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A study of the ward clerk's activities in one general hospital

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A STUDY OF THE WARD CLERKS' ACTIVITIES IN
ONE GENERAL HOSPITAL

By

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CHAPTER I

INTRODUCTION

Within the last two decades many hospitals have added a new group of auxiliary workers to their staff, the ward clerks. The need for the ward clerks has been brought about by several factors, but mainly by an ever increasing amount of desk work. Much of the desk work, it has been found, can be efficiently done by non-nursing personnel thus permitting the professional nurses to devote more time to nursing responsibilities.

The ward clerks perform clerical activities under the direct supervision of the head nurses after an orientation program which, ideally, is planned by the head nurse and nursing service administration. "The problems encountered with the ward clerks are few, after orientation is completed and sufficient time is allowed for them to be accustomed to the ward and its routines."¹

The scope of the ward clerks' performance is dependent upon the organization and their proficiency is

¹Mary Curtis, "Clerical Activities Can Be Delegated to a Ward Secretary," The Canadian Hospital, Vol. XXXIII (April, 1956).

dependent in large measure upon the attitude and direction of the head nurses and nursing service administration. The administrative personnel must be willing to delegate clerical functions and arrange for the necessary supervision.

Careful and considerate utilization of the ward clerks should relieve the head nurses of many clerical activities and allow them more time to plan, direct and supervise the nursing staff on their units, thereby improving or maintaining good nursing care.

Olson and Tibbets say:

Ward clerks will not solve the problem of reassignment of duties unless the head nurse as well as nursing service administration is willing to delegate clerical² activities and be able to supervise clerical personnel²

Statement of the Problem

This was a study of the functions of the ward clerks at the Brockton Hospital. Its purpose was to investigate the activities that they were performing and to determine if:

1. The ward clerks were being utilized to the best advantage

²Apollonia F. Olson and Helen Tibbetts, Head Nurse Activities in a General Hospital, Public Health Service Publication No. 107 (Washington: U. S. Government Printing Office, 1951), p. 9.

2. There were additional activities which they might assume.

This hospital had a capacity of 259 beds exclusive of bassinets. Ward clerks were employed on eight of the ten nursing units, in the operating room and the outpatient department. The ward clerks functioned directly under the supervision of the head nurses after an initial on-the-job training program of eighty hours. This on-the-job training had been delegated to a ward clerk of exceptional ability.

Justification of the Problem

Ward clerks had been employed in the Brockton Hospital for the past decade. However, no attempt had been made to study their functions. That there was a need for this type of worker was not questioned. This study was concerned with an investigation of their activities. The findings should be of value to the employer and employee regarding the efficient utilization of this group of workers.

Scope and Limitations

This study was limited to the investigation of the activities of the ward clerks employed in one general hospital. This hospital employed ward clerks on eight of

its ten nursing units, the outpatient department and the operating room. For the purposes of this study it was decided to investigate only the activities of the ward clerks on the nursing units, because here there would be a similarity of function. At the time the study was conducted the activities of only seven clerks were observed because of a vacancy on one nursing unit.

Data for this study were collected by observation of the activities of each of the seven ward clerks. This was a limiting factor because the observer was a member of the administrative staff of the hospital and therefore represented authority.

Definition of Terms

For the purposes of this study the following definitions were used:

Ward Clerk a nonprofessional person working under the direction of the head nurse in the carrying out of clerical functions.

Function a body of activities closely related in homogeneous character and similarity. They are grouped together for the purposes of execution by a person or a department.³

³Ordway Tead, The Art of Administration (McGraw Hill Co., Inc., New York, 1951), p. 101.

Activity the performance of a task.

Clerical Functions . . activities which involve secretarial skills including answering telephone, copying records, making out requisitions or performing other tasks of a clerical nature.⁴

Preview of Methodology

The data for this study were collected by the following methods:

1. Observation of the activities of each ward clerk for a period of eight hours
2. Preparation of a list of additional duties assignable to the ward clerks for use as a guide in the structured interviews with the head nurses and the ward clerks
3. Structured interviews with the head nurses to determine their attitude in regard to relinquishing more clerical responsibility and to determine if they felt the ward clerk was performing to the maximum of her ability
4. Structured interviews with the ward clerks to determine their attitude towards assuming more clerical responsibility

⁴Elinor D. Stanford, and other members of the Staff of Division of Nursing Resources, How to Study Supervisor Activities in a Hospital Nursing Service, U. S. Department of Health, Education, and Welfare, Public Health Service Publication No. 496 (Washington: U. S. Government Printing Office, 1957), p. 4.

Sequence of Presentation

The remainder of the report is presented in four chapters. The theoretical framework, which includes a review of the literature, basis of hypothesis and statement of hypothesis, will be found in Chapter II. The methods used to obtain the data will be found in Chapter III. The findings and discussion of the data will be found in Chapter IV and the summary, conclusion, and the recommendations will be found in Chapter V.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of the Literature

During the late 1920's and early 1930's a great deal of emphasis was placed on the oversupply of nurses. During the depression years unemployment in this group increased at an alarming rate. Hospitals were called upon to increase their employment. Low salaries were paid and in some instances room and board was given as remuneration for services rendered.

Faddis¹ states that by 1937 directors of nursing service throughout the country were looking back to the time when it was possible to select from ten to twenty applicants each time a position was to be filled. As early as January, 1936, University Hospital in Cleveland, Ohio, discovered that it was no longer possible to employ staff nurses by going to a file and taking out applications. By March of that year the shortage of graduate nurses was so acute that means had to be found to supplement the

¹Helen W. Faddis, "Experiment in Solving the Staffing Problem," American Journal of Nursing, September, 1937, p. 991.

staff in order to maintain quality nursing service. Hence this hospital established a new group of auxiliary workers, the ward secretaries. Faddis² says:

Today they are one of our most valuable sources of assistance in meeting the ever increasing demands of hospital service. Duties run the gamut of the details which have heretofore made the life of the head nurse so difficult. They copy treatment books, answer telephones, relay messages, direct and announce visitors, distribute flowers, take care of the graphic charts. Head nurses check their work.

During this experiment at the University Hospital a diary kept by the secretaries revealed that they performed a total of 120 different duties in an eight-hour period.

World War II necessitated an increasing use of the auxiliary worker. Red Cross nurses aides and other volunteer groups demonstrated that many activities heretofore carried out only by graduate nurses could be satisfactorily performed by carefully selected, well-trained nonprofessional workers under the direct supervision of professional nurses. Brown³ said:

Then came Pearl Harbor and the drastic stringency of subsequent years. In order to keep hospitals in operation a wide and often strangely assorted variety of personnel had to be employed. Receptionists, ward boys, ward secretaries, voluntary workers in and out

²Ibid.

³Esther Lucile Brown, Nursing For The Future,
Russell Sage Foundation, New York, 1948, p. 59.

of uniform and helpers of many designations appeared in bewildering number.

