

The Nursing Team

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The Team Idea

THE 'Team' idea as applied in the field of Nursing is of fairly recent origin, but groups of individuals working in a loose-knit pattern of organisation with undefined relationships have existed in our hospital wards almost ever since inception. The 'Team' idea owes its existence, however, to 3 basic factors. First, mounting volume of medical and nursing knowledge and techniques; second, shortage of trained nurses and third, availability of other non-professional workers in the hospital field.

As Nursing has advanced, techniques aiming towards physical and psychological care of patients have multiplied infinitely and ultimately it has reached a situation in which it has become impossible for the professional nurse to carry out all the tasks of nursing for her patient by herself. Furthermore, in a country where hospital services are rapidly expanding, the ever-increasing load of a trained nurse adds on to itself an ever-increasing patient load. The production of hospital beds on the one hand does not keep pace with the production of professional nurses on the other. Ultimately, we have reached a situation in which either we utilize all our resources of available manpower on the wards, or good nursing care becomes impossible.

It is found by experience, therefore, that the simpler tasks of nursing can perhaps be safely relegated to either auxiliary nurses or other non-professional workers without effecting adversely the total quality of nursing care. To utilize however, the resources of the group of non-professional workers, planning becomes necessary, so that the total effort is geared towards the aim of complete physical and mental comfort for the patients.

Job Analysis

To introduce into this loose-knit organization of professional nurses

and non-professional workers a pattern of consistency and a line of demarcation where professional work ceases and non-professional work begins, the relationships have to be defined and a leader selected. To turn a group of people working together more by chance than choice into a close knit team with common aims and objectives, a process of job analysis and an appreciation of the role of each category, becomes necessary.

Professional and Non-professional workers

Before analysing the functions of each group, however, the categories of professional and non-professional workers have to be listed.

This article was prepared by Mrs. Mittra, Assistant Director of Health Services (Nursing), West Bengal.

It is a courageous person who would define the functions of a nurse today. We wonder if Mrs. Mittra's article will provoke comments from our readers?

—Ed.

Amongst the professional workers on the wards in a hospital where a training institution is attached, there are ward sisters, staff nurses and student nurses. In a non-training institution, there may be sisters and staff nurses only working directly under medical supervision. The auxiliary nurses may also be present in the hospital wards where there is no training school for nurses. Amongst non-professional workers there are ward *aya*s and attendants, ward boys, cleaners, sweepers, *sardars* (in charge of ward boys) and ward masters.

All these groups have jobs to do and their immediate and distant aims are the patients' comfort and efficient hospital service. Due to lack of co-ordinated planning and a complete unawareness of aims and objectives, the "Team" idea has not been developed and full poten-

tialities of these heterogeneous groups have not been utilized. To do this would necessitate an analysis not only of the functions of each category of professional but also of non-professional workers. Furthermore, the role of the leader of the group (registered nurse) and the relationships of each member of the group towards one another, should be defined. Their total contribution in this relationship in the field of patient-care has to be appraised.

Analysis of Patient Care

In the realm of patient-care, the functions of the registered nurse predominate. These functions, however, fall into broad categories, i.e. those in relation to satisfying the social and psychological needs of patients and those in relation to the psychological needs of patients and those in relation to the physical needs and wants.

Social and Psychological needs

Social and psychological needs of the patient would require studying him against his family community and economic background. To meet these needs and to help him, his individual situation and problem have to be appreciated before he can be helped. The trained nurse in this respect sometimes gives direct services, or acts as a co-ordinating agent with other departments in the hospital or agencies outside.

Physical needs

The nursing-care in satisfying the physical needs of the patients would be related to and woven round the areas of (a) Environment, (b) Personal Hygiene, (c) Nutrition, (d) Elimination (e) Therapeutics (f) Health Teaching and (h) Rehabilitation, and would be integrated right through. The work of the registered nurse, according to her post and situation, would either be based on giving beside care directly, or carrying out administrative or super-

visory duties over rendering of bedside care by other personnel.

