



A STUDY TO DETERMINE THE  
BEST MANAGERIAL POSITION FOR ASSIGNING THE  
AUTHORITY AND RESPONSIBILITY FOR STAFFING NURSING UNITS

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U. S. PUBLIC HEALTH SERVICE HOSPITAL, NEW

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APPROVED BY THE U. S. ARMY MEDICAL FIELD SERVICE SCHOOL:

A STUDY TO DETERMINE THE  
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AUTHORITY AND RESPONSIBILITY OF NURSING UNITS

Chapman  
Director of the Program

APPROVED BY THE PROJECT COMMITTEE:

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of  
Master of Science in Administration

Gennette C. Ringle  
Chairman

Marion K. Kennedy

Donald F. Callaghan

APPROVED BY THE GRADUATE COUNCIL:

William G. Island  
Dean of the Graduate School

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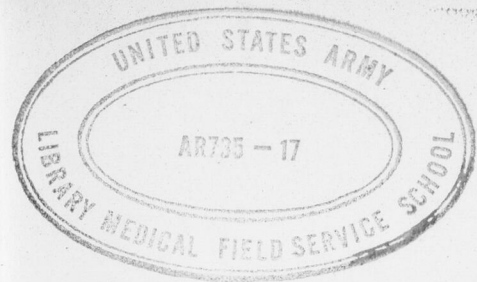


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## CHAPTER I

### INTRODUCTION

Health care professionals have arrived at a critical moment of truth. There exists in this country a rising tide of public insistence upon better health care. We have heard verbal expressions of this insistence from our highest executive leadership and we have received concrete legislative expression of this from our lawmakers. These expressions have resulted in a powerful overall mandate and at the same time have increased the demand for health care services. Interwoven in this mandate for change is the insistence for increased application of management practices and principles to the entire health care industry. Of necessity, health care administrators are looking more closely at their vital resources--material, money, and manpower.

The health care industry is faced with a chronic problem--the continuing shortage of manpower in all categories. The problems associated with the limited availability of talented manpower are of primary concern to health care

administrators. This concern was expressed by the administration of the U. S. Public Health Service Hospital, New Orleans, Louisiana, in its request for an evaluation of the nursing department's staffing problems.

This 403-bed general hospital has facilities for the treatment of all types of patients. During 1967 the average daily census was 303 inpatients. There are approximately 560 employees; 182 are assigned to the nursing department. Including interns, the full-time medical and dental staff is assigned 90 employees. The hospital is under the jurisdiction of the Division of Direct Health Services of the U. S. Public Health Service. The medical officer in charge is the administrative head of the hospital. The institution is divided organizationally into two branches, namely the Clinical Branch and the Administrative Branch. The clinical branch is under the direction of the chief of professional services and the administrative branch is under the direction of the administrative officer.

The New Orleans Public Health Service Hospital had its origin in 1801 when the grandson of Benjamin Franklin, Dr. William Bache, was designated the first director. The hospital is located at the foot of State Street and the levee

of the river (approximately five miles from the center of the city). The present site of the hospital was acquired in 1870. In 1931 the present brick building was occupied. Planning is currently underway for the construction of a new hospital on a site closer to the center of New Orleans.

staffing of nurses' units at the U. S. Public Health Service Hospital, New Orleans, Louisiana, 70018.

#### Reason for the Study

The assignment of responsibility without a commensurate delegation of authority is a violation of an accepted principle of management. The assigning to head nurses the responsibility for staffing the nursing units without delegating the necessary authority to them creates conflicts between supervisors and head nurses; between head nurses and staff nurses; between head nurses and head nurses; between staff nurses and supervisors; and between staff nurses and staff nurses. This study is essentially designed to determine at what organizational level this management principle can be most effectively applied to accomplish the staffing of the nursing units.

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CHAPTER II

THE PROBLEM

1. To identify the magnitude of the problem of staffing the nursing units.

The problem is to determine the managerial position which should be assigned authority and responsibility for the staffing of nurses' units at the U. S. Public Health Service Hospital, New Orleans, Louisiana, 70018.

Reason for the Study

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Objectives of the Study

The objectives of the study are threefold:

1. To identify the magnitude of the problem of staffing the nursing department.
2. To analyze the assignment of responsibility and authority for staffing as it exists in the present system.
3. To recommend the best managerial position to which authority and responsibility for staffing the nursing units should be assigned.

Criteria

Criteria for the study are established as follows:

1. The proposed solution to the problem must incorporate valid principles of management.
2. The proposed solution to the problem must demonstrate the optimal utilization of professional nurses for providing nursing service to patients.
3. The proposed solution should be accomplished within the current authorized staffing of the nursing department.
4. The proposed solution will allow the nursing department to retain the authority and responsibility for

providing the necessary staffing to accomplish patient care.

#### Assumptions

The following assumptions are made for the purpose of this study:

1. The patient census and nursing department work load will not decrease markedly in the immediate future.
2. The current shortage of qualified nursing department personnel will continue for several years.

