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A study to determine the number and types of decisions made by one head nurse in relation to the functional areas of nursing service administration

A STUDY TO DETERMINE THE NUMBER AND TYPES OF DECISIONS MADE BY ONE HEAD NURSE IN RELATION TO THE FUNCTIONAL AREAS OF NURSING SERVICE ADMINISTRATION

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CHAPTER I

INTRODUCTION

Since the time of Florence Nightingale, professional nurses have constantly sought new knowledge and better methods for the improvement of nursing services. On one hand, scientific and technological advances requiring increased nursing knowledge and skill have substantially changed our education programs in nursing. Simutaneously, due to the growing size and complexities of hospitals in modern society, we have witnessed the need for improvement of organizational skills and administrative knowledge. Within recent years a desire to understand and improve administrative functions in nursing service has stimulated the growth of research efforts directed toward these ends.

A study of decisions related to administrative functions distributed among persons holding positions at different levels of nursing service administration should be helpful in providing further understanding of the structure of nursing organization. This method is proposed because of increased emphasis placed by leaders in business and educational administration. Since it is generally accepted by these leaders that decision making is the central process of administration, it follows that ability to make decisions directly affects the quality and quantity of performance.

Administrative functions are inherent in the position of the head nurse. Patient care on the nursing unit hinges not only on

the head nurse's knowledge of good nursing care but also on her ability to effectively carry out administrative functions.

One of the most important of these functions is decision making. From the writer's experience stems the conviction that the decisions made by the head nurse relate directly to the effectiveness of the administration of her unit, satisfactory patient care, and the morale of the personnel.

STATEMENT OF THE PROBLEM

The problem was to determine to what extent one head nurse in one selected agency functioned as a decision maker in fulfilling her responsibility as administrator of a single nursing unit.

The study attempted to answer the following questions:

1. How many decisions are made by the head nurse in the performance of her activities on the nursing unit?
2. What are the types of decisions made by the head nurse?
3. To what functional areas of nursing service administration do these decisions relate?

SCOPE AND LIMITATIONS

This study was undertaken in a large general hospital located in an urban area of New England. The hospital was actively engaged in patient care, teaching and research programs. A twenty-bed unit accommodating medical patients was selected for this study. The majority of patients were acutely ill. All patients were on general ward service.

The nursing staff on the unit was composed of one head nurse, an assistant head nurse, graduate staff nurses, senior student nurses, nursing assistants, ward aides, and a ward clerk.

The team method of assignment of nursing care was used on this unit. The nursing personnel on duty daily were divided into two teams. A nursing team was usually composed of one or two graduate staff nurses, one or two senior student nurses, two nursing assistants and a ward aide. Unit personnel were directly responsible to their team leader rather than to the head nurse. This method of assignment probably influenced the number of decisions made by the head nurse.

The head nurse was a graduate of a three-year diploma school of nursing with additional professional preparation. She had studied at a nearby University on a part-time basis and also attended nursing workshops and institutes. The head nurse had been employed by the hospital for ten years, nine of which were in a head nurse position. The background of the head nurse may have contributed to her ability to make decisions and influenced the number made by her.

The activities of the head nurse were observed between the hours of 7:00 A.M. and 3:30 P.M. The observation period encompassed a total of twenty hours, in blocks of four hours, or the equivalent of two and one-half days.

The nature of the study was in itself a limitation. The task of determining functional areas of nursing service administration involved in a decision-making situation was difficult. Situations which called for decisions many times consisted of a complexity of

major elements and many subsidiary decisions. For purposes of analysis, each of the functional areas of nursing service was broken down into specific functions. In the analysis of the findings, it was necessary to make arbitrary judgments to determine the limits of a given decision and its relationship to the functional areas of nursing service administration.

PREVIEW OF METHODOLOGY

The manual How to Study Supervisory Activities in a Hospital Nursing Service served as a guide in developing an observer-recorder form for this study.[1]

The "shadow" technique of observation was used. A record was kept of the decisions made by one head nurse in one selected agency in relation to the functional areas of nursing service administration.

