and patient care.

She has indirect relationship with the Hospital Administrator/Medical Superintendent with whom she collaborates in the
absence of Nursing Service Administrator.

She is responsible for the Assistant Nursing Superintendent Grade I and other nursing personnel for performance of their duties.

**Functions:**

i) Assigns Nursing Personnel to the Ward/Deptts. in collaboration with Assistant Nursing Superintendent.

ii) Manages the casual and earned leaves and arranges leave reserves.

iii) She conducts ward rounds for implementing nursing service policies.

iv) Maintains discipline of nursing staff and domestic staff of the nurses hostel.

v) Manages the nurses accommodation and meals through the house keepers.

vi) Investigates complaints and reports from the nursing personnel regarding the mess.

vii) Develops and maintains office records pertinent to the administration of nursing services.

viii) Writes confidential reports of nursing staff in collaboration with Nursing Sisters Grade-I.

ix) Notifies the nursing administrator regarding special emergencies.

**Supervision:** In the Supervisory capacity Nursing Superintendent is responsible for:

i) Establishing efficient nursing services.
ii) Up keep of hospital environment and cleanliness through the sanitation Department.
iii) Promotion of good interpersonal relationship between all categories of staff.
iv) Encouraging and supervising incidental teaching in order to maintain high standard of patient care.
v) Encouraging the staff to maintain good health habits and keep health fit.
vi) Supervise regular physical check ups and immunization programmes.
vii) Ensuring proper care of the nursing personnel during illness.
viii) Encouraging the nursing personnel to be active in professional association and educational programmes.
ix) Keeping discipline and report matters pertaining action to the appropriate authority.
x) Making surprise and regular rounds of the hospital wards and departments to ensure high standard of patient care through the day.
xi) Encouraging the nursing personnel to maintain proper recording system regarding nursing treatment and care.

Administrative Duties in the Nursing Office:

1. Maintenance of records such as:
   (a) Attendance
(b) Assignments of duties
(c) Confidential records/reports

2. Correspondance.
3. Leave and holidays.
4. Issue of hospital certificates and transcripts.
5. Shortage and condemnation.

**Deputy Nursing Superintendent**

Deputy Nursing Superintendent is responsible to the Chief Nursing Officer/Nursing Superintendent and assists her/him in the Nursing Service administration of the Hospital.

Nursing Service:

- Officiates in the absence of Nursing Superintendent.
- Participates in the formulation of Nursing Services' philosophies, objectives and policies.
- Assists in the recruitment of Nursing staff and Students' selection.
- Makes master duty roster of the Nursing Staff.
- Helps in allocating Nursing personnel to various Nursing Services Departments.
- Keeps records and reports of the Nursing Services.
- Assists in planning and organizing the new units in the hospital, e.g. I.C.U. C.S.D., etc.
- Maintains confidential report and records of the Nursing staff.
- Takes regular hospital rounds.
- Supervises care given in various departments.
- Serves on several hospital committees, e.g. purchase committee, class-IV employee committee, etc.
- Interprets the policies and procedures of the hospital care to subordinate staff and others.
- Acts as a Liaison Officer between the Nursing Superintendent and the nursing staff of the hospital.
- Receives night reports from the night supervisor.
- Maintains the attendance and leave register for nurses.
- Pays visit to the sick nurses in the nurses' hostel and nurses' home.
- Initiates condemnation of old and worn-out articles and procurement of new articles.
- Conducts regular physical verification of hospital stock.
- Attends to emergency calls in rotation concerning hospital or hostel problems.

Educational Functions:
- Assists in planning and implementing staff development programmes.
- Ensures clinical experience facilities for student nurses in various clinical areas of the hospital.
- Guides and counsels Nursing Staff.
- Arranges orientation programmes for new Nursing staff.
- Maintains discipline among nursing personnel.
- Organises experience programmes for post-graduate students from different hospitals.
General Duties:

- Escorts special visitors, Nursing Superintendent, Medical Superintendent for hospital rounds.
- Arranges and participates in professional and social functions of the staff and students.
- Maintains good public relations.
- Carries out the duties assigned to her by the Nursing Superintendent/C.N.O.

**Nurse Educator**

Nurse Educator is responsible to Chief Nursing Officer. She is independently responsible for Inservice Education for Nursing staff and domestic staff.

**Functions:**

**Teaching:**

i) Responsible for organizing of inservice education cell.

ii) Responsible for planning and implementation of all teaching programmes for nursing staff.

iii) She should make an arrangement for external lectures.

iv) Organizing orientation programme for new staff and to conduct bedside clinical demonstration.

v) Preparing and maintenance of teaching aids.

vi) Participation in clinical teaching.

vii) Supervision of all teaching programme in clinical area.

viii) Conducting and helping nursing staff in all research studies.

ix) Sending and receiving staff for training/teaching courses.
x) Evaluation of nursing staff performance from time to time.