Ward clerks were not incorporated into the nursing service without some apprehension on the part of administration, nurses, doctors and trustees. There was a certain degree of reluctance to relinquish some of the clerical activities that had so long been a part of nursing. Whenever improvements have been attempted in any field, there has been opposition and even some antagonism.

To overcome the opposition from various groups, Brother Julian Ford⁴ stated that group meetings of nursing service and nursing education did much to develop an appreciation of the need for ward clerks. He suggested a show of opposition was good because it offered a challenge to develop forcibly the program believed to be progressive and beneficial.

To assure the success of the functioning of ward clerks, they should be carefully selected and provided with an in-service educational program. A well-planned program for in-service education is essential in ensuring the

⁴Brother Julian Ford, C. F. A., "Ward Clerks for Better Service," Hospital Progress, Vol. XXXIV (June, 1953), p. 77.

success of a ward clerk program. In addition head nurses and supervisors must be willing to delegate clerical activities to ward clerks and supervise their performance.

Costelloe⁵ states that the ward clerk should be made to feel her importance on the health team. Many hospitals have established a program for ward clerks. In 1955, George and Keuhn⁶ reported on a study conducted to determine the contribution of the non-nurse clerk assigned to work under the direct supervision of a head nurse toward meeting the nursing needs of a non-segregated medical surgical ward unit. Their study pointed out that a twenty-five-bed unit could utilize the services of a well-qualified, well-oriented ward clerk. With the employment of this individual it was possible to:

1. Abolish the position of assistant head nurse
2. Free a considerable block of head nurse time from clerical details for the managerial activities necessary if total nursing service is to be of high quality
3. Provides a greater continuity in service, since the head nurse can work with fewer interruptions

⁵Gladys M. Costelloe, "Too Much Paper Work," American Journal of Nursing, Vol. LII (October, 1952), 1249.

⁶Frances L. George and Ruth P. Kuehn, Patterns of Patient Care (New York: Macmillan Company, 1955), p. 32.

4. Permits medical staff to make rounds with fewer interruptions and receive their calls without delay
5. Assures prompt transcription of doctors' orders
6. Gives prompt, efficient service to visitors⁷

However this study indicated that further study was necessary to:

1. Validate functions which might be allotted to the ward clerk, especially in smaller hospitals
2. Ascertain whether additional functions might properly be allocated to the ward clerk
3. Determine the kinds of persons who can most effectively fill the ward clerk job requirements
4. Check the contribution which a non-nurse clerk can make in types of hospital units differing from the non-segregated medical-surgical ward in which the studies reported here were carried out⁸

In a recent article in The Modern Hospital Jenson⁹ said: "The use of the ward clerk will permit maximum patient care and head nurse liaison with doctors, visitors, and patients."

⁷Ibid., p. 52.

⁸Ibid., p. 53.

⁹Fauntilla T. Jenson, "Four Nursing Patterns Fit Smaller Hospitals," The Modern Hospital, Vol. No. 4 (April, 1961), p. 119.

A further review of the literature revealed that ward clerks have been used in hospitals for more than two decades. Their duties varied from that of a receptionist to the transcribing of doctors' orders. In general the literature seemed to indicate that hospitals should evaluate their own ward clerk program. The amount of responsibility that ward clerks were able to assume was dependent upon the attitude of administration and the head nurses, the method of selection of personnel and the quality of the in-service educational program.

Statement of Hypothesis

It is the opinion of this writer that the ward clerks at the Brockton Hospital are not being utilized efficiently.

Basis for Hypothesis

Although ward clerks have been employed at the Brockton Hospital for several years, no attempt has been made to evaluate their activities. A review of the literature seemed to indicate that they are performing many of the activities designated as duties assignable to the ward clerk. However, in the opinion of this writer, they are not being utilized to the best advantage of the

hospital. Many of the head nurses are still "chained to the desk" and are unable to direct and supervise their personnel to the extent that the nursing service administration considers desirable.

Finer¹⁰ says: "The shortage of personnel enforces devices for the more efficient use of prevalent numbers. Outstanding among these are the administrative arrangements of division of labor and redistribution of tasks, the adaptation of direction and supervision, and the creation of teams rationally mixing professional and non-professional workers. With every additional desired worker missing, each one on the job becomes a more precious resource, attention to whose actual and potential qualities becomes the more pressing. Very many members of the profession have lifted up their eyes from the grinding daily routines to assert firmly that the caviling about shortage of personnel is exaggerated. They claim that at least a considerable degree of the difficulty arises out of the inability or unwillingness to utilize the resources that are already available in the way that modern scientific methods of administration makes quite possible. These

¹⁰ Herman Finer, Administration and The Nursing Services (New York: Macmillan Company, 1952), pp. 50-51.

methods, indeed, far from putting additional pressure on existent personnel, would tend to relieve it. They contend, after many years of practice, that it is the incompetence to make due use of the extant nursing force, virtually asking to be more intelligently employed, that constitutes a considerable factor in the demand for more personnel."

CHAPTER III

METHODOLOGY

Selltiz¹ states there is no one best method of recording observations, although some procedures yield certain kinds of data that others cannot. The simplest and most economical device that will yield the required data is the one to use.

The most frequently used system of recording is one that provides the observer with a number of duplicated sheets containing the list of categories to be coded and the cells in which they are to be marked.

The entry of an observer into a group, however unobtrusive, may introduce another variable into the situation that may change the behavior being observed.² However people seem to get used to observers if the behavior of the observers convinces the group members that they are no threat. Deutsch³ found that the members of

¹C. Selltiz et al., Research Methods in Social Relations (New York: Henry Holt and Company Inc., 1959), pp. 228-229.

²Ibid., p. 233.

³Ibid., p. 234.

small groups were much more aware of the observer's presence at the beginning of their experience with them than they were after they had been observed for three meetings.

The methods used for obtaining the data for this study consisted of observation of the activities of the ward clerks, structured interviews with each of the seven head nurses and a follow-up interview with each of the seven ward clerks.

Selltiz⁴ states that the interview is advantageous in that it offers more flexibility than a questionnaire. If a subject misinterprets a question the interviewer may rephrase his question to make sure that it is understood or may ask further questions in order to clarify the meaning of a response.

It is desirable, in a study of this nature, to orient the personnel. Therefore a meeting was held with the ward clerks and the purpose of the study and the need for their cooperation was explained. The head nurses on each of the seven units to be studied were oriented individually.

⁴Ibid., p. 242.

A preliminary observation period was used to determine the effect an observer would have on the behavior of the ward clerks and the type of activities the clerks were performing. This preliminary observation demonstrated that because the observer represented authority the behavior of the clerks was altered considerably. To increase the reliability of the data of the study, a supervisor who seemed to be less of a threat was orientated to do the observing.

The instrument used was an activity sheet.⁵ This sheet was divided into three sections. The first part was for recording the activity, the second was time started, and the third the time ended.