SEQUENCE OF PRESENTATION

Chapter II deals with the theoretical framework for the study and includes a review of related literature. Chapter III describes the method of investigation. Chapter IV presents the results of observation and a discussion and interpretation of the data obtained. The summary, conclusions drawn from the study, and recommendations for further study are presented in Chapter V.

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[1]U.S. Department of Health, Education and Welfare, How to Study Supervisory Activities in a Hospital Nursing Service, Public Health Service Publication No. 496, Washington: U.S. Government Printing Office, 1957.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

The importance of the decision-making process in administration is reflected in the literature on the theory of administration. According to McCanny:

> The making of decisions is at the very center of the process of administration and discussion of administration will be more systematic if we accept a framework for the analysis of decisions.[1]

Simon substantiates this view and proceeds further when he says:

> A general theory of administration must include principles that will insure correct decision making just as it must include principles of effective action.[2]

That responsibility for decision making is shared by all persons in administrative organization is illustrated by Smiddy[3] who professes that the authority and responsibility for making a particular decision may rightly be made at the lowest organizational level where the needed information may exist and can be actually brought together with the required skill and competence. This thinking is inherent in decentralization where management moves decision making down to the lowest levels

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[1]James L. McCanny, "Analysis of the process of Decision Making," Public Administration Review, VII, No. 1, (Winter, 1947), 41.

[2]Herbert A. Simon, Administrative Behavior, (New York: The Macmillan Company, 1958), 7.

[3]Harold Smiddy, "Managerial Decision Making," Advanced Management, XXXIII, No. 11, (November, 1958), 7.

on which there exists the knowledge pertinent to specific problems. There is a distinct advantage, then, in focusing authority for a decision closer to the point where action on the decision will be taken.

Cassell and Randall[4] indicate three categories of decisions:

1. Decisions which require consultation with a superior before any action can be taken.

2. Decisions which are made by a subordinate and which he is expected to report to his superior.

3. Decisions which a subordinate makes entirely on his own, reporting results rather than actions.

They further indicate that ninety per cent of all decisions in an organization will fall into category three, nine per cent in category two, and only about one per cent would be expected to fall into category one.

Griffiths[5] views the occasions of decisions as a means of categorization. The types of decisions which arise from these occasions are classified as:

1. Creative

2. Appellate

3. Intermediary

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[4]Louis Cassell and Raymond L. Randall, "How to Let Go of Authority", Nations Business, (March, 1958), 88.

[5]Daniel E. Griffiths, Administrative Theory, (New York: Appleton-Century-Crofts, 1959), 98.

Creative decisions are initiative in character and occur comparatively rarely in organizations. They are usually considered in the province of the top executive, since they are concerned with policy formulation or policy changes which may effect the whole organization.

Appellate decisions are those which arise whenever a subordinate refers a decision to a superior. Occasions for appellate decisions usually arise from incompetance - a staff member who has been delegated authority to make a decision finds that he is incapable. Areas of appeals stem from the novelty of conditions and a subordinate finds he cannot act because existing policies do not cover the situation. Other areas of appeal arise from uncertainty of authority, conflict of jurisdiction, or conflict of orders or communications from superiors. When appellate decisions are few in number, they reflect that decisions are being made in accordance with standard operating procedures, that competent personnel are placed in key positions, and that good interpersonal relations exist.

Intermediary decisions are those most frequently made in organizations, occurring whenever orders, directions, or policies are handed down by superiors to subordinates. They relate to the interpretation, implementation and communication of instructions or organizational policies.

That the decision-making concept is pertinent to all levels of nursing service administration is indicated in the publication by Finer.[6]

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[6]Herman Finer, Administration and The Nursing Service, (New York: The Macmillan Company, 1952), 95-100.

