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**EXPERT COMMITTEE ON
NURSING**

Third Report

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WORLD HEALTH ORGANIZATION

PALAIS DES NATIONS

GENEVA

NOVEMBER 1954

EXPERT COMMITTEE ON NURSING

Third Session

London, 29 March - 3 April 1954

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EXPERT COMMITTEE ON NURSING

Third Report *

The third Session of the Expert Committee on Nursing was held in London, England, from 29 March to 3 April 1954.

The session was opened by Miss Olive Baggallay, Chief, Nursing Section, on behalf of the Director-General of the World Health Organization. Dr. Melville Mackenzie, Principal Medical Officer, Ministry of Health, London, welcomed the members of the committee, and emphasized the importance of nursing and nursing service administration in the broad health programme.

Miss E. Cockayne was unanimously elected Chairman, Miss Mei-yu Chow, Vice-Chairman, and Miss R. Sleeper, Rapporteur.

Introduction

In its first and second reports¹ the committee had dealt largely with problems of nursing education. The recommendations in the reports of these sessions have furnished initiative for, and guided developments in, educational programmes and studies now under way. The plans made to establish and improve programmes in nursing education constitute an important step in the administrative plan for the provision of nursing services.

The first session of the committee also listed some of the factors involved in the effective use of nursing personnel. It is now an established fact that hospitals and other health agencies need assistance in developing nursing services capable of meeting the needs of modern medical care and rapidly changing social patterns. At its third session the committee was called to study the problems of nursing service administration and to prepare materials which might be of assistance to Member Governments.

* The Executive Board, at its fourteenth session, adopted the following resolution :
The Executive Board

1. NOTES the third report of the Expert Committee on Nursing ;
2. THANKS the members of the committee for their work ;
3. AUTHORIZES publication of the report.

(Resolution EB14.R5, *Off. Rec. Wld Hlth Org.* 57, 2)

¹ *Wld Hlth Org. techn. Rep. Ser.* 1950, 24; 1952, 49

In preparation for the meeting a letter was sent to the members of the WHO Expert Advisory Panel on Nursing asking for advice and assistance in formulating the agenda. Thirty-one, or 100%, of the members of the Panel replied. An analysis of the replies showed unanimous agreement on the need for a committee to consider nursing service administration. It was suggested that principles, rather than details, of administration be considered, since these would be applicable to the nursing services of both the hospital and the public-health agency in the fast developing and more traditional nursing services. In order that emphasis be placed upon the broad principles of management and the human relations aspects of management in nursing services, the members of the Panel advised that experts in these fields be included on the committee.

The committee, in approving the agenda, also accepted the terms of reference suggested by the Panel members :

- (1) to advise on the principles of nursing service administration ;
- (2) to assist through the report of the committee in a world effort to improve the administration of nursing services.

1. Definition of Nursing Service

The nursing service is that part of the total health organization which aims to satisfy the nursing needs of the community. The major objective of the nursing service is to provide :

- (1) the nursing care required for the prevention of disease and the promotion of health ;
- (2) the nursing care of the patient required
 - (a) in the interest of his mental and physical comfort, and
 - (b) by reason of the disease from which he is suffering.

As nursing is only one part of the total care of the patient, nursing activities must be co-ordinated with those carried on by workers such as the doctor, the social worker, and others. In some situations, the nurse may be obliged to assume functions usually carried out by these other workers. In other situations the nurse may appropriately delegate some of her ² functions to members of the nursing personnel [†] with less preparation. In still others, auxiliary personnel may be obliged to assume functions which a nurse should perform. In all situations which are

² Throughout this report the feminine and masculine pronouns relating to nurses are interchangeable.

[†] For the definition of this and other terms similarly indicated, see Annex, page 27.

“patient-centred”,³ the delegation and assumption of functions will be determined by the patients’ needs and by the limitations of the service available.

2. Characteristics of the Present Stage of Development of Nursing Service

The pressures resulting from the rapid progress in the field of health and the changing social patterns of all peoples today have brought similar administrative problems to both the newly established and the more traditional types of nursing services. The difference in the problem resulting from these changes may be one of degree rather than a fundamental difference.

All nursing services are affected by the following situations :

2.1 *Changing patterns of medical and nursing care*

Modern methods of medical treatment have affected the work of nurses in both the hospital and the public-health field. The introduction of chemotherapy and antibiotics is modifying the nursing care required and adding new demands. Early ambulation and early discharge from the hospital create the need for more instruction of the patient in self-care, more teaching of the family to prepare for the early return to the home, and a greater integration of the hospital and public-health services in order that continuity of care between hospital and home may be provided. More radical surgery necessitates a more skilful nurse. Increased emphasis on rehabilitation requires the assistance of a nurse with an understanding of the principles and methods of rehabilitation, and the ability to teach. As psychiatry and psychosomatic medicine play a more active part in the care of all patients, the nurse is expected to include the aspects of mental health, and especially the principles of mental hygiene, in her nursing care. As public health and medicine advance, a share of the responsibility for the prevention of disease and the promotion of health falls to the nurse.

As the nurse must assume a changing role both nurse and doctor will need to redefine the function of the nurse. Where the nurse is beginning to assist in health teaching, disease prevention, health promotion, rehabilitation, and the more technical aspects of patient-care, the assistance of a less highly skilled worker is used to assist the nurse. In these circumstances the nurse must accept the fact that this worker may be necessary to assist in activities directly concerned with patient-care. If a sound

³ See *Wld Hlth Org. techn. Rep. Ser.* 1953, 60, 10.

plan is made including provision for good training and personal relationships the patient-care can be good and the nurse can find satisfaction in her work. The doctor and the general public in turn must realize that circumstances beyond the control of nursing have produced this change, and that it is not due to a diminishing interest in direct patient-care.