The items in the activities column were categorized under the following headings:

- Assisting with reports and records
- Assisting with receiving and distributing supplies
- Care of equipment within the nurses' station
- Placing and receiving telephone calls
- Assisting with admissions, discharges, and transfers
- Errands off the floor
- Periods of inactivity
- Miscellaneous activities

Under these items were listed the duties that fell within these categories.

Each activity was timed as it began and when it ended. There was no breakdown of travel time when the

⁵Appendix B.

clerk was going from one geographic area to another because this did not seem pertinent to the study. Timing the activity as a whole had more significance, because it indicated the amount of time it took for the ward clerk to complete one activity.

Observations totaled a period of forty-one hours. Each period of observation was two to three hours in length. There were three observations from 7:00 to 9:00 A. M., which made a total of six hours, seven periods from 9:00 A. M. to 12 noon, totaling twenty-one hours, and seven from 1:30 to 3:30 P. M., totaling fourteen hours.

The observer was aware that the ward clerks were apprehensive during the first periods of the observation but seemed to accept the procedure and were cooperative.

A list of additional duties assignable to ward clerks was prepared to be used as a guide for the structured interviews with the head nurses and the ward clerks. This list was the result of information which the writer gathered from forty-six hospitals of comparable size which used the ward clerks and from the ninety-six hospitals as reported by George and Kuehn⁶ in their study.

⁶Frances L. George, and Ruth P. Kuehn, Patterns of Patient Care (New York: The MacMillan Company, 1955), Appendix C, pp. 199-218.

The structured interviews with the seven head nurses and the seven ward clerks were designed to obtain the following information:

1. Additional duties the head nurses felt the ward clerks could safely assume
2. The extent to which the ward clerks were performing their present functions
3. Additional duties the ward clerks felt they could safely perform

CHAPTER IV

FINDINGS AND ANALYSIS OF DATA

Figures 1 through 7 represent the percentage of time the ward clerks spent in each of the eight categories.

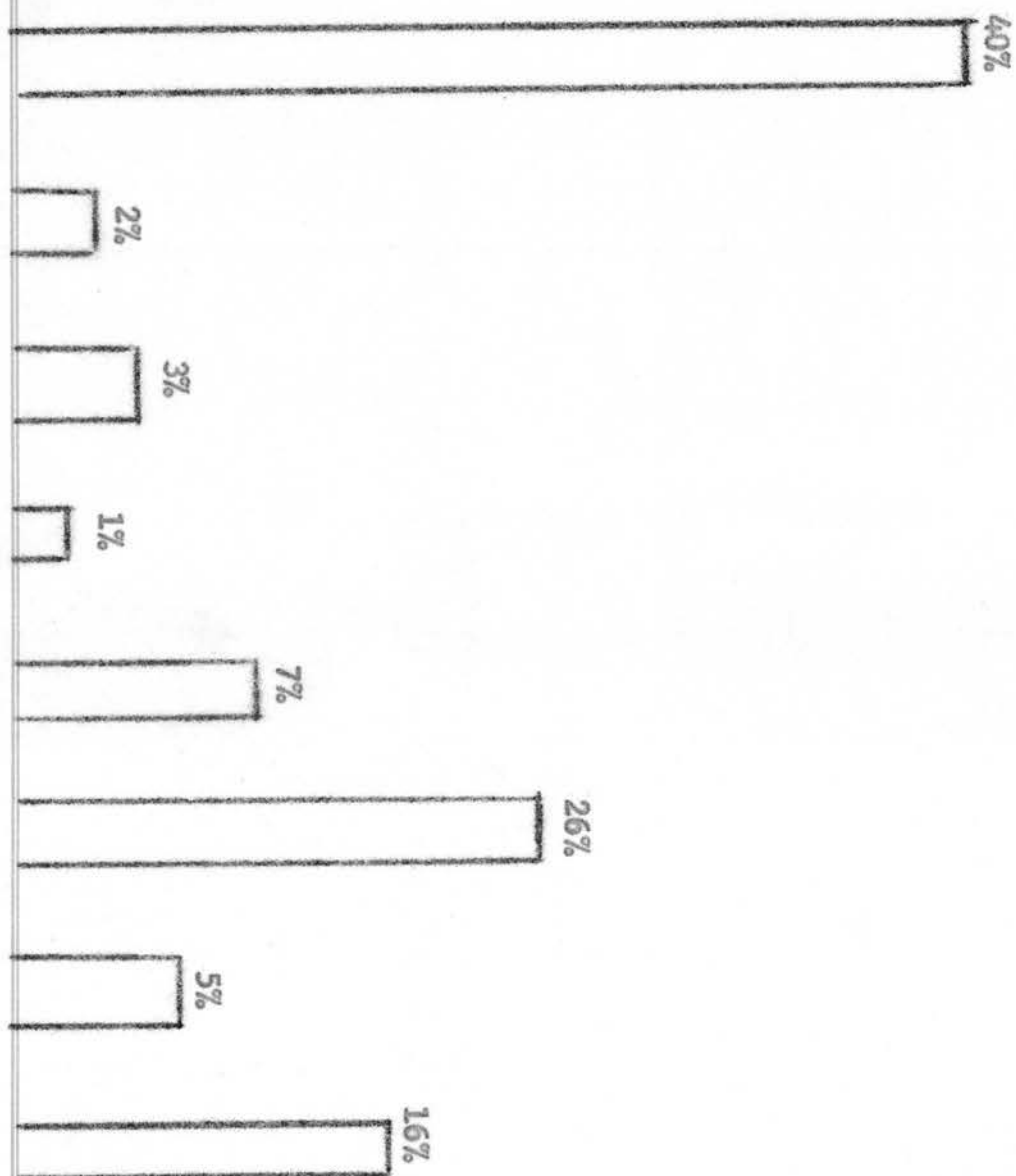
An analysis of the data in Figures 1 through 7 indicated that the greatest percentage of time was spent in Category I, Assisting with Reports and Records.¹ This varied from a high of 57% to a low of 34%. Category II, Assisting with Receiving and Distributing Supplies, varied from 6% to less than 1%. Category III, Care of Equipment within the Nurses' Station, varied from 3% to 1%.

Category IV, Placing and Receiving Telephone Calls, was consistently low. However, this was significant because of the placement of the ward clerks within the nurses' station. With few exceptions the ward clerk was located away from the telephone.