#### Definitions

The following terms are defined as used in this study:

A float staff is a title used to designate those nursing service personnel temporarily assigned to supplement or replace members of the basic staff of a nursing unit.

A nursing supervisor is a professional registered nurse who is responsible for the overall organization and management of nursing care given on two or more nursing units.

A supervisory clinical nurse is a professional registered nurse whose responsibilities are identical to those of a head nurse; however, this particular title is used at the U. S. Public Health Service Hospital, New Orleans, Louisiana.

The assistant director of nursing service (day, evening, night, and relief) is a professional registered nurse whose duties and responsibilities are identical to those of a nursing supervisor; however, this particular designation is used at the U. S. Public Health Service Hospital, New Orleans, Louisiana.

The head nurse is a professional registered nurse who is responsible for the organization and management of the nursing unit and the nursing care given on that unit.

Nursing service personnel at the U. S. Public Health Hospital include all professional registered nurses, all licensed practical nurses, and nurse aides employed to work in the nursing units.

Research Methodology

Employing the knowledge gained through a review of the related literature and using the principles of scientific research method, the researcher decided to utilize the following procedures in seeking a solution to the problem.

1. Designing data-gathering forms.
2. Collecting, recording, and analyzing the number and type of staffing decisions made at the various

organizational levels of the nursing department during a period of ninety days.

3. Based upon on-site observations and interviews during a two-week period, collecting and analyzing data concerning nursing personnel opinions and reactions to the problem of staffing the nursing units.

4. Preparing a report containing the reasons for changes in the staffing plan.

5. Identifying the assignment and existence of authority and responsibility for staffing the nursing units.

#### Methods of Gathering Data

During the week of February 24 to February 28, 1969, the hospital was toured and preliminary information was gathered about the nursing department, staffing, recruitment, retention, utilization of personnel, training programs, physical layout, work load, job descriptions and the organization of the nursing department. At that time, informal interviews were held with the director of the hospital, the director of training, the administrator, the chief of the personnel division, the director of nursing, the associate director of nursing, the assistant directors of nursing, supervisory

clinical nurses, and selected licensed practical nurses. The identification of the problem to be studied was made immediately following this initial visit.

From April 28 through May 9, 1969, the writer gathered and recorded all the data and information himself. He checked and verified the number and type of staffing decisions made and recorded by the assistant directors of nursing or the director of nursing secretary during the period of January 31 through April 30. During this two-week period, he conducted partially structured interviews with various members of nursing service personnel.

#### Review of the Literature

A commitment to excellence in providing nursing care to patients has been the pattern of nursing. Nurses have for the most part managed to keep pace with the rapid and revolutionary changes in medicine. Public and professional concern has now focused upon the issues for improvement in the management of health care facilities. The health care industry, of which nursing is an integral part, is experiencing the evolution of organization and management as a part of a wider social revolution in our country. Walford

expresses it in this manner: "Expansion and explosion all ushered in the 'frantic fifties' and the 'mad sixties'. After having survived these hectic decades are we now going to be rewarded with the 'salubrious seventies'?"<sup>1</sup> Current literature gives every indication that the answer to that question is a resounding yes. Our affluent society has claimed its heritage of health, and the effects of this significant development are being realized almost daily.

If the nursing needs of patients are to be met in the ever-expanding hospital system, it is essential that nurse administrators evaluate management practices in nursing. The nursing department, with few exceptions, is the largest department in the hospital, and is distinguished from all other departments because of the many complex personnel problems that arise in furnishing the hospital's basic service--patient care. To accomplish this task the director of nurses must manage many levels of workers giving direct care to patients, from the nonprofessional worker with less than a high-school education to a highly skilled professional nurse with a Master's degree.<sup>2</sup>

To this very real managerial problem is added the problem that nursing units are dispersed throughout the

hospital and personnel change with each shift. Yet in all of this there remains the responsibility to maintain an acceptable standard of nursing care throughout the hospital at all times.<sup>3</sup>

Recognition of the need for the application of managerial definition, the scalar principle, and the authority-level principle as guides to the delegation of authority. Nurse leaders are studying the organization of the nursing department and are realizing a need for acceptance of new responsibilities commensurate with authority.<sup>4</sup>

Conventionally, authority for the assignment to divisions and nursing units of both the basic and the float staff is a function of the nursing service administration.<sup>5</sup> Traditionally, it has been implied, spoken, and in some cases written that the head nurse is responsible for staffing always rest somewhere, and there must be a clear line from the nursing unit. However, a closer look at this typical assignment of responsibility reveals that there is no commensurate delegation of authority to accomplish this task. This procedure violates important managerial principles:

With respect to the delegation of authority, there are a few principles or rules which seem so simple and obvious that they hardly need mentioning, yet they are violated in one way or another every day in most large organizations. The first rule is that the executive should delegate authority commensurate with responsibility. It is clearly wrong to assign a task and then

fail to provide the powers and sanctions needed to implement it. The second rule is also simple; the executive should define the limits of authority explicitly, and preferably in writing. The third rule is that an executive should never delegate responsibility and authority beyond the capabilities of the subordinate.<sup>6</sup>

Since authority is the power to carry out assignments and Koontz and O'Donnell present the principle of functional definition, the scalar principle, and the authority-level principle as guides to the delegation of authority.

