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The attitude of thirty head nurses towards nursing service administration

A STUDY OF THE ATTITUDE OF THIRTY HEAD NURSES TOWARD NURSING SERVICE ADMINISTRATION

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

The purpose of this study was to obtain from thirty head nurses their concept of nursing service administration and of their role in the administrative process. It is essentially an exploratory study of the attitude of these nurses toward nursing service administration. There are various aspects included in the definition of the concept "attitude." For the purpose of this study, that aspect which relates to "beliefs about the nature of an object, person or group"[1] has been chosen. Nursing service administration is defined as a process whereby the nursing service organization uses persons and materials to meet the goal set for the agency.

The study was undertaken because the writer felt that most nursing service administrators regarded the position of the head nurse as an integral part of nursing service administration. However, head nurses may not be altogether sure of what constitutes nursing service administration, and although they may see themselves as administrators of a single ward

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[1]Claire Selltiz et al., Research Methods in Social Relations (rev. 1 Vol. ed.; Henry Holt and Company, Inc., 1959), p. 146.

unit they do not necessarily regard themselves as part of nursing service administration.

There may be several reasons why head nurses do not identify themselves as nursing service administration personnel. Frequently nurses are promoted to the position of head nurse because they are excellent bedside nurses but may have had no experience in administrative activities. Many nurses say that they entered nursing to take care of patients. Consequently, they want to do what they like best and they tend to resent the time which they must devote to administrative activities.

> The nursing profession has been experiencing a series of internal tensions arising from a convergence of several sharp changes, notably those in patterns of authority, division of labor, educational requirements, and developments in medical technology.[2]

As time has gone on, some of these tensions seem to have been eased but "the task of administration remains a difficult one."[3] Another source states that "the next single creative step in the improvement of nursing service is better administration."[4] In view of such opinions it would seem profitable to investigate the current administration of nursing services in order to locate some of the problem areas. The attitude of head nurses toward nursing service administration seems to

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[2]Temple Burling, The Give and Take in Hospitals (New York: G. P. Putnam's Sons, 1956), p. 106.

[3]Ibid.

[4]Herman Finer, Administration and the Nursing Services (New York: The Macmillan Company, 1952), p. vii.

the writer to be an important area for investigation. If the head nurse is not clear about her own role in nursing service administration, she cannot contribute most effectively to the attainment of agency goals.

This study was conducted in five hospitals within Metropolitan Boston. These were voluntary, non-profit organizations giving general medical and surgical care to patients whose hospital stay was short-term. Permission to administer a questionnaire to six of the head nurses within each of these hospitals was obtained from the respective directors of nursing service through personal interviews. It was requested that three of the head nurses have been in that position for two or more years and that three of them have been in the position for less than two years.

As one of the preliminary steps in the development of the questionnaire, a pilot study was done utilizing a group of ten head nurses in one Boston hospital (not included in the sample for the study). They were asked to respond to a series of questions developed by the writer. From these responses the tool for the study was refined.

Although an attempt was made to have the questionnaire as clear as possible, one question required further explanation for several of the head nurses in the study.

Because the study was done in Metropolitan Boston, the results will not have general applicability. It is possible that they may have a certain amount of application for other large medical centers in the Eastern United States.

The results of the study were also limited in that the ordering and presentation of the data required interpretation by the writer. Her interpretation was colored by her own experience and understanding.

CHAPTER II

PHILOSOPHICAL FRAMEWORK OF THE STUDY

Prior to 1950, nursing service administration as a separate entity within the nursing department, was almost unknown. Following World War II there was a great upsurge of medical techniques and practices based upon knowledge gained during the war. The public became aware of the expanded range of medical service available and wished to take advantage of it. Medical insurance made it possible for many more people to seek needed medical care. Non-professional workers who had been introduced into hospitals during the war when professional staff was in short supply became a permanent part of the nursing service staff. These factors, and many more, made it necessary to give serious thought to the organization and administration of nursing services.

Various groups began to study the need for improved nursing service administration. Mullane emphasized "the emerging importance of administrative skill in improving nursing care in hospitals."[1] She added that, "adequate patient care in future years will require highly competent

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[1]Mary Mullane, Education for Nursing Service Administration (For the W. K. Kellogg Foundation; Battle Creek, Michigan:n.d.), p. 191.

direction of nursing services."[2] Finer stated that,

> Administration will show how to use the personnel available and, above all, how to convert the nursing service, and the hospital in general, from a place that might repel by its antiquated authoritarian regime to one founded on knowledge, collaboration, and the democratic cooperative enterprise of all in it, from the subordinate ranks of the nursing service up to the director.[3]

Nursing service, in line with most American collective effort, has been influenced by the democratic philosophy which is based upon a belief in the equality of men and upon the value of collaborative counsel. Mary Parker Follet, a very knowledgeable person in the field of administration, had this to say,

> ...the fundamental organizational problem of any enterprise...is the building and maintenance of dynamic, yet harmonious, human relations for joint effort in the most effective conduct of that enterprise.[4]

"...not consent but participation is the right basis for all social relations."[5] One of the most important determinants of effective performance is morale.

