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A study of the activities of a supervisor
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A STUDY OF THE ACTIVITIES OF A SUPERVISOR
IN RELATION TO TWO HEAD NURSES, ONE EXPERIENCED,
ONE INEXPERIENCED

By

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CHAPTER I

INTRODUCTION

Many factors have influenced the role and function of the modern nurse. Among these are: 1) increased technology and with it a growing complexity of medical and nursing care, 2) expanded use of hospitals by the public and, concomitantly, an increase in the number of general staff nurses in the hospital, 3) a greater proportion of non-professional members on the nursing teams, i.e., licensed practical nurses and nurse aides, 4) a realization of the importance of education in the preparation of the professional nurse, 5) increased emphasis on raising the standards of preparation for each level of nurse position and 6) research on the functions of nurses and an attempt to utilize fully each type of worker, professional and non-professional.

The staff nurse, once primarily a giver of direct care to the patient, now teaches and supervises the practical nurse and nurse aide as well; the head nurse has relinquished part of her work to the ward clerk and part to the graduate staff nurse; the supervisor has become more and more concerned with the administration problems of her growing staff. Changes in the roles of the supervisor, head nurse and staff nurse raise the question, "Who really is the supervisor?" Perrodin¹ calls supervision a service rather than a position. She states:

Nursing supervision is a service devised to improve patient care by the promoting, stimulating and fostering of personnel growth

¹Perrodin, Cecelia M., Supervision of Nursing Personnel, p.xiii.

and welfare. It is primarily concerned with personnel.²

That the function of supervision is important, no one denies. To whom and how it should be delegated is the question that makes for confusion and conflict among hospital personnel.

Mullane³ suggests that the modern role of nursing service administration at each level be studied because of the confusion in authority and responsibility at various levels.

Lentz⁴ says that even top level administrators are uncertain about the role of the supervisor in the organization structure.

This study is concerned with supervisory activities as they relate to personnel development.

Statement of the Problem

The problem was to determine the activities of one supervisor in a general medical and surgical hospital, in relation to two head nurses, one experienced in years in her position, one inexperienced.

The study attempted to answer the following questions:

1. Does a supervisor spend more time checking on the quality of patient care with a head nurse who is new in her position than with one who has been in her position a relatively long time?

2. Does a supervisor spend more time on details of administration with a head nurse who is new in her position than with one who has been

²Ibid., p. 1.

³Mullane, Mary Kelly, "Identification and Validation of Some Criteria of Excellence in the Administration of Hospital Nursing Service", p.192.

⁴Lentz, Edith M., "What is a Supervisor?". Nursing Outlook 4:336-337, June 1956.

in her position a relatively long time?

3. How much time does a supervisor spend with an experienced and with an inexperienced head nurse, comparatively, on staff development?

4. How much time does a supervisor devote to her own professional development?

5. How much time does a supervisor devote to the professional growth and development of staff members other than the head nurse?

Justification of the Problem

Personal experience and extensive reading has led the writer to believe that there is often a question in the mind of the supervisor as to just where she fits into the kaleidoscopic pattern of the modern hospital.

Traditionally, she has been an inspector--to insure good patient care and the coterminous values of good housekeeping and efficient use of material and equipment.

As the role of the graduate staff nurse changes from that of a direct giver of patient care to that of teacher, supervisor and administrator of the nursing team, the supervisor must furnish guidance and direction. As the staff nurse's job grows, so does that of the head nurse. The latter is given the opportunity to relinquish many of the details of administration as her position assumes broader proportions, again in terms of staff development. How well and willingly the head nurse and staff nurse accept their new responsibilities will depend on how clearly they understand them. The new head nurse who has received advanced education and training within the past few years is probably aware of the broad concepts of good administration and of her own place

in the changing hospital scene. Her inexperience in the job, however, requires that she receive help in guiding her staff and in promoting her own development. She will undoubtedly need even more guidance in the details of ward administration. The head nurse who has been long in her position should have attained competence in the administrative aspects of ward management and patient care, but very likely will need much guidance in learning to accept her new role and in helping her staff to grow.

The qualified supervisor should be proficient in the practice of good personnel administration and should be ever aware of the development of her staff and of her own professional growth.

This study attempts to discover how a particular supervisor implements staff development in her daily work, particularly in relation to two head nurses, one experienced, one inexperienced.

Scope and Limitations

This study was done in a 304-bed medical and surgical hospital with a well-developed rehabilitation program. Observations were limited to the activities of one day supervisor, and encompassed twenty-four hours, or the equivalent of three full work days. Data were collected over a five-week period.

The fact that the observer had held the position of the supervisor being observed may have rendered her interpretations less objective than if she were an impartial witness. On the other hand, knowledge of the situation may well have enhanced the accuracy and thoroughness of the observations, since little time had to be taken from the normal course of events for explanations.

Making samplings over a longer period might have given a more diversified picture of supervisory activities, bringing in seasonal variations.

There were some meetings which the observer did not attend, but which were within the observation period. These were placed in categories on the basis of general subject headings.

Preview of Methodology

This study deals with the general activities of one supervisor, and her activities in relation to two selected head nurses. A time and activity study was made, using the shadowing technique. Observations were made in two-hour blocks, during the hours of seven-thirty to four, the normal working time of the day supervisor.

The manual How to Study Supervisor Activities in a Hospital Nursing Service⁵ was used as a guide, and the activities, as observed, were analyzed and categorized according to the activity areas of patient care, personnel, equipment and supplies, housekeeping and maintenance, hospital policy and procedure, educational programs and personal.

Sequence of Presentation

The study is reported in the following manner: Chapter II deals with the theoretical framework of the study; Chapter III describes the method of investigation; Chapter IV presents the results of the observations and a discussion and interpretation of them; Chapter V includes the summary, conclusions and recommendations for further study.

⁵U.S. Department of Health, Education and Welfare, How to Study Supervisor Activities in a Hospital Nursing Service.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

The position of supervisor in nursing service administration came into being in response to a specific need. In the early history of nursing schools in this country, the more able senior student nurses were put in charge of the wards, and in an attempt to raise standards, supervisors were appointed to teach and oversee these students.¹

As more graduate registered nurses were employed by hospitals and took over the head nurse jobs, supervisors were retained to train and superintend these graduates in their new positions. Sometimes the supervisors were themselves put in charge of wards, being called either "supervisors" or "head nurses". These terms have been used interchangeably in the field of nursing for many years.

Wayland² defines supervision as:

that function of the head nurse by which she promotes the effectiveness of the personnel in her unit, and thereby increases the effectiveness of the contribution of all other hospital services to the patient;

while Perrodin³, in her Code of Ethics for Supervisors of Nursing Personnel, says that the supervisor is committed:

¹Wayland, Mary Marvin, McManus, R. Louise Metcalfe, and Faddis, Margaret O., The Hospital Head Nurse, pp. xii-xvi.

²Ibid., p. 159.

³Perrodin, op. cit., p. xiii.

To a realization and constant awareness of supervision's function to improve nursing service by helping personnel to a maximum of satisfaction from life and work.

It appears that the bread is buttered on both sides.

The term "supervisor" is used hereafter in this paper as defined in the Hospital Nursing Service Manual⁴:

One who is responsible for developing and supervising the nursing service of two or more units, each of which is in charge of a head nurse. The units may be inpatient clinical services, operating, delivery, accident or central supply rooms, or outpatient departments. The title (supervisor) is also used for one who assists in supervising the nursing service as a whole during the afternoon-evening or night periods.