2.2 Increased demand for nursing services

The demand for nursing services is the result of several factors. In all countries a good nursing service has been found to be an essential requirement for a successful health programme. As health services are extended to more people, the demand for nursing services will increase proportionately. Medical-care programmes grow increasingly complex as medical science progresses. Even in countries where the supply of nurses is relatively good, the nurse's responsibilities may be increased because functions previously carried out by the doctor are now delegated to the nurse. In other countries it is accepted that even though doctors are available, nursing personnel will undertake complex functions, carried out elsewhere by doctors. Other allied workers in the health field are also affected by the changing trends. As their work programmes change, they too make new demands upon nursing; e.g., the laboratory technician requires more specimens and tests, or the time schedule of the physical therapist may conflict with the schedule for nursing care. The modern hospital and public-health agency should be conducted to furnish services which the community needs in the most effective and economical manner. A large proportion of the hospitals' and public-health agencies' income is used to pay for the cost of nursing. Nurses also deal with many aspects of patient-care for which financial charges are made. As a result of this latter factor, nurses are more and more involved in the time-consuming details necessitated by the financial system of the agency.

2.3 Inadequate status of nursing and/or of women

The status of nursing has been a problem since the earliest days of nursing history. Cultural patterns have prohibited the freedom necessary for both education and the practice of a profession. Even today, the education necessary to give the nurse co-status with other health workers is retarded in most countries, and only when nursing education is established on a sound basis comparable to that for other workers in the health field of the country concerned can this problem be solved.

As a result nurses have been excluded from policy-making bodies, authority † has been withheld, and the nurse has not been able, or has not been permitted, to assume the full responsibility of an administrator.

Contributing to the problem of the status of nursing is the problem which exists when the cultural pattern assigns a lower status to women. In such situations, the woman of intelligence and education who has acceptable status hesitates to jeopardize that position by undertaking nursing.

It is not a problem for nursing alone, but a problem for nurses to solve with doctors, members of other allied health professions, and interested laymen and women in their country, in co-operation with the educational authority which has already assumed responsibility for the education of the other members of the health team. Only when the problem is solved can nursing services contribute their full share to the health programme.

2.4 Insufficient financial support for nursing services

Lack of auxiliary workers[†] to supplement the nursing staff, lack of supplies and equipment which make possible the economical use of nursing time, lack of facilities which permit efficient planning, and lack of adequate accommodation for nursing staff, may be the result of insufficient financial support for nursing services. In some countries it is now an established fact that more nurses will probably not be available. In most countries it is recognized that as the number of nurses increases so also will population increase bring added demand for nursing care. One solution of the problem will therefore lie in financial support adequate to permit nursing services to make the most efficient use possible of nurses and auxiliary workers. Better utilization of personnel can also be achieved when the director of nursing shares not only in the assignment of personnel for most effective use, but also in the preparation of the nursing service budget and in the decisions relating to the allocation of money available for both personnel and facilities in this service.

Among the preceding situations are many factors which are beyond the control of the nurse : cultural patterns, population growth, social and economic status. The nurse should be aware of all these factors and take leadership in planning ways and means of meeting the situation as it affects nursing.

In the hospital or the health agency the nurse must consider all the above factors as she works to change those which are within the range of her own ability and of the abilities of her staff. The problems within the nursing service will not be solved by nurses alone, but by the joint efforts of all those affected by the activities of nurses, auxiliary workers, and related health groups. Joint planning is essential to the solution.

3. Administration in Nursing Services

3.1 *Making the plan*

The success of any project depends to a great extent upon the way in which it is planned. Good planning is not a haphazard procedure, but follows certain steps, which are :

- (1) identification or recognition of the problem ;
- (2) calling together the workers directly involved in the problem ; consultation † with patients and families when appropriate ;
- (3) analysis of the problem, during which process the members of the group list the pertinent factors ;
- (4) study of the factors by the group, indicating causes and remedies ;
- (5) agreement upon the action which can be taken by the group members immediately ;
- (6) consultation by a member or members of the group involved, through appropriate channels ; further analysis, study, and agreement on additional steps ; and
- (7) formulation of a plan with decisions in respect of :
 - (a) who is to implement the plan ;
 - (b) what personnel may be necessary ;
 - (c) what training must be planned for the personnel ;
 - (d) what additional physical facilities, equipment, or supplies may be required.

A plan once made should be put into action as soon as is feasible. Impetus and interest developed through group participation in planning may be lost if action is unnecessarily delayed.

In putting a newly made plan into execution one will inevitably have to meet the resistance to change which is a fundamental quality of all living individuals and societies. It would be unwise to neglect it. Resistance to change is rooted in habit formation and gradually developed traditions. It has, from this point of view, a positive and valuable side. But the resistance to change may, on the other hand, be brought about by feelings of insecurity, and of fear of new situations, and it may in this way even lead to negativistic reaction. The only way to overcome this part of the resistance to change is to make everybody understand the aim of the plan and, if possible, to demonstrate and let him feel the advantages. Staff members must be convinced of the value of the plan, and should take into consideration the fact that convincing people is a process including both intellectual and emotional factors. Those who are convinced of the

value of the plan should furnish the example and thereby influence the others by suggestion. It is surely wrong to compel people to follow a new pattern of conduct if they do not understand it.

Successful execution of the plan is also dependent upon joint action.

3.2 *Executing the plan*

Execution of the plan will follow certain well-defined steps.

(1) Present the plan to those concerned including the patient and the family.