> ...the maximum quality and quantity of nursing service can never result where morale is low, where voluntary

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[2] Ibid.

[3] Herman Finer, Administration and the Nursing Services (New York: The Macmillan Company, 1952), pp. 5-6.

[4] Henry Metcalf and L. Urwick (eds.), Dynamic Administration, The Collected Papers of Mary Parker Follett (New York: Harper & Brothers Publishers, 1940), p. 21.

[5] Ibid., p. 211.

> cooperative effort is absent, or where leadership is unskilled.[6]

The previous references, and many more, emphasize the importance of collaborative and cooperative effort in democratic administration. Cooperative action presupposes understanding and support of the organization's purpose.

Perrodin has said,

> The administration of the hospital nursing service as a whole is directly dependent upon the efficiency with which the office of the hospital head nurse is administered. ...it is to the head nurse that authority is delegated to provide nursing care, to execute policies, to maintain standards, to cooperate with physicians, to carry on satisfactory community relationships, and to exercise other functions of an administrative nature.[7]

"Organizationally the head nurse is a line administrative officer of the nursing service department."[8]

> The amount of nursing service available to the patients is primarily determined by hospital policy. However, both the quantity and quality which the individual patient receives will be affected by the skill with which the head nurse administers the nursing unit.[9]

There is no question about the importance of the head nurse role. There should be no question of the head

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[6]Robert Bullock, What Do Nurses Think of Their Profession? (Columbus 10, Ohio: The Ohio State University Research Foundation, 1954), p. 3.

[7]Cecilia Perrodin, Supervision of Nursing Service Personnel (New York: The Macmillan Co., 1954), p. 10.

[8]Helen Graves, "Head Nurses Are Key People," American Journal of Nursing (May, 1954), 573.

[9]Hospital Nursing Service Manual, American Hospital Association and National League for Nursing Education (1790 Broadway, N.Y. 19, N.L.N.E., 1950), p. 41.

nurse's place in the process of nursing service administration.

This study of the attitude of thirty head nurses toward nursing service administration was undertaken because the writer felt that most head nurses saw themselves as administrators of their nursing units but did not necessarily regard themselves as part of nursing service administration.

> Attitudes are always loaded with feelings, and the logic of feeling is different from the logic of thinking. Until these two kinds of logic are treated for what they are, misunderstandings cannot be corrected by facts.[10]

The writer felt that many head nurses did not clearly understand what nursing service was or how the work which they were doing contributed to the achievement of the goal of nursing service administration. Reissman and Rohrer have said,

> To some extent, the person's (nurse's) conception of the organizational structure and her particular position in it depends on her knowledge of that structure. The person whose range is limited to the confines of her own job cannot begin to understand and appreciate the problems and difficulties of the organization as a whole.[11]

A continuing search for ways in which to provide better patient care through improved administration of nursing services is necessary. It has been established that the head nurse plays an important role in nursing service administration. The question has been asked whether mere lip

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[10] Norman Maier, Principles of Human Relations (New York: John Wiley & Sons, Inc., 1952), p. viii.

[11] Leonard Reissman and John Rohrer (eds.), Change and Dilemma in The Nursing Profession (New York: G. P. Putnam's Sons, 1957), p. 104.

service has been given "to the importance of the job of the head nurse, without giving the position proper recognition in the practice of democratic administration or consultative management."[12] This question may be a legitimate one. The writer preferred to question whether a lack of understanding of the nature and purpose of nursing service administration lay behind the seeming failure of many head nurses to identify with nursing service administration.

Obviously there are many questions to be considered in relation to the role of the head nurse in nursing service administration. It seemed logical to the writer to ask the head nurses themselves for their opinions on some of these questions.

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[12]Helen Donovan, R.N., "The Head Nurse Dilemma," Illinois State Nurses Association, Vol. 52, No. 1 (January, 1955), 6.

CHAPTER III

METHODOLOGY

Hospitals of 200-400 bed capacity were selected for the study because it was felt that in small hospitals the administrative group would be too small to present some of the complexities inherent in a longer chain of command.

A questionnaire was administered to thirty head nurses. Six head nurses in each of five hospitals comprised the study group. In each group of six, three head nurses had less than two years of experience as head nurses and three had two or more years of experience. This differentiation was made in an effort to determine whether the length of experience would significantly influence the responses to the questionnaire. The length of experience of the head nurses ranged from three months to nine years.

Each hospital decided which head nurses would take part in the study. It was requested that the selection be made on a random basis. The selection was influenced to some extent by the limitation of the length of experience as a head nurse.