Lentz⁵ intimates that, in some hospitals, the position of supervisor is still new. She deplors the lack of a clear definition of the job and to this attributes job dissatisfaction.

In hospitals with schools of nursing, the head nurses and the supervisors continued to teach students. The trend which began in the late forties and early fifties to separate service and education in hospitals may have enhanced to some extent the already confused picture of the supervisor's duties. Where she once had the definite responsibility for students, she now had the task of orienting and continuing the education of the many young graduates who were swelling the rolls of hospital employees. The number of general duty and head nurses in

⁴A Committee of the AHA and NLNE, Hospital Nursing Service Manual, p.15.

⁵Lentz, op. cit.

all hospitals and schools of nursing in the United States has increased as follows:⁶ and ⁷

	<u>1948</u>	<u>1956</u>
Head nurses and assistants	29,506	41,969
General duty nurses		
Full-time	104,041	121,645
Part-time	17,277	45,606

Right or wrong, many graduates, as staff nurses and as head nurses, felt that their school days were over, and they should now be free to work unencumbered by the well-meant, but prying, efforts of the "snooper-visor".

As hospitals became "big business", nursing service administration sought to keep abreast by evaluating and appraising its objectives and by setting up special courses in universities, as well as workshops and training sessions, to teach aspiring graduate nurses the latest principles and practices of good administration. Out of all of this has come the concept that nursing service administration, like all administration, is concerned primarily with personnel. Good patient care is tied up inevitably with a good nursing staff, and a good nursing staff remains so by growing better. It is a truism that when one does not progress, one does not stand still, but regresses.

The Veterans Administration Nursing Service⁸ gives improved patient

⁶American Nurses Association, Facts About Nursing, a Statistical Summary, 1953 edition, p. 17.

⁷American Nurses Association, Facts About Nursing, a Statistical Summary, 1958 edition, p. 16.

⁸Department of Medicine and Surgery, Program Guide, Nursing Service, p. 30.

care through staff development as the goal of supervision. It further states that:

It is the function of supervisors to provide a working environment which makes the actual daily work experience a confirmation of their own respect for individual personalities and human dignity and one which allows maximum development of real and potential capacities.⁹

Mace¹⁰ links supervision irrevocably with coaching. The good supervisor is continually teaching and training those under his supervision to ultimately take over his job, and is being continuously coached by his superior. Personal development is inseparable from personnel development. A leader who guards his job jealously becomes narrow in perspective; as he interprets his position to others who are potential candidates for that position, new vistas are opened and he grows in stature. Follett¹¹ says that the process of influencing or educating others is a two-way process; both the benefactor and benefited are changed by the process. Pigors¹² also gives a two-fold principle of leadership:

In sustaining those upon whom he depends, a leader maintains himself. In developing those through whom he works, a leader strengthens himself.

Florence Nightingale¹³ put it in a different way when she said:

. . . people who are in charge often seem to have a pride in feeling that no one can understand or carry out their arrangements, their system, books, accounts, etc., but themselves. It seems to me that pride is

⁹Ibid., p. 31.

¹⁰Mace, Myles L., The Growth and Development of Executives, Chap. VI.

¹¹Metcalf, Henry C. and Urwick, L. eds., Dynamic Administration, The Collected Papers of Mary Parker Follett, p. 297.

¹²Pigors, Paul and Myers, Charles A., Personnel Administration, p. 302.

¹³Nightingale, Florence, Notes on Nursing, p. 43.

rather, in carrying on a system, in keeping stores, closets, books, accounts, etc., so that anybody can understand and carry them on--so that, in case of absence or illness, one can deliver every thing up to others and know that all will go on as usual, and that one shall never be missed.

Shartle¹⁴ emphasizes the value of a skilled administrator as a teacher, and speaks of providing a "climate" for learning. The leader should encourage new ideas and new ways of doing things, as well as constantly evaluating. In addition, he can enhance his own education by choosing "tasks to broaden his perspective, increase his self-confidence, or increase his skills".

Nurses who have had their education in schools which implement these concepts find it easier to accept the supervisor as another human being whose job is to help them give good nursing care.

Nurses who had their training before these concepts came into general acceptance may have difficulty getting away from the feeling that the supervisor comes on the floor only for "white-glove" inspection tours. Thus the supervisor has the additional responsibility for interpreting to her staff the purpose of her position.

There is constant talk about nurses getting farther and farther from the patient. But are they? By employing clerks and ward secretaries, administration allows the head nurse more time to spend in supervision and teaching of the patient and the staff. By effective utilization of the team plan, the general duty nurse has increased opportunity

¹⁴

Shartle, Carroll L., Executive Performance and Leadership, p. 253.

to work meaningfully with the patient. But where is the supervisor? Many supervisors today, particularly those new in the job, bemoan the loss of contact with the patient. But how can a person responsible for, say 100 employees be expected to have intimate contact with 200 or more patients? Whitney¹⁵ in her study, questions the need and value of extensive patient rounds if they are not specifically tied in with staff teaching. Supervisors, also, feel inadequate because they function from minute to minute and day to day, even month to month, without seeing the consequences of their actions. It seems that, not only do members of the nursing staff need interpretation of the supervisor's role, but the supervisor herself needs to constantly re-evaluate her functions in light of the importance of staff development, a slow, on-going process.

Demareux¹⁶ suggests that a study be made of the supervisor's own perception of her role. Sensitivity training in industry endeavors to make the individual more aware of himself and his impact on others.¹⁷ We are not merely what we think we are, but what others perceive us to be, and their perceptions are colored by their background. If the supervisor perceives her function as one of continuing education and development of herself and those under her, and if she can interpret this function adequately to the head nurses who work under her surveillance, there should be less conflict in the roles of the two types of workers.

¹⁵ Whitney, Sylvia M., "A Time and Activities Study on a Medical and Surgical Supervisor", pp. 55-56.

¹⁶ Demareux, Jacqueline, "A Study of the Supervisory Process, as a Contribution to the In Service Education of the Nurses", p.64.

¹⁷ Weschler, Irving A., Klenes, Marvin A., and Shepherd, Clovis, A New Focus in Executive Training.

A study by Grivest¹⁸ indicates that the head nurse, as well as lacking knowledge of her own responsibility, is dubious of the supervisor's objectivity; that status recognition is important; that the head nurse, more than either the staff nurse or the supervisor, is confused about the extent of her authority.

Follett¹⁹ impresses one with the importance of function, authority and responsibility all being inherent in one role to insure good administration. If the head nurse functions as the administrator of her ward and has responsibility for its efficient management by being given sufficient authority to make decisions relevant to the daily work, she should feel secure enough to perceive the supervisor as one who comes, not to inspect per se, but as one who is there to interpret, guide and help, with improved patient care as the ultimate goal.

Bases of Hypothesis

This study attempts to find out how effectively a supervisor functions in relation to staff development. It presupposes that personnel development is a vital part of her function regardless of the background of the people with whom she works. The young head nurse may have a more modern concept of her role, but due to lack of experience, needs much guidance, both in management per se and in helping her staff to grow,

¹⁸Grivest, Mary T., "A Personal Inventory of Supervisor, Head Nurses and Staff Nurses in Selected Hospitals", Nursing Research, 7:77-87, June, 1958.

¹⁹Metcalf, op. cit., p. 147.

while the older head nurse may need little help in administrative details, but still warrants help in keeping up with newer concepts of supervision.

Statement of Hypothesis

The hypotheses of this study are:

1. A supervisor will spend more time with an inexperienced head nurse than with an experienced head nurse on details of administration and patient care.