This publication lists eight functional areas of nursing service administration and indicates that these functions are not confined to the Director of Nursing Service, but are engaged in by both the Supervisor and the Head Nurse to varying degrees.

A review of the literature in nursing service administration reveals that little has been published regarding decision making as a theoretical framework for the study of the various levels of nursing service personnel. Three unpublished studies[7] at Wayne State University were concerned with the concept of decision making in relation to the functional areas of nursing service administration. The focus of these investigations was on the analysis of decisions made by a director of nursing service and by medical-surgical supervisors.

The conclusions in these studies indicated that the study and identification of decision making in nursing service was of value.

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[7] Virginia Copeland, "An Analysis of Decisions Made by One Medical-Surgical Supervisor in a 650-Bed General Hospital," (unpublished Master's thesis, Wayne State University, 1959).

F. Margaret Nelson, "A Pilot Study to Determine the Incidence, Type, and Functional Areas of Decision Making in Nursing Service Administration, with Emphasis on Analysis of Decisions Made by the Director of Nursing Service," (unpublished Master's thesis, Wayne State University, 1959).

Anna R. O'Connor, "An Analysis of Decisions Made by a Medical-Surgical Supervisor in a Three Hundred and Fifty Bed General Hospital," (unpublished Master's thesis, Wayne State University, 1959).

The recommendations were for further study of the decision-making process as related to the various levels of nursing service personnel.

There is no direct evidence that this framework has been used in the study of head nurses. This study attempts to find out how one head nurse functions as a decision maker in the functional areas of nursing service administration.

STATEMENT OF HYPOTHESIS

The majority of decisions made by the head nurse in the functional areas of nursing service administration are intermediary.

CHAPTER III

METHODOLOGY

Selection and Description of Sample

The study was conducted in a large general hospital in a metropolitan area of New England. The hospital was actively engaged in teaching and research programs as well as in providing patient care services.

An appointment was made with the Associate Director of Nursing Service at the selected agency. At the scheduled appointment, the Associate Director was given a copy of a Statement of the Problem and Preview of Methodology. A head nurse with a minimum of two years of experience was requested as it was felt that she would be more familiar with the responsibilities and functions of her position. Following this discussion, the Associate Director selected a twenty-bed unit accommodating medical patients as this unit was administered by an experienced head nurse.

The head nurse had been employed by the hospital for ten years, nine of which had been in a head nurse position. The initial contact with the head nurse was made by the Associate Director of Nursing Service. The nature of the study was discussed with the head nurse at which time she indicated her interest and willingness to participate in the study. All subsequent appointments were made by the observer with the head nurse.

Description of the Tool

The manual How to Study Supervisory Activities in a Hospital Nursing Service served as a guide in the development of the observer-recorder form for this study.[1]

Types of decisions were interpreted and categorized according to Griffith's[3] classification and include the following:

1. Creative - a decision which originates within the person of administration and necessitates a change in the status quo of the organization.

2. Appellate - a decision referred to administration from a subordinate.

3. Intermediary - a decision which arises whenever orders, commands or policies are handed down by a superior to a subordinate.

The functional areas of nursing service administration developed as part of the Kellogg Foundation Nursing Service Administration Research Project[4] were used for classifying the data obtained in this study. These areas are:

1. Defining aims, policies, and organization.

2. Hospital plant, supplies, and equipment.

3. Community health planning.

4. Staffing.

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[1]See Appendix A.

[3]Griffiths, op. cit., p. 98.

[4]Finer, op. cit., pp. 95-100. (See Appendix B).

5. Records and reports.

6. Planning and directing nursing care.

7. Budget.

8. Coordinating interdepartmental activities.

Although not part of the study, notations regarding the time of the decisions and the persons involved were made on the observer-recorder form because these notations aided in the interpretation of data.

The findings which were observed and recorded are presented in the next chapter.