Category V, Assisting with Admissions, Discharges, and Transfers, varied from a high of 20% to a low of 4.8%. This was dependent upon the number of patients admitted, discharged or transferred during the day so that these

¹Appendix A

Percentage of Time Spent in Each Category on Ward A
Figure 1



Assisting with Reports and Records

Assisting with Receiving and Distributing Supplies

Care of Equipment within the Nurses' Station

Placing and Receiving Telephone Calls

Assisting with Admissions, Discharges and Transfers

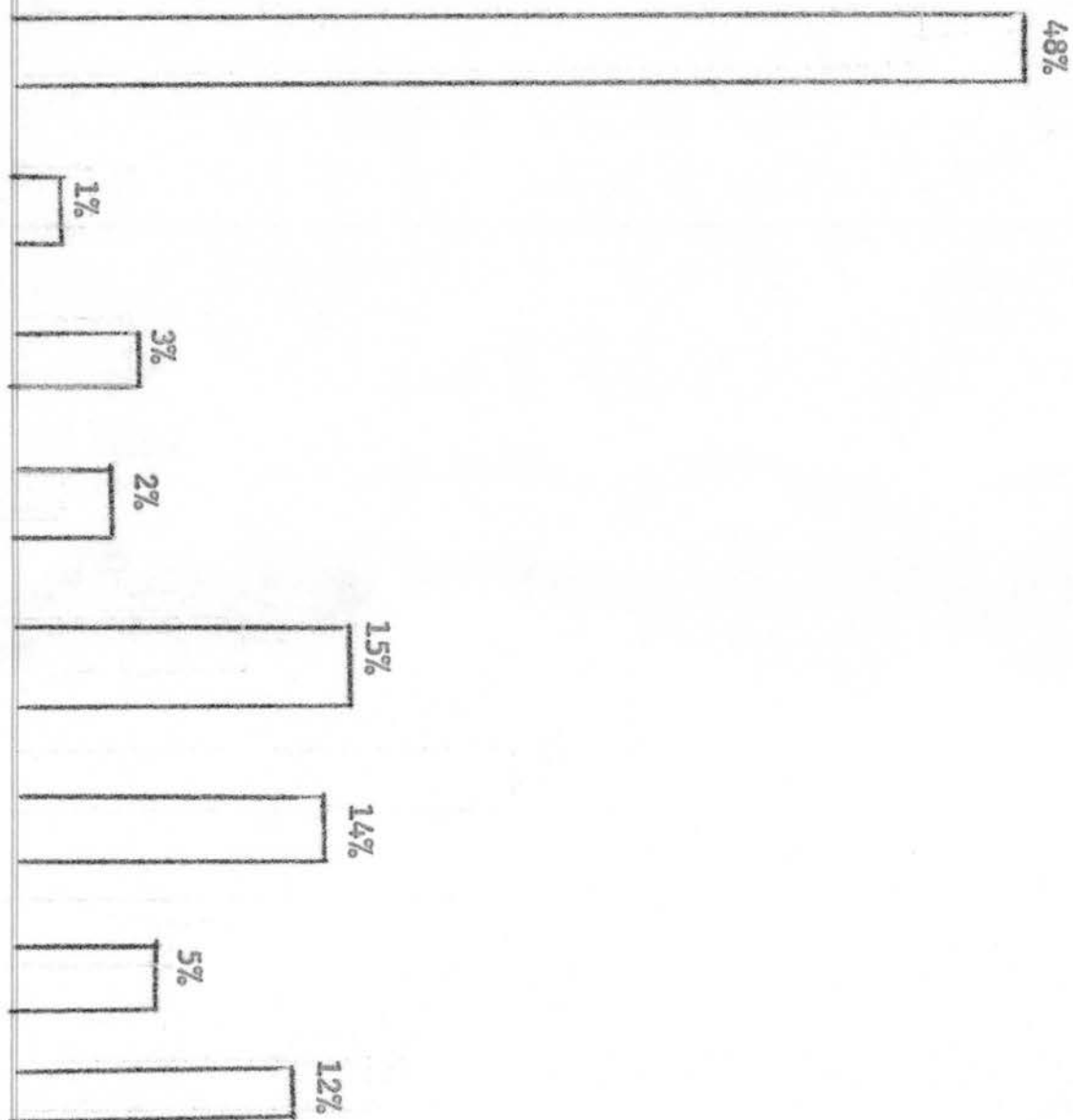
Errands off the Floor

Periods of Inactivity

Miscellaneous Activities

Percentage of Time Spent in Each Category on CMR

Figure 2



Assisting with Reports and Records