2. She will spend equal time with either an experienced or an inexperienced head nurse on staff development.

CHAPTER III

METHODOLOGY

Staff development is intrinsic in the process of supervision. The investigator wished to study the implementation of staff development by the supervisor during her daily work, and decided that a time and activity analysis would be the most feasible way to proceed.

Selection and Description of Sample

When the subject of the study was decided upon and approved by the prospective readers, an agency was selected in which to obtain the data. Through the director of nurses, permission was obtained from the director of professional services of the hospital. The director of nurses requested that the hospital remain unidentified, that it receive a copy of the study, and that a conference be held with the student at the completion of the study.

The investigator, being familiar with the agency and its personnel, had tentatively planned which supervisor and head nurses to observe. With approval, this plan was followed.

The supervisor had had educational preparation for her position in accordance with the desirable standards set up by the American Nurses Association,¹ i.e., a baccalaureate degree in nursing.

¹ American Nurses Association, "Statements of Functions, Standards and Qualifications", American Journal of Nursing, 56:1166. Sept., 1956.

Head Nurse A had been in a head nurse position for over ten years, was a graduate of a three-year hospital school program, and had received eight college credits. Two of these were in ward administration, two in methods of clinical instruction, and the remaining four in related subjects.

Head Nurse B had been in her position approximately four months at the time of collection of the data, was a graduate of a three-year hospital school program, and had received a bachelor's degree in nursing subsequently, as well as training in a management development course.

Over a period of five weeks, the observer shadowed the supervisor, planning the time in two-hour blocks to cover the period of seven-thirty in the morning to four o'clock in the afternoon, the supervisor's usual working day. A total time of twenty-four hours, or three full working days, was used. The time was planned to cover all of the days of the week to include representative functions, i.e., meetings, conferences, and classes. Sunday was not included, but since one holiday was, and the activities of the supervisor on a holiday closely resemble those of Sunday, this was felt to be adequate. With limited time available for observation, and one or another of the three people on days off, on several occasions only one of the two head nurses was on duty with the supervisor. When this happened, care was taken to observe the supervisor and the other head nurse during the same day and hours during another week, so observations would be comparable. When this happened, the average of the various activities of the supervisor for the two periods was used, but only to denote general activities (those in which the supervisor had no contact with either head nurse A or B).

A total time of twenty-four hours, as mentioned above, was used to compile data. Actually thirty hours were used for observation, but twelve of those hours were reduced to six because of the repetition of observation as explained above.

Tools Used to Collect the Data

The manual, How to Study Supervisor Activities², was used as a guide, with modifications.

Activities were classified in categories according to area, level, and personnel contacted³. Observations were made to the nearest minute; each time the supervisor started something new, it was classified as a unit of activity, even if the previous activity was resumed later.

When observation did not indicate what the activity was, the observer asked the supervisor what she was doing or why she was doing it. The person being observed was most cooperative about volunteering changes in and reasons for her activities.

As many of the categories were filled in at the time of observation as possible. Those over which there was some hesitation were completed as soon after the observation period as possible. A test observation period was found to be very valuable, because some items were noted which did not fit into the categories originally set up; this allowed for adjustment.

² U.S. Department of Health, Education, and Welfare, op. cit.

³ Appendix A

After the completion of observation, the data were analyzed according to categories as mentioned, and these categories evaluated in two ways: the general activities of the supervisor and the specific activities in relation to the two head nurses A and B.

Procurement of Data

The observations were made in a general medical and surgical hospital of 304 beds. There were two supervisors, one of whom was studied. She was responsible for four wards, each of which was primarily concerned with the rehabilitation of the handicapped. In addition, she was responsible for the assignment and time schedules of the Genito-Urological team (referred to as the G. U. team). This team was composed of nine specially trained aides who carried out most of the technological urological procedures of patients in the entire hospital. Nominally, once they were assigned to a ward, they were under the direction of the ward nurses, but the supervisor made replacements for absent members.

The study was concerned with the supervisor's activities in general, and in relation to the head nurses of two of the four wards. Team nursing was an established practice in the whole hospital. Most of the data were collected on the four wards under the jurisdiction of the particular supervisor being shadowed, but when weekend coverage involved supervision of the rest of the hospital, data collected then were included.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

In this chapter, the data collected by observation will be analyzed in two ways: 1) by comparing the amount of time spent by the supervisor in functional activities with each of the two head nurses, and 2) by categorizing the supervisor's activities in general. Both types of findings will be discussed in relation to staff development.

As shown in the definition of categories in the appendix, the supervisor was observed in relation to a number of functional activities, one of which was Patient: giving care, the carrying out of a nursing procedure. Since no activity in this category was observed throughout the entire period, this category was not included in the tables.

Supervisor's Activities in Relation to Head Nurses A and B

TABLE I

UNITS OF ACTIVITY AND AMOUNT OF TIME SPENT
BY SUPERVISOR IN FUNCTIONAL AREAS
WITH HEAD NURSE A

Category	Units of activity*	Duration in minutes**
Patient: other direct care	0	0
Patient: assignment of care	2	4
Patient: indirect care	5	11
Personnel: inservice development	1	1
Personnel: allocation of	4	12
Personnel: other matters	0	0
Equipment and supplies	6	12
Housekeeping and maintenance	1	3
Hospital policy and procedure	0	0
Education programs: nurses	0	0
Education programs: nurse aides	0	0
Education programs: other	0	0
Total	19	43
Average per day	6.3	14.3

*Units of activity--each time an activity is changed or another person is contacted

**Total time observed--1440 minutes

As indicated in Table I, the greatest number of contacts (six out of nineteen units) and the largest amount of time (twelve out of forty-three minutes) spent by the supervisor with Head Nurse A (experienced) were in the functional area of equipment and supplies. Four units and twelve minutes were spent in allocation of personnel; almost half of this

time concerned activity which involved the head nurse only because of the proximity of the cystoscopic room to the ward and the lack of a telephone in cystoscopy. Five units and eleven minutes were in the area of indirect patient care, about half of which was routine afternoon reporting of patients' conditions.

Only one unit and one minute were spent in the inservice development of personnel; no time was spent with A in the direct care of patients (observation and rounds), other personnel matters, hospital policies and procedures, or educational programs of any kind.

Several inferences were suggested to the investigator: that the head nurse's conception of the supervisor's function was one of a provider of material and a receiver of routine reports; that the supervisor was not sure of her function in the role of staff development; and that the head nurse was not responsive to the supervisor in respect to inservice development. Floro¹ states that old guard employees are "interested in fixed situations" and "refuse to redefine situations and reassess circumstances", while administration needs to be concerned with much that is yet unstructured.

No attempt was made to record who initiated each contact. Doing so might have thrown considerable light on the subject.

The time spent with A was 3.0 per cent of the total observation period. The average duration of each contact was 2.3 minutes.

¹Floro, George K., "How to get the most from Old Guard Employees", Hospitals: 32:43-4, October 16, 1958.

TABLE II
 UNITS OF ACTIVITY AND AMOUNT OF TIME SPENT
 BY SUPERVISOR IN FUNCTIONAL AREAS
 WITH HEAD NURSE B

Category	Units of activity	Duration in minutes
Patient: other direct care	0	0
Patient: assignment of care	3	7
Patient: indirect care	6	23
Personnel: inservice development	0	0
Personnel: allocation of	3	5
Personnel: other matters	1	3
Equipment and supplies	2	6
Housekeeping and maintenance	0	0
Hospital policy and procedure	1	6
Education programs: nurses	0	0
Education programs: nurse aides	1	2
Education programs: other	0	0
Total	17	52
Average per day	5.7	17.3

As shown in Table II, the largest number of units (six out of seventeen) and the greatest amount of time (twenty-three out of fifty-two minutes) spent by the supervisor with Head Nurse B (inexperienced) were in the functional area of indirect care of the patient. While part of this was the routine reporting of patients' conditions, almost two-thirds was discussion of ways to improve patient care.