Duties in relation to:

(a) Environment

- (i) Cleanliness, i.e. washing, cleaning of floors, cleaning of doors, cleaning of windows, cleaning of walls, cleaning of furniture, cleaning of lights, cleaning of fans, and cleaning of other fittings etc.

(ii) Lighting.

(iii) Ventilation

(iv) Supply, disinfection and maintaining cleanliness of all equipment used by patients, e.g. Linen, utensils, toilet articles, equipment for treatment, medication etc.

(b) Personal Hygiene

(i) Baths and sponges,

- Care of pressure areas,
Care of mouth,
Care of hair,
Care of nails, hands and feet,
Maintenance of good, clean and hygienic clothing,

Help in providing an environment which will induce sleep, rest and relaxation for patients,

Care of food, milk and water for the patients. Disposal of patients' excreta and waste matter.

(c) Nutrition

Feeding of patients according to nutritional principles and diet as prescribed by doctor.

Cooking of invalid foods, if necessary, for feeding of patients on the wards.

(d) Elimination

Maintaining and supervising patients' elimination e.g.

giving bed-pans and urinals, charting, catheterising, administration of enema and douches, observation of stool, urine etc.

(e) Therapeutics

Taking of temperature, pulse, respiration, observation of patient treatments e.g.,

- Nose and throat irrigations,
Eye washes,

Irrigation of other body cavities, surgical dressings local and general applications,

Administration of medications, (including injections),

Assisting doctors and surgeons in various therapeutic procedures and operations.

(f) Health Teaching

Teaching of healthful habits and attitudes to patients.

(g) Rehabilitation

Rehabilitative teaching, if necessary, (use of an artificial limb, care of diabetic etc.)

Duties of Professional Nurses Sisters

1. Responsible for basic nursing care, treatment and medication for all patients in their wards.

2. General administration in the wards in relation to patient-care, making plan of work.

3. Requisition, maintenance, replacement and general supervision of stocks of drugs and equipment, requisition of patients' diet, going rounds with doctors and matron etc. Making duty rosters of pupils and staff nurses.

4. Provide supervision, guidance and help to students and or auxiliaries on the ward, in the nursing-care of all patients.

5. Teaching pupils.

6. Supervision of work of domestic staff.

7. Attending conferences with Nursing Superintendent of the hospital and others.

8. Health Teaching of patients.

N.B. All sisters must make a thorough round in their wards and see to the comfort and condition of their patients and whether all the treatments and procedures have been carried out by the staff working under them.

Staff Nurses

1. Responsible for basic nursing-care (including bed-pans), treatment and medication for all patients in their wards.

2. Specially responsible for basic nursing-care, treatment and medication for all seriously ill patients in their wards.

3. Provide supervision, guidance and help to students and/or auxiliaries on the ward in the nursing-care of all patients.

4. Carry out any special nursing treatments or procedures as and when necessary.

5. Administration of all medicine and injections, if necessary.

6. Health Teaching of patients.

7. Doing rounds with doctors or other administrative staff such as Matron.

8. Writing reports and charts,

9. Supervision of ward stock of equipment and drugs including maintenance of drug-registers.

10. Writing up daily orders.

11. Preparations of patients for operation.

12. Supervision of the work of domestic staff.

Duties of Auxiliary Nurses

1. Simple nursing-care such as sponging of patients, who are not seriously ill.

2. Giving mouth-care of patients, care of back, care of feet, hair-washing etc.

In addition to above, she may carry out such nursing procedures as simple medical treatment baths, taking of temperature, pulse, respiration, collection of specimens such as urine and stool, vomit etc.

3. Simple general and local application of heat and cold.

4. Simple surgical dressings.

5. Administration of simple enema and douches.

6. Laying out the dead.

7. Disinfection and disposal of infected material and discharges of patients.

8. Disinfection of linen.

9. Disinfection and disposal of infected material and discharges of patients.

10. Sterilization of instruments, rubber goods such as catheters, gloves etc.

11. Preparing medical and surgical supplies — such as dressing drums etc.

12. Administration of simple stock mixtures, laxative and A.P.C. under supervision of a trained nurse.

13. Preparing simple invalid foods—such as barley water, as laid down in the curriculum.

14. Serving of diets and feeding patients who are not seriously ill.

N.B. All auxiliary nurses are supposed to work under supervision always of a trained nurse. They should never take independent charge in any unit.