Assisting with Receiving and Distributing Supplies

Care of Equipment within the Nurses' Station

Placing and Receiving Telephone Calls

Assisting with Admissions, Discharges, and Transfers

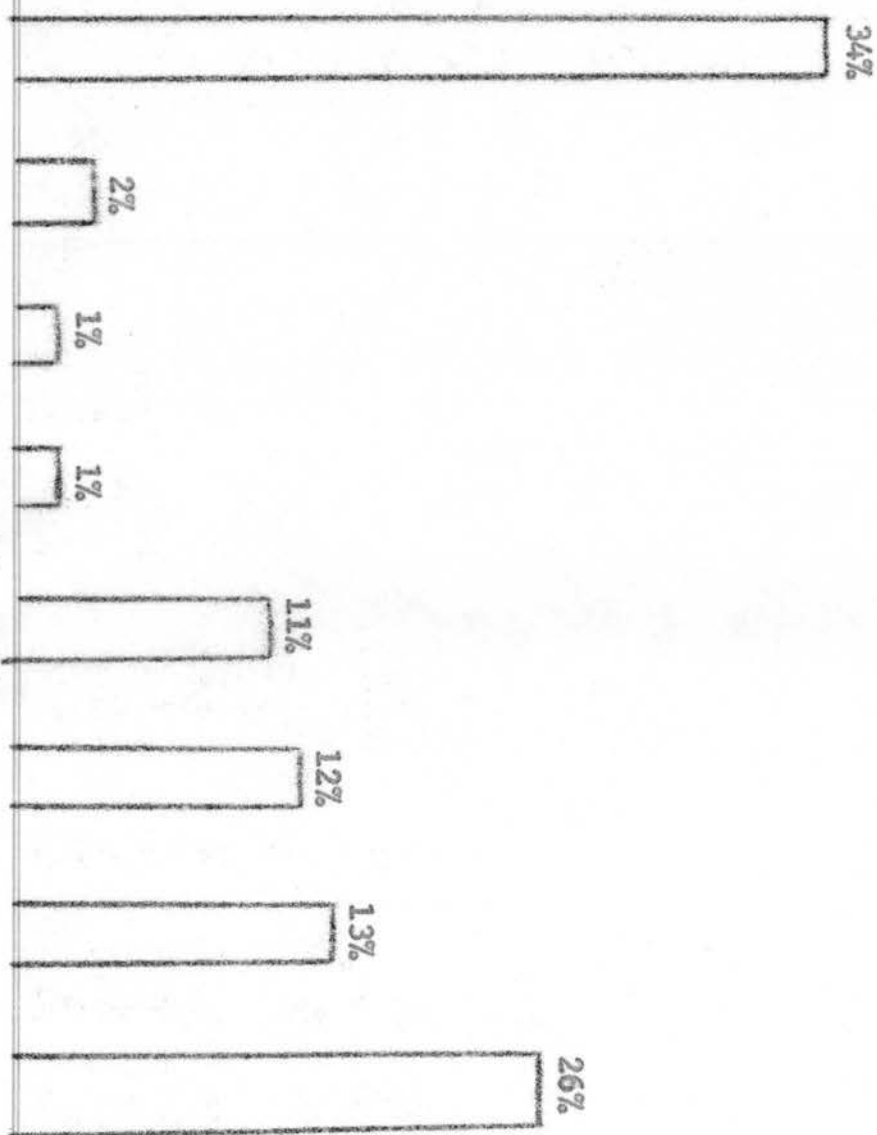
Errands off the Floor

Periods of Inactivity

Miscellaneous Activities

Percentage of Time Spent in Each Category on CMI

Figure 3



Assisting with Reports and Records

Assisting with Receiving and Distributing Supplies

Care of Equipment within the Nurses' Station

Placing and Receiving Telephone Calls

Assisting with Admissions, Discharges, and Transfers

Errands off the Floor

Periods of Inactivity

Miscellaneous Activities

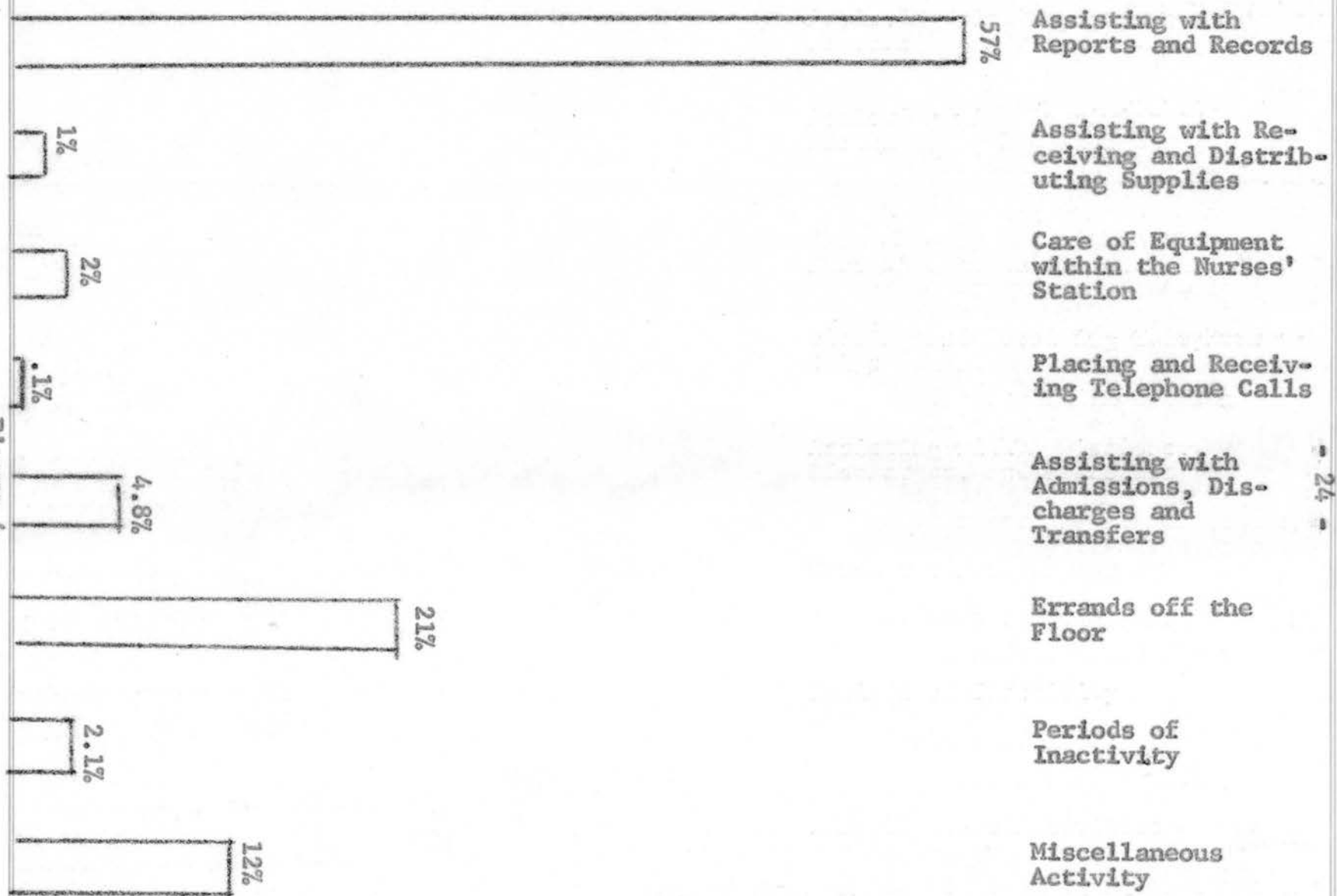
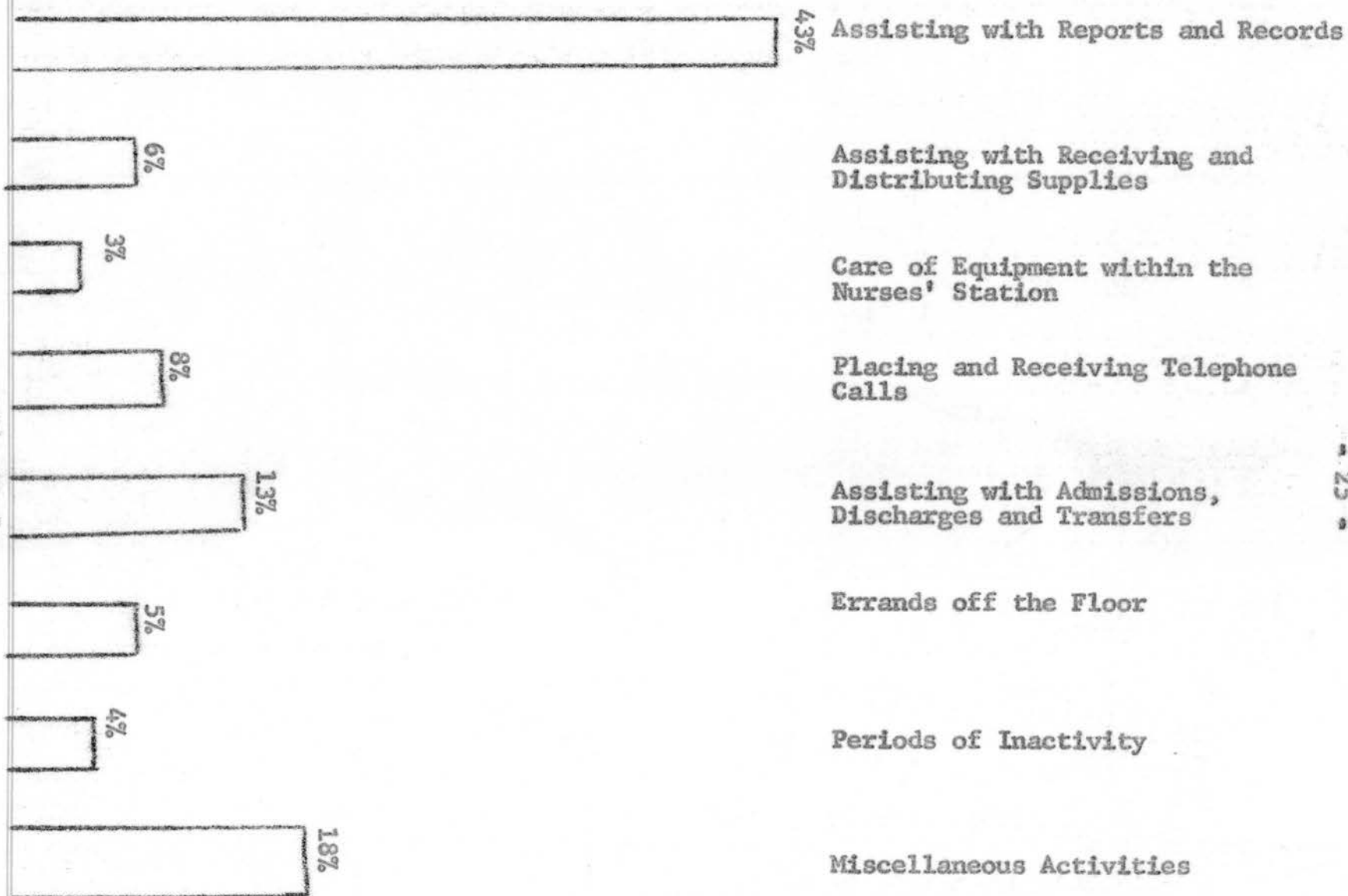