The next largest amount of time (seven minutes) was in the area of assignment of patient care. No time was spent with B on inservice development of personnel, making rounds to patients, housekeeping and maintenance, equipment and supplies, or educational programs, except two

minutes on aides' programs, which were concerned with class attendance.

There was one contact of six minutes regarding a nursing procedure.

The time spent with B was 3.6 per cent of the total observation period. The average duration of each contact was three minutes.

TABLE III
COMPARISON OF TIME SPENT BY SUPERVISOR
IN FUNCTIONAL AREAS WITH
HEAD NURSES A AND B

Category	Minutes with A	Minutes with B
Patient: other direct care	0	0
Patient: assignment of care	4	7
Patient: indirect care	11	23
Personnel: inservice development	1	0
Personnel: allocation of	12	5
Personnel: other matters	0	3
Equipment and supplies	12	6
Housekeeping and maintenance	3	0
Hospital policy and procedure	0	6
Education programs: nurses	0	0
Education programs: nurse aides	0	2
Education programs: other	0	0
Total	43	52

Table III indicates that twice as much time was spent with A as with B on equipment and supplies (twelve versus six minutes). About twice as much time was spent with B (twenty-three minutes) as with A (eleven minutes) on direct care of patients. More time was spent with B (seven minutes) than with A (four minutes) on assignment of patient care. This substantiated the first hypothesis, that the supervisor will spend more time with the inexperienced than with the experienced head nurse on administration and details of patient care.

No time was spent with B on housekeeping and maintenance; the three minutes with A were about supervising the cleaning of the G. U. clinic, which was a function of the head nurse. The short total time in the area of housekeeping and maintenance may be attributed to the organizational set-up, which provided for a housekeeping department, the head of which usually worked directly with the head nurses.

Little or no time was spent with either head nurse on the inservice development of personnel and on educational programs. This refuted the second hypothesis, that the supervisor will spend equal time with both head nurses on staff development.

Discounting the time spent with A in allocation of cystoscopic personnel (as mentioned previously), the time spent with each head nurse on allocation of personnel was about equal. No time was spent with A on other matters of personnel; the three minutes with B were in the discussion of aide-patient relationship.

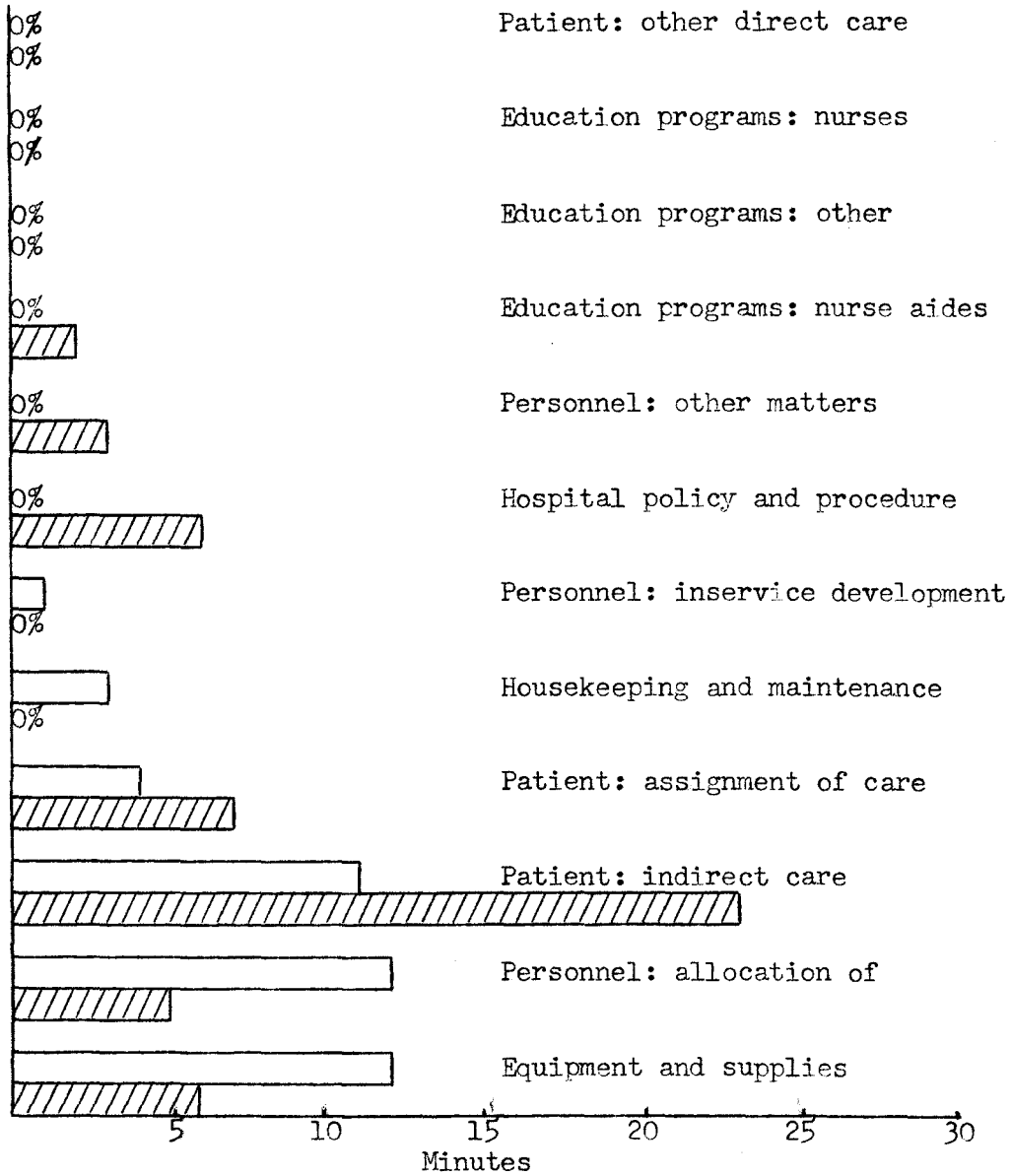
The small amount of time in the area of educational programs could be accounted for in part by the fact that at least one head nurse meeting during the period of observation was devoted primarily to this topic.

There was very little difference, 0.6 per cent, in the time spent with A and with B. The total time spent by the supervisor with both A and B comprised 6.6 per cent of the total observation period. This relatively short time may indicate an unawareness on the part of the

supervisor of the tremendous importance of her function as a teacher and coach to her subordinates, and may be attributed, in part, to the short time in her present position (approximately four months). On the other hand, the lack of problems presented to the supervisor may have been evidence of a high degree of autonomy by the head nurses in ward administration.

FIGURE 1

COMPARISON OF TIME IN MINUTES SPENT BY SUPERVISOR
IN FUNCTIONAL AREAS WITH HEAD NURSE A
AND HEAD NURSE B



A 
B 

Figure 1 shows, in the form of a bar graph, a comparison of the activities of the supervisor in relation to Head Nurses A and B. It is arranged in rank order of the time spent with A.