Administration and Supervision:

i) Assist in Nursing Administration.

ii) Supervision of training staff nurses in clinical field.

iii) Helps in social activities related to nursing department.

iv) She is accountable for the maintenance of library.

v) Counselling and guidance of nursing staff.

vi) Helping nursing administration formulate nursing philosophy, policies and procedure manual.

vii) Preparing for budgetary proposal for inservice education.

viii) Participate in professional activities e.g. staff meeting, staff education.

ix) Carry out other duties assigned by nursing administration.

Nurse Epidemiologist

The Nurse Epidemiologist works under the immediate supervision of Nursing Administrator, in collaboration with the doctor incharge of infection control from Microbiology Department:

i) She is responsible for the Infection Control in Nehru Hospital.

ii) She is also responsible for health teaching to the patients and attendants in the wards, including class IV employees.

iii) She assists nursing personnel to prevent cross infection in the ward by various isolation techniques, such as barrier nursing etc.
Functions:

i) She will work as a liaison Officer between all those concerned with Infection Control.

ii) She collects various records indicating incidences of infection and cross infection in the hospital patients.

iii) She organises periodic surveys of postoperative surgical infection through the theatre and ward.

iv) She conducts bacteriological studies among the nursing personnel in areas such as operation theatre, labour room and neonatal nursery.

v) She also conducts the bacteriological studies of the sterile equipments used in hospital.

vi) She maintains accurate and complete records of various investigations and findings.

vii) She recognises infected patients promptly and advises Nursing Sister Grade-I regarding the isolated organisms.

viii) She will maintain records of infection among the members of nursing staff, particularly of infection prone nurses who can be source of infection to the patients and new born babies.

Supervision and Teaching:

i) In addition to her responsibilities regarding infection control she should take active part in teaching good health habits to the patients and planned health teaching in the wards.
ii) She motivates the patients and families through health teaching to prevent infection.

iii) She introduces patients attendant and ambulatory patients to the working of lavatories and bathroom area.

iv) She orients the patients regarding disposal of garbage.

v) She organises the collection and supervises the proper disposal of soiled linen.

vi) Planned health teaching will be conducted in sector 12 and 24 employees residences.

**Assistant Nursing Superintendent**

**General Nature and Purpose of the Job**: The Assistant Nursing Superintendent is responsible for supervisory administration of the nursing services.

**Lines of Authority**

She is directly responsible to the Nursing Service Administrator, Nehru Hospital, P.G.I., for the supervision of the nursing services and the patient care in the hospital. She is responsible for apprising her of development and improvement of nursing services and patient care.

She has indirect relationship with the Hospital Administrator/Medical Superintendent with whom she collaborates in the absence of Nursing Administrator.

She is responsible for the Nursing Sister Grade I and the Nursing Sister Grade II and other nursing personnel for performance of their duties.
Functions:

1. Administration

i) Assigns nursing staff to ward and departments in collaboration with other nursing service administrators.

ii) She conducts ward rounds to see seriously ill patients.

iii) Maintains discipline of nursing staff and domestic staff attached to the ward/units and reports observations if any.

iv) Investigates complaints and reports to the nursing service office.

v) Writes confidential reports of nursing staff under the direction of Nursing Service Administration.

vi) Develops and maintains office records pertaining to the administration of her department.

vii) Co-operates with nursing service administration in interpreting and implementing the administrative policies.

viii) Communicates with patients and their relatives and friends during hospital rounds.

ix) Notifies the nursing service administration of any special emergencies in the ward.

2. Supervision

In a supervisory capacity Assistant Nursing Superintendent is responsible for:-

i) Establishing efficient admission and discharge policy in each ward.

ii) Ensuring efficient nursing care and personal comfort.
iii) Ensuring proper administration of drugs, treatment and diets.

iv) Encouraging accurate observation, recording and prompt reporting by the nursing staff.

v) Standardising ward routines e.g. handing and taking over charge, maintenance of intake/output chart, recording vital signs of seriously ill patients etc.

vi) Ensuring the smooth functioning of each department through efficient job allocation.

vii) Ensuring efficient stock maintenance in each ward.

viii) Maintenance of ward cleanliness.

3. Education

i) Collaborates with clinical instructors/tutors to provide adequate facilities for clinical teaching programme in various wards and departments.

ii) Encourages Nursing Sisters Grade I to carry out incidental teaching wherever possible in order to maintain a high standard of nursing care to the patients.