Figure 4

Percentage of Time Spent in Each Category on Ward C

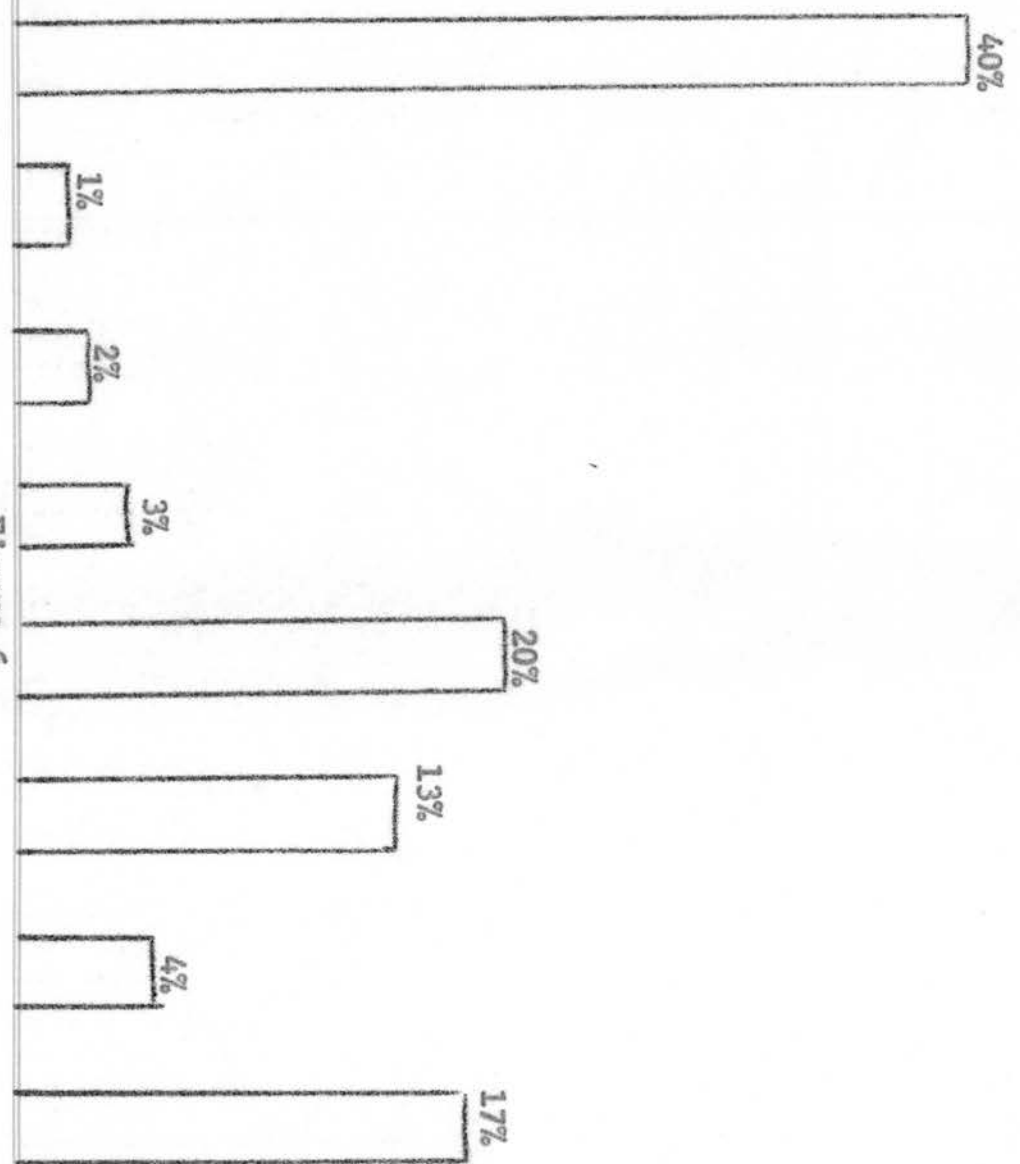
Percentage of Time Spent in Each Category on Ward D