TABLE IV
COMPARISON OF TIME SPENT BY SUPERVISOR IN FUNCTIONAL AREAS
ON WARDS OF HEAD NURSES A AND B, EXCLUDING
TIME SPENT WITH HEAD NURSES A AND B*

Category	Minutes spent on A's ward	Minutes spent on B's ward
Patient: other direct care	9	3
Patient: assignment of care	4	0
Patient: indirect care	4	0
Personnel: inservice development	0	0
Personnel: allocation of	1	2
Personnel: other matters	0	0
Equipment and supplies	0	0
Housekeeping and maintenance	4	0
Hospital policy and procedure	0	0
Education programs: nurses	0	0
Education programs: nurse aides	0	0
Education programs: other	0	0
Total	22	5
Average per day	7.3	1.7

*Head nurses A and B were on duty at this time.

Table IV shows an analysis of the data according to the time spent by the supervisor on the wards of A and B during the head nurses' tours of duty, but apart from time spent directly with them.

Twenty-two minutes of the total observation time (1440 minutes) were spent on A's ward (while she was on duty) either alone or in contact

with other staff members. Almost one-half of this time was spent in making rounds, unattended, and lesser periods in the activities of checking assignments, time schedules and temperature sheets, and in housekeeping functions.

Five minutes of the total observation period were spent on B's ward either alone or in contact with staff members other than the head nurse. Three minutes were spent in making rounds alone, and two minutes talking with a staff nurse.

The value of unattended rounds by the supervisor was questioned by Whitney² in her study. Such rounds can be validated on the grounds of instruction to patients; however, no patient teaching was observed during this particular study. Most of the time spent on B's ward appears to have been meaningful in light of contact with B and her learning and professional development. While no time was spent with her on staff development, per se, discussion of ways to improve patient care may be construed as a learning situation.

²Whitney, op. cit.

TABLE V

COMPARISON OF TIME SPENT BY SUPERVISOR IN BROAD FUNCTIONAL
AREAS WITH HEAD NURSES A AND B, EXCLUDING
TIME SPENT WITH HEAD NURSES A AND B*

Category	Minutes spent with Head Nurse A	Minutes spent with Head Nurse B
Patient care	15	30
Personnel	13	8
Equipment, supplies, house- keeping, and maintenance	15	6
Hospital policy and procedure	0	6
Education programs	0	2
Total	43	52
Average per day	14.3	17.3

*Based on a total observation time of 1440 minutes

Table V is comparable to Table III, except that the functional activities were grouped together into broad areas: patient care includes the three areas of direct care, assignment, and indirect care; personnel includes inservice development, allocation, and other matters; education programs includes those of nurses, aides and others; and equipment, supplies, housekeeping, and maintenance are grouped.

As seen in the table, the supervisor spent twice as much time with B as with A on patient care, which again bore out the first hypothesis. The extra time spent with A on personnel was accounted for previously. More than twice as much time was spent with A than with B on equipment, supplies, housekeeping, and maintenance.

Supervisor's Activities in General

In the following pages, an attempt will be made to analyze the supervisor's activities in relation to areas of function, with no specific reference to Head Nurses A or B. Unless A or B is specifically mentioned, the term head nurse will refer to any in the hospital.

TABLE VI

AVERAGE MINUTES PER DAY AND PERCENTAGES OF
TOTAL TIME SPENT BY SUPERVISOR
IN EACH FUNCTIONAL AREA

Category	Minutes	Percentage
Patient: other direct care	18.3	3.8
Patient: assignment of care	48.2	10.0
Patient: indirect care	51.5	10.8
Personnel: inservice development	82.3	17.1
Personnel: allocation of	51.0	10.6
Personnel: other matters	13.3	2.8
Equipment and supplies	89.4	18.6
Housekeeping and maintenance	2.5	0.5
Hospital policy and procedure	26.5	5.5
Education programs: nurses	18.3	3.8
Education programs: nurse aides	25.7	5.4
Education programs: other	35.5	7.4
Personal	17.5	3.7
Total	480.0	100.0

In Table VI, the supervisor's activities were categorized according to the average minutes per day and the percentage of time spent in various functional areas. The largest block of time, 18.6 per cent, was devoted to equipment and supplies. The period of observation occurred during the preparation of the annual budget. At another time of the year, this would

probably be weighted toward another category, e. g., if the supervisor were teaching a block of classes to the aides, education programs would be credited with more time.

The next largest amount of time, 17.1 per cent, was on inservice development, including that of the supervisor, herself. Half of the time in attendance at meetings was allocated to inservice development of the supervisor and half to the subject matter of the meeting.³ The observer considered this proper, because the administrator of this particular nursing service adhered closely to the premise that meetings were to be used as learning situations. In Table XI inservice development as a category will be analyzed independently.

The next three largest blocks of time, each approximately 10 per cent of the total, were assignment of patient care, indirect patient care, and allocation of personnel. The high incidence of assignment of patient care was accounted for by the supervisor's responsibility for the G. U. team time schedules. Also included in this area were the checking and correcting of weekly ward time schedules after the head nurse made them out, and before she had them typed. Indirect care of the patient included reports to and from night and evening supervisors, assistant directors and director of nurses, head nurses and assistant. Allocation of personnel included planning of annual leave and rotation of personnel to night duty and to wards; this was relatively constant as vacations were planned to take place throughout the year.

³
Appendix A

At this particular time, there was only one new nurse and no new aides, which would account for the relatively low percentage of time spent on the education programs of nurses and aides.

The high percentage of time for education programs for others occurred because a field program for Boston University students was being planned at the time.