CHAPTER IV

ANALYSIS AND PRESENTATION OF DATA

This chapter presents the analysis of data obtained by observing the number and types of decisions made by one head nurse in relation to the functional areas of nursing service administration.

The head nurse made a total of 128 decisions in seven of the eight functional areas of nursing service administration. Of these decisions, 121 were intermediary while seven were appellate. There were no creative decisions identified.

Table I presents a composite of the number and types of decisions made in the functional areas of nursing service administration.

Planning and Directing Nursing Care

Forty decisions were identified as being related to the functional area of planning and directing nursing care. Of these, thirty-five were of the intermediary type, five were appellate, and no creative decisions were identified.

The majority of the intermediary decisions pertained directly to the planning and directing of nursing care activities. These decisions were made in response to questions and problems referred to the head nurse by nursing personnel such as: "The alarm on the pace-maker keeps going off. What shall I do?" ..... "X-Ray called for Mrs. ____, she is on oxygen, should I take the portable machine down to X-Ray with her or is it safe for her to go without oxygen while in X-Ray?"

TABLE I

NUMBER AND TYPES OF DECISIONS MADE BY ONE HEAD NURSE IN THE FUNCTIONAL AREAS OF NURSING SERVICE ADMINISTRATION

Functional Areas of Nursing Service Administration	Type and Number of Decisions			
	Creative	Intermediary	Appellate	Total
Planning and directing nursing care	0	35	5	40
Coordinating interdepartmental activities	0	21	0	21
Hospital plant, supplies, and equipment	0	18	2	20
Defining aims, policies, and organization	0	17	0	17
Records and reports	0	14	0	14
Staffing	0	9	0	9
Community health planning	0	7	0	7
Budget	0	0	0	0
Total	0	121	7	128

The head nurse was also called upon to determine medical emergencies and to provide for the immediate needs of patients until the arrival of a physician. For example, a staff nurse entered the head nurses' office stating, "Mr. ____ seems to be having a heart attack and is cynotic! Shall I start oxygen?"

The five appellate decisions concerned with planning and directing nursing care were occasioned by the need for doctors' orders, such as: requests by patients for analgesics, sedatives, or changes in previously ordered medications.

Coordinating Interdepartmental Activities

A total of twenty-one decisions were made in the functional area of coordinating interdepartmental activities. There were no appellate or creative decisions identified.

Situations where decisions were made by the head nurse arose from conferences and discussions with laboratory, central supply, and diet kitchen personnel concerning their services to patients on the unit, such as: arranging with the laboratory department for a special procedure to be done on the unit; working with the head of the central supply department in establishing a better system for the exchange of ward supplies and equipment; and making arrangements with the dietary department in the provision of special diets at irregular hours.

The head nurse was an active participant in daily patient care conferences conducted by the "house staff" assigned to medical services. As a member of the patient care team, she was frequently asked to evaluate the effectiveness of a medication or treatment for a particular

patient. Decisions concerning the amount of nursing care and the feasibility of transferring patients to convalescent wards were deferred to the head nurse. On another occasion, she was requested to evaluate the condition of a patient on a pace-maker in terms of nursing care and to determine the need for the continued employment of private duty nurses.

Hospital Plant and Supplies

A total of twenty decisions were made in the functional area of hospital plant and supplies. Of these, eighteen were intermediary, two were appellate, and none were identified as creative.

For the most part, the eighteen decisions made pertained to the establishment of new standards for equipment and supplies used frequently on the unit, and recommendations to purchase equipment deemed necessary for patient care. Other situations which called for decision making concerned the construction of new cabinets for ward supplies and equipment.

The two appellate decisions in this category were necessitated because of hospital policies which indicated referral to the ward physician or supervisor. This was occasioned when a patient requested the removal of a rubber sheet from his bed. Hospital policy indicated that the supervisor's permission and signature was necessary, hence the head nurse referred the request to her.

Defining Aims, Policies and Organization

Seventeen intermediary decisions were made in the functional area of defining aims, policies, and organization. No appellate or creative decisions were identified.