The principle of functional definition is both a principle of delegation and of departmentation. This principle contains the idea that the content of every position and its functional relationships must be clearly defined. The scalar principle refers to the chain of direct authority relationships from superior to subordinate throughout the organization. Ultimate authority, according to these authors, must always rest somewhere, and there must be a clear line from this source to every position in the organization. The principle of functional definition plus the scalar principle gives rise to the authority-level principle. This principle states that, at some managerial level, authority exists for making any decision within the competence of the enterprise, and that principles of management, most especially the principle of parity of authority and responsibility, have implication should be referred upward.<sup>7</sup> These principles relate directly to the problem of this study.

The central issue is incorporated specifically in the principle of parity of authority and responsibility which is described by Koontz and O'Donnell as follows:

Since authority is the power to carry out assignments and responsibility is the obligation to accomplish them, then it logically follows that the authority needed to do this should correspond to the responsibility. This parity is not mathematical but rather, coextensive, because both relate to the same assignments.<sup>8</sup>

It is almost impossible to find any article, pamphlet, or book dealing with the subject of management principles that does not re-echo this valid concept as expressed by Koontz and O'Donnell. The universality of this principle is emerging in the writings of forward-looking nurse administrators. Paetznick's Guide for Staffing a Nursing Service, published by the World Health Organization, affirms that the director of nursing services of each hospital must work out the problems of staffing by methods based upon the needs of patients in each particular situation and the known principles of good personnel management.<sup>9</sup>

To summarize the related literature, it was found that principles of management, most especially the principle of parity of authority and responsibility, have implication

and application for nursing. Nurse administrators are saying essentially that if efficient and effective nursing service is to be provided, then the nursing department's organization and management philosophy must be scrutinized and updated to incorporate those principles that will assist nursing to meet the myriad challenges of the existing social system.

#### Footnotes

<sup>1</sup>Helen Walford, "The Nurse of the Future," Nursing Outlook, XIV (April, 1966), p. 41.

<sup>2</sup>Eleanor C. Smith, "Nursing Service Administration is Nursing Too," Nursing Outlook, XVI (September, 1968), p. 19.

<sup>3</sup>Joseph Lichty, "A Hospital Administrator Looks at Nursing Service," American Journal of Nursing, XIV (November, 1966), p. 53.

<sup>4</sup>Ruth Sleeper, "Nursing Service," Hospitals, XLI (April, 1967), p. 139.

<sup>5</sup>Jean Barrett, The Head Nurse: Her Changing Role (2d ed.; New York: Appleton-Century-Crofts, 1968), p. 191.

<sup>6</sup>Donald J. Clough, Concepts in Management Science (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1963), p. 22.

<sup>7</sup>Harold Koontz and Cyril O'Donnell, Principles of Management (3d ed.; New York: McGraw-Hill Book Co., Inc., 1964), p. 63.

<sup>8</sup>Ibid., p. 65. CHAPTER III

<sup>9</sup>Marguerite Paetznick, A Guide for Staffing a Hospital Nursing Service, Public Health Papers No. 31 (Geneva: World Health Organization, 1966), p. 12.

Authorized and Actual Staff

The authorized staffing of the nursing department for Fiscal Year 1968 is included in Table 1.

TABLE 1

AUTHORIZED STAFFING OF NURSING SERVICE PERSONNEL

Nursing Department	Number
Nursing director	1
Assistant nursing director and supervisors	10
Head nurses	10
Staff nurses	52
Nursing assistants	90
Nursing office clerk and secretary	2
Total	165

This is the most current staffing guide available. It does not reflect the current job titles. In addition to these 165 individuals, nine ward clerks are authorized. For the purposes of this study they are not included in the definition of nursing service personnel. Table 2 depicts the

actual staffing during the period of this study. In addition to the full-time employees, there are two other categories of employees, namely DISCUSSION AND FINDINGS and W.A.E. (when

CHAPTER III

Authorized and Actual Staff

The authorized staffing of the nursing department with an agreement that they will work on specified days, or for Fiscal Year 1968 is included in Table 1.

TABLE 1

AUTHORIZED STAFFING OF NURSING SERVICE PERSONNEL

Nursing Department	Number
Nursing director	1
Assistant nursing director and supervisors	10
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Staff nurses	52
Nursing assistants	90
Nursing office clerk and secretary	2
<b>Total</b>	<b>165</b>

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actual staffing during the period of this study. In addition to the full-time employees, there are two other categories of employees, namely, part-time employees and W.A.E. (when actually employed) employees. A distinction between these two categories exists in that part-time employees are hired with an agreement that they will work on specified days, or during a specified number of hours per pay period. W.A.E. employees agree to work when they are needed as determined by the nursing department. Table 3 (page 18) shows the actual number and type of part-time and W.A.E. employees during the period of this study.