Duties of Student Nurses

(Called Sevikas in Bengali)

Student nurses will work according to the curriculum requirements of the Nursing Council. The work will be related to the analysis of basic patient-care as outlined in the earlier part of the paper. As potential trained nurses, they will be required to learn all the techniques in relation to patient-care graduating from simpler techniques to more advanced ones during their course of instruction in Nursing and Midwifery.

Sevikas, who are not pupils and have been appointed in places of trained nurses as laid down in the Government order in the ratio of 2 trained nurses to 3 sevikas, may carry out the following nursing duties:

(1) Dusting, cleaning of ward units and equipment.

(2) Bed-making.

(3) Simple nursing-care—such as sponging, mouth-care, care of back, care of feet, and hair-washing of patients who are not seriously ill.

(4) Simple local and general medicated baths.

(5) Taking of temperature, pulse and respiration.

(6) Collection of specimens of urines, stool etc.

(7) Simple local application of heat and cold.

(8) Administration of simple enema and douches.

(9) Laying out the dead.

(10) Disinfection of linen.

(11) Disinfection and disposal of infected material and discharges of patients.

(12) Preparing surgical supplies and packing treatments under supervision of a trained nurse.

(13) Sterilizing supplies under supervision of a trained nurse.

(14) Administration of simple ward stock mixtures, laxatives and A.P.C. under supervision of a trained nurse.

(15) Preparing simple invalid diet such as barley water, whey etc.

(16) Serving diet to all patients.

(17) Feeding patients who are not seriously ill.

N.B. All Sevikas will be expected to help the nurses in all their work in the wards. They should always work under supervision of trained nurses and should never be given independent charge anywhere.

Duties of Domestic Staff.

Duties of Ward Boys:

(1) Dusting and cleaning of floors, walls, doors and windows, furniture etc.,

(2) Cleaning utensils.

(3) Delousing wards, if necessary.

(4) Carrying articles—such as screens, oxygen-cylinders, beds, drugs etc.

(5) Carrying patients.

(6) Carrying bath-water, food-trays and drinking water for patients.

(7) Acting as messengers, and

(8) Carrying stores and indents.

N.B. All ward boys will act as general helpers to nursing staff in the wards under whose supervision they will be working.

Ayas or Female Ward Attendants.

The duties of female ward attendants or *ayas* will be the same as those of ward boys except that they will not be expected to lift heavy articles—such as oxygen-cylinders, beds etc.

Sweeper

(1) Washing and cleaning bath-rooms and lavatories.

(2) Cleaning floors of wards.

(3) Cleaning and disinfection of urinals, bed-pans, douches, etc.

(4) Concurrent cleaning and disinfection of linen from the wards.

N.B. 3 and 4 will be carried out

under the supervision of a nurse-in-charge in the ward.

The Team Picture

The following is a picture of a nursing team functioning in 100, 75, 50, 45, 35, 25, 20, 15 and 10 bedded units.

The teams have been constructed roughly on the basis of trained nurse to every 5 patients. In the absence of trained nurses, sevikas have been placed in the ratio of 3 sevikas for every 2 trained nurses. To make a nursing team really effective, no cut and dry formula should be followed, but each ward should have its own team worked out according to its requirements. For instance, the nursing requirements in a ward where majority of patients are ambulatory or have bath-room privileges would be different to a ward where most patients are seriously ill. The requirements in a medical ward will not be the same as in a surgical ward. One could go on quoting instances where nursing requirements would show variations. Hence, delegation of a team in each ward in a hospital should be worked out after study of situation, objectives and condition of patients. The following can only act as a guide:

(a) 100 bedded ward should have:

- 2 sisters,
- 10 staff nurses,
- 12 auxiliaries or sevikas, or
- 25 pupils,
- 5 sweepers,
- 6 ward boys,
- 3 female ward attendants or *ayas* if female patients are allowed.