Occasions for decisions by the head nurse when she was required to provide for the communication, interpretation, and implementation of orders and directives concerned to hospital and nursing service policies, such as informing the nursing staff of a revision in hospital policy governing the distribution of narcotics. Other occasions arose when policies were misinterpreted or not followed by doctors or ward personnel. Rather than reporting infractions of hospital policies and regulations to higher authority, the head nurse assumed the responsibility for reiterating the policy involved. Specifically these policies related to orders by interns for nurses to give restricted drugs intravenously and the ward clerk taking telephone orders for medications.

Records and Reports

A total of fourteen intermediary decisions were identified in the functional area of records and reports. There were no appellate or creative decisions identified.

Occasions which called for decisions by the head nurse arose from situations in which staff members referred to her concerning the type of record and/or report to be maintained to a particular situation, such as the amount and type of information to be included in a patient's clinical record, and/or requests for special laboratory procedures to the research laboratory. The head nurse also determined the content of daily reports to the area supervisor concerning ward management problems, as well as patient care activities and evaluation reports on ward personnel.

Staffing

Nine intermediary decisions were identified in the functional area of staffing. No appellate or creative decisions were identified in this area.

Occasions which required decisions by the head nurse were planning content and time for orientation of a newly assigned staff nurse to the unit. She was also involved in making arrangements for unit personnel to attend in-service programs while maintaining safe and adequate coverage of the unit.

Community Health Planning

The seven decisions made in community health planning were identified as intermediary. No appellate or creative decisions were identified.

Situations where decisions were occasioned arose in the area of referral or transfer of patients to other health agencies including the visiting nurse association and nursing homes. The head nurse determined the type and amount of information concerned with nursing care activities to be included in these referrals, such as special skin care, idiosyncracies, special diets, the need for bed positioning to prevent deformities.

She also assisted families of patients with plans for continued nursing care after discharge.

Budget

During the observation period, no decisions were identified that pertained directly to the functional area of budget.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was concerned with the concept that decision making is the central process of administration. It was designed to determine the extent to which one head nurse functioned as a decision maker in fulfilling her responsibility as an administrator of a nursing unit.

The head nurse made a total of 128 decisions in seven of the eight functional areas of nursing service administration, as defined by Finer. Of the 128 decisions made, 121 were identified as intermediary, seven as appellate and none were identified as creative. Forty decisions were made in the functional area of planning and directing nursing care; twenty-one in coordinating interdepartmental activities; twenty relating to hospital plant, supplies, and equipment; seventeen in defining aims, policies, and organization; fourteen concerning records and reports; nine in staffing; and seven in the area of community health planning. No decisions were identified in the area of budget.

The data revealed that the hypothesis was supported as stated. The majority of decisions made by the head nurse in the functional areas of nursing service administration were intermediary.

Conclusions

It can be concluded that the position of the head nurse was one of heavy responsibility for making decisions in relation to the

and skills, and were necessary adjuncts to planning and directing nursing care. No evidence of decision making was observed in the area of budget, but this may have been due to limited observation time.

RECOMMENDATIONS

In light of the findings of this study, it is recommended:

1. That an analysis and identification of decisions made in the functional areas of nursing service administration by various levels of nursing service personnel would be of value in providing further understanding of the structure of nursing organizations.

2. That further studies be carried out with both experienced and inexperienced head nurses, also in hospitals of various sizes to see if similar results would be obtained.

3. That the head nurse evaluate the number and types of problems referred to her for decision to determine if unit personnel are accepting responsibility commensurate with their positions.

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APPENDIX A

OBSERVATION RECORD

Hospital __________ Title of Nurse _______________ Date ________________

Time of Day: A.M.____ P.M.____ Name of Observer ________________________

CODES

Functional Area

1. Defining Aims, policies and organization.
2. Hospital plant, supplies and equipment.
3. Community health planning.
4. Staffing.
5. Records and reports.
6. Planning and directing nursing care.
7. Budget.
8. Coordinating interdepartmental activities.