TABLE 2

ACTUAL STAFFING OF NURSING SERVICE PERSONNEL  
FULL-TIME EMPLOYEES

Nursing Department	Feb 1st	Mar 1st	Apr 1st	May 1st
Nursing director	1	1	1	1
Assistant nursing director and supervisors*	11	11	11	11
Head nurses**	8	9	9	9
Staff nurses***	27	26	25	25
Licensed practical nurses	31	32	31	31
Nursing assistants	78	78	75	75
Nursing office clerk and secretary	2	2	2	2
Totals	156	157	152	152

\*Includes two Commissioned Officers, U.S. Public Health Service.

\*\*Includes one Commissioned Officer, U.S. Public Health Service.

\*\*\*Includes one Commissioned Officer, U.S. Public Health Service.

TABLE 3

## PART-TIME AND W.A.E. EMPLOYEES

Nursing Department	Feb 1st	Mar 1st	Apr 1st	May 1st
<u>Part-time Employees</u>				
Registered nurses	6	6	6	6
Licensed practical nurses	4	4	4	4
Nursing assistants	0	0	0	0
Totals	10	10	10	10
<u>W.A.E. Employees</u>				
Registered nurses	2	3	3	3
Licensed practical nurses	1	1	2	2
Nursing assistants	3	3	3	3
Totals	6	7	8	8

Organizational Structure

Appendix A is the organizational chart for the Department of Nursing as it was structured at the outset of this study. Its structure is currently under revision; however, the essential elements and their relationships will remain very similar to those of its original structure. The numerical and clinical designation of the nursing units is self-explanatory, with perhaps the exception of the abbreviation MICU--the Medical Intensive Care Unit.

### Comparison of Position Descriptions

A review of the position description of the supervisory clinical nurse (NE-607 Head Nurse) reveals that the incumbent is responsible for the administrative management of the unit on a 24-hour, 7-day-week basis.<sup>1</sup> Implied, but not stated, in this job description is the responsibility for staffing. This traditionally conceived and partially implied responsibility is the basis upon which the initial weekly staffing assignments are accomplished at the nursing unit level of the organization. A recent study at this hospital revealed that the supervisory clinical nurses spent an average of two hours every two weeks on the administrative duty of preparing the staffing schedules. A simple mathematical computation provides the information that the eight supervisory clinical nurses throughout the hospital are spending approximately thirty-two hours monthly in their attempt to staff the nursing unit. This information was corroborated by the writer during the period April 28 to May 4, 1969.

In addition to recognizing supervisory clinical nurses' expenditure of time and effort it is also necessary to appreciate their traditional concept of autonomy in managing their administrative responsibility, their nursing

unit, and their nursing staff. Awareness of the existence of this situation is essential to an understanding of the problem of this study, because it is the very foundation upon which numerous interpersonal relationship conflicts arise. Such occurs when responsibility and authority for staffing the nursing units have not been assigned commensurately. The situation is best described as occurring as a result of the traditionally conceived responsibility for administrative management of the nursing unit and the assumption of authority to accomplish that responsibility.

A review of position description NE 633 for the assistant director reveals that one of the major responsibilities assigned to her is the administrative direction and coordination of nursing activities on four or more nursing units. A major duty assigned to her is the preparation of staffing schedules for all nursing units and tours of duty. This individual reviews completed time schedules from each nursing unit to insure the adequate and equitable distribution of personnel, reschedules or reassigns personnel to cover unscheduled absences, and approves or recommends approval of leave.<sup>2</sup> It is at this level in the organization that the actual assignment of the responsibility and

authority to accomplish the staffing of the nursing units appears specifically in writing. An estimate of the time required for the assistant directors to jointly accomplish this staffing responsibility is approximately four hours every two weeks. During this block of time, the staffing plan prepared at the unit level is reviewed and adjustments and revisions are accomplished.

The idea that nursing activities should be planned according to the needs of the individual patient and the groups of patients within the hospital is self-evident. A distinction is made between the terms "nursing care" and "nursing service." The implication is that "nursing care" refers to the patient with specific regard to nursing. The term "nursing service" refers to the numerous coordinating activities of providing patient care.<sup>3</sup>

Identification of the distinction between nursing care and nursing activities is made on the basis of position description. The definition of the clinical supervisor's position differs from the definition of a head nurse's position in that the emphasis is on providing nursing service rather than patient care. Providing nursing service for all patients is the responsibility of the

clinical supervisor.<sup>4</sup> While head nurses are responsible for providing nursing care for patients, the clinical supervisor is assigned the responsibility for nursing care and nursing service.