Figure 5



Percentage of Time Spent in Each Category on CMR3

Figure 6



Assisting with Reports and Records

Assisting with Receiving and Distributing Supplies

Care of Equipment within the Nurses' Station

Placing and Receiving Telephone Calls

Assisting with Admissions, Discharges and Transfers

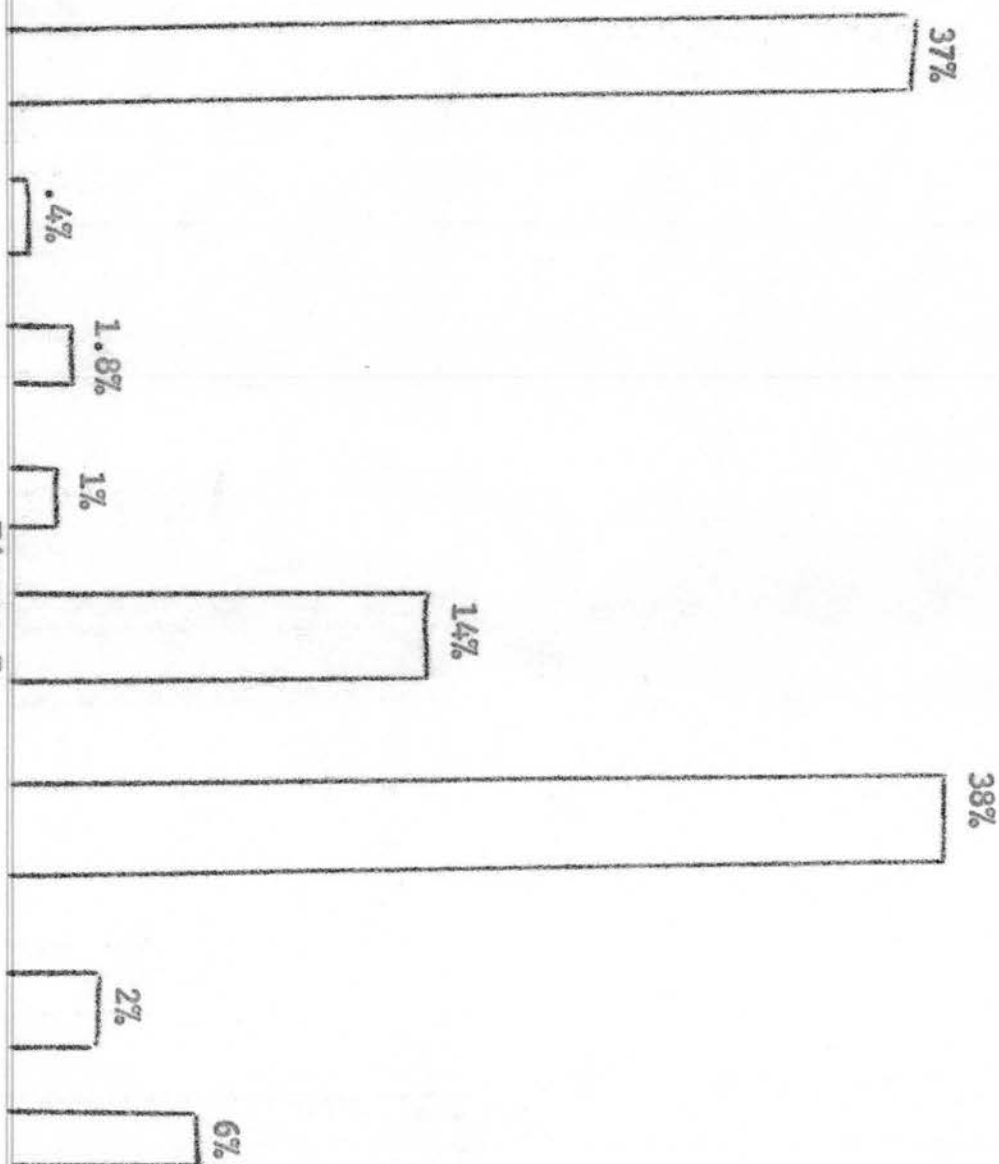
Errands off the Floor

Periods of Inactivity

Miscellaneous Activity

Percentage of Time Spent in Each Category on BKB

Figure 7



Assisting with Reports and Records

Assisting with Receiving and Distributing Supplies

Care of Equipment within the Nurses' Station

Placing and Receiving Telephone Calls

Assisting with Admissions, Discharges and Transfers

Errands off the Floor

Periods of Inactivity

Miscellaneous Activities

variances do not seem significant.

Category VI, Errands off the Floor, varied from a high of 38% to a low of 5%. The ward clerk on the nursing unit with the lowest percentage of time consolidated her errands, thus eliminating the need for frequent trips off the unit. On the nursing unit with the highest percentage of time off the unit, the ward clerk spent a great deal of time transporting patients to and from the X-ray department.

Category VII, Periods of Inactivity, varied from a high of 13% to a low of 2%. This was significant and more study of this category seemed indicated. Category VIII, Miscellaneous Activities, varied from a high of 26% to a low of 6%. This was not significant because the activities listed under this category would have varied from one nursing unit to another.

A tabulation of the ward clerks' activities revealed that they performed eighty-three different activities. These ward clerks' activities were compared with the list of functions gathered from information which the writer obtained from the forty-six hospitals of comparable size throughout the country and with the list of activities assignable to ward clerks found in George and Kuehn.² It was found that the ward clerks at the

²George and Kuehn, Appendix C, pp. 199-218.

Brockton Hospital were performing approximately the same activities as those described in the literature with but a few exceptions. These additional activities were listed and used as a guide in the structured interview conducted with each head nurse, after the observations had been completed.

The interviews were informal and conducted separately. Each head nurse was asked the following three questions:

1. In your opinion is the ward clerk on your unit functioning to capacity?
2. If not, what could be done to improve her efficiency?
3. How do you feel about adding the following activities to the ward clerks' duties:

Recopy the Kardex if necessary

Transcribe orders, other than medications, from the Doctors' Order Book

Make out the Kardex on new patients

Fill in referral forms

Take T. P. R.

Call the clergy for D. L. patients

Make clinic appointments

Make out medicine cards and have them checked by the head nurse

Notify resident, intern or attending physician of the arrival of a new patient

Check clothes list and valuables of patients

In answer to questions one and two, five of the head nurses said that the ward clerks were doing all that they could. One of the head nurses said the ward clerk on her unit could assume more activities, and the head nurse on the pediatric unit said that her ward clerk was used as a porter and therefore was unable to complete her clerical functions.

Table 1 indicates the reaction of the head nurses to question three asked in the structured interviews.

All of the head nurses felt the ward clerks should not transcribe orders from the Doctors' Order Book to the Kardex, or make out medicine cards, even though they would be checked because of:

1. The difficulty in reading the doctors' handwriting
2. The chance for error

The reasons for the negative feelings in regard to the other activities were that they felt the clerks were working to capacity.

Following the interviews with the head nurses each of the seven clerks was interviewed, and each was asked if she felt she could assume any additional activity now being done by the head nurse. Without exception each said that

TABLE 1
HEAD NURSES' RESPONSE TO THE WARD CLERKS' ASSUMING
RESPONSIBILITY OF ADDITIONAL DUTIES

A c t i v i t y	Head Nurses						
	1	2	3	4	5	6	7
Transcribe orders from D.O.B. other than medications	No	No	No	No	No	No	No
Recopy Kardex	No	No	Yes	No	No	No	Yes
Make out Kardex on new patients	Yes	No	No	Yes	Yes	Yes	Yes
Fill in referral forms	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Take T.P.R.	Yes	Yes	Yes	No	No	No	No
Call clergy for patients who have been put on the critical list	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Make appointments for clinic	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Make out medicine cards and have them checked by the head nurse	No	No	No	No	No	No	No
Notify resident, intern or physician of new patient's arrival	Yes	Yes	No	Yes	No	Yes	Yes
Check clothes list and valuables with a new patient .	Yes	Yes	Yes	Yes	Yes	Yes	Yes

with adequate teaching and supervision she could assume more clerical responsibility. The activities that they felt could be done by ward clerks included:

1. Answering telephones more frequently
2. Checking drugs for re-ordering (except narcotics)
3. Recopying the Kardex as necessary
4. Taking T.P.R.
5. Making out heading of weekly assignment sheets
6. Making out headings for Kardex
7. Making out the weekly time

All of the ward clerks felt transcribing the orders from the doctors' order book and making out medicine cards, even if they were checked by the head nurse, were not the functions of the ward clerk.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was done in the Brockton Hospital to observe the activities of the ward clerks. Its purpose was to determine if they were being utilized efficiently and if there were additional duties that they could assume.