Type Decision

C Creative
I Intermediary
A Appellate

With Whom

AHN Asst. Head Nurse
SN Staff Nurse
STN Student Nurse
MD Visiting Staff, Residents, Interns
NA Nursing Assts.
WC Ward Clerk
Pt Patients
V Visitors
Other Departments
D Dietary
M Maintenance
H Housekeeping

A Time	B Area	C Decision	D Description: What Was Being Done	E With Whom

APPENDIX B

FUNCTIONAL AREAS OF NURSING SERVICE ADMINISTRATION

I. Defining aims, policies, and organization.

1. Defines the over-all purpose of nursing service in accordance with philosophy of hospital and interprets same to staff.

2. Provides for functional organization which allows for mutual exchange of ideas, knowledge, and problems.

3. Initiates, establishes, and interprets policies and standards relating to nursing care and service.

4. Delegates authority and responsibility which are consistent with the scope of the position.

5. Initiates long- and short-term plans for improvement of nursing care and service.

II. Hospital plant, supplies, and equipment.

1. Studies the physical facilities of the hospital from the standpoint of the needs of patients and nursing personnel.

2. Makes recommendations relating to new buildings and contemplated changes in existing plant.

3. Develops a system of standards as to the amount and kind of equipment needed for efficient operation of the nursing units.

4. Recommends type of equipment and supplies to be purchased for the use of the nursing unit.

III. Community health planning.

1. Participates in community health council of professional health and community leaders for improvement of nursing care.

2. Initiates and participates in "case conferences" with doctors, social worker, and allied health professions in planning with families for care of specific patients.

3. Cooperates in setting up referral systems between hospital and outside health agencies for nursing care.

4. Plans with other health teaching groups what each should teach and how to coordinate this teaching.

5. Periodically evaluates teaching programs to determine if content is current and adapted to home situation.

IV. Staffing.

1. Cooperates in the establishment and interpretation of personnel policies to ensure wholesome human relations and proper job satisfaction, and shares in their administration.

2. Directs job analysis and advises personnel department on drawing up job specifications.

3. Recruits, appoints, promotes, and discharges professional personnel.

4. Maintains a routine system for evaluation of all nursing personnel.

5. Plans and participates in staff education for professional and non-professional personnel.

6. Guides staff members individually on professional and personal matters.

7. Discovers leadership and creative ability among members of nursing staff and arranges for its expression.

8. Encourages and facilitates professional advancement of nursing personnel.

V. Records and Reports.

1. Determines the type of record for which the nursing department is responsible and maintains an adequate system for same.

2. Develops new and revises old forms according to needs of nursing service based on evaluation of existing forms.

3. Sets up record forms necessary for administering nursing service.

4. Makes recommendations on clinical records which are used for data collected and recorded by nurses.

5. Instructs nursing personnel on proper use and value of records and reports.

6. Uses hospital statistical data for reports and plans nursing service as needed.

7. Prepares periodic and annual reports.

VI. Planning and Directing Nursing Care.

1. Identifies the nursing needs and plans and supervises nursing care.

2. Plans for optimum and safe environment for patients, both physical and psychological.

3. Acts as nursing consultant.

VII. Budget.

1. Prepares budgetary requests based on past requirements and future needs.

2. Administers budgetary appropriations.

3. Studies statement of expenditures at regular intervals.

VIII. Coordinates Interdepartmental Activities.

1. Cooperates with individuals and groups in other departments in carrying forward the work of the organization as a whole.

2. Assists other departments in working out routines closely related to activities of the nursing service.

3. Studies the functions and activities of other departments and interprets same for patient care.

4. Participates in joint professional meetings to plan for patient care.

5. Participates in departmental and other meetings to discuss common hospital problems.

6. Cooperates and supports medical and other research projects relating to patient care.