FIGURE 2
 PERCENTAGE OF TIME SPENT BY SUPERVISOR
 IN FUNCTIONAL AREAS

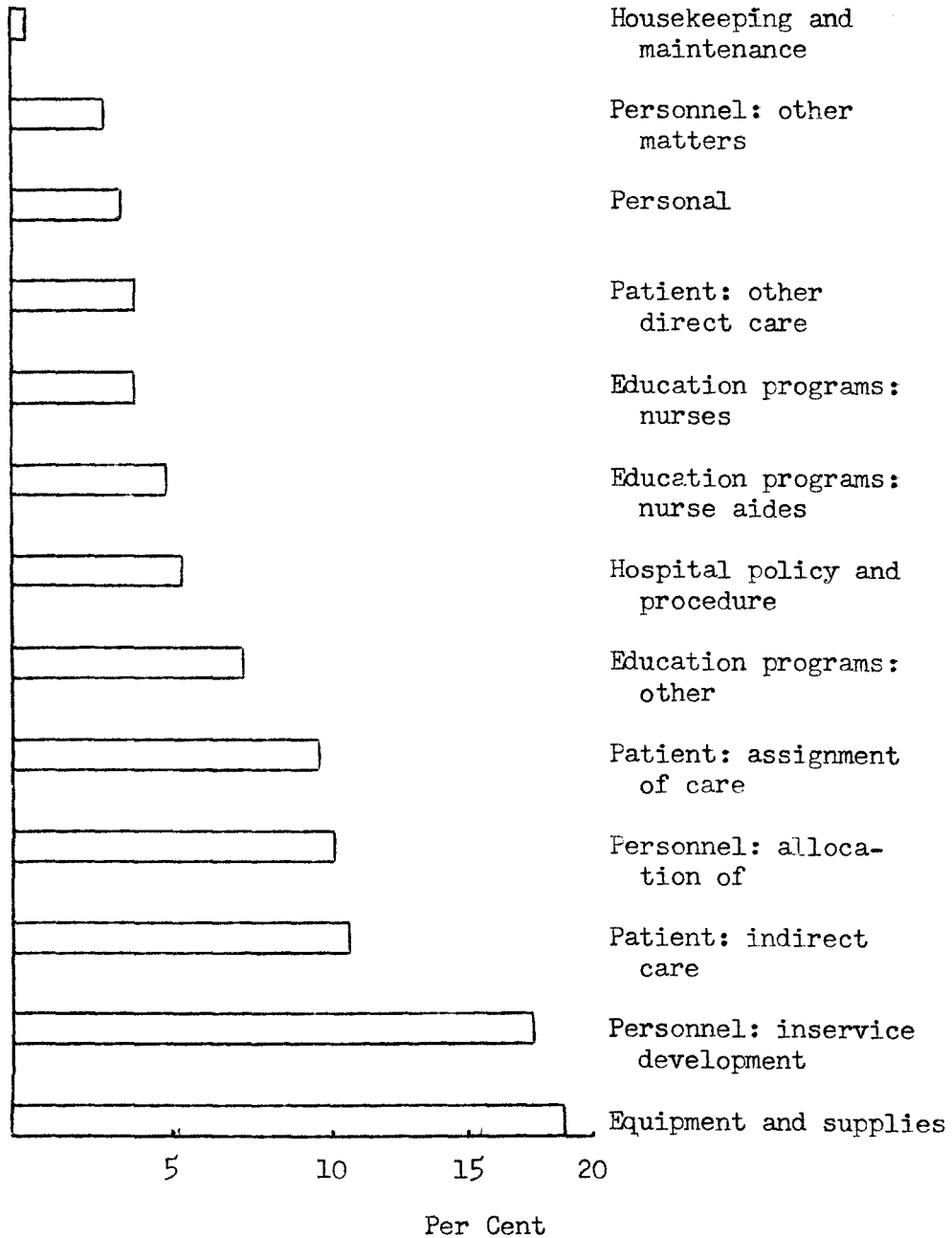


Figure 2 is a bar graph, and, like Table VI, depicts the percentages of time spent in the areas of functional activity.

TABLE VII
AVERAGE MINUTES PER DAY AND PERCENTAGES OF
TOTAL TIME SPENT BY SUPERVISOR
IN BROAD FUNCTIONAL AREAS

Category	Minutes	Percentage
Patient care	118.0	24.6
Personnel	146.7	30.5
Equipment, supplies, housekeeping, and maintenance	91.8	19.1
Hospital policy and procedure	26.5	5.5
Education programs	79.5	16.6
Personal	17.5	3.7
Total	480.0	100.0

In Table VII, as in Table V, the functional areas are grouped into broader headings. The supervisor spent the most time, 30.5 per cent, in all aspects of personnel; patient care was next with 24.6 per cent; equipment, supplies, housekeeping, and maintenance accounted for 19.1 per cent; all educational programs took up 16.6 per cent; and hospital policy and procedure and personal time accounted for the remaining 9.2 per cent of time.

TABLE VIII
 AVERAGE MINUTES PER DAY AND PERCENTAGES OF
 TOTAL TIME SPENT BY SUPERVISOR
 AT EACH LEVEL OF ACTIVITY

Category	Minutes	Percentage
Nurse administrator	2.5	0.5
Supervisor	446.7	93.1
Head nurse	23.2	4.8
Staff nurse	1.3	0.3
Nurse aides	0.0	0.0
Clerk	5.0	1.0
Messenger	1.3	0.3
Total	480.0	100.0

In Table VIII, the supervisor's activities are depicted according to the level of performance as set up in the categories. Activities on the supervisory level comprised the great bulk of her time, 93.1 per cent, indicating a clear delineation of function. She assumed clerk's duties one per cent of the time; aside from one period when the supervisor was checking employees' car registration stickers, this time was spent in accepting phone calls from absent employees between 7:30 and 8:00 A. M. It is probably desirable for a person with authority to make these contacts.

Of the 4.8 per cent of head nurse activities, about four-fifths were in connection with daily and weekly assignments and schedules of the G. U. team. Almost one-fourth was in relation to the administration of the G. U. team on A's ward. All of the housekeeping activities on the

head nurse level were also on A's ward, and again, in connection with the G. U. team. The observer questions whether there was clear understanding on the part of Head Nurse A of her responsibilities for this particular group. No head nurse level activities were carried out on any other ward.

The amount of time spent on other levels was insignificant.

TABLE IX

AVERAGE MINUTES PER DAY AND PERCENTAGES OF
TOTAL TIME SPENT BY SUPERVISOR
WITH DIFFERENT PERSONNEL

Category	Minutes	Percentage
Nurse administrators	25.7	5.4
Supervisors	7.5	1.6
Head nurses	77.3	16.1
Nurses	22.6	4.7
Nurse aides	34.2	7.1
Physicians	9.0	1.9
Other departments	12.0	2.5
Others	21.7	4.6
Varied	115.5	24.0
Self	154.5	32.1
Total	480.0	100.0

As shown in Table IX, the supervisor spent the largest single amount of time, 32.1 per cent, alone. This will be elaborated upon later, when Table X is discussed. The next largest amount of time, 24.0 per cent, was with varied personnel (two or more kinds) in meetings and reports. The third largest block of time, 16.1 per cent, was with head nurses or assistant head nurses. As pointed out in discussing Table III, the total

time spent with Head Nurses A and B collectively was 6.6 per cent, which is a comparatively small part of the total time observed. This is in keeping with one study of head nurse activities which showed that less than two per cent of the time of the head nurses was spent with the supervisors.⁴

Time spent by the supervisor with nurse administrators (director and assistants) was 5.4 per cent, which is a small amount of individual contact from the standpoint of supervision and coaching by the immediate superior. However, the large amount of instruction carried on in meetings may have compensated for at least a part of this deficiency.

A bulk of the time spent with nurses and aides was in formal classes and meetings. There was practically no informal contact between the supervisor and staff nurses and aides. With a well-functioning team plan, head nurses are geared to supervise and instruct the team leaders, i. e., staff nurses, and the team leaders to guide the aides. Thus, actually, the supervisor would need to spend very little time with either the staff nurses or aides.

⁴The Research Division, Department of National Health and Welfare, *A Study of the Functions and Activities of Head Nurses in a General Hospital*, p. 41.

TABLE X
 AVERAGE MINUTES PER DAY AND PERCENTAGES OF
 TOTAL TIME SPENT BY SUPERVISOR
 ALONE IN FUNCTIONAL AREAS

Category	Minutes	Percentage
Patient: other direct care	11.0	7.1
Patient: assignment of care	30.7	19.9
Patient: indirect care	5.0	3.2
Personnel: inservice development	11.2	7.3
Personnel: allocation of	29.6	19.2
Personnel: other matters	7.0	4.5
Equipment and supplies	29.3	19.0
Housekeeping and maintenance	0.8	0.5
Hospital policy and procedure	2.7	1.7
Education programs: nurses	0.0	0.0
Education programs: nurse aides	1.7	1.1
Education programs: other	8.7	5.6
Personal	16.8	10.9
Total	154.5	100.0

The data were tabulated in Table X to show how the supervisor spent her time alone. The biggest block of time, 19.9 per cent, was in the assignment of patient care, which included daily checking of ward time schedules for coverage, the reviewing of weekly ward time schedules, and making out the weekly G. U. time. The areas of allocation of personnel and equipment and supplies were each about 19 per cent. The average daily time spent alone was 154.5 minutes, or 32.1 per cent of the total. The investigator questions the value of this from the standpoint of the supervisor's own learning experience. If she had been in her position

longer and presumably was preparing for advancement (the only way to go is up) some time should have been allotted for advanced training. Since she was relatively new in her position and it is the consensus that it takes six months at least to learn a new job, it seems that there should have been more specific time devoted to her "on-the-job" training. There is also the question of how necessary were the daily and weekly checking of time schedules, particularly with experienced head nurses.

