Workload in a Teaching Institution

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THE medical profession as a whole is under severe criticism, nowadays. As the economic crisis is becoming more and more acute, its manifestations can be seen very easily in the health system also. There is a serious discussion about the potentials and limitations of present day curative system of medicine and various alternatives are being put forward at various levels.

But the people who see the things with a very narrow angle, they attribute many of the ills of the present day medical system to the malfunctioning, deterioration in nursing care and other such things. This is to overlook the crisis in its proper perspective consciously or subconsciously.

There are multifactorial reasons for the present day nursing problems and the nurses alone cannot be blamed for the same. We are not going here into other aspects of this problem, only work load problem is analysed and some conclusions are drawn.

In a 60 Bedded Ward, say Occupancy at a time is 55 on an average.

Total No. of Staff Nurses posted = 12 Maximum Duty Pattern of the Staff Nurses = 8 Hrly Shift. There are 7 offs for each staff in a month — 12 multiply 7=84. 3 staff Nurses are on off duty each dav. Rest are 9 Staff Nurses to be on duty for 24 hrs. for 60 beds.

Out of this 1 Staff Nurse is on casual Leave or maternity leave. Effective Strength=8

Out of these one staff nurse is given the charge of medicine in the ward.

Rest of the nurses are 7:3+1 (Drugs incharge) Nurses in the morning, 2 in the evening and two in the night.

Recommended number of nurses by Indian Nursing Council is 3 beds: One Staff Nurse in teaching institutions. 5 Beds: One Staff in non teaching institutions: According to I.N.C. on 60 Beds there should be 20 Staff nurses for 60 Beds in teaching institutions and 12 nurses for non teaching institutions.

Now we can have a view of the work load of each staff nurse. Say A.B. and C and D at a time on duty in morning hours.

(A) Over taking: In the morning Staff Nurse A comes at 7.30 A.M. and she takes the charge from the night staff nurse. Usually the complaint is that handing over and taking over is not done properly and the staff nurse does not know the details about a patient.

Now, look, if genuinely and honestly she hands over and takes over the charge of each patient, then, at least 3-5 minutes are required for each patient. Average=4 minutes. Total Time required for morning taking over=55×4=220 minutes=3 hrs. and 40 minutes. Total time for handing over=3 hrs. and 40 minutes. Total time required for Taking over and handing over by Staff Nurse A=7 hrs. and 20 minutes.

(B) Recording of Temperature:

Staff B is taking temperature.

The Nursing textook teaching is that the thermometer should be kept in mouth for 2 minutes at least. To complete the process at least 1 mt. more is required. Total time required=55×3=165 mts.=2 hrs. 45 minutes.

Time required for 10 patients where temp is to be recorded

1 hrly=8×1×10=80×3=240 minutes
=4 hours

Time required for 4 hrly temp chart of another 10 patients

10×2×3=60 minutes=1 hour

Total time required by staff nurse B in recording temperature during her posting in the ward in morning shift duty is 7 hrs. and 45 minutes.

(C) Recording of Pulse:

Staff Nurse has to count the pulse for full one minute and another one minute for going from one patient to another

55×2=110 mts.=1 hr 50 minutes.

At least in 10 patients the treatment chart has got the orders (Record BPTPR 4½ hrly)

So time required for pulse recording in these 10 patients=16×2×10=320 minutes=5 hrs. & 20 minutes. Another 10 patients may be there where 4 hrly recording of pulse is required

10×2×2=40 mts.

Total work load of staff nurse C in morning duty for recording pulse only=7 hrs. and 50 minutes.

(D) Recording of B.P.:

Average time taken on single patient=3 mts.

Time for 55 patients=55×3=165 minutes.

if BP is checked once only=2 hrs 45 minutes.

In 10 patients it may by 1/2 hrly

=10×16×3=480 minutes= 8 hrs.

Total time required for taking B.P. by Staff Nurse D=10 hrs. 45 minutes

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Workload of Nurses

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The total time required to record B.P. Pulse, temperature and handing over and taking over

= 7 hrs 20 mts.
= 7 hrs 45 mts.
= 7 hrs 50 mts.
=10 hrs 45 mts.