(b) 75 bedded ward :

- 2 sisters,
- 7 staff nurses,
- 9 auxiliaries or sevikas, or
- 20 pupils,
- 5 sweepers,
- 6 ward boys,
- 3 female *ayas* or attendants,

(c) 50 bedded ward:

- 2 sisters,
- 6 staff nurses,
- 6 auxiliaries, or sevikas, or
- 14 pupils,
- 4 sweepers,
- 6 ward boys,
- 2 female ward attendants or *ayas*

(d) 45 bedded ward should have:

- 1 sister,
- 4 staff nurses,
- 6 auxiliaries or sevikas, or 12 pupils,
- 4 sweepers,
- 6 ward boys,
- 3 female attendants.

(e) 35 bedded ward:

- 1 sister,
- 4 staff nurses,
- 6 auxiliaries or sevikas, or 10 pupils,
- 4 sweepers,
- 6 ward boys,
- 3 female attendants.

(f) 25 bedded ward:

- 1 sister,
- 3 staff nurses,
- 2 auxiliaries or sevikas, or 8 pupils,
- 3 sweepers,
- 4 ward boys,
- 3 female attendants.

(g) 20 bedded ward:

- 3 staff nurses (one in charge),
- 3 auxiliaries or sevikas, or 7 pupils,
- 3 sweepers,

- 4 ward boys,
- 3 female attendants.

(h) 15 bedded ward:

- 3 staff nurses,
- 3 auxiliaries, or sevikas or 6 pupils,
- 3 sweepers,
- 4 ward boys,

(i) 10 bedded ward:

- 3 staff nurses,
- 3 auxiliaries, or sevikas or 6 pupils,
- 3 sweepers,
- 4 ward boys
- 2 female ward attendants.

(1) Duty hours of staff nurses, auxiliary nurses, sevikas or pupils will be:

- from 7-00 a.m. to 3-00 p.m.
- 3.00 p.m. to 11-00 p.m.
- 11-00 p.m. to 7.00 a.m..

(2) Duty hours of sisters:

- from 7.30 a.m. to 3.30. p.m.
- 3.30 p.m. to 11.30 p.m.
- 11.30 p.m. to 7.30 a.m.

(3) Duty hours of domestic staff

- from 7-00 a.m. to 3.00 p.m.
- 3.00 p.m. to 11-00 p.m

11-00 p.m. to 7.00 a.m.

All staff will be working on 8-hour basis, having 1 day off a week. Each shift of duty will run for a week except night duty which will be for a month.

As ward boys have to carry stretchers, their numbers have been kept fairly constant. Female ward attendants need only be appointed if there are female patients in the ward.

It is desirable that training schools should not have auxiliary nurses or sevikas as the student nurses will require the highest possible standard of care and nursing techniques to be held up in front of them, so that good learning results. Moreover, as pupils will require a great deal of supervision by staff nurses themselves it will not be desirable to place auxiliaries or sevikas who will also need a great deal of direction and supervision. Therefore, the team should contain the trained staff and pupils in a training institution and trained staff and auxiliary nurses or sevikas in a non-training institution.

BENGAL

Branch Election Results

	Name of Nominee	Address & Designation
President :	Mrs. U. Mittra	Asst. Director, Health Services, Writer's Building, Calcutta-1, West Bengal.
Vice President :	Miss I. Biswas	Deputy Nursing Superintendent, Lady Dufferin Hospital, Calcutta-9.
Secretary :	Miss Anita Basu	Sister Tutor, N.R.S. Hospital, Calcutta-14.
Joint-Secretary :	Miss T. Shilla	Sister Tutor, S.S.K.M. Hospital, Calcutta-20.
Treasurer :	Miss N. Dey	Sister Tutor, N.R.S. Hospital, Calcutta-14.
Membership Chairman :	Mrs. P. Das	Dy. Asstt. Director, Health Services. Writer's Building Calcutta-1

