

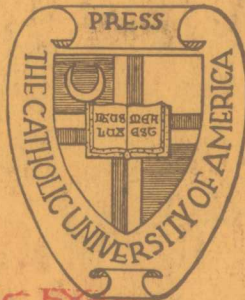
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THE ORGANIZATION OF HOSPITAL NURSING SERVICES

Edited by

Charlotte Seyffer, R.N., M.S. in N.Ed.



THE CATHOLIC UNIVERSITY OF AMERICA PRESS

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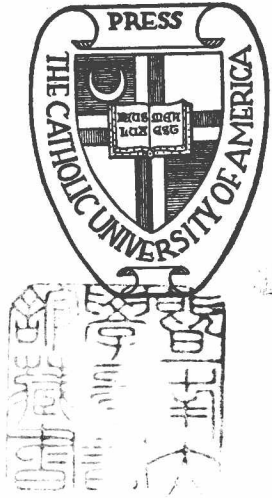
THE ORGANIZATION OF HOSPITAL NURSING SERVICES

(The Proceedings of the Workshop on the Organization of Hospital Nursing Services, conducted at the Catholic University of America from June 12 to June 22, 1951.)

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FOREWORD

In the long history of nursing education in the United States, dating from the time the first schools were established in 1873, emphasis has been placed upon the requirements of students in the basic nursing program and upon the preparation of professional nurses for teaching in and directing the schools of nursing. This tendency to concentrate upon the improvement of nursing education was both necessary and desirable and has resulted in an extensive system of nursing service in the hospitals and other community health agencies in this country.

The addition especially during the past decade of large numbers of workers functioning in non-professional capacities in nursing services has greatly changed the nature of the needs in nursing education. It is necessary now to carry on a program of continuous analysis of nursing functions in relation to patient care and other nursing responsibilities, and to establish the means and methods by which they will be met by professional and non-professional workers functioning individually and in teams. Professional nurses long accustomed to plan and operate nursing programs with other professional nurses and with students enrolled in programs to prepare them for professional practice, are faced with the problem of training and working with staffs of workers of greatly varying interests and capabilities. There has been little time to prepare nurses for their new responsibilities, and the exact need for further education in nursing service areas has not generally been known. As a result of these circumstances nurses have experimented with a myriad of plans many of them based upon expediency alone and have sought to maintain nursing services with whatever employed or voluntary assistance their communities afforded.

In an effort to provide an opportunity for professional nurses who are interested in the administration of nursing service programs in hospitals to work together on problems of common interest, and desiring to assist further in the national defense program, the Dean and Faculty of the School of Nursing Education designed the Workshop program in The Organization of Hospital Nursing Services, the first of its kind to be offered in this country.

The Workshop was organized on the basis of general sessions and four seminars. At the general sessions which convened each morning speakers discussed important phases of the subject and the participants had an opportunity to ask questions and add comments. The four seminars were conducted during the afternoons and the Bales Interaction Process Recording was the method for reporting group interaction. The papers presented by the lecturers and the summary reports of the seminar groups are presented in this publication as the report of the Workshop proceedings.

We are indebted to Dr. Roy J. Deferrari, Director of Workshops at The Catholic University of America and to Miss Rita Watrin for their assistance in planning and administering the program and to Reverend James A. Magner and Mr. George Di Angelo for their cooperation in making additional facilities available for the use of the Workshop participants on the Campus.

Appreciation is expressed to Reverend Donald McGowan, Director of Hospital and Health Services of the National Catholic Welfare Conference for his presentation of the Philosophical Concepts in Nursing and Health Services at the Workshop general session.

Grateful acknowledgement is made to Sister M. Olivia, Dean of the School of Nursing Education, for her assistance in planning and participating in the Workshop program and to Miss Viola Bredenberg and Mrs. Edna H. Treasure who as Assistant Directors helped with every phase of the project. Acknowledgement is made also to Miss Madeline Ullom who as Graduate Assistant to the Directors helped with the conduct of the Workshop.

Charlotte Seyffer

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FUNDAMENTAL RELATIONSHIP OF NURSING SERVICE AND NURSING EDUCATION

by

Sister M. Olivia Gowan, O. S. B.

Nursing Service is a broad term which applies to all the service carried out in hospitals, homes, health agencies, schools and industries by professional nurses and assistants. It includes services to the sick and health maintenance of people from pre-natal life through senescence. It is a service which attempts to control the environment, sanitary surroundings, nutrition, emotions, recreation and rehabilitation of those to be served. However, for the purpose of this Workshop, the relationship of nursing service to the education of nurses is here limited to Hospital Nursing Services.

Service to the sick is as old as civilization itself. While primitive man hunted and fished, women of the tribe gathered herbs and roots to brew for the sick. As standards of living advanced, hospitals were built and maintained to serve the sick.

In 1949, the 6,572 hospitals of this country admitted 16,659,973 patients and carried an average patient census of 1,224,951.¹ The total expenditures of all hospitals amounted to \$3,486,109,000.²

The American hospital ranks high in the industrial world. It comprises all the activities of a "Statler" except that many of the hospital's guests are carried to their beds, fed and given personal care of a high order. Furthermore, the guest of a hospital almost ceases to exist as a normal, self-directing individual in that the hospital takes full responsibility for his actions and physical welfare. The "Statler" or hotel guest moves about freely on his own.

However, the real purpose of the hospital is to care for patients. The medical staff is responsible for diagnosis and treatment. To make the work of the medical staff possible, the hospital is organized into service departments such as the pharmacy, medical laboratory, dietetics, X-Ray, and records. Nursing service is a department in itself functioning in clinical medical departments and cooperating with all departments. Non-professional and assistant personnel assist and discharge many duties requiring varied education and experience. The housekeeping, laundry, and maintenance personnel are vital to the work and represent a large group of workers. In all teaching hospitals there are interns, nurse students and other educational activities. Research is never divorced from good medical care.

The Commission on Hospital Care attributed the growth of hospitals to the following major factors: (1) advancement in medical science which has vastly increased the services of the hospital;

(2) the development of modern nursing which has revolutionized the care of the patient; (3) development of the medical specialties and the increasing competence and skill of the medical profession which has required the facilities, equipment and personnel of the modern hospital for the practice of medicine and for the education and training of physicians; (4) social and economic trends and their influence upon society; (5) education of the public in health matters; (6) the formation of professional associations having as their objective the elevation of standards of service, technical procedures and personnel training; (7) the wide dissemination of literature on all hospital subjects; and (8) greater public esteem and confidence in hospital service.³

According to Faxon, nursing service accounts for 22.7 per cent of the total expense for the operation of the hospital. It is the highest item in the distribution of expense to the direct care of patients.⁴

It would seem that since nursing service is the largest department in this complex, large institution, it should be patient-centered and function as a unit. The nursing personnel should be free to plan, to prepare the budget for the department, to study problems and make recommendations to the administration.

Nursing service comprises nursing care. Within the clinical wards of the hospital the three entities, nursing service, patient care and student nurse education are so integrated and so interdependent that it is difficult to classify them as three component parts of nursing, i.e., service, care and education.

Since it is the graduate nurses who are delegated to carry the responsibility for the administration and management of the nursing service department together with the physical, psychological, social, spiritual and personal welfare of the patient, nursing service may be said to be all these duties as they are carried out in a well organized hospital with other professional and auxiliary workers.

Are the terms nursing service and nursing care synonymous? Recently, the Association of Collegiate Schools of Nursing has summarized the broad functions in nursing as:

To give the patient close, individualized service, under medical authority. The nurse should be able to do for the patient (and for the family) what he and they cannot do for him; to give supportive care through the various stages of his physical, emotional, and social dependency and to bring him from dependence to self directed action toward the improvement of his own health.⁵

Nursing care, then, is the function the nurse performs in giving individualized prescribed therapy and preventive treatment. It embodies the spiritual, psychological, physical and social needs of the person for whom the functions are carried out. Nursing care is the more direct personalized performance of the nurse who is competent because of her educational preparation and by legal authority as a registered nurse.

Nursing care is the nucleus without which nursing service cannot exist because all other activities within the department are centered around the individual in need of nursing care. Nursing care is weakened or strengthened by the quality of nursing service. The reverse is, likewise, a truism, as poor or mediocre nursing care will always weaken and increase the demands upon nursing service.

We have attempted to visualize the hospital as a large, expanding institution involved in big business while at the same time it endeavors to achieve its major goal, the care of patients. To assist in the accomplishment of this goal, the hospital operates a department of nursing service within which a high quality of nursing care to patients is its major goal.

Nursing education offered by hospitals includes the basic professional curriculum, in-service staff education and to some extent, post-graduate courses and practical nursing. Instruction and experience in the various clinical nursing specialties and in-service education are unquestionable offerings of the hospital.

Beginning in 1873, hospitals have accepted the assumption that it was necessary to conduct schools to educate young women for the care of the sick. In doing, they have (1) become more complex; (2) expanded in the direction of patient care; (3) expected students to give nursing service to the extent that it interferes with their education and self development; (4) lacked competent personnel for requirements of education; (5) because of the large number of hospital schools tended to scatter qualified teachers and administrators thereby adding to an acute shortage of personnel in the field; (6) the dichotomy in goals tends to confuse and weaken both education and service; and (7) carried the cost of education.

Nursing education is traditionally woven into hospital organization. The result is that the prospective nurse learns nursing within the environment in which she will practice as a graduate. Due to this, students miss many of the advantages accorded to students in other professions.

In general, it is conceded that the hospital is dependent upon nurse students for free service. It is true that hospital schools charge little or no tuition but can it be said that the service rendered by students is not excessive? Brown,⁶ Ginsberg,⁷ Montag,⁸ West and Hawkins,⁹ and the Commission on Hospital Care³ have offered recommendations during the past five years for the improvement of nurse education. There has been no objective study to determine the advantages or disadvantages to the hospital conducting its own school of nursing for the purpose of securing service in return for education. One need only point to the conditions of patient care, shortage of nurses, high per cent of student withdrawals and high pressure recruitment to raise the question if it is not the hospital itself that is suffering the most from the present system.

In 1950, the National League of Nursing Education adopted principles relating to organization, control and administration of nursing education, which would place the education of nurses in private and public educational institutions of the country.

It is believed that the changes implied in these principles must be accomplished necessarily through a process of study and planning which will proceed gradually, which will be constructive, and which will not undermine the welfare of the public.¹⁰

The statement of the Commission on Hospital Care is not too different from that of the National League of Nursing Education. It is given as follows:

Schools of Nursing should be organized upon a sound educational basis. Nursing Schools should be operated as far as possible by colleges and large hospitals (with an average daily census of at least 150 patients) which should develop affiliations with other general and special hospitals serving contiguous areas (including tuberculosis sanatoria, and hospitals for nervous and mental diseases and contagious illness) and with public health agencies in both rural and urban communities...³

There is evidence that many hours of the student nurse's time are spent upon repetitive performance of routine duties.

The fundamental relationship between nursing service and nursing education is the same as in other professions.

The aim of professional education is to prepare the worker for practice in the particular field. Nursing education prepares the student for nursing service in hospitals, in the community, health agencies, in homes, in schools, in industry, in the military and other governmental services. There is within nursing (1) a body of knowledge, skills and attitudes; (2) principles in the physical, biological, and social sciences, psychology as well as religion and the humanities to be learned. The science of nursing in its application requires constant use of the literature, seminar workshops and other methods; (3) theory which is applied to practice during the educational period and after graduation; (4) a curriculum highly specialized and requiring an extended period of instruction and experience to be mastered; (5) an organized body of the profession which is self-directing; (6) an awareness of social needs highly altruistic in nature.

Nursing education is impossible without well organized, adequately staffed nursing services affording clinical facilities in which a high degree of nursing care is carried out. Both are well integrated with nursing care forming the nucleus which determines the growth in quality of education and service.

Finally, all education is for service - service to God through whatever may be one's life work; in the case of nursing education it is preparation for service to others, which ultimately is service to God.

FOOTNOTES

¹American Medical Association, "Hospital Service in the United States," Journal of the American Medical Association, May 6, 1950, Table D, p. 26.

2"Statistical Summary for 1949," Hospitals, XXIV (June, 1950), Part II, Statistics and Directory Issue, 9.

3The Commission on Hospital Care, Hospital Care in the United States (New York: The Commonwealth Fund, 1947), p. 87, 507.

4Nathaniel Walls Faxon, The Hospital in Contemporary Life (Cambridge: Harvard University Press, 1949), p. 265.

5The Association of Collegiate Schools of Nursing, "Some Fundamental Considerations in the Planning and Conduct of Basic Collegiate Schools of Nursing." (Revised copy of March 23, 1951) (April 1951). Mimeographed.

6Esther Lucile Brown, Nursing for the Future (New York: Russell Sage Foundation, 1948).

7Committee on the Function of Nursing, A Program for the Nursing Profession (New York: The Macmillan Company, 1949).

8Mildred L. Montag, The Education of Nursing Technicians (New York: G.P. Putnam's Sons, 1951).

9Margaret West and Christy Hawkins, Nursing Schools in the Mid-Century (2 Park Avenue, New York: National Committee for the Improvement of Nursing Service).

10National League of Nursing Education, Fifty-sixth Annual Report, 1950, p. 266.

**BASIC PRINCIPLES IN THE ORGANIZATION
AND ADMINISTRATION OF HOSPITAL NURSING SERVICE**

by

Edna H. Treasure

During the past decade, it has become increasingly clear that the hospital has an important role in the health activities of the community. Because the emphasis of this Workshop is directed to Hospital Nursing Service, we will disregard all but one of the functions of the modern hospital, viz., care of the sick and injured. We must remember that the hospital is an institution organized to accomplish this as a definite purpose. The practical interpretation of this purpose varies greatly in different hospitals - we like to think that the spiritual, as well as the mental and physical well being of patients is encompassed in this 'care'. Each hospital presents the same problem - that of how best to provide for successful practice and efficient functioning in the care of patients in the hospital by the various groups of workers who render the service - whether it be directly or indirectly connected with the patients' care. For example the elevator operator and the switchboard operator may never see the patient but their effort is needed in the total which is directed toward his recovery. Good hospital service is a well rounded service and must represent the best efforts of all groups contributing to the care of the patient.

Since one of the main functions of direct care is dependent upon the Nursing Service, we must understand (1) the relationships within the Department of Nursing Service, (2) the interdepartmental relationships and responsibilities between the nursing personnel and those who work in other hospital departments, and (3) the correct relationship of the Department of Nursing Service to the hospital itself. In order to attain these ends, the nursing personnel, on all levels, must know enough of the organization plan and the means of control of the hospital to be able to understand the functioning of the hospital according to its varying and complex responsibilities. There must be unity of thought and action within the institution. This stems from an acceptance of several established principles of administrative organization:

1. The Hospital Administrator has the centralized authority and responsibility for the efficient and economical conduct of the hospital.
2. The Hospital Administrator delegates authority and responsibility for the administration of each department to its recognized chief officer or director. Thus, to the Director of Nursing Service is delegated the authority and responsibility for her department - which should include all of the nursing functions in the hospital. For the purpose of this discussion we will not be concerned with Nursing Education nor the nursing service which is contributed by students.

3. The Director of Nursing Service delegates the responsibility and authority for certain well defined duties to her executive assistants in Nursing Service. In some instances, these people are called Supervisors of the Clinical Services. (That terminology is familiar to most of us and for that reason, we will make use of it.) Each Supervisor, in turn, delegates responsibility to the Head Nurses who are assigned to her particular Clinical Service or Division, e.g., Obstetrics, Pediatrics, Operating Room, or Out Patient Department. The Head Nurse is subordinate to the Supervisor and is responsible to her for the actual care of the patients, but all administrative matters are left to the Supervisor.

4. Staff meetings, committees, and other group conferences set up the pattern for cooperation among the departmental personnel. This is done by the Director of Nursing Service and the Supervisors as the executive group in the Department, upon the recommendation of the Head Nurses and the Staff Nurses.

5. Information must be disseminated, either verbally or by the writing of policy or procedure books, manuals, graphs, and charts. The latter may be accomplished by descriptive material which defines the specific functions and scope of the field for which the personnel in the department are responsible. In no other way can individual or group achievement be integrated.

After the lines of authority and responsibility have been clearly defined provision must be made for checking performance. This is done by means of various reports.

If you will look at the Hospital Organization Plan, reading from the top of the chart down, we readily see the relationship between the Owners or Sponsors of the institution and the Board of Trustees (or Board of Directors). Here is the governing body of the hospital from which legal responsibility for the proper operation of the institution emanates. From the membership of the "Board" a number of standing committees are appointed. The function of these committees is indicated by their titles. The Executive Committee is empowered usually to act in emergencies for the entire membership of the Board of Trustees. The Finance Committee is responsible for the fiscal affairs of the institution. From it comes all authority and recommended actions which deal with the financial operations of the hospital. The Building Committee has varied responsibilities which deal with the physical plant (the buildings and grounds) which the institution encompasses.

The Hospital Administrator is the central source of authority and responsibility within the hospital. He is a full time employee of the Board and its committees and from them he receives the authority to operate the hospital according to the purposes and intent which are set forth in the hospital's Charter, Articles of Incorporation, and/or Constitution and By-Laws. The purpose and intent vary greatly among hospitals - running the gamut from charitable to proprietary among the non-governmental institutions. Many of us are unaware of the implications of this one aspect of hospital administration but it plays an important part in the total result of the work of the hospital.

Up to this point, the Organization Plan may be accepted without

ORGANIZATION PLAN

OWNERS

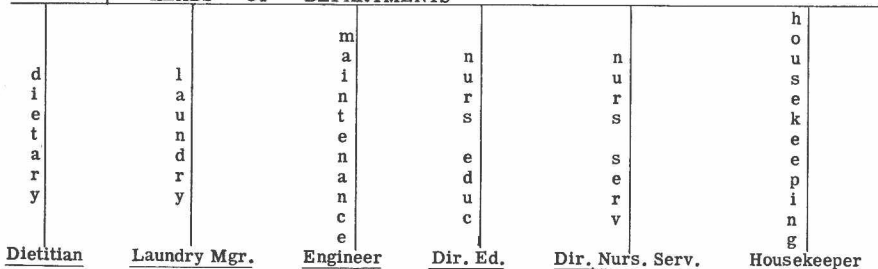
BOARD OF TRUSTEES

STANDING COMMITTEES EXECUTIVE COMM. FINANCE COMM. BUILDING COMM.

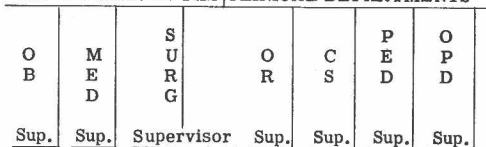
HOSPITAL ADMINISTRATOR

ASS'T. ADMINISTRATOR

HEADS OF DEPARTMENTS



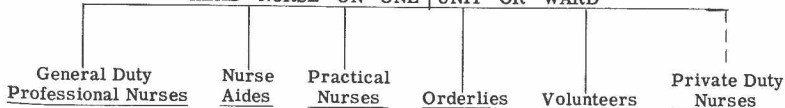
SUPERVISORS IN THE CLINICAL DEPARTMENTS



H.N.

H.N.

HEAD NURSE ON ONE UNIT OR WARD



many questions. However, when we reach the level of the Heads of Departments, some of us come up sharply against a new concept. The Director of Nursing Service is on the SAME level as the dietitian, the housekeeper, the laundry manager, and the engineer. For some obscure reason, we may have thought that the Director of Nursing Service was superior to the heads of these other Departments. And yet, each of them by special training and experience is a qualified specialist in a particular field and their coordinated effort is necessary for the total care of patients. Following the lines of direct authority, we see that the Director of Nursing Service heads the personnel responsible for the service which revolves about the care of the patient. Subordinate to her are the Supervisors and directly subordinate to each Supervisor are the Head Nurses. The Head Nurses actually direct those who render bedside care to patients. She has graduate registered nurses, nurse aides, and orderlies who are employed to guarantee a nursing service which is regular, continuous, and completely competent. She may also have ward clerks, practical nurses, and attendants. These, too, are employed to contribute directly to the care of the individual patient. Some of these workers may have to be trained (perhaps on the job). All of them must be oriented to the situation before they can contribute to the efficiency of the nursing service. Too often we forget this fact, when assigning new personnel, with a resultant loss of time and energy and frequent frustration. In addition to all of these people, the Private Duty Nurse on the ward may look to the Head Nurse for advisory assistance, for relief at meal time, for supplies and equipment, et cetera. There is still another group of workers, the Volunteers, for whom the Head Nurse has a direct responsibility.

Hospital Nursing Service is a special area in the whole field of health, requiring attitudes and skills to meet specific needs growing out of specifically organized effort. The hospital has the obligation for creating conditions in which the right kind of nursing service can be rendered to the same extent the nursing department has in giving this service. To the doctor, hospital nursing service is largely a matter of personnel and equipment. Unless the physician can have the assistance of good nursing in carrying out the treatments ordered for his patients, he is much handicapped. If the nurse fails to report symptoms or to collect specimens, the physician may be led astray in his diagnosis. Poor aseptic technic may handicap the most skillful surgeon. Careless or inept nursing may render the physician's treatment futile. Through all the hours of the hospital day the success of the physicians' efforts depends greatly upon good nursing care. So also is the reputation of the hospital itself dependent on this personnel. It is the nursing care which patients receive which most definitely affects their opinions as to whether the hospital is good or bad. It is the quality of nursing care which most largely determines whether the patients will support the hospital after they have recovered from their illness. No one thing can wreck a hospital's reputation more completely than poor nursing, or build it up more securely than good nursing care. The quality of the nursing service is of prime importance in establishing the hospital as