Ten questions relating to nursing service administration and the role of the head nurse in this administration were developed by the writer. Two head nurses known to the writer were asked to respond to the questions. In one instance

the nurse wrote her answers and in the second instance an interview technique was used. This was done to test the validity of the questions, to determine whether they were clearly worded, to determine the difference in time required by the two methods, and to see whether there would be a significant difference in the depth of response obtained by the two methods. It was found that the two methods took approximately the same length of time and that there was no marked difference in the type of response obtained. As a result of this pilot study several changes were made in the wording of the questions and new material was included. A new questionnaire of fourteen questions was developed. It was decided in the interest of saving time, to use a written questionnaire.

The revised questionnaire was administered to ten head nurses in a hospital which was not included in the study. This was done to determine the approximate length of time which would be required to complete the questionnaire and also to learn if further clarification in wording was required. The time required to complete the questionnaire ranged from thirty minutes to one hour and fifteen minutes. Of the fourteen questions, one was not uniformly understood and this was reworded.

The directors of nursing service in the five hospitals used in the study were contacted and appointments made for a personal interview to discuss the possibility of conducting the study in their respective hospitals. The response was

very gratifying. They were all interested and eager to cooperate. Arrangements were speedily made for the writer to meet with the head nurses.

When the writer met with each group of head nurses, the following prepared orientation to the questionnaire was read.

> As you all no doubt know, one of the requirements for a Master's degree is a field study or thesis. The purpose of the study is to give the student some practical experience in research on a subject which is of interest to her and which, hopefully, will produce some new understanding in her field. My field is nursing service administration.
>
> I have always been particularly interested in the role of the head nurse (I filled that role for five years). I feel that it is one of significant importance in the hospital. I hope that the results of the study will be of benefit to head nurses.
>
> I would like to have you respond to this questionnaire as honestly as you can. You will be answering the questions anonymously. I hope to be meeting with thirty head nurses from six Boston hospitals. The results of the study will, of course, be presented publicly but the hospitals will not be identified. It may be that your director of nursing will wish to see the results of the study in her own hospital. Those results will be a composite picture of the responses of all six of you. It is generally the custom to give to each hospital involved in a study a summary of the entire study.

This orientation was read in an effort to give exactly the same information to each group.

The time required by the thirty head nurses to complete the questionnaire ranged from thirty minutes to one hour and twenty-five minutes. Their reactions ranged from a serious, business-like attempt to answer the questions as completely as possible to a restless, deep-sighing, page-flipping response. Several indicated that they were anxious

to return to their nursing units which they said were short staffed and very busy. Others said that they would much prefer to give verbal responses to the questions because they did not feel that they could write what they wanted to say. The interview technique might have been more comfortable for these head nurses. Whether the results would have been different cannot be determined at this time. Some head nurses said that they felt as if they were taking an examination. Others laughed depreciatively and said that they did not know if they could give the "right" or helpful answers. They were told that there were no "right" answers and that the writer was interested in individual responses to the questions. The head nurses were assured of absolute anonymity.

Although it was expected that analysis of data secured through the use of open-ended questions would be more difficult to categorize than that secured with a closed-end questionnaire, it was felt that more productive material would be obtained through the use of a less rigidly structured tool.

CHAPTER IV

FINDINGS-ANALYSIS OF DATA

The instrument used in this study was made up of fourteen questions. The writer attempted to pose questions which would bring from the head nurses an expression of their understanding of the nature of nursing service administration and the way they saw their role in relation to administration.

Each item of the questionnaire has been dealt with separately. Head nurses having less than two years of experience were designated as "less experienced" and those having two or more years of experience as "experienced."

The first question was concerned with the meaning of the phrase, nursing service administration. Of the thirty head nurses answering the questionnaire, seven less experienced and four experienced head nurses interpreted the phrase to mean functions and listed specific activities. The functions named fell into four categories, namely: training and supervision of nursing personnel, delegation of responsibility to nursing personnel, setting standards for and supervision of patient care, and improving interpersonal relationships among doctors, nurses, and patients. One less experienced and one experienced head nurse saw nursing service administration as being responsible for students of nursing. Eight less

experienced and eleven experienced head nurses defined nursing service administration as either a person or group of persons with special preparation and experience in administration who were responsible for patient care and formulation of policies relating to patient care, and who were responsible for the directing and advising of nursing personnel. Two head nurses stated that nursing service administration included the director of nursing, the assistant director, and the floor supervisors.

The response to this question seemed to show a lack of consistency and a misunderstanding in the interpretation of nursing service administration by the head nurses. They tended to think of administration in terms of functions rather than as a process through which nursing service is provided. This interpretation may account for the failure of some head nurses to identify more closely with nursing service administration.

The second question asked for the functions of nursing service administration. The responses were categorized according to the eight functional elements and the five dynamic factors of nursing service administration as described by Finer.[1] Below are listed the eight elements, followed by representative examples from the head nurse responses.

A. Aims, policies, organization.

1. provide for good patient care

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[1]Finer, 156.