4. General Responsibilities

i) Attends and participates in staff meetings.

ii) Attends meetings and participates in activities of professional organisations.

iii) Carries out any other duties assigned by nursing and medical administration from time to time.

Nursing Sister Grade I

The Nursing Sister Grade I is a professional registered nurse
who is responsible for the administration of nursing services of a single nursing unit/ward/department. She is accountable to the nursing service administration office for her functions.

**Duties and Responsibilities in relation to Nursing Team:**

1. Assesses nursing needs of the patients by classifying patients and assigns patients to the Nursing Sister Grade-II, recognizing the abilities and expertise of nursing personnel available.
2. Assigns responsibilities and duties to the Class IV personnel.
3. Supervises and guides all nursing and non-nursing personnel.
4. Assesses nursing needs of individual patient and assists in preparing nursing care plans.
5. Reads instructions of medical staff and assigns these to nursing personnel.
6. Interprets ward policies to nursing and non nursing personnel.

In carrying out the above duties the Nursing Sister Grade I must know the following:

1. Every individual patient’s nursing problems and needs.
2. Each nurse’s educational and professional background, experience and personality.
3. Hospital policies, rules, regulations and ward policies.

**Main Functions:**

Nursing Sister Grade I creates an environment for an efficient
and adequate nursing care by:

i) Maintaining good relationships with the patients, attendants, staff and others.

ii) Co-operating with medical staff and other to meet total needs of the patients.

iii) Ensuring comfortable, orderly and clean environment for the patients.

iv) Providing and supervising the administration of medicines and treatments as ordered by the doctor.

v) Co-ordinating the activities of the nursing and non-nursing personnel for optimum patient care.

vi) Identifying nursing care problems and solving them with the staff.

vii) Evaluating the quality and quantity of nursing care given and counselling personnel on the basis of the findings.

viii) Utilizing all opportunities to enrich the clinical expertise for professional nurses.

ix) Assisting in the teaching of staff and students and participate in the In-Service Education Programme.

x) Providing a planned orientation programme for all new personnel to the unit.

xi) Carrying out administrative procedures in conformity with the policies of the hospital.

xii) Keeping all nursing personnel and others informed of hospital policies and practices.
Evaluating staff nurses' (Nursing Sister Grade-II) performance and maintain evaluation records quarterly.

Maintaining records of equipment and supplies according to hospital policies.

Writing reports as required and submit to the appropriate authorities.

Providing adequate equipment, supplies and facilities to enable staff and students to carry out the patient care adequately.

Maintaining economy in the use of supplies and equipment.

Ascertaining proper use and upkeep of all equipment used in the ward.

**Daily Responsibilities**

i) Report on duty at the time indicated and take roll call of nursing staff and Class IV employees.

ii) Attend morning report and hold a short conference with staff and students to discuss problems and difficulties, if any, and make suggestions for improvements in nursing care and nursing service.

iii) Check equipment and supplies and make certain that all is in readiness for the day's requirements.

iv) Visit all critically ill patients and patients for surgery or special treatment. Classify patients indicating nursing needs.
v) Check all patients's charts and records for accuracy and completeness.

vi) Make assignments for staff nurses (Nursing Sister Grade-II), according to the patients needs, according to classification of the patients. Critically ill patients should be assigned, considering the nursing abilities of the staff nurses (Nursing Sister Grade-II).

vii) Notify Nursing Superintendent regarding problems and difficulties and make suggestions for improvements in nursing care and nursing service.

viii) Check all new orders for medications and treatment and make certain that have been carried out as ordered.

ix) Check medicine and treatment lists and make certain that they are correct and upto date. Make any changes that are required.

x) Accompany Nursing Superintendent on rounds and report to her the condition of the patients etc.

xi) Accompany the doctors on rounds.

xii) Assist in the care of critically ill patients and new operatives several times during the day to ascertain their conditions.

xiii) Assist staff nurses (Nursing Sister Grade-II) and students in making out nursing care plans.

xiv) Notify the doctor immediately of any change in the patient condition.
xv) Write reports as required and give report on the patients before going off duty to the evening nurses and the evening supervisors.

xvi) Maintain records as required.

taxvii) Carry out clinical supervision and teaching as required.

xviii) Assist staff nurses (Nursing Sister Grade-II) and students in planning for health teaching in the ward for patients and relatives.