The analysis of the data revealed that the ward clerks spent their time as follows:

1. Assisting with Reports and
Records 42.7%
2. Assisting with Receiving and
Distributing Supplies 1.9%
3. Care of Equipment within the
Nurses' Station 2.2%
4. Placing and Receiving Telephone
Calls 2.4%
5. Assisting with Admissions,
Discharges, and Transfers . . . 12.1%
6. Errands off the Floor 18.4%
7. Periods of Inactivity 5%
8. Miscellaneous Activities 15.3%

The ward clerks spent the majority of their time assisting with reports and records, which was considered

one of their most important functions. Errands off the floor consumed 18.4% of their time. However, the ward clerk on the Pediatric unit spent 38% of her time running errands. The majority of her errands were transportation of patients to and from the X-ray department. Here she spent as much as twenty to twenty-six minutes at a time because the patients could not be left unattended.

Periods of Inactivity totaled 5% exclusive of coffee breaks and lunches.

Placing and receiving telephone calls totaled only 2.4% of their time. This was significant because this was one activity that could be delegated to the ward clerks without reservation.

Conclusions

From the findings of this study it was concluded that the ward clerks were not being utilized efficiently. There were additional duties that they could assume. On many of the nursing units, placing and receiving telephone calls was not delegated to the ward clerks. The location of the telephone was responsible to some measure for this. In some instances the errands of the floor could have been consolidated so that it would not be necessary to make so many trips to other departments. One of the recommended

activities for the ward clerks was to act as hostess or receptionist. This, however, was one activity that did not appear to be exercised to any extent during the observation period.

Recommendations

On the basis of this study it is recommended that:

1. The services of a volunteer be utilized in the X-ray department to stay with the children while waiting for X-rays
2. A study of the nursing stations be done to determine the possibility of relocating the ward clerks so that they will have easier access to the telephone
3. More assistance be given to the ward clerks in planning their daily activities
4. A more meaningful in-service educational program be instigated for both the ward clerks and the head nurses
5. A more complete study of the ward clerks' periods of inactivity, exclusive of coffee breaks and lunches, be undertaken
6. An Activity analysis of the head nurses be done
7. Provisions for a messenger service be considered

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APPENDIX A

**WARD CLERKS' ACTIVITIES OBSERVED DURING THE STUDY
AND LISTED ACCORDING TO CATEGORY**

I. ASSISTING WITH REPORTS AND RECORDS

A. Charts:

1. Chart T.P.R. on clinical record
2. Assemble new charts
3. Attach records and reports
4. Fill in headings
5. Secure old chart for doctors
6. Add new sheets to charts
7. Get charts ready for doctors' rounds
8. Record intakes and outputs
9. Prepare chart for operating room
10. Put charts away after doctors' visit

B. Requisitions:

1. Assist with preparation of linen slip
2. Assist with preparation of weekly supplies
3. Assist with preparation of daily diet slip
4. Assist with preparation of repair order
5. Assist with preparation of central supply
6. Assist with preparation of routine laboratory work (C.B.C., Urine)
7. Assist with preparation of ECG
8. Assist with preparation of X-ray

C. Other Reports and Records:

1. Compute nursing hours daily
2. Check time slips for signature daily and send to Nursing Office
3. Fill out daily time slip in duplicate
4. Copy weekly time slip
5. Record discharges and admissions on daily ward report
6. Record discharges on condition form
7. Make out credits for drugs
8. Make out chargecards as head nurse indicates
9. Put headings on assignment sheet
10. Put special diet slip on board

11. Keep door cards, bedcards, name cards on charts current
12. Stamp special diet list
13. Stamp prescription requests
14. Check doctors' order book for discharges
15. Put intake and output slips at patient's bedside
16. Collect intake and output slips
17. Replenish charge card file
18. Distribute diet slips

II. ERRANDS OFF THE FLOOR

1. Take patient to X-ray as directed
2. Go to central supply to return and get new supplies
3. Go to pharmacy for drugs
4. Go to laboratory with requisitions
5. Go to any department as directed
6. Return charts to the record room

III. PLACING AND RECEIVING TELEPHONE CALLS

1. Place and receive telephone calls to departments within the hospital
2. Place and receive telephone calls as directed to families and relatives of patients
3. Answer paging system

IV. ASSISTING WITH ADMISSIONS, DISCHARGES AND TRANSFERS

A. Admission:

1. Bring patient to floor
2. Assemble chart
3. Make out bed card, name card for chart, and door card
4. Stamp chart
5. Make out charge cards for blood and urine examination
6. Label urine specimen bottle
7. Put name on census board
8. Chart T.P.R.

B. Discharge:

1. Call receptionist to notify of discharge
2. Call family
3. Check clothes with patient and have patient sign clothes slip
4. Prepare chart for discharge
5. Take name off census board and diet board
6. Record name on condition list, daily ward report, in discharge book

V. ASSISTING WITH RECEIVING, DISTRIBUTING AND STORING ARTICLES BROUGHT TO THE WARD UNIT

1. Distribute mail
2. Put central supply material away
3. Put linen away
4. Put store room supplies away
5. Put drugs away

VI. CARE OF SUPPLIES AND EQUIPMENT WITHIN THE NURSES' STATION

1. Clean nurses' station (fill inkwells, dust desks)
2. Clean closets and check drawers, replenish supplies

VII. MISCELLANEOUS

1. Searching for a stretcher strap
2. Giving instruction to a nursing aide
2. Searching for a patient's crutches
4. Helping to serve trays
5. Putting pamphlets in book
6. Checking supplies
7. Instructing patient in use of the telephone
8. Tearing blank nurses' notes, laboratory sheets off a pad
9. Marking I V solution with patient's name
10. Assisting patient
11. Setting tray up for a stat blood
12. Talking to patient

13. Directing volunteers
14. Handing chart to doctor
15. Directing special nurse to supplies
16. Making stool boxes
17. Talking to personnel

A P P E N D I X B

ACTIVITY STUDY WORK SHEET

Nursing Unit _____

Date _____

Observer _____

Individual to be observed _____

Activity	Time Started	Time Completed