2. establish, maintain, and improve standards and policies relating to patient care
3. interpret administrative policies

B. Staffing.
1. determine staffing requirements based on knowledge and understanding of needs of nursing units
2. provide adequate, qualified personnel
3. evaluate performance of nursing personnel

C. Planning and directing nursing care.
1. coordination of nursing services
2. supervision and guidance of nursing personnel
3. provision for evaluation and improvement of patient care

D. Coordination of interdepartmental activities.
1. correlate hospital department services for better functioning
2. maintain interdepartmental cooperation

E. Community health planning.
1. help to establish rapport between hospital and community

F. Plant, supplies, and equipment.
1. provide good working conditions for nursing staff
2. provide adequate supplies and equipment for wards

G. Budgeting.
1. make continuous improvements on wards

H. Records and reports.
1. organization of nursing personnel as an effective

working team (one could assume that this presupposes the use of effective records and reports for continuity of patient care)

Following are the five dynamic factors of nursing service administration described by Finer[2] and some of the responses made by the head nurses which fall into these categories.

A. Human relations.
   1. maintain morale of the nursing staff
   2. maintain good relationships among doctors, nurses, and patients
   3. meet with heads of other departments in the hospital
   4. have understanding of the roles and problems of the nursing staff

B. Communications.
   1. maintain communication between hospital administration and nursing personnel
   2. promote good communications

C. Teaching.
   1. teach nursing personnel new procedures and techniques
   2. teach nursing staff the elements of good patient care

D. Research.
   1. improve nursing methods, techniques, and procedures

E. Personal and professional development.
   1. encourage nursing staff to develop to full capacity

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[2]Finer, 164.

2. provide a nursing personnel in-service education program
3. encourage self-improvement of staff through academic programs

The responses to this question showed that the head nurses had a good over-all understanding of the functions of nursing service administration. Their comments provided examples which fell naturally into each one of the categories. It could be assumed that the head nurses were well aware of the broad range of activities required for the provision of nursing service.

The third question asked whether the respondents felt the head nurse was an administrator and requested reasons for their answers. Twenty-six head nurses felt that the head nurse was an administrator. To justify the response they cited head nurse functions which are generally accepted as being specifically those of the administrator. Following are the categories of functions and appropriate head nurse responses.

A. Organizing.
   1. she is responsible for the quality of nursing care given on her unit
   2. she is responsible for her staff's production
   3. she interprets and implements hospital policy

B. Planning.
   1. she delegates responsibility for patient care to

her staff according to patient needs and her staff's training and experience

2. she must provide patient care through cooperative teamwork of her staff

C. Directing.

1. she supervises patient care
2. she directs her staff to develop effective functioning
3. she must be an instructor for her staff

One less experienced head nurse did not feel that she was an administrator but felt that the head nurse was an intermediary between the patient and administration. Three experienced head nurses answered both affirmatively and negatively. They said that some decisions must be referred to their superiors.

The general response to this question indicated that the head nurses definitely saw themselves as administrators on their own units. By their comments they conveyed their feeling of a sense of deep personal responsibility for providing the best possible nursing care for the patients in their charge. (They also saw themselves as combining the roles of teacher, diplomat, and consultant to patients, families, and nursing staff.) The fact that some head nurses mentioned that they must refer some decisions to superiors seemed to point to a lack of understanding of the need for cooperative planning for the nursing service of the hospital, in contrast to the planning for a series of isolated nursing units.

The next question asked the head nurses if they saw themselves as members of nursing service administration and requested their reasons. Almost all of the twenty-five head nurses who answered "yes" saw themselves related to nursing service administration "on a lower level," as delegates of their superiors, and as having a small part to play in nursing service administration. Three of the head nurses felt that they contributed to nursing service administration through contribution of ideas and opinions. One experienced head nurse felt that she should be able to participate more fully in decisions affecting her area of work.

Three less experienced and one experienced head nurse said they did not see themselves as members of nursing service administration. One of each group said that she did not know why she replied in this way. Two of the three less experienced head nurses said that they were not in a position to understand any of the administrative problems beyond their own wards. One experienced head nurse saw herself as a "distant" member of nursing service administration. One experienced head nurse answered both "yes" and "no" and said that she was a part of nursing service administration only as she taught and guided her staff.

The responses to this question seemed to indicate that head nurses did not see themselves as being an integral part of nursing service administration. The use of such qualifications as "distant," "lower level," and "having a small part to play," seemed to imply a sense of remoteness

which would not lead the head nurses to be either very conscious of, or interested in, the broader scope of nursing service administration in contrast to nursing unit administration.

The fifth question related to what support the head nurses expected from nursing service administration. The responses to this question are presented in Table 1. The less experienced head nurses indicated provision of adequate nursing staff as the major support which they expected from nursing service administration. Other than this, their responses included: moral support, assistance and support in decision making, and support of reasonable requests and decisions. While the area of adequate staff was important to the experienced head nurses, too, the requests which were first on their list were that they be listened to and understood when problems arose, and that they be offered advice and suggestions in the handling of problems. The other responses of the experienced head nurses fell under the heading of general support. Aside from two items the responses were fairly equally distributed in importance among the experienced and less experienced head nurses.