TABLE XI

AVERAGE MINUTES PER DAY AND PERCENTAGES OF TOTAL TIME SPENT BY SUPERVISOR IN AREA OF INSERVICE DEVELOPMENT WITH DIFFERENT PERSONNEL

Person with whom spent	Minutes	Percentage
Nurse administrators	5.8	7.1
Head nurses		
A	0.3	0.4
B	0.0	0.0
other	4.8	5.7
Varied	52.3	63.6
Self	9.5	11.5
Observer	9.6	11.7
Total	82.3	100.0*

*17.1% of total time

Since this study was concerned with personal development, Table XI was made to show the personnel with whom the supervisor spent time on inservice development (17.1 per cent of total observation period). Time spent with the director and assistants was 7.1 per cent of the total. The supervisor spent 11.5 per cent of the time alone, in reading and preparing for classes. The time spent with the observer was in instruction about a procedure.

There was negligible time spent with head nurses, particularly with A and B, as indicated before. The time, 63.6 per cent, spent with varied personnel in meetings was the largest. It can be presumed that these constituted learning situations for both the supervisor and the head nurses, but it is questionable whether this type of learning entirely takes the place of coaching by the immediate supervisor.

TABLE XII

NUMBER OF UNITS OF ACTIVITY AND
MINUTES OF DURATION

Number of units*	Minutes of duration
92.5	1 - 2
80.5	3 - 5
33.5	6 - 10
11.0	11 - 20
3.0	21 - 30
4.0	31 - 60
3.5	over 60
<hr/>	
Total 228.0	

*Total time of observation - 1440 minutes

Table XII shows the number of observed activities of the supervisor and the duration of these activities. Of a total of 228 units of activity (in a total of 1440 minutes of observation), only 10.5 lasted longer than twenty minutes. These were meetings, discussions, and time spent in preparation for classes. There were 80.5 activities lasting three to five minutes, and 92.5 lasted only one to two minutes. No attempt was made to record activities of less than one minute in duration.

These findings are comparable to those in a study of head nurse activities by Olson and Tibbitts⁵ who found that of 4360 activities, 1548 lasted less than 0.5 minutes, and that 43 per cent of the total time was spent in activities inappropriate for the head nurse. This suggests that if head nurses could delegate duties more suitable for other workers, and if both head nurses and supervisors could plan work to eliminate activities of very short duration, they might be able to spend more time together, with mutual benefit.

⁵Olson, Appolonia Frances, and Tibbitts, Helen G., A Study of Head Nurse Activities in a General Hospital, 1950, p. 16.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was undertaken to determine a supervisor's activities in relation to two head nurses, one experienced in her position, one inexperienced.

The shadowing technique was used to obtain an accurate picture of the supervisor's working day. The manual How to Study Supervisor Activities¹ was used with slight modification as a guide for observing, recording and analyzing data.

The data thus obtained were analyzed in two ways: 1) by comparing the amount of time spent with each of the head nurses, and 2) by categorizing the supervisor's activities in general, with special reference to staff development.

Comparison of the supervisor's activities in relation to each of the two head nurses selected indicated the following:

1. Twice as much time was spent with Head Nurse A (experienced) as with Head Nurse B (inexperienced) in the area of supplies and equipment. More than one-third of the time spent with A was in the areas of housekeeping and maintenance and supplies and equipment.

2. More than twice as much time was spent with B than with A in

¹ U. S. Department of Health, Education and Welfare, op. cit.

the area of indirect patient care, which includes reporting, discussing the condition of and preparing for care of patients.

3. Little or no time was spent with either head nurse on staff development.

4. Approximately equal amounts of time were spent on all aspects of personnel with each head nurse.

5. The total time, 6.6 per cent, spent by the supervisor with the two head nurses comprises a small percentage of her total working time.

6. Most of the time, 91.2 per cent, that the supervisor spent on B's ward was spent with B.

7. About two-thirds, 66.1 per cent, of the time that the supervisor spent on A's ward was spent with A.

The supervisor's time in general was analyzed in relation to the functional areas of activity as well as the level of activity and the personnel contacted.

The time spent in the areas of functional activity was as follows:

1. The largest amount of time, 18.6 per cent, was spent on equipment and supplies.

2. The next largest block of time, 17.1 per cent, was in the area of inservice development of personnel, which included her own professional growth.

3. Approximately equal amounts of time (nearly ten per cent) were spent in the three categories of assignment of patient care, indirect patient care and allocation of personnel.

4. A broad grouping of the categories indicates that 30.5 per cent of the total time was spent in the area of personnel, 24.6 per cent was spent on all aspects of patient care, 19.1 per cent on equipment, supplies, housekeeping and maintenance, 16.6 per cent on education programs, while the remaining areas of hospital policy and procedure and personal time totalled 9.2 per cent.

When the supervisor's time was analyzed according to the level of activity performed, the data indicated that:

1. Time spent on supervisory activities comprised 93.1 per cent of the total.

2. One per cent of the time was spent doing clerk's work.

3. Head nurse activities accounted for 4.8 per cent of the time. About four-fifths of this time was devoted to the G. U. team, and almost one-fourth was in activities related to both the G. U. team and Head Nurse A and/or her ward.

In analyzing the personnel with whom the supervisor spent her time, it was found that:

1. Time spent alone was 32.1 per cent of the total.

2. Time spent with varied personnel in meetings and reports totalled 24.0 per cent.

3. Time with all head nurses in the hospital was 16.1 per cent.

4. Time with nurse administrators (director and assistants) was 5.4 per cent.

5. Of the time spent alone, 19.9 per cent was in the area of assignment of patient care, 19.2 per cent in allocation of personnel,

and 19.0 per cent in equipment and supplies.

An analysis of the functional activity of inservice development of personnel showed that 63.6 per cent of the time was spent with varied personnel in meetings and reports.

The time spent in all units of activity ranged from one to 105 minutes, with 75.9 per cent of the activities having a duration of from one to five minutes.

Conclusions

The first hypothesis, that the supervisor will spend more time with the inexperienced head nurse on details of administration and patient care, was supported.

The second hypothesis, that the supervisor will spend an equal amount of time with each head nurse on inservice development of personnel, was refuted.

The writer questions how well Head Nurse A appreciated the function of the supervisor as a teacher and guide since many of the contacts between these two were in the area of equipment and supply.

The lack of time spent with either head nurse on staff development may indicate an unawareness by the supervisor of the importance of this part of her function. This may be due in part to the short tenure of the supervisor in this particular position. Also, the short total amount of time spent with the two head nurses may suggest a lack of appreciation by the supervisor of the vital part that coaching plays in staff development. Conversely, the short total time spent by the supervisor with the head nurses and the few problems presented to her may

indicate that the head nurses enjoyed a large degree of autonomy in the administration of their particular units.

The time spent on B's ward seems more meaningful than that spent on A's ward since more of it was spent in the company of the head nurse and not alone as it was on A's ward. Discussion with the head nurse on aspects of patient care might be construed to be a learning situation, even if not designated as personnel development, per se.

A large amount of time was spent on supplies and equipment because the observations took place during the period of the annual budget preparation. During another time of the year, there probably would have been a sharp increase in activities devoted to other categories, such as teaching of aides' classes and preparation of proficiency reports.