Phase I and Phase II of the  
Staffing Plan

The combined (bi-monthly) efforts to accomplish the initial staffing plan are for the purposes of this study entitled Phase I (see Appendix F). Phase II (see Appendix F) consists of the magnitude of the problem of adjusting the staffing schedules on a daily basis to incorporate those variables that influence and change the staffing plan. In addition to rapid and sometimes hourly changes in the patient's nursing needs which result in a requirement for the rescheduling and reassigning of nursing service personnel, variables--such as sick leave and emergency annual leave--have their effect on the staffing plan of the nursing units. The requirement is generally established that each hospital make an analysis of its own work load and the identifiable factors that affect the work load. It is essential to realize that staffing which is deemed adequate for one hospital may be deemed inadequate for another.<sup>5</sup>

Although Phase II of the staffing procedure incorporates the various factors that occur daily and result in changes to the planned staffing for the individual nursing units. Efforts to evaluate these factors were accomplished by recording the number and type of factor. A separate recording included an occurrence of these factors by category of nursing service personnel. The specific types of factors studied were (1) eight-hour absences from duty charged as Annual Leave or Sick Leave, and (2) the reassignments of personnel. A composite total of the staffing decisions made at the assistant director level of the organization was also computed. (based upon a forty-hour work week) were expended

monthly Appendixes B through D reflect the statistical data obtained during the ninety-day period of this study. Appendix B indicates the range and frequency of daily decisions that affected the staffing. The average daily number of staffing decisions was 14.5. Appendix C indicates the range and frequency of the daily granting of annual leave or sick leave. An average of 5.5 decisions daily was made granting permission for these categories of leave. Appendix D indicates the range and frequency of reassignments of personnel. An average of 6.5 reassignments was made daily.

Although complete data were unavailable explaining the reasons for reassigning personnel, the data that was available plus interviews with supervisory personnel indicated that the major reasons were attributed to two factors:

- (1) inability of scheduled workers to report for duty, and
- (2) fluctuations in patient's nursing requirements and the unit work load. Appendix E indicates the frequency of the studied factors by category of nursing service personnel.

Appendix F shows the estimated amount of time expended monthly to accomplish both phases of the staffing procedure. The data indicates that an average of 2.32 weeks (based upon a forty-hour work week) were expended monthly to accomplish the staffing requirements of the nursing department during the period of this study.

Phase I represents the time expended at two levels of the organization. Although these levels are grouped together under this heading, it is important to recognize that the expenditure of time at the assistant director level in accomplishing both Phase I and Phase II totals sixty-one hours monthly. The expenditure of sixty-one hours represents 66 per cent of the total time expended to accomplish the staffing requirement. Phase II computations were based upon the

total daily average of 1.5 hours expended by the composite group consisting of all assistant directors in accomplishing the staffing of all nursing units.

#### Centralized Personnel Management System

John J. Staiger, Vice-president for Administration, North American Operations, Massey-Ferguson, Lt'd., says that there are three practical considerations that determine the extent to which decentralization of decision-making is possible and desirable: (1) competence to make decisions on the part of the person to whom authority is delegated, (2) adequate and reliable information pertinent to the decision is required by the person making the decision, and (3) the scope of the impact of the decision.<sup>6</sup>

These considerations include the implications that decision-making authority cannot be pushed below the point at which all information bearing on the decision is available. In determining the scope of the impact of the decision it is essential to recognize that if a decision affects more than one unit, the authority to make that decision should rest with the manager accountable for the several units affected by that decision.<sup>7</sup>

It is necessary, therefore, to look more closely at the application of these considerations in determining the managerial position to which to assign the authority and responsibility for staffing the nursing units. Utilization of manpower resources to provide optimum nursing services for all patients is a responsibility of the nursing department. In any organization, an important managerial responsibility is to schedule work in a manner such that all necessary tasks will be performed and with the necessary assignments equitably distributed among available employees. A hospital has special difficulties because care of patients must be continuous and must be performed by specially trained personnel. Aside from special requirements in providing nursing service, supervisors and administrators have to meet responsibilities that exist in many other kinds of organizations. Two such responsibilities are personnel administration and the establishment and administration of procedures and rules for scheduling work and shift assignments.<sup>8</sup>

Effective utilization of available manpower is obviously one of the major objectives of personnel management. The centralization of authority to accomplish this objective is necessary and reasonable under the traditional theory of

organization. The data presented in this study indicates that the largest percentage of time and effort to accomplish the staffing of the nursing units is centralized. The authority to assign and reassign basic staff and float staff, to grant sick leave, to grant scheduled and unscheduled annual leave, and to grant leave without pay is centralized. While the authority to adjust the staffing schedules is centralized, the responsibility for accomplishing the staffing plan is decentralized (see Appendix F).

Centralization is necessary to guarantee the availability of nursing service for all patients. It is generally agreed that nursing supervisors possess the most precise knowledge of the immediate problems and needs of the nursing department. It follows, then, that the nursing supervisors are in the best position to allocate the personnel resources. This is necessary for mission accomplishment. As long as mission accomplishment requires centralization then the system should be total and complete.

Additional advantages of a totally centralized personnel management system are:

1. It provides for the elimination of the overlapping and duplicated efforts of preparing Phase I of the

staffing schedule. The head nurses would no longer be required to prepare staffing schedules and this would result in cost savings. In addition to the cost savings, the head nurses would be free of this administrative burden and could utilize this time for patient care.