There would seem to be no doubt that an adequate nursing staff was of major concern to all the head nurses. The writer is not certain of the significance of the request of the experienced head nurses for understanding, advice, and suggestions in the handling of problems; she can, however, offer a possible interpretation. It may be that those

TABLE 1

SUPPORT EXPECTED FROM NURSING SERVICE ADMINISTRATION
BY THIRTY HEAD NURSES

Types of support mentioned	Less experienced head nurses	Experienced head nurses
1. Moral support	2	3
2. Support of reasonable requests and decisions	5	3
3. Encouragement	1	1
4. Adequate staff	7	7
5. Explanation when requests cannot be met or suggestions accepted	1	2
6. Support of hospital policies	1	-
7. Supervision	1	-
8. Assistance and support with decisions	2	-
9. Help with solving problems of interpersonal relationships	1	1
10. Listen and understand when problems arise	1	9

TABLE 1--Continued

Types of support mentioned	Less experienced head nurses	Experienced head nurses
11. Advice and suggestions in the handling of problems	1	10
12. Act as a sounding board for complaints of patients and personnel	1	-
13. Accept suggestions for improvement of nursing service	1	1
14. Respect head nurse's judgment	1	2

responsible for the supervision of the work of the head nurse tend to withdraw or lessen their support to the experienced head nurses under the mistaken assumption that it is the less experienced head nurse who needs the larger share of their attention and help. This finding seemed to the writer to be one of the more meaningful in the study. It seemed to relate so closely to the principles of democratic administration and the "personnel approach," which call for the provision of an opportunity for co-workers to consult together within a cooperative atmosphere.

Question six required clarification by the writer for several of the head nurses. It asked if they felt that they had the authority to match the responsibility delegated to them as head nurses and reasons for their answers. Table 2 shows their responses.

TABLE 2

EXTENT OF HEAD NURSE AUTHORITY COMMENSURATE WITH RESPONSIBILITY

Responses of Head Nurses	yes	no	yes & no	to a certain degree	most of the time	question-able	no answer
Experienced head nurses	7	1	-	2	3	1	1
Less experienced head nurses	9	-	1	1	1	-	3

Head nurses who felt they had authority commensurate with responsibility said that their superiors supported the

head nurse decisions, that if decisions were questioned a good reason was given for this, and that they were given freedom to make decisions about general ward planning. The one head nurse who did not agree stated that she was not given "proper" support in her decisions. The remainder said that sometimes head nurse suggestions were rejected because they had never been tried before, that in some instances where the head nurse should be able to make the decision she must first consult with her superiors, and that sometimes the head nurse was not consulted about changes which affect her unit. Two head nurses who felt they had authority equal to responsibility stated what authority they thought the head nurse should have; they did not say whether they felt that <u>they</u> had this authority.

The response to this question indicated that the majority of the head nurses felt that they had the authority to match their responsibility. Those who qualified their answers felt that in some instances the head nurse was not allowed to exercise her judgment about matters relating to the management of her unit. It was obvious from the irrelevancy of several of the answers that the head nurses did not understand this question very well. From the answers which were to the point, it was possible to conclude that while most of the head nurses felt they had adequate authority, in general, they felt that they should have more voice in matters which related to their own units.

Question seven was concerned with whether the head nurses felt their thinking was given any weight in the establishment of nursing service policies and rules. Their responses are shown in Table 3.

TABLE 3

WEIGHT GIVEN TO HEAD NURSE THINKING IN ESTABLISHMENT OF NURSING SERVICE POLICIES AND RULES

Weight given to head nurse opinions	yes	no	very little	certain amount	most of the time	question-able	not enough experience to answer
Experienced head nurses	7	3	1	2	1	1	-
Less experienced head nurses	10	3	-	1	-	-	1

Two less experienced and four experienced head nurses felt that through head nurse or committee meetings they were able to make contributions and suggestions in relation to nursing service policies and rules. One less experienced head nurse stated that she had never been asked for nor had she ever given any suggestions. The response to this question indicated that the majority of the head nurses felt they were given the opportunity to contribute in the formation of policies and rules, chiefly through head nurse meetings. Those who answered other than "yes" gave no justification for their responses. This particular question did not seem to be

one about which the head nurses had very strong feelings.

Question eight related to what the head nurses felt their responsibility was in regard to ward time planning. The response to this question gave strong evidence that the head nurses felt they should have total responsibility for time planning. Their answers reflected the fact that they, better than anyone, knew the needs of the patients and the capabilities of their staffs. They also felt that if they required additional staff after they had planned as carefully as possible, they should be able to request this help from the nursing service office. The second important point which the head nurses made in relation to time planning was consideration for their staffs. They requested that the staff have equitable rotation in terms of working hours. One less experienced head nurse suggested that the ward staff be encouraged to make suggestions about time planning. Another mentioned the need for long range time planning.

Time planning seemed to be an area in which the head nurses wanted more authority and responsibility. In various ways they said that they were the ones who knew their wards best. They felt that because they knew their staffs and patients so well, they could plan for the best utilization of the staff. They seemed to feel that their grasp of the ward situation should be respected.

Question nine dealt with the head nurse's responsibility in relation to implementation of nursing service policies and rules. Of the less experienced head nurses, one said

that this was out of her field, one that she had no feeling about the subject, and one gave an irrelevant answer. One experienced head nurse gave no answer and another said that she had no feeling on the subject. The chief areas of responsibility listed by the head nurses are shown in Table 4.

TABLE 4

HEAD NURSE RESPONSIBILITY IN RELATION TO IMPLEMENTATION OF NURSING SERVICE POLICIES AND RULES

Areas of responsibility	Experienced head nurses	Less experienced head nurses
1. Upholding policies and rules through good staff supervision	6	8
2. Orientation and education of staff re policies and rules	4	5
3. Set example for staff by performance in relation to policies and rules	2	4
4. Suggest changes for improvement of policies and rules	4	6

Other areas of responsibility mentioned by one or two head nurses were the need to understand the policies and rules with access to someone who could explain them if indicated, the routing of suggested changes by the staff to the proper source, investigation of infringement of policies and rules, and the reporting of infringements to administration.

The findings in this question did not quite tally with

those in question seven where the head nurses were asked to indicate whether they thought weight was given to their thinking in the establishment of nursing service policies and rules. In question seven they did not show much strong feeling. By contrast, in question nine ten head nurses (one-third of the group) felt they should suggest changes if they felt that the policies or rules could be improved upon. The head nurses felt they should implement nursing service policies and rules through their example and through the teaching and supervision of their staffs.

Question ten asked the head nurses if they felt they should participate in the teaching program of in-service education for their staffs. They were asked to give their reasons. One less experienced head nurse did not answer. The remaining twenty-nine head nurses answered affirmatively. Some of their reasons were that the head nurse was aware of areas of staff need; that it promoted good morale if the staff felt the head nurse was interested in their learning; that the head nurse should share with her staff the things she learned through her wider contacts with doctors and other departments, and that she motivated staff interest through her own interest in learning. They felt the head nurse was in the best position to educate her staff to meet the particular needs of patients on her unit; that she could not avoid being a part of in-service education because she was doing constant informal teaching, and that the head nurse also learned while teaching. To maintain the standard of patient care which she

has set for her unit, a head nurse must teach her staff how to attain this standard. Five of the thirty head nurses mentioned lack of time and staff as influencing the amount of teaching which they were able to do for their staffs. One less experienced and two experienced head nurses said that the members of the nursing staff had something to contribute to the teaching program.

The role of teacher seemed to be one with which the head nurses identified very closely. They saw intimate correlation between a well informed, interested staff and a high level of patient care. The impression conveyed by the head nurses' response to this question was that they enjoyed their role of teacher. They sensed that their unique position at the center of ward activities provided them with abundant information to share with their staffs.

The next question, eleven, asked for the feeling of the head nurses about serving on nursing service committees and their reasons for their feelings. Two less experienced head nurses said that they had had no experience with nursing service committees and so could not comment. Three less experienced and two experienced head nurses stated that they disliked serving on nursing service committees because they involved too much time, and that too much time was spent in discussion, and that little was accomplished. The other eighteen head nurses said either that they liked to serve on nursing service committees or that they felt the head nurse should serve on these committees. Six experienced head nurses

in the group of eighteen indicated that the responsibility for their ward was their prime consideration. If there were adequate staff and everything was going well on the ward, they would be willing to attend a committee meeting. The head nurses who felt that membership on a committee was a profitable experience said that it gave them an opportunity to exchange ideas, to interpret the needs of their wards to others, to feel that their thoughts and opinions were welcomed. They could offer suggestions, find out what was going on in the hospital at large, and could provide for majority decisions.

The head nurses showed ambivalence in their feelings about serving on nursing service committees. On the one hand most of them agreed that such meetings could be used profitably as a focal place for sharing information, developing ideas, promoting changes, and for getting to know each other better. On the other hand their feeling that too much time was wasted in the committee meetings seemed to tie in with their reluctance to spend this time away from ward responsibilities. In other words, they seemed to feel that the results of committee participation were not usually worth "finding everything waiting for me on the ward when I return."