Of the time spent in the area of inservice development of personnel, a large portion was devoted to the supervisor's own development. This took place primarily in meetings with the director, assistant director, other supervisors and sometimes head nurses. When the head nurses were present, it could be assumed that they, as well as the supervisor, were in a learning situation, but, for both types of personnel, the question is raised as to whether results are not more worthwhile if personal instruction augments group learning.

The large amount of time spent on the assignment of patient care may be accounted for, in part, by the fact that the supervisor was responsible for making out the G. U. weekly time schedule, which, according to the categories set up, was an activity at the head nurse level. Also time-consuming was the review of weekly time schedules (made out by

the head nurse) prior to typing and posting, and the daily review of time schedules to check for adequate coverage of ward personnel.

In the area of personnel allocation, part of the time consumed was in the receiving of incoming calls about absenteeism and the subsequent shifting of personnel to cover shortages. The receiving of incoming calls is designated as a clerical activity. There is some doubt, however, as to the advisability of the clerk handling these calls. There might be considerable value in having a nurse with some authority speak to personnel about absenteeism.

The supervisor's time was largely spent on activities classified as on the supervisory level, which indicates a clear delineation of duties. Almost one-fourth of the time spent on head nurse activities was in areas relating to both the G. U. team and to Head Nurse A or her ward. This raises the question whether there is a clear demarcation of function and responsibility in this area.

The large portion of time (almost a third of the total) that the supervisor spent alone was due in part to the disproportionately (seasonal) large time spent on equipment and supplies; other big items were assignment of patient care and allocation of personnel as discussed previously. The value of so much time spent alone was questioned since only a part of it was devoted to constructive planning and reviewing.

The very small amount of time spent with the nurse administrators was compensated for in part by the large amount of time spent in meetings, half of which was construed as being devoted to the professional growth of the supervisor. Here again, personal coaching in conjunction with group learning may have been of greater value.

The total time spent with head nurses indicated that the supervisor spent less time with the two specific head nurses being observed than she did with the others under her supervision. The other two head nurses on her units had comparable backgrounds, so there is no adequate explanation for this.

The short duration of many activities for this supervisor is comparable to the findings of head nurse activities studies, as pointed out in Chapter IV. More attention to planning work might allow the head nurses and supervisor to spend more time together in meaningful activity.

Recommendations

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

1. The supervisor re-evaluate her activities in relation to her specific function as a developer of personnel.
2. The supervisor and the head nurses review supervisory functions to aid the head nurses in gaining insight into the supervisory process in its modern concept. This could be done in part by problem-solving techniques such as the case method.
3. The staffing pattern be reviewed and analyzed to see if a master staffing plan might not eliminate some of the repeated checking of weekly and daily time schedules for accuracy and coverage. This could include the staffing of the G. U. team with the ward schedules.
4. More authority and responsibility be vested in the head nurse regarding the staffing of her unit.
5. Thought be given to classifying the head nurse as an autonomous supervisor of her unit, and designating the supervisor as an administrative assistant.

6. A similar time and activity study be done of the head nurses, to find out if more time can be spent together profitably by the head nurse and supervisor.

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APPENDIX

APPENDIX A

CODE AND DEFINITION OF CATEGORIES

Functional Areas

Code No.	Description
11	Patient: giving care Carrying out a nursing procedure
12	Patient: other direct care Observing physical condition and behavior Evaluating patient's need for care Listening to requests, wishes, complaints of patients and making interpretation Carrying out other activities in patients' presence not considered as nursing care
13	Patient: assignment of care Planning weekly and daily hours and assigning patient care to unit personnel Checking daily time slips Making directive remarks pertinent to patient care assignments Discussing and exchanging information with individuals regarding assignments (normally a head nurse function) Reviewing weekly time schedules made out by head nurses prior to typing
14	Patient: indirect care All other patient-centered activities not in the presence of the patient Exchanging information, written or oral, regarding patient conditions and care with medical and nursing staff, family and friends of patient, hospital and nursing administrators, other departments of hospital, community health and welfare facilities Caring for nursing equipment and charting Caring for records and record forms relating to patient care Discussing specific equipment for individual patient's use (as against hospital equipment)

Code No.	Description
21	<p>Personnel: inservice development All activities directed toward improvement of personnel performance in caring for patients Interpreting hospital policies and procedures as they affect personnel in their environment Planning and carrying out unit inservice programs - ward conferences and/or demonstrations Assisting head nurses in activities aimed at improvement of patient care and/or unit management Participating in head nurse or staff nurse conferences (if a specific subject, i. e., budget, is treated, the time of the meeting is allocated 50 per cent to subject, 50 per cent to inservice development of supervisor) Assisting head nurse in evaluating unit personnel Attending supervisory and medical conferences and all other activities that relate to own growth and development, such as reading literature and participating in nursing research projects Counseling personnel and writing counseling and proficiency reports</p>
22	<p>Personnel: allocation of Planning of annual leave Reassigning personnel from one unit to another to meet emergency situation (includes taking calls and messages about employee absenteeism) Planning rotations and assignment of personnel to units Interviewing new personnel Making recommendation for employment and placement of nursing service personnel</p>
23	<p>Personnel: other matters Includes activities and conversations with nursing personnel, physicians and personnel in other departments, which help to maintain favorable rapport and good interpersonal relations</p>
30	<p>Equipment and supplies Planning budget and inventory Approving requisitions Activities involved in obtaining, maintaining and storing supplies and equipment for unit for use in patient care and related activities</p>

Code No.	Description
40	Housekeeping and maintenance Includes all activities which contribute to economical maintenance of cleanliness, orderliness and safety of the unit and the supervisor's office
50	Hospital policy and procedures Interpreting hospital policies or procedures excluding personnel including nursing policy and procedures
61	Education programs: graduate nurses Includes studying, evaluating and analyzing educational resources Teaching planned classes (orientation and other)
62	Education programs: nurse aides Same as above
63	Education programs: other Includes educational programs planned and taught for groups from other departments in the hospital and for groups and institutions outside the hospital, such as schools of nursing

Level of Activities

Code	Description
N. Ad.	Nursing administrator level activities Activities concerned with policies and procedures and the final decision thereof Interdepartmental coordination to arrive at decisions concerning policies and procedures Initial contact with new nursing personnel
S.	Supervisory level activities Activities concerned with overall management and operation of her units Activities concerned with the growth and development of unit personnel
H. N.	Head nurse level activities Management of patient care and unit activity Direction of ward personnel

Code	Description
Ns.	Nursing staff level activities Giving nursing care and contributing to the maintenance of nursing equipment
N.A.	Nurse's aide level activities The above activities which normally would be assigned to a nurse's aide
C.	Clerical level activities Copying records, such as nursing time sheets Making out requisitions Routing, maintaining and filing records and written communications Making appointments and answering telephones
M.	Messenger level activities Carrying papers or supplies

Personnel Contacted

Code	Description
N.Ad.	Nurse administrator (director and assistants)
S.	Supervisor (day, evening, or night)
H.N.A.	Experienced head nurse
H.N.B.	Inexperienced head nurse
H.N.	All other head nurses
Ns.	Staff nurse
N.A.	Nurse's aide
M.D.	Physician
O.D.	Other departments
O.	Others
V.	Varied personnel (two or more types)
Self	Self

Location of Activities

Code	Description
U.	Unit
S.O.	Supervisor's office
N.O.	Nursing office
O.D.	Other departments

APPENDIX B

Sample Worksheet

Date: 1/31 Hours: 7:30-9:30 Head Nurse: A and B Observation No: 1

	Time	Area	Level	Activity	Where	With whom
14	7:30 7:44	14 13	S. S.	Receive morning report Check daily time schedule	N.O. S.O.	V. Self