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MANUAL *of the* ESSENTIALS
of GOOD HOSPITAL
NURSING SERVICE



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Prepared by

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AMERICAN HOSPITAL ASSOCIATION

"

and

COMMITTEE OF THE NATIONAL LEAGUE OF NURSING EDUCATION

Revised by

JOINT COMMITTEE

OF THE

AMERICAN HOSPITAL ASSOCIATION

NATIONAL LEAGUE OF NURSING EDUCATION

AMERICAN COLLEGE OF SURGEONS

AMERICAN NURSES' ASSOCIATION

AMERICAN MEDICAL ASSOCIATION



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FOREWORD

This bulletin is a revision of the Manual of the Essentials of Good Hospital Nursing Service prepared in 1936 by the Division on Nursing of the Council of the American Hospital Association and a Committee of the National League of Nursing Education. In the preparation of the revision the American Hospital Association and the National League of Nursing Education have had the cooperation of the American Nurses' Association, the American College of Surgeons, and the American Medical Association.

While the concern of the organizations sponsoring the publication is for all patients in all hospitals, the manual is written especially for hospitals caring for acutely ill patients. Nevertheless, the principles set forth in it apply to all institutions, even though the practices may vary according to the particular type of hospital. The small hospital nursing department, too, has been kept in mind in the preparation of the various sections.

It is to be remembered that nursing is not static but advances in its techniques and practices with the physical and medical sciences. Nursing as herein described represents the formula for present good practice. However, it is to be expected that changes in practice may be made from time to time in consonance with the future progress in nursing.

The manual is a recognition of the fact that not one but many groups have concern with the quality of nursing in a hospital—particularly the hospital and nursing groups directly responsible for the good functioning of the nursing department, and the medical groups dependent upon the hospital for the care their patients receive. The manual goes out as a response to the many requests that daily reach the headquarters of the hospital, the nursing, and the medical associations for assistance in establishing or reorganizing the nursing department upon principles recognized as sound, and standards acceptable to the sponsoring organizations.

N. W. FAXON, M.D., *Chairman*
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March, 1942

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THE HOSPITAL

The hospital is "the expression of man's inalienable right to be well and is the formal recognition by the community of its responsibility for providing the means of keeping him well or of restoring lost health."¹ For the realization of this right and the acceptance of this responsibility four objectives are predicated to the hospital:

1. Care of the sick and injured
2. Education of physicians, nurses, and other personnel
3. Prevention of disease and promotion of health
4. Advancement of research in scientific medicine.¹

The carrying out of the first objective, the care of the sick and the injured, is universally recognized as the hospital's primary function. Any other activities in which the hospital engages are contributory activities. The reason for which this manual is written is to discuss the part that nursing plays in the total functioning of the hospital.

The practical interpretation of the purpose of the hospital varies greatly in different institutions. The hospital in which, other things being equal, it is likely that this interpretation will have the highest social expression is the hospital which has been organized in response to a careful consideration of the health needs of the community. When such a consideration is undertaken it is important that each of the objectives listed above be kept in mind. Otherwise there is uneconomical duplication of effort and there may be socially undesirable results.

Not only do hospitals vary in the practical interpretation of their objectives, but equally do they differ in their economic structures, types of control and organization. In practical operation the nursing department will inevitably be affected by the economic structure, by the nature of the control, and by the nature of the organization of the hospital.

Still other factors which differ in different hospitals are the leadership and the abilities of the personnel. Where good control and good organization exist it is likely that leadership and able personnel will be found.* Physical facilities in the way of plant, furnishings, and equipment will also vary, and these provide the means for the personnel to do their best work.

Organizations that have concern with hospitals and individual hospitals themselves have been active in recent years in their efforts to set up reasonable standards which should be attained by hospitals in order to provide acceptable service. The American College of Surgeons has defined

1) Malcolm T. MacEachern, *Hospital Organization and Management*, Physicians' Record Company, Chicago, 1935, p. 29.

*) See Section 2 for further discussion.

what it considers to be minimum standards for the successful practice in the hospital by physicians. The American Medical Association has described certain requirements which must be met by a hospital before it may become registered with that organization and approved for interne training and residency. The American College of Physicians, the American Nurses' Association, the American Dietetic Association, the American Association of Hospital Social Workers, and other organizations are all prepared to assist hospitals in the development of the particular activities which these associations represent. The two national organizations, the American Hospital Association and the National League of Nursing Education, which initiated this manual are also now taking the leadership in its revision.

This brief recital of those organizations actively interested in hospital functioning indicates the group thinking and the group activity now being directed toward good hospital service. For good hospital service is a well-rounded service and must represent the best efforts of all groups contributing to the care of the patient and to the improvement of community health.

PRINCIPLES AND POLICIES GOVERNING GOOD ORGANIZATION AND ADMINISTRATION

In the preceding section it has been stated that the nursing department will inevitably be affected by the nature of the control and by the nature of the organization of the hospital. Provided the control and the organization of the hospital as a whole are based upon principles recognized as sound, differences in detail are relatively unimportant, and it is then reasonable to assume that the various departments of the hospital, of which nursing is a major one, will each follow an administrative plan designed to produce the most effective results.

The acceptance of certain basic principles and the adoption of policies which will make these principles effective are inherent in sound administrative practice. It is the responsibility of the governing board to determine what general principles it will accept and to establish policies consistent with those principles. It is the function of the administrative personnel to see to it that these policies are put into effect. Well-defined policies, based on ethical principles, give strength and security to an institution and unity of procedure to the departments that make up the institution as a whole. Especially is this true in the hospital with its numerous departments and their interdependent functions.

A fundamental principle in any institution is that of sound organization. Such a principle presupposes the following policies:

1. The centralization of authority and responsibility for the good conduct of the institution as a whole in the administrator of the hospital.
2. The existence of a direct line of authority and responsibility which begins with the hospital administrator and reaches down through the organization.
3. The delegation of authority to heads of departments and to other personnel commensurate with their responsibility.
4. The establishment of official channels of communication between the central authority and department heads, between the different departments, and within the departments themselves.

The application of the above policies to the nursing department implies that the director of the nursing service shall be directly responsible to the administrator of the hospital for the conduct of the nursing service; that the authority and responsibility for the administration of the nursing department, which should include all of the nursing functions of the hospital, shall be delegated to the nursing director by the hospital administrator. Within the nursing department itself it is equally important that responsibility and authority go hand in hand in the assignment of functions to the members of the nursing staff.

Since the hospital is a complex organization with numerous departments and since the effective operation of one department is reflected in the effective

tive operation of others, it is important that official channels of communication through administrative conferences and reports be set up between the central authority and department heads, between the different departments, and within each department. Such official channels establish not only the correct understanding and relationship of the nursing personnel but also the correct relationship of the nursing department to other departments and to the hospital as a whole. They tend to articulate and to coordinate the different activities of the institution and to develop that very important element in any group of workers—*esprit de corps*.

Once the policy of sound organization is effected, next in order is the adoption of policies which will make for the most effective functioning. Broadly classified under five major headings, such policies are:

A. Policies concerning departmental service:

1. Providing a sufficient number of qualified personnel
2. Providing a good quality of service
3. Adopting measures or criteria for evaluating departmental performance
4. Recommending changes (when indicated) for more effective service

B. Policies concerning personnel:

1. Specifying the qualifications of personnel in relation to the functions they are to perform and making appointments upon the basis of these specifications
2. Delegating, as far as may be consistent with the scope of the position, well-defined functions
3. Providing potential employees with a clear statement of employment conditions
4. Providing the proper working and living conditions
5. Making available the proper health service
6. Developing and maintaining a continuous program of staff education and supervision

C. Policies concerning budgeting and accounting:

1. Applying the budgeting and accounting systems as checking devices on quality of performance

D. Policies concerning records and reports:

1. Maintaining an effective system of records and reports

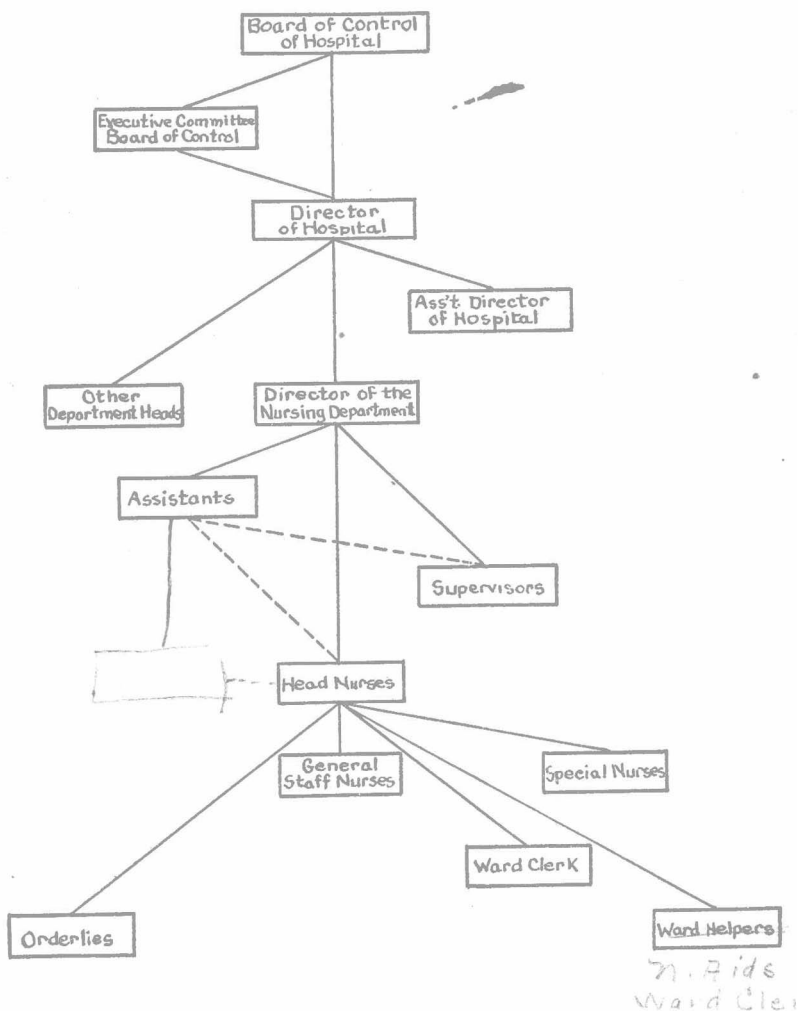
E. Policies concerning community relationship:

1. Maintaining the proper relationship with the community at large.

While the above policies provide the framework for the hospital as a whole and its departmental units, it is desired to point out that an important principle in any program is the principle of flexibility, wisely applied. The development of staff initiative and staff resourcefulness is best achieved in organizations maintaining sufficient elasticity to take into account differences in personalities and differences in special abilities.

In the succeeding sections of this manual the application of the principles and policies here described will be discussed in relation to the nursing department. The accompanying chart shows the place which the department of nursing occupies in the hospital organization.

Basic Organization Plan of Hospital Nursing Department



THE NURSING DEPARTMENT PERSONNEL

One of the largest items in the hospital budget is that of the nursing department. Of the total cost of the nursing department, the expenditure for salaries constitutes a relatively large proportion. For the sake of economy as well as efficiency, it therefore becomes of first-order importance, in the selection of personnel, that the person responsible exercise good judgment and have a broad knowledge of those practices now recognized as basic in successful personnel administration. While the practices may and do vary in different situations, since they will necessarily be influenced by such factors as the size of the hospital and the nature of its activities, the principles remain the same and are equally applicable to all institutions.

CLASSIFICATION OF PERSONNEL

The nursing department personnel consists of two main classifications: professional and non-professional. As the term professional is used in this manual it applies to registered graduate nurses. The non-professional personnel refers to orderlies and ward helpers, and such other workers in the units as ward clerks. Each group, the professional and the non-professional, has important functions to perform, and the good or poor quality of the nursing service is largely dependent on how well their respective functions are defined and coordinated, how skillfully they are selected to fulfill these functions, and how thoroughly the administration sees to it that the functions of the personnel are in accord with their capacities.

In hospitals operating or affiliated with nursing schools, a third group is represented by the students in those schools. Nursing students render varying amounts of service in the process of learning nursing. The conditions under which they may safely participate in the nursing service are discussed in the following section.

PROFESSIONAL WORKERS

RESPONSIBILITY FOR APPOINTMENTS

The appointment of the director of nursing is usually made upon the recommendation of the administrator of the hospital and confirmed by the controlling board of the institution.²

2) The director of the nursing department usually is the principal of the school of nursing in schools conducted by hospitals. For the selection and nomination of this official and other personnel functioning both in the nursing department and in the nursing school see *Essentials of a Good School of Nursing*, National League of Nursing Education, New York, 1942.

The selection and appointment of other nursing staff members should be the responsibility of the director of nursing. Particularly in large institutions, assistants or supervisors in the various divisions of the nursing department should be consulted and given the opportunity to recommend candidates for their respective divisions. The final selection, however, should rest with the director of nursing.

FACTORS ENTERING INTO SELECTION

Skillful selection of personnel involves two factors: a knowledge of the functions to be performed, and a knowledge of the qualifications which the worker should possess for the successful performance of those functions. The first knowledge presupposes job specifications or definitions of the duties of particular positions. For some positions these specifications must, of necessity, be more detailed than for others. In all instances, however, the essential qualifications required of the worker should be based upon a knowledge of the responsibilities and the duties which she will be expected to fulfill.

GENERAL QUALIFICATIONS

Two practices fundamental in the employment of the graduate nursing personnel are the appointment of only those nurses who are graduated from state-accredited schools, and the appointment of nurses who are registered to practice nursing. Both hospital and nurse must comply with the regulations of the state in which the hospital is located.³

After these basic professional requirements have been satisfied, the selection of graduate nurses should be made following an investigation to determine the fitness of the individual for the position including her educational qualifications, special training, and experience. When possible, personal interviews are highly desirable, and, all other things being equal, preference should be given to nurses who are members of their professional organizations. The securing of evidence of good physical health as described in the Health Service section should be a part of the appointment procedure.

PERSONAL QUALIFICATIONS AND ETHICAL RESPONSIBILITIES

Personal qualifications are less easy to define than are educational and professional, yet the broad human relationships involved in nursing compel thoughtful consideration of the personal attributes of the candidate.

The following traits, with the exception of the last item which was added by the Committee, were formulated by a group of experts in vocational guidance⁴ and are offered as a guide in the selection of personnel. They are:

3) In some states registration in the state where employed as a registered nurse is a legal requirement. See *Nurse Practice Acts and Board Rules*, American Nurses' Association and National League of Nursing Education, New York, 1940.

4) Given at National Conference of the Southern Woman's Educational Alliance, New York, New York, November 1, 1932.

emotional balance, understanding and appreciation of the importance of good health, desire and capacity for hard work, appreciation of high standards of workmanship, an objective point of view, ability to see one's work in relation to others', belief in the integrity of one's self and one's work, generous attitude toward ability and work of others, courage, flexibility, and the urge to grow and develop through additional study.

Not all appointees will possess all attributes in the same degree, and the emphasis may vary for different positions. But reasonably convincing evidence of any considerable lack of these should disqualify the candidate for appointment to the nursing staff.

In "A Tentative Code for the Nursing Profession"⁵ the ethical responsibilities of the nurse to the institution where she is employed, to the patient, and to the medical profession are defined. Excerpts from these definitions are here given.

Responsibility to the institution:

The nurse has definite ethical responsibilities to . . . Administrative officers and other personnel in the institution or agency in which she is employed. To these persons or groups she owes loyalty and the fullest cooperation. . . .

Responsibility to the patient:

The nurse should carry out professional commitments and activities with meticulous care, with a generous measure of performance, and with fidelity toward those whom she serves. Honesty, understanding, gentleness, and patience should characterize all of the acts of the nurse. A sense of the fitness of things is particularly important.

Responsibility to the medical profession:

Loyalty to the physician demands that the nurse conscientiously follow his instructions and that she build up the confidence of the patient in him. At the same time she will exercise reason and intelligence in carrying out orders. She is to avoid criticism of him to anyone but himself, and, if necessary, to the proper administrative officers in the institution or agency where both may be working, or to the local medical professional society.

POSITIONS AND TITLES DEFINED

Whether the hospital is large, medium-sized, or small, the basic functions of the nursing staff are the same. But the size of the institution will affect the assignment of these functions to particular individuals holding particular positions and titles. In the smaller hospitals fewer types of personnel and more overlapping of duties are likely to be found than in the larger organizations.

Fundamentally, however, there are certain basic positions with certain basic functions in all institutions. Unfortunately, a common nomenclature descriptive of these basic functions has not been generally adopted, and the same title may not always indicate the same basic functions. Two titles

5) Committee on Ethical Standards of the American Nurses' Association, *The American Journal of Nursing*, September, 1940.