Question twelve was divided into three sections. It required the head nurses to indicate whether they would like to be a director of nursing service, an assistant director of nursing service, or a supervisor. They were asked to give their reasons. Because the responses in

relation to director and assistant director of nursing service were similar, they will be discussed together. One less experienced head nurse said that she would like to be either a director or assistant director of nursing service. Following are her reasons; she liked to work with many personalities, it would be a challenge, and she "loved a good fight." Of the twenty-nine who answered that they would not like to be a director or assistant director of nursing service, eight said that they did not have sufficient education or experience, ten said that these positions did not offer enough opportunity for patient contact, and four said that the positions carried too much responsibility. The remaining seven head nurses gave individual reasons of a personal nature such as: "do not plan to make nursing a lifetime career and the director must be dedicated to her work," "I have too many outside responsibilities," etc.

Ten head nurses said that they would like to be supervisors, seventeen said that they would not like to be, and three were undecided. Those who felt that they would like to be supervisors said that this position provided a good opportunity to know administrative and staff problems, it presented a challenge, and provided opportunities to improve patient care through teaching. They felt that head nursing had prepared them for supervision and that the supervisor, if she so chose, could be close to the patients. One head nurse said that she was physically tired of being a head nurse and that she would like to try supervision. The

seventeen head nurses who said that they would not like to be supervisors said that there was not enough patient contact, that there were too many administrative duties, and that "a supervisor gets all the complaints and very little satisfaction."

The writer felt that the reaction to this question posed a question of some importance. A profession has a definite responsibility for the development of its leaders. Where has the nursing profession failed in its interpretation to nursing practitioners of the satisfactions to be gained from nursing service administration? The head nurses in this study have made such a point of their desire to maintain close patient contact. They seemed to be willing to move to the position of supervisor, feeling that this position still allowed for sufficient patient contact to satisfy them. Is there some value in the suggestion that directors of nursing service be non-nurses? It may be possible that a person prepared as an administrator could fill the role of director of nursing service.

Question thirteen asked the head nurses if they felt that supervisors were necessary. All fifteen of the less experienced head nurses and eleven of the experienced head nurses answered affirmatively to this question. Of the four experienced head nurses who did not feel that supervisors were necessary, one said that the supervisors did not have enough authority, one felt that the supervisor had too many other responsibilities, one felt the need to call upon the

supervisor only in cases of real difficulty, and one said that while supervisors were not absolutely necessary they were nice to have if one ran up against a situation where the head nurse could do nothing. The head nurses who said that the supervisor was necessary gave as their reasons the following: the supervisor had an awareness of general needs, she could provide an objective view of the ward performance, she represented administration and acted as a liaison between the ward and the superiors in the administrative line. She also served as a resource person in helping the head nurse to handle problems, channeled information, helped the head nurse to deepen her understanding of problems and staff, and helped the head nurse to maintain ward standards of patient care. One less experienced and two experienced head nurses pointed out that the supervisor needed to be an expert in human relations.

The head nurses seemed to see the supervisor as being someone who was close enough to the ward situation to understand their problems and be able to help them. They identified her as their channel to the ultimate authority in nursing service and valued her as a "liaison person" who could interpret the needs of their particular nursing units.

The responses to the last question, "What is your goal in nursing and how do you propose to accomplish this goal?" were mostly of a very general nature. They included such items as: to improve as a head nurse, to take care of patients, to teach the staff, patients and their families, to

continue as a head nurse, and to improve patient care. Ten of the head nurses indicated that they wanted to prepare themselves academically. Two indicated that they would like to become supervisors, one a clinical instructor. Five said that they had reached their goal in head nursing.

This was a general question hence the responses were of a very general nature. On the whole, the study participants seemed to enjoy their work as head nurses and were concerned primarily with doing the best they could to fulfill their responsibilities.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The writer feels that this study has pointed up several factors which deserve consideration. All of the head nurses in this study defined nursing service administration either in terms of functions or in terms of people who were responsible for nursing services. The people who were identified were all above the head nurse level in authority. There was no identification of nursing service administration as a process whereby personnel and materiel are used to meet the goal of the nursing service organization. This interpretation of nursing service administration by the head nurses in terms of functions and persons in top management, helps to explain their expressed feeling that they are not intimately involved in nursing service administration, as they see it. This raises the question of whether or not they want to be involved. They have expressed strong feelings of attachment to the units for which they are responsible; but if nursing service is to develop a truly democratic administrative process, then it seems imperative that head nurses be helped to see both their place in the organization and their responsibility as part of nursing service administration.

A critical look should be taken at what is going on

in the nursing service committees on which head nurses serve. The majority of head nurses in this study felt that serving on committees could be a profitable learning experience and provide an opportunity for them to contribute to agency aims. It is important to note, however, that most head nurses were willing to attend committee meetings only if everything was well controlled on their units and meetings were productive. If more attention could be given to producing positive results through committee work and if the importance of cooperative and collaborative effort for the improvement of all nursing services could be communicated to the head nurses, they might be helped to see the real contribution of such action to the improvement of patient care. It is possible that head nurses are not being given the opportunity to assume responsibility for producing results in committees.

Most of the head nurses had a good understanding of the areas of administrative responsibility on their units. They did not list these responsibilities in theoretical fashion but gave specific examples, seemingly from their own work experience. It is difficult in a study of this kind to distinguish between what respondents feel they should be doing and what they actually are doing. A true picture could be gained only by a rather lengthy observation of the activities of the subjects in the work situation. The impression which the writer gained through analysis of the data, however, led her to believe that the head nurses in this study were giving an accurate picture of what they

actually did.

The kind of administrative support which the experienced head nurses asked for was rather revealing; they want someone to listen to their problems and to help them when problems arise. It is possible that they are being cut off unknowingly from a source of understanding which, as many research studies show, is very important to the maintenance of morale and job satisfaction.

In relation to time planning, most of the head nurses in this study felt strongly that they should have the responsibility for total time planning for their units. They felt that they were not only in the best position to evaluate the needs of the patients but also to know best the peculiar capabilities of the staff members. They showed concern for fair time assignments for all of their staff.

Finally, most of the respondents seemed to be content with their positions as head nurses and had little desire to move into the role of director or assistant director of nursing service. Ten of the thirty head nurses were interested in becoming supervisors. At present the avenue for advancement for nurses salary-wise and prestige-wise, is largely through positions which are almost entirely administrative. Thought should be given to a horizontal form of advancement. For example, a head nurse may be managing her unit very effectively as evidenced by a high level of patient care and the development of a competent, informed nursing staff. She may wish to remain in the position of head nurse

(as did most of the head nurses in this study) and may be particularly well fitted for this position. Recognition of her ability may be given through periodic merit salary increases but these increases are limited within a certain range. Consideration should be given to extending the salary range for particularly outstanding head nurses. The outstanding head nurse may be given additional prestige by utilizing her particular talents in head nursing in the in-service program for head nurses. She has much to contribute as a teacher for less experienced head nurses. As a representative of nursing service administration, the head nurse could interpret its aims and needs as a member of an inter-departmental committee within the agency. However, as this study has shown, the head nurse must be able to see that her contributions to activities not directly concerned with her unit have been fruitful.

The head nurses in this study have indicated that they do not wish to leave the situation in which they can maintain rather close contact with the patients and their families. This is in keeping with the ethnos of nursing. The nursing profession must give serious consideration to the matter of candidates for the positions of top administrators in nursing service administration. This may mean, in future, recruiting and preparing for administrative positions a different sort of person than the traditional nursing candidate. It may mean a preparation which includes more emphasis upon principles of administration, personnel administration,

methods of production, counseling, statistics, and the like.

The writer wishes to propose that the following studies be conducted:

1. studies to determine to what extent actual experience in nursing practice is necessary to prepare nurses for the administration of nursing services beyond the head nurse level.
2. further studies concerning the head nurse's understanding of her role in nursing service administration.
3. studies by individual nursing departments of the committees on which head nurses have membership to reevaluate committee philosophy, aims, procedure, and results.

The writer further wishes to suggest some ways in which she feels the head nurses may be helped to better understand their responsibilities in nursing service administration.

1. An orientation to head nursing which focuses upon:
   a. the interrelationship and interdependence of all nursing units within the nursing department.
   b. the importance of loyalty to the nursing service department as a whole
   c. an opportunity to become involved for a short period in over-all time planning for the entire nursing service department.

d. an opportunity to learn the functions of the supervisor, assistant director, and director of nursing service (this might include actual observation when possible).

e. the philosophy and objectives of nursing service administration (this could probably be best accomplished through guided discussions and selected readings rather than by lecture).

f. more active participation by the head nurses in the establishment of nursing service policies.

2. the establishment and maintenance of channels of communication which provides for a free flow of information both up and down the administrative line.

APPENDIX

APPENDIX A

QUESTIONNAIRE

1.

How long have you been engaged in head nursing? _____

1. What does the phrase, Nursing Service Administration, mean to you?

2. What do you think are the functions of Nursing Service Administration?

3. Do you feel that the head nurse is an administrator? Please give your reason for your answer.

4. Do you see yourself as a member of Nursing Service Administration? Please give your reason for your answer.

5. What support do you expect from Nursing Service Administration?

6. Do you feel that you have the authority to match your responsibility as a head nurse? Please give your reason for your answer.

7. Do you feel that your thinking is given any weight in the establishment of Nursing Service policies and rules?

8. What do you feel is your responsibility in relation to ward time planning?

9. What do you feel is your responsibility in relation to implementation of Nursing Service policies and rules?

10. Do you feel that you should participate in the teaching program of in-service education for your staff? Please give reason for your answer.

11. How do you feel about serving on Nursing Service committees? Why?

12. Would you like to be:
A director of Nursing Service? _____
Why?

An assistant director of Nursing Service? _____
Why?

A supervisor? _____
Why?

13. Do you feel that supervisors are necessary? _____
Why?

14. What is your goal in nursing and how do you propose to accomplish this goal?

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