2. It provides for a more equitable scheduling of rotating shifts for all nursing service personnel. The present system is such that personnel assigned to nursing units with a large basic staff are not scheduled rotating shifts as frequently as personnel assigned to a nursing unit with a small basic staff.

3. The problems associated with interpersonal relationship conflicts that occur as a result of interunit rivalry would be greatly reduced and virtually eliminated. The confusion surrounding the assumed authority of the head nurses for staffing their units would be eliminated. In time, nursing personnel would feel a part of the total nursing service effort and not be so resistive about moving from one nursing unit to another. It is preferable when the personnel expect to serve in whatever nursing unit the hospital need may be current. Centralization of authority and responsibility for staffing permits the assistant directors the

freedom of assigning nurses as the needs in the nursing department change. Therefore, it is the needs of patients for nursing service that should determine the amount of services to be provided by hospitals. In the study indicate the magnitude of the staffing problem at this hospital.

#### Summary

The discussion of the problem included the authorized and actual staffing of the nursing department. The review of the most current job descriptions of supervisory clinical nurses and the assistant directors of nursing indicated areas of confusion as to the assigned authority and responsibility for staffing the nursing units. The staffing procedure was divided into two phases: information regarding the responsible individuals and their expenditure of time in accomplishing both phases of the staffing procedure researched and organized. The main factors creating the magnitude of the staffing problem were examined and then tabulated by the utilization of frequency distributions. The reassignment of personnel necessitated by the inability of scheduled workers to report for duty and the fluctuations of patients' nursing care needs and the requirements of the nursing unit work load were tabulated and

recorded by specific categories of personnel. The estimated average amount of time expended per month to accomplish Phase I and Phase II of the staffing procedure was also computed. The computations included in the study indicate the magnitude of the staffing problem at this hospital.

#### Footnotes

<sup>1</sup>Position Description, Supervisory Clinical Nurse, NE-607, U. S. Public Health Service Hospital, New Orleans, Louisiana, November 6, 1967.

<sup>2</sup>Position Description, Clinical Supervisor, NE-663, U. S. Public Health Service Hospital, New Orleans, Louisiana, May 13, 1968.

<sup>3</sup>Lucille Petry Leone, Modern Concepts of Hospital Administration, ed. by Joseph Carlton Owen and Robert K. Eisleben (Philadelphia: W. B. Saunders Co., 1962), p. 369.

<sup>4</sup>Mary D. Shanks, The Theory and Practice of Nursing Service Administration (New York: McGraw-Hill Book Co., Inc., 1965), p. 216.

<sup>5</sup>Malcolm T. MacEachern, Hospital Organization and Management (3d ed.; Berwyn, Ill.: Physicians' Record Co., 1962), p. 525.

<sup>6</sup>John J. Staiger, cited in Harold Koontz and Cyril O'Donnell, Management: A Book of Readings (2d ed.; New York: McGraw-Hill Book Co., Inc., 1964), p. 256.

<sup>7</sup>Ibid.

<sup>8</sup>Paul Pigons and Charles A. Meyers, Personnel Administration: A Point of View and a Method (5th ed.; New York: McGraw-Hill Book Co., Inc., 1965), p. 752.

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## CHAPTER IV

### CONCLUSION

#### Conclusion

The best managerial position to which to assign the authority and responsibility for staffing the nursing unit at the U. S. Public Health Service Hospital, New Orleans, Louisiana, is the assistant director of nursing.

#### Recommendations

Job descriptions for the supervisory clinical nurse should be revised to eliminate the ambiguous statement assigning the responsibility for the administrative management of the nursing unit on a 24-hour, 7-day-week basis.

A committee composed of all levels of the nursing department should be appointed as a pilot group to study the staffing problems as they exist in this hospital, and to submit recommendations for solving these problems.

It is recommended that further research be focused on these areas:

1. The feasibility of appointing an assistant director of nursing whose primary responsibility is staffing the nursing department.

2. The feasibility of relieving the supervisory clinical nurses of the present requirement for preparing the personnel time schedules, and of centralizing this effort with an assistant director of Nursing for staffing.