Weekly Responsibilities

i) Plan time schedules and post one week in advance.

ii) Evaluate and check all ward equipment to see that it is in good working condition.

iii) Check all supplies to see that there is sufficient to meet requirements.

iv) Check inventories of all equipment to see whether there is any loss.

v) Report breakages and losses according to hospital policies.

vi) Attend conferences and In Service Education Programme.

vii) Conduct all staff nurses' (Nursing Sister Grade-II) conference to discuss problems, changes or improvements.

viii) Conduct weekly planned teaching programme.

ix) Carry out clinical teaching and supervision as incidental teaching.
Staff Nurses/Nursing Sister Grade II

A Staff Nurse/ Nursing Sister Grade II works under the immediate supervision of the Nursing Sister Grade I. She is responsible for the nursing care of the patients assigned to her and as a team leader she directs others in giving quality patient care.

Functions :

1. Professional

i) She knows the philosophy, purposes, policies and standard of the hospital and Nursing Department.

ii) She communicates with patients' relatives and other hospital visitors and explains the nursing care needs of the patient.

iii) She recognises signs and symptoms in patients and reports on the condition of her patients.

iv) She maintains accurate and complete records of nursing care and observations of patients.

v) She has a knowledge of patients at all times and provides nursing care according to the patients' needs.

vi) She prepares patients physically and mentally for treatments, operative and diagnostic procedures.

vii) She provides total nursing care for seriously ill patients and keeps the Nursing Sister Grade-I informed.

viii) She assists the medical staff in ascertaining medical treatment.

ix) She administers drugs herself and is personally
responsible for keeping records of drug which she administers.

x) She maintains contact with her patients through formal and informal visits.

xi) She keeps the Nursing Sister Grade-I/doctors informed of any change in the condition of the patient.

xii) She participates along with the family in individualized nursing care.

xiii) As a team leader she assumes responsibilities for the development and performance of the nursing care.

xiv) She participates in pilot studies for improvement of nursing care within her assigned unit.

xv) She takes an active part in staff meetings and education programmes.

2. Administrative

i) She organises the admission of patients and their nursing care according to the policy laid down for her Unit/Ward.

ii) She relieves the Nursing Sister Grade-I whenever she is required to do so.

iii) She maintains record of patient's condition, medicines and treatment given and initials it immediately.

iv) She maintains hygiene of the patients at all times.

v) She carries out teaching and keeps her knowledge upto date.

vi) She supervises and maintains environmental hygiene.
vii) She maintains privacy and confidentiality in all aspects of nursing care.

viii) She supervises and teaches the Class-IV workers in the ward or department.

ix) She assists the Nursing Sister Grade-I in writing staff and student's reports.

x) She participates in the checking of inventories equipment and requisitions of all supplies.

xi) She is responsible for supervising the care of patient’s property/valuables.

xii) In her work she co-ordinates and cooperates with workers in other departments, e.g. pharmacy, x-ray and physiotherapy departments etc.

3. Supervision and Teaching

In addition to responsibilities of teaching, a Nursing Sister Grade-II should take an active part in teaching good health habits to patients and their relatives by an orientation on admission and health teaching throughout the stay in the hospital.

i) She manifests her interest in the spiritual welfare of all patients.

ii) She guides nursing and other personnel in the unit to assure efficient performance for the welfare of the patient.

iii) She motivates the patient and the family through health care teaching and continuing care which is directed towards the optimal level of health.
On personal discussion with the Nursing Sister Grade-II, it was found that the work load of Nursing Sister Grade-II in the Unit/Ward is so high, that she cannot perform her duties and the responsibilities efficiently and effectively because, besides her professional, Administrative and Supervisory functions, she has to perform other non-nursing jobs. Measures to reduce work load should be taken by the authorities.

All the responsibilities mentioned in the job description are carried out by the nursing administrators as well as other nursing personnel at different levels of the nursing organisation except a few in which they are not actively involved. These are:

- In actual practice, Chief Nursing Officer is responsible to Medical Superintendent. She is not actively involved in planning and organizing clinical programme of specialities for the post-graduate nursing students.

- Nursing Superintendent is not actively involved in the supervision of regular physical check up.

- Deputy Nursing Superintendent is not actively involved to assist in the student's selection.

- Nurse educator is not actively involved in conducting and helping nursing staff in all research studies.

- Nursing Sister Grade I is not actively involved in rounds with the students, in organizing formal clinical or health teachings, conducting bedside clinics and demonstrations, assigning duties and responsibilities to class IV personnel, assisting in making nursing care plans,
maintenance of quarterly evaluation records, and helping in medical and nursing research.

Nursing Sister Grade II are not actively involved in writing student's report, participation in pilot studies for improving nursing care, carrying out planned teaching to class IV employees or health teachings etc.
REFERENCES