33.00 hrs

Whereas total time at the disposal of 4 Nurses in the morning=32 hrs. In many institutions as the shift duties are from 7.30 A.M. to 1.30—morning shift, 1.30 to 7.30 P.M. evening shift and 7.30 P.M to 7.30 A.M. Night Shift. (We take 8 hrly equal shifts)

1. This calculation does not have any consideration of a single minute rest during the duty hours.
2. The staff nurse has to work like a robot during these hours continuously.
3. Even handing over, taking over and recording of BP pulse and temperature is not feasible when done honestly and genuinely during the total time at their disposal.
4. The real nursing care is becoming thing of past not because nurses do not want to work, but because of multifactorial reasons and tremendous work load is one of the major ones.
5. Besides, the staff nurses have to do certain jobs which basically do not fall under their domain. Ill defined job description is also increasing to their exploitation.
6. There are many other jobs like

—Charting of drugs.
—Distribution of drugs.
—Giving injections.
—Sponging and mouth care.
—Bowel, Bladder and back care.
—Sample taking.
—Suction of secretions from the throat.
—Ryle's tube aspiration.
—Care of i/v drips.
—Making of diet lists.
—Bedding.
—Supervision of electricity, water and other matters.
—Supervision of cleanliness in the ward.
—Problem of attendants of patients.
—Admission and discharge of patients.
—Sending of samples.
—Sending of patients to other wards and OPDs.
—Orientation of pt to the Ward and surroundings.
—Care of Psychological and emotional needs to the changed circumstances.
—Changing of various articles from the sterilization department.

All these things are not at all possible under the present circumstances and the result is that the administrators, junior doctors, patients and their attendants, do have a feeling that staff nurses do not work. But this is not the real truth. The nurses have to fight out this challenge and show that they want to work for patient even under these circumstances but how long?

Role of Nurses in Mental Health

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giving questionnaires, attitude scales or by conducting the interviews of the patient, relatives and their family members.

Role in Nursing Education: Nursing education must enable the student to understand the needs in all fields (physical, mental and social) of the individual whether healthy or ill and to give him adequate care. The student nurse must be trained to develop the ability to participate in all care programmes whether in the hospital or extra mural setting.

Role in Community Teaching: A nurse can play an important role in Mental Health Scheme by making the public aware of some of the important basic principles regarding the treatment of Mental Illness.

(a) The myth that mental illness is nothing but a preoccupation of the body with 'Ghost' is wrong and against the scientific Knowledge.

(b) The mental illnesses, like physical illnesses, can be easily treated with drugs, physical, or psychotherapeutic methods.

There is no role of 'Ozhas' 'Magicians' or 'Charmers' in the treatment of mental illnesses. They unduly harm the patient in getting the correct treatment delayed and also by aggravating the symptoms of illness.

(c) The treatment of Schizophrenia is life long and it should never be tampered with, without the advice of a psychiatrist.

(d) The majority of the psychiatric illnesses like Manic-Depressive psychosis and other neurotic disorders like hysteria, anxiety, neurosis etc, improve dramatically and completely without a residue of illness, if the treatment is taken on a regular basis.

(e) Early detection and treatment of a mental aberration gives better result and the patient can be made socially productive early.

(f) The treatment of mental illnesses is not just confined to drugs but it includes many other important areas like psychotherapy, behaviour therapy, occupational therapy etc. in which a nurse can play better role than that of a Psychiatrist because lesser number of qualified psychiatrists are available to treat a large number of patients and thus unable to afford the time which is ideally required.

(g) The most dangerous myth that a mental patient has to be taken to an asylum and he will never be a normal person, is quite baseless because the patient can be treated in a general hospital and can be easily made a normal person with regular treatment given for a few weeks.

(h) *Counselling* marriage, divorce, disputes of property etc. require *expert legal and medical* guidance.

So at the end, we can conclude that in mental health services, a nurse is at least as important as a qualified psychiatrist.