## APPENDIX A

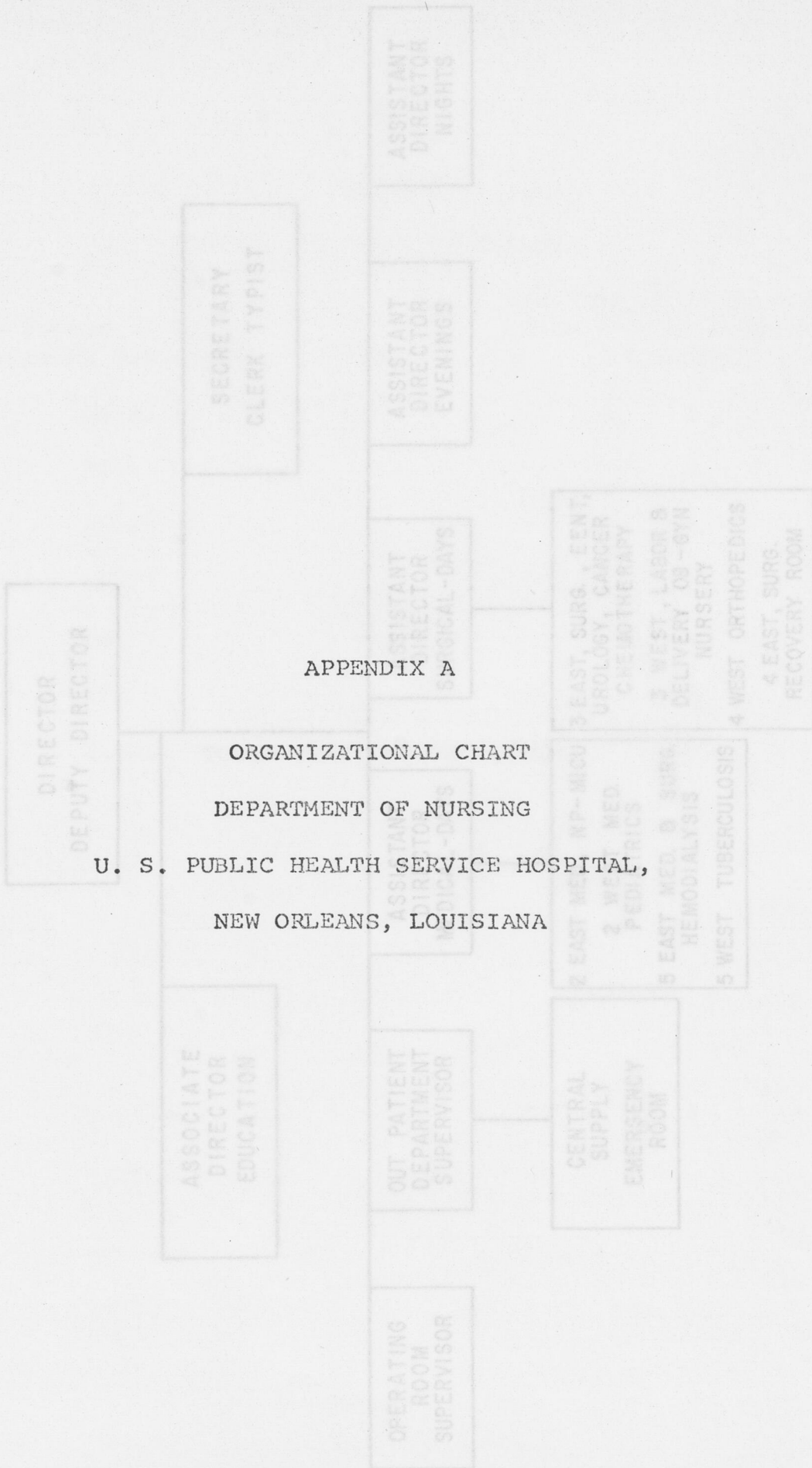
## ORGANIZATIONAL CHART

## DEPARTMENT OF NURSING

U. S. PUBLIC HEALTH SERVICE HOSPITAL,

NEW ORLEANS, LOUISIANA

DEPARTMENT OF NURSING  
 U. S. PUBLIC HEALTH SERVICE HOSPITAL -- NEW ORLEANS, LOUISIANA



APPENDIX A  
 ORGANIZATIONAL CHART  
 DEPARTMENT OF NURSING  
 U. S. PUBLIC HEALTH SERVICE HOSPITAL,  
 NEW ORLEANS, LOUISIANA