(2) Prepare exact instructions to start the plan, clearly defining the duties, responsibilities,[†] and authority. A statement should be included explaining that there may be confusion and difficulties during the implementation and assuring all personnel that each member should not only feel free to report to the appropriate person when difficulties are realized, but also should accept this responsibility to make the execution of the plan effective.

(3) Observe the plan in action, following up all steps in the plan at selected intervals over a specified time. The changes in quantity and quality of nursing care, the attitudes evident as the plan progresses, the changing personal relationships, will furnish evidence of success, or need for modification. Modifications in the plan should be made, if possible, as soon as the need for modification is realized.

3.3 *Evaluating the plan*

Evaluation of results may begin at any time after the plan is put into action, but sufficient time should be allowed for the adjustment of personnel and physical facilities before the final decision is made. A first evaluation may indicate need for modification, not necessarily success or failure. Evaluation includes the following steps :

(1) checking the results against the objective of the plan ; and

(2) reporting the results to the planning group and others concerned with the plan.

Only one guide for planning can be included in this report. All steps may not need to be followed in every situation. The use of individual and group judgement will be needed to adapt the guide to the situation. Although a nursing service may be small, it is important to remember that sound planning results in more than just a plan to solve a problem. The process of planning often provides stimulation which will help to put the plan into successful action and prevent future problems.

Two illustrations of planning follow, one in a rural health agency, the other in a large teaching hospital. Both show different approaches to planning, and the concomitant values which result.

I. Example of Planning in Public-Health Nursing

The situation: As a part of a rural reconstruction programme, it was decided to strengthen the existing health stations in rural districts. The nurses whose duties had previously been confined to taking temperatures, to changing dressings, and to giving inoculations and vaccinations, were not prepared by the scope of their training to undertake the new functions required, such as health education, home visiting, maternity and child health, school health, clinical nursing, etc.

A. Making a plan

1. *Recognition of problem*

The health authority of the province in planning the development of the existing health stations was fully aware of the fact that the available staff had not the training or experience to enable them to cope with the increasing demands which the new development would make.

2. *Calling together*

The senior nurse of the provincial health department, as the official through whom policy was transmitted, took the initiative by inviting nurse instructors, local health officers, and nurses to meet and discuss the situation.

3. *Analysis*

An analysis of the situation revealed that the new developments needed staff with a wider conception of nursing duties and greater skills than those possessed by the existing personnel.

4. *Study of factors*

The first factor recognized was that, for a variety of reasons, it would be impossible to obtain more highly trained nurses. It seemed important that the existing nurses should be asked to assume the extra responsibilities, and it was recognized that every help must be given them to this end.

The number and types of medical and nursing personnel in the area, the kind of training they had received, and the possibilities of future recruitment from the nursing schools, were examined.

The future nursing load of this area was estimated.

5. *Agreement and action*

It was agreed that the situation called for :

- (a) immediate intensive training of existing personnel to enable them to assume new responsibilities ; and
- (b) co-ordination with other projects under the rural reconstruction programme.

To facilitate (a), all concerned were invited to meet and discuss the total situation with the senior nurse. It was considered important that the existing personnel should be anxious to co-operate of their own volition, and that they should be convinced that the suggested plan was in the best interests of themselves and of the community.

To that end they were invited to discuss the content and objectives of a proposed training course and agreement was reached as to the length of training necessary.

6. *Consultation with other groups*

A report was forwarded to the health commissioner and a budget was submitted for approval. Contact was made with the local government officials and local leaders through approved channels to explain the problem.

7. *Formulation of plan*

After approval of the budget was obtained, the details of the training course were finalized, published, and sent to all concerned.

B. Executing the plan

Exact instructions were issued for starting the plan and notices were sent to the various health stations indicating when trainees should report to the training centre.

C. Evaluating the plan

An initial evaluation was provided by the results of examinations held at the conclusion of the course. Regular supervisory visits and reports provided further checks from time to time.

II. Example of Planning in Ward Administration

The situation: In one hospital, a head nurse (ward sister) † reported inadequate nursing care during the hours between 5 and 7 p.m., when there was an excessive demand for nursing care. The head nurse requested more personnel from the director of nursing service (matron), † but none was available.

A. Making the plan

The head nurse faced with the situation daily—

1. *Recognized the problem:* How can the nursing schedule be rearranged to maintain a good standard of care at all times during the day?

Realizing the solution of the problem depended upon the co-operation of the group, the head nurse began by—

2. *Calling together the group involved:* the resident doctors, the general staff nurses, the student nurses, and the ward aides to discuss the problem. When the time for treatments was involved, patients were also consulted.

3. *Analysis of the problem* showed the following:

(a) There were fewer workers on the ward during this period because many workers wished to complete their work in mid-afternoon.

(b) Many student nurses had classes at 5 p.m., and treatments had often to be scheduled to be done after their return.

(c) Medical students came to the ward during these hours to take patient histories and to examine patients as a part of their educational programme.

(d) Post-operative patients were returned to the ward from the surgical recovery room at 5 p.m., because the recovery room closed at this time.

(e) Resident doctors completed their duties in other hospital departments at this time and came to the wards to examine patients, give intravenous therapy, write orders, etc.

As the factors were listed it was apparent that the final plan could not be the responsibility of the ward group alone, but agreement was reached on first steps which the ward staff could take immediately. Workers agreed that the head nurse should change their time schedules to provide better coverage. The head nurse studied the plan for patients' treatments and consulted with the doctor to secure a better distribution of the treatments throughout the day. The resident doctors considered the possibility of writing orders earlier in the day.

It was further agreed that the head nurse should consult with the director of nursing service, who would perhaps also consult with other groups involved—namely, the nurse-teacher who plans the schedule for student nurses' classes; the doctor who plans the clinical schedule for medical students; the hospital administrator; and the chief doctor of the surgical staff. This consultation was held, the problem was analysed further, and additional steps were decided upon.

4. *Formulating the final plan*

As many people were involved, many people shared in the final plan. The nurse-teacher planned a change in the student nurses' class schedule. A plan was made to modify the medical students' schedule. Although the hospital administrator and the chiefs of the surgical staff studied the problem, there seemed no immediate possibility of the resident doctors coming to the wards earlier in the afternoon. In this respect there was no plan resulting. Consideration of the surgical-recovery-room schedule by the hospital administrator, chief surgeon, and director of nursing service indicated that long-range planning should be undertaken for a more-complete 24-hour service, since additional personnel and enlarged facilities would be necessary for such a service.

B. Executing the plan

1. The director of nursing service presented the various plans which had been made to the group with whom she had consulted, and to the head nurse. The head nurse presented the plans to the group which had assisted in analysing the problem and studying the factors involved. Information about the plan was given to all student nurses whose class schedule was affected by the change.
2. The preparation of special instructions to the workers was unnecessary to execute the plan.
3. All concerned observed the plan in action with great interest. Workers checked the situation and discussed their observations with the head nurse. Some went to her because of personal problems related to the new arrangement of working hours. Interest in patient welfare and desire to continue planning were evident. The head nurse reported no loss in worker morale and some improvement in patient-care.

C. Evaluating the plan

When the results of the plan were checked against the objective it was apparent that the objective had been only partially achieved.

During the subsequent report to the workers it was agreed that further planning for a 24-hour service in the recovery room was necessary to make a satisfactory plan, and that the workers had enjoyed and been stimulated by this opportunity to share in planning.

3.4 *Administrative principles*

In the examples quoted, problems have been stated, contributory factors examined, plans formulated, and instructions issued for the execution of the plans.

The examples differ in that one represents the application of administrative principles to a new development, while the other shows how an actual problem is dealt with; but in each case the same clearly defined steps have been taken and each principle is logically followed by a process which in its turn results in an effect.

Thus, the recognition of the problem calls for INVESTIGATION—the first principle of administration. This involves

- (a) collection of facts, and
- (b) classification (or analysis) of facts,

and from the information thereby acquired the process of forecasting begins. This is an attempt to estimate the requirements which are needed to formulate a PLAN to deal with the situation. At this stage the second principle—REALITY—must be applied, since all forecasting must be in terms which correspond with the realities of the situation. To ensure that the human and material elements are suitable for the objective of the plan is the organizing process, and the resultant effect is co-ordination.

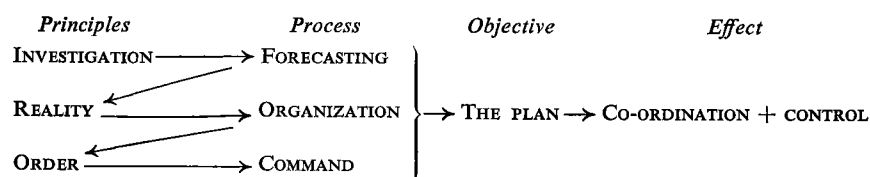
The purpose of organizing is to unify effort. In this organizing process the abilities, duties, responsibilities, and authority must be clearly defined. Training as a factor in efficiency does not stop at the instruction in technical skill. It should give a similarity of outlook and of attack on the problems encountered. The methods by which co-ordination can be achieved include :

- (1) the establishment of an identity of purpose ;
- (2) the establishment of identity of training, to ensure that personnel react in selected areas to a given situation in the same way ;
- (3) the establishment of committees, executive and consultative ; and
- (4) the preparation of publications, i.e., organization charts, procedure instructors, manuals, and so forth.

Since the purpose of planning is to secure systematic action in accordance with the general objective, the underlying administrative principle is found in ORDER.

The process of COMMAND, which consists in giving exact instructions as to how the plan is to be worked, comes into operation, and the effect is CONTROL, which enables the administrator to see that everything is being carried out in accordance with the plan adopted and the orders issued.

Shown in schematic form' the elements of administration are :



3.5 *Human relations in administration*

Terms such as co-operation, team-work, consultation, responsibility, and authority are frequently used in this report. A condition of all these activities is the relationship between individuals—namely, the staff members of all ranks—and the feeling of everybody concerned that he belongs to the whole organization. The efficient functioning of the service, as well as the feeling of satisfaction with which staff members fulfil their work and which is so important to their willingness to co-operate, depend to a very great extent on good inter-human relations.

The furthering of good inter-human relations in the interest of the organization as well as in the interest of the individual is consequently one of the main tasks of nursing service administration.

It is of primary importance to prevent the birth of tensions, and this can only be done if the means of communication in the vertical and the horizontal lines are as open as possible.

Occasionally, heads of large services do not even know of the existence of tensions among their staff. One example of this is the head nurse or nurse administrator who stands between two levels of authority and who meets pressures from the hospital, nursing administration, and doctors from above, and from personnel from below, while attempting to concentrate her efforts on nursing care. This simple fact demonstrates that the distance between the heads of large services and members of their staffs is much too great. The distance must be diminished, and this can and should be done without loss of authority. Staff need and want discipline. This authority should not be imposed, but should be a freely accepted authority. A sine qua non to this is mutual respect for the personality of other individuals and a sincere interest in each others' difficulties and tasks.

Supervisors or administrative nurses can be appointed to act for the director of nursing service. Such appointments should not preclude direct access of the personnel to the director of nursing service should they wish to see her for some reason, personal or otherwise.

A difficult point in many nursing services may be an insufficient understanding between nurses in administrative positions and their staff.

Harmonious human relations may be in serious danger at this level, and tensions may arise which are detrimental to the efficient functioning of the service as well as to the happiness of the individuals concerned. Younger members of the staff and married nurses may have strong outside interests which an older head nurse, absorbed in her work, may find hard to understand. On the other hand, the young head nurse may not realize the difficulties faced by the older nurse who returns to work after many years away from her profession.

Everything possible must be done to help the nurse administrator and her staff to have the time and the opportunity for interests outside nursing. Nursing should not completely absorb the individual. Time and opportunity must be provided for the nurse administrators to know and to work with the members of their staffs. They must be encouraged to delegate a considerable part of their responsibilities to others in order not to become overburdened with work, which may result in increasing irritability, and which may well set up a vicious circle of steadily growing tensions. Head nurses and others in nursing service administration should have refresher courses in which a great part of the teaching should be devoted to the psychology of human relations.

Good human relationships depend so much upon good supervision that the selection and training of those who are to act in a supervisory capacity demands particular attention. There is a limit to the number of people who can be effectively controlled by one individual, and the size and complexity of modern social organization necessitates the delegation of authority to a number of people who, although they are themselves employees, act in a supervisory capacity and take the place of the employer in the face-to-face relationships of daily work. To those people is entrusted the carrying out of policy. It is important that their administrative acts should be in accordance with that policy and that they should be accepted as such by the working force.

Every nurse administrator must have, at fixed and regular times, consulting hours during which her subordinates can come with their difficulties, and the administrator must first of all understand the art of listening. In addition, it must be the task of the personnel manager to inform the leading staff members about important facts happening in the private lives of the workers, in order to enable these leading staff members to show interest if this seems to be appropriate.

It is necessary to understand that every individual sometimes needs to feel that his work is appreciated. It has been found wise to praise occasionally even those who do not do their work very well, since this may be the best way of improving their behaviour. It affords an opportunity for administering the best type of punishment, which is withholding praise.

It goes without saying that a staff member should never be blamed in the presence of others.

The fact that staff members of all ranks often do not know the opinion of their superiors concerning their work and general behaviour is a frequent cause of feelings of insecurity. This may frustrate their good intentions and have an adverse effect on their performance. On the other hand, shortcomings may be allowed to continue because of the lack of adequate advice and correction.

The same standard of work is sometimes praised by one supervising nurse and blamed by another. It is therefore necessary to give every member of the nursing personnel an opportunity to read reports on her performance written by the supervising nurse. This may be done at regular intervals, for instance, four times a year. When the report has been read, the staff member should sign to certify that she has seen it. At the same time, the worker should be given the opportunity to discuss with the supervising nurse any matter which is of concern to her. On these occasions the worker should be encouraged and given help to make good her shortcomings.

Everything possible should be done to promote the sense of responsibility of all staff members. Staff members must be consulted with regard to new plans and informed in detail about these plans and their execution. This provides a feeling of security and a sense of responsibility, and makes every member feel that she belongs to the whole.

For the same reason every staff member, and especially the newcomers, should be shown all the departments of the health service. The nurse should see the typists' room and the kitchen, the typist and the cook, the sick wards and clinics.

A hearty personal welcome given to every newcomer, irrespective of rank (e.g., tea in the director's room), is of the greatest value, because the first moments in a new environment may be the deciding ones for the future adaptation of the individual.

Very careful instructions should be given to newcomers, even about the most simple things, in order to promote their feeling of security and to lessen failures at the start, which often have a discouraging effect. Some booklet or pamphlet describing the service can be of great use in this respect.

It is advisable to give the parents, husbands, and wives of workers the opportunity of seeing the activities of the service. In this way the workers find it easier to talk at home about their work; this strengthens their ties with the service.

It is of paramount importance to put the right individual in the right place, and it is always a great mistake to impose upon the individual worker

a task which is beyond his capacity. To do so leads to feelings of inferiority, which are sometimes overcompensated in rebellious or negativistic attitudes. Psychological advice may be of great value in fitting the right person into the right place.

If there is a vacancy in a higher rank of the service, every worker who might be willing to take it should be informed in order to enable her to apply for the position. This is the only way to prevent arousing feelings of suspicion with regard to new appointments. Leaders of a service should never forget that a promotion to a higher rank is as important to every member of the staff as it is to themselves.

3.6 *Levels of authority and responsibility*

In translating the principles of administration into action, due regard must be paid to the way in which the size and complexity of modern undertakings necessitate the division of activities into various levels. The top level is the *policy-making body*, that is, the employing authority. Sufficient investigation and consultation at all levels must have been undertaken in the first place in order to supply the policy-making body with relevant facts upon which to base its decisions of policy. The next level is the *operating authority*, that is, the chief executive officer of the undertaking.⁴ Theoretically, this individual takes the place of the employer in the simple master/servant relationship, but as it is manifestly impossible for him to know and give orders personally to all the employees, he in his turn delegates responsibility to a group of individuals who exercise that delegated authority in supervising the work of others. This level is called *supervision*.

At the end of this chain of authority the point is reached where what is delegated is responsibility for the discharge of specific functions. Such activities are known as *operations*, and they cover a range which extends from the performance of simple repetitive duties to those requiring a high degree of skill.

These divisions of authority give rise to various types of relationship between officials. Four main types may be distinguished :

“ A. *Line relationships* exist between a superior and the subordinates immediately and directly responsible to him.

“ B. *Lateral relations* are those between positions in various parts of an undertaking where no direct authority is involved.

“ C. *Functional relations* are those which arise when duties are divided on a functional basis, i.e., when an individual exercises authority on one particular subject by reason of special skill or knowledge. They can and should exist side by side with line relations.

⁴ In some situations the operating authority for nursing service is delegated directly to the director of nursing service.

“D. *Staff relations* are those between individuals, one or both of whom is acting as the representative of a superior, expressing that superior's authority and engaging his personal responsibilities.”⁵

Examples of individuals who may be found in these various relationships follow:

<i>Relationship</i>	<i>Public Health</i>	<i>Hospital</i>
Line	Chief nurse (director of nursing) to supervisor, to public-health nurse (health visitor)	Director of nursing service (matron) to head nurse (ward sister) to nurse, aide, etc.
Lateral	Public-health nurse with health educator with nutritionist, with social worker	Director of nursing service with hospital administrator and doctor. Head nurse with doctor and social worker and dietician
Functional	Public-health nurse with sanitary engineer, public-health nurse with school principal	Director of nursing service with financial officer, head nurse with manager of laundry; head nurse with clinical instructor, night superintendent with engineer
Staff	Assistant to the chief nurse with the field staff	Assistant to the director of nursing service with head nurse

It will thus be seen that administration enters into the nursing service at every supervisory level.

The matron or director of nursing service must be a nurse who must have delegated to her the responsibility of organizing the nursing service. In carrying out that responsibility she in turn must delegate the actual supervision of operations to various grades of staff, i.e., supervising nurses in the public-health agency or in the hospital departmental sisters, head nurses, night superintendents, etc., who act for the director of nursing service in the line relationship to head nurses, nurses, and others. The matron may also have nurses, called assistants to the director of nursing service, who act in an advisory capacity or in a staff relationship with public-health nurses or in the hospital with head nurses. It is possible for an assistant to be asked to act in either capacity, depending upon the function to be performed.

The people to whom the director of nursing service has delegated portions of her responsibility must also exercise administration within their prescribed area. The importance of clearly defining, preferably in writing, the scope of their duties, responsibilities, and authority cannot be over-emphasized.

This is true leadership, for, however great the personal efficiency of the leader may be, unless she has learned how to delegate and exercise this function she will run the risk of being crushed under the weight of accumulated duties.

⁵ Urwick, L. (1947) *Elements of administration*, London

Throughout the whole scale one important principle must be followed ; the authority and responsibility must correspond. To hold an individual accountable for activities of any kind without assigning to her the necessary authority to discharge that responsibility will not only result in unsatisfactory performance, but is manifestly inequitable.

Nursing service administration at any level is the application of the principles of administration for the ultimate purpose of providing nursing service, as defined on page 4, to the patient.

In the overall administration of a nursing service, whether at the national, local, or intermediate level, there is the responsibility for forecasting the needs and for estimating the material and human resources required. There is also the responsibility for the adequate training and distribution of staff, and for the organization of the service in order that the staff may maintain the necessary level of efficiency.

Although many of these functions may be performed by units such as hospitals and health agencies, there remains at the national, local, or intermediate level an overall responsibility for promoting the balanced and efficient maintenance of the nursing service, and for ensuring co-ordination with educational and other services towards a defined goal.

In some countries where there is no central authoritative body for the execution of a health plan, the overall administration of the nursing services may be the responsibility of the governing boards of the individual health agencies or hospitals. These boards then delegate such responsibilities to the nursing service of the agency.

To carry out these nursing responsibilities some form of administrative machinery is necessary—in this case, an organized nursing service. It is important to remember that this nursing service machinery cannot operate in isolation, but must be integrated into the administrative set-up of the complete service.

3.7 *Team-work*[†]

Good team-work is dependent upon harmonious human relationships. There should be a mutual understanding and appreciation of the capacities of the members of the team. Competition between individuals is detrimental to the effectiveness of its work. On the other hand, some sound competition between one team and another may sometimes be a useful stimulant.

The team method of work can and should be used at various levels of the nursing service ; for example, the head nurses in a hospital or the public-health supervisors of a local health unit [†] within a geographical area may constitute a team to study some administrative problem. The nursing personnel of a hospital ward may be organized as a team to plan and give

care to the patients of their ward ; the public-health nursing personnel of a local health unit may function in this way for the improvement of maternal and child care in their district.

When the case-work method is being used, the patient may be a member of the team. This occurs most commonly where long-term treatment is necessary, as in a mental hospital or a rehabilitation centre.

The line, lateral, and staff relationships exist in the team. The functional relationship may also exist if someone who possesses special knowledge which can contribute towards the solution of a problem temporarily joins the team.

The advantages of the team method of work are mainly to be found in the fact that the team stimulates the initiative and the activity of its members, and that this method lessens the possibility of making mistakes because the problems are attacked from all angles. Also, and this is the main advantage, the team is by definition work-centred.

The team method is more time-consuming until the members have learned to use it. Serious tensions may arise which will cause the collapse of the team if the method is not used with confidence. For these reasons it is essential that all the members receive careful and identical training in the fundamentals, and also that the leader be chosen with the utmost care in regard to skill, knowledge, and ability to work with people.

4. Preparation for Nursing Service Administration

An analysis of the replies from Panel members revealed that the factors which have made nursing service administration difficult fall into three clearly defined groups :

- (1) failure to develop good human relationships ;
- (2) lack of adequate inservice education programmes ; and
- (3) inadequate personnel policies.†

Close study of each of these groups showed that lack of preparation is a common factor. This is evidenced by the way in which personnel are called upon to assume responsibility, e.g., the staff nurse who is promoted to head nurse without any special preparation. Similar illustrations occur at all levels.

Effective utilization of personnel is not possible without some form of organized training which will help the worker to make her maximum contribution. Confusion, unsatisfactory performance, poor relationships between working groups, may be entirely due to the lack of well-defined personnel policies. It has already been shown that a clear definition of

duties, responsibility, and authority is a prerequisite to successful organization. The care taken to formulate and make known a sound personnel policy will more than repay the time and effort invested in the process.

These factors illustrate the statement in the United Nations report entitled *Standards and techniques of public administration* that "no administrative system can be better than the men and women who conduct it . . .".⁶ The committee considers that much still remains to be done to assist nurses to prepare themselves for administrative positions in the nursing service.

It is clear from this report that nurses at all levels in the line of authority have some administrative and supervisory duties.

Indeed, in a number of countries the situation necessitates the young graduate nurse being placed in charge of a service where other nursing staff are untrained, or in an isolated rural health centre with the duty of training and organizing auxiliary staff.

In many situations the staff nurse or senior student has some responsibility for supervising the work of others and may have to relieve the head nurse during her absence.

If good administration is to permeate the nursing service, preparation for this should commence during the basic professional education of the nursing student. During this time the student should be introduced to principles of good interpersonal relations and an understanding of emotional development. Much is learned by experience and if this is satisfactory it is one of the most valuable methods of teaching. However, experience cannot take the place of planned instruction.⁷

It is at this time that the structure of the nursing service should be studied and the nursing student given an understanding of the relationships of nursing to other services—medical, public health, social, management, the public, etc.

The degree to which all aspects of nursing service administration should be emphasized will be determined by the situations which the young graduates will meet upon completion of their basic education in nursing. As rapidly as the situation will permit, the more advanced elements of the preparation should become post-basic. Preparation should be provided for the more experienced nurse who is ready for such responsibility.

⁶ United Nations, Technical Assistance Administration (1951) *Standards and techniques of public administration, with special reference to technical assistance for underdeveloped countries. Report by the Special Committee on Public Administration Problems*, New York, p. 20 (Document ST/TAA/M.1)

⁷ See *Wld Hlth Org. techn. Rep. Ser.* 1953, 60, 19.

4.1 *Programmes for graduate nurses*

1. Throughout its deliberations the committee was fully conscious of the importance of good supervision, not only in so far as the efficiency of the worker was concerned, but also in the establishment of good human relations. It felt that, in addition to preparing staff to assume greater responsibilities, some programme of training should be initiated for the benefit of those who already act in supervisory capacities. This training need not require extensive absence from work, but could be given "on the job".

Opportunities for supervisors to increase and improve their technical knowledge are not difficult to find, but little has been attempted by way of training in the actual "skills" of supervision.

It would appear that there is a need for a programme which would provide a speedy, reliable, and valuable means of inculcating the essential skills of supervision over a wide field.⁸

These skills include :

- (1) knowledge of responsibilities ;
- (2) skill in imparting knowledge ;
- (3) skill in leadership ; and
- (4) skill in examining and improving methods of work.

These, each of the greatest importance in effective supervision, are common to supervisors at all levels. It is considered that such a programme could not fail to be of universal assistance to nursing service administration.

2. In preparation for the positions of head nurse, supervising public-health nurse, etc., some countries require that a course be taken. Others provide such courses, but have not made them compulsory.

For this purpose a short course in ward or health-centre administration and in the principles of supervision and staff education would be valuable, if it is impossible to have the longer programme. Additional study in the fields of sociology, psychology, mental hygiene, and education might be provided if time permits, but in any case elements of these should be integrated in the discussion and study.

3. Courses in nursing service administration should be provided for those preparing for administrative positions and for those who have assumed administrative positions without preparation. These nurses should be given the opportunity to take these courses. If necessary, financial assistance should be provided.

⁸ Based on that provided for industrial supervisors in the method known as "training within industry".

The following suggestions are made for such a course, but they would be subject to modification to suit local conditions.

The programme should be a combination of study, group-work, and practical observation.

Suggested Elements in a Programme of Study for Nursing Service Administration

- A. *Study*. New material or subjects for study in greater depth :
- Social sciences (psychology and mental hygiene if not included in the social sciences)
 - Principles of education and methods of teaching (including health education and staff education)
 - Principles and methods of administration including supervision
 - Statistics and research
 - Public relations †
- B. *Projects for group or individual work*
- The application of the above material to nursing service administration
 - Case studies and illustrations of principles in solving problems met in nursing services
- C. *Field study and experience*
- In the nursing service department of an institution or health service
 - In schools of nursing
 - In other departments of the hospital or health service
 - In the personnel department of large business concerns.

Some of the study under A may be taken jointly with other groups and the advantage of group work with others would be gained, thus widening the understanding. Study under B and C may be organized specially for nurses under the direction of a nurse educator.

Organized courses of this nature might be offered at the university or other educational institution, or they could be organized by an ad hoc body.

It would be an advantage for neighbouring countries to join in organizing regional courses.

4. *Other methods*. Suggestions are given below of other methods which could be used either simultaneously or as substitutes for organized courses as described above.

(a) *Small group discussions*. The participants may be a group of directors of nursing service of local institutions and/or health agencies, or members of the nursing staff who have some administrative responsibility, or a cross-section of nurses, doctors, and professional administrators.

It is often helpful at such discussions to include one or more persons who have special knowledge needed by the group.

This and other reports of WHO,⁹ or other published material on administrative principles, could form background material for study and discussion.

(b) *Working conferences and seminars.*[†] Such conferences have been found to be of more value to the participants if preparation begins well before the event by early selection of participants and consultation with them upon the agenda for the conference. When the agenda has been planned, a selected bibliography may be prepared for reference and participants encouraged to have pre-conference discussions with colleagues. Resource personnel who are well experienced in aspects of administration should be available to work with the group.

(c) *Regional conferences or seminars* of similar nature to those described in (b) would assist countries which are unable at the present time to provide their own.

An important feature of the plans for the preparation of nurses for nursing service administration is the provision of financial support.

Health authorities and employing bodies wishing to improve the administration of their nursing service will need to consider means by which they can allow leave of absence with pay or scholarships for study for their staff.

Fellowships provided for members of the health team or for a cross-section of administrative staff (doctor, nurse, public-health engineer; or doctor, nurse, administrator, architect) may be a profitable means of enabling the team to study the problem.

5. Summary

In its study of administration in nursing service, the committee has considered the characteristics of the present stage of development in nursing and some of the factors which interfere with sound administration.

It is apparent that it is necessary to examine continuously the changing role of the nurse. Recognition of changes should lead to redefinition of nursing functions. As the nurse's role is changed, the functions of those who assist her must be modified. The nurse's relationships to her co-workers in the health team should be studied to ensure that nurses continue to carry their total responsibility.

⁹ See *Wld Hlth Org. techn. Rep. Ser.* 1951, 31; 1952, 55; 1953, 73.

The nursing service, as that part of the total health organization to which is delegated the responsibility for providing the nursing segment of the total health programme, must of necessity have a nurse director to whom is delegated the responsibility for the nursing service. Qualities of leadership should be expected of a nurse in such a position, but only when she is assigned authority comparable to the delegated responsibility will her leadership be effective.

Attention is called to three major conclusions :

(1) The director of nursing service should have an adequate knowledge of administrative principles and of how these principles can be successfully applied.

(2) The director of nursing service should be given the opportunity, within the framework of the policies of the agency, to apply these principles in the conduct of the nursing service.

(3) The director of nursing service should be able to rely on adequate supervision at all levels, and for this reason sound preparation in administration is essential for all members of the staff with supervisory functions. This preparation may be secured through experience, with which is associated well-planned in-service education, and through study in an organized programme designed to meet the needs of administration in nursing service.

A clearly defined policy, sound planning, and good human relations are fundamental to effective administration.

6. Recommendations

I. Having noted the recommendation of the Expert Committee on Nursing at its first session that "the World Health Organization urge national health-administrations to include among their administrative officers highly competent nurses with authority to assist in planning health services, to define the role of nursing in these services, and to determine the nursing personnel requirements",¹⁰

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RECOMMENDS that those countries which have not made such appointments give consideration to the matter.

II. Having considered the necessity of good administrative practice in nursing service,

¹⁰ *Wld Hlth Org. techn. Rep. Ser.* 1950, 24, 8

The Expert Committee on Nursing

RECOMMENDS

1. That all programmes of basic nursing education include some study and practice of principles of administration.
 2. That where programmes for the preparation of nurses for administrative positions are not available, immediate consideration be given to their establishment, either nationally or regionally, to serve the needs of several countries.
 3. That working conferences for the study of methods of improving nursing service administration be organized on a national and/or a regional basis.
 4. That, where required, fellowships be granted to competent nurses to help prepare them for administrative positions.
 5. That in an organization employing nursing personnel there be an established nursing service under the direction of a nurse who has had delegated to her the authority proportionate with her responsibility.
 6. That in order to promote improvement in nursing service administration WHO continue to assist Member States :
 - (a) in the establishment of nursing positions in national health administrations ;
 - (b) in the granting of fellowships for the study of nursing service administration ;
 - (c) by sponsoring working conferences on a regional and/or international basis ;
 - (d) by promoting the establishment of regional centres for the study of nursing service administration.
 7. That WHO consider the preparation and publication of monographs on the following :
 - (a) the principles and methods of staff education ;
 - (b) the principles and methods for the co-ordination of nursing service and nursing education.
 8. That WHO consider the preparation and publication of a manual on hospital nursing service administration which would include methods in training for leadership (see page 22).
- III. The Expert Committee on Nursing draws attention to sections 3.5 and 4 of this report (pages 14 and 20) in which human relations and team-work in administration are discussed, and
- RECOMMENDS that the methods of team-work be applied at all levels of nursing service.

Annex**GLOSSARY**

Since, even among those speaking the same language, different groups of people attach different meanings to the same expression, the committee felt that a glossary giving an explanation of certain terms as used in this report would be helpful.

Authority

The right to require action of others.

Auxiliary workers

Workers who give the less exacting nursing care which supplements that given by nurses.¹

Consultation

A meeting of two or more individuals who are seeking through the exchange of information to arrive at a decision. In the course of this process the advice or opinion of experts may be necessary.

Director of nursing service (matron)

The administrative head of the nursing service.

Head nurse (ward sister)

The administrative nursing head of one or more wards.

Local health unit

An organization providing or making accessible, under the direct supervision of at least one physician, the basic health services for a community.

Nursing personnel

All nurses and auxiliary nursing workers who are employed in the nursing service.

¹ See *Wld Hlth Org. techn. Rep. Ser.* 1952, 49, 3 (footnote 2).

Personnel policies

Definite and clear statements of duties, responsibilities, and authority, as well as of matters relating to conditions of work.

Public relations

The art of commanding the attention, and maintaining the interest, of the whole or appropriate parts of the public on a particular matter.

Responsibility

Accountability for the performance of duty.

Seminar

A combination of individual research and group discussion.

Team-work

A method of working towards a common goal which enables several persons to make the best use of their qualities by combining their skills and experience.

Working conference

A group of individuals who meet and work together for the purpose of increasing their knowledge and understanding of a common interest, or of producing materials such as reports or manuals.