DEPARTMENT OF NURSING  
 U.S. PUBLIC HEALTH SERVICE HOSPITAL — NEW ORLEANS, LOUISIANA

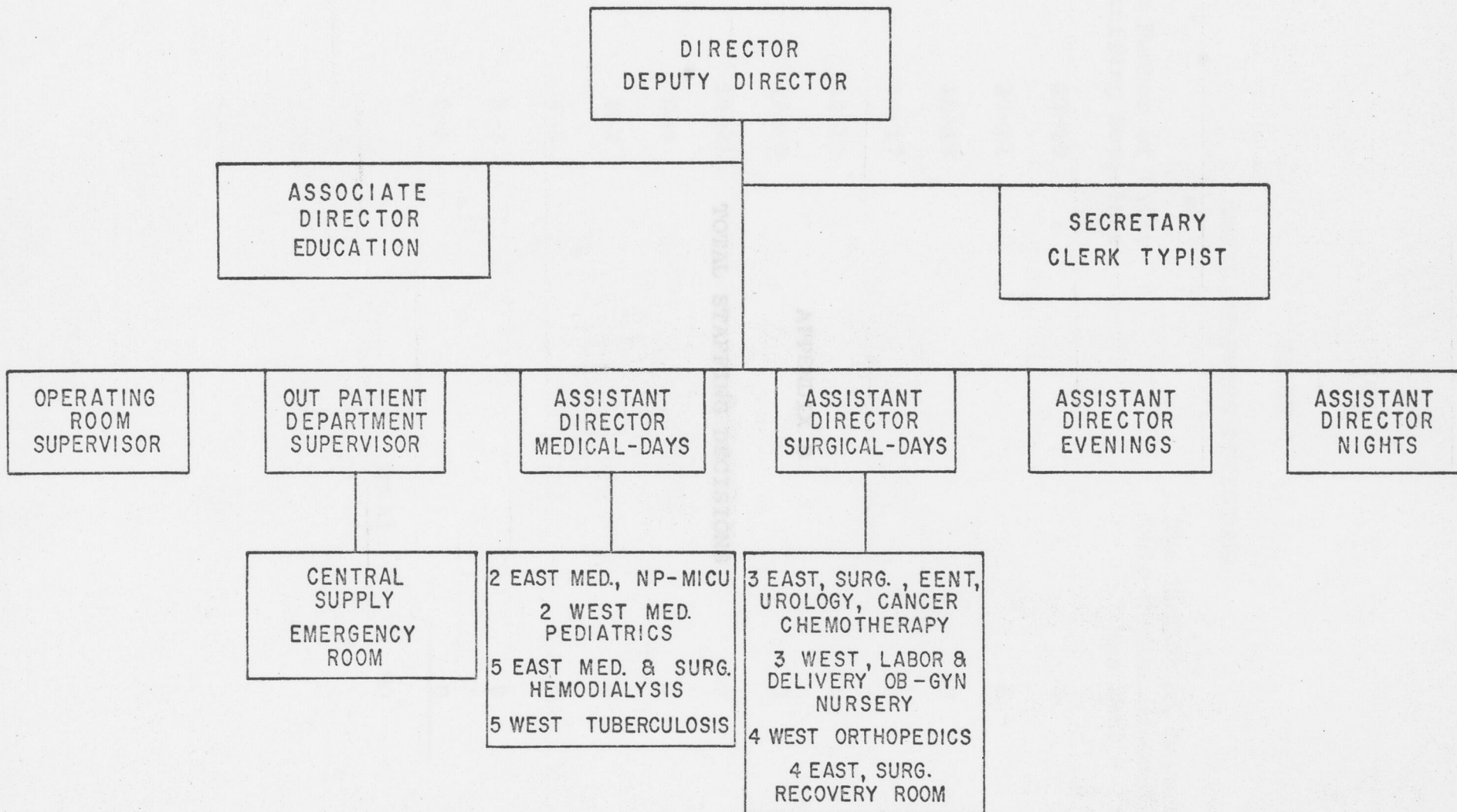


TABLE 4

## TOTAL STAFFING DECISIONS

The Number of Daily Staffing Decisions	The Number of Days That This Number of Decisions Was Made
22-23	6
20-21	5
18-19	10
16-17	13
14-15	13
12-13	13
10-11	10
8-9	7
6-7	8
4-5	5
2-3	0
0-1	0
	0
	90

## APPENDIX B

## TOTAL STAFFING DECISIONS

TABLE 4

## TOTAL STAFFING DECISIONS

The Number of Daily Staffing Decisions	The Number of Days That This Number of Decisions Was Made
22-23	6
20-21	5
18-19	10
16-17	13
14-15	13
12-13	13
10-11	10
8-9	7
6-7	8
4-5	5
2-3	0
0-1	<u>0</u>
Total	90

TABLE 5

GRANTING OF EIGHT HOURS' ANNUAL  
LEAVE OR SICK LEAVE

The Number of Times Leave Was Granted	The Number of Days That This Number of Decisions Was Made
20-21	0
18-19	0
16-17	0
14-15	0
12-13	1
10-11	3
8-9	14
6-7	27
4-5	27
2-3	16
0-1	<u>2</u>
Total	90

## APPENDIX C

GRANTING OF EIGHT HOURS' ANNUAL  
LEAVE OR SICK LEAVE

TABLE 5

GRANTING OF EIGHT HOURS' ANNUAL  
LEAVE OR SICK LEAVE

The Number of Times Leave Was Granted	The Number of Days That This Number of Decisions Was Made
20-21	0
18-19	0
16-17	0
14-15	0
12-13	1
10-11	3
8-9	14
6-7	27
4-5	27
2-3	16
0-1	<u>2</u>
Total	90

TABLE 6

## REASSIGNMENT OF PERSONNEL

The Number of Times Personnel Were Reassigned	The Number of Days That This Number of Decisions Was Made
20-21	0
18-19	0
16-17	0
14-15	0
12-13	4
10-11	5
8-9	15
6-7	26
4-5	24
2-3	10
0-1	<u>6</u>
Total	90

## APPENDIX D

## REASSIGNMENT OF PERSONNEL

TABLE 6

## REASSIGNMENT OF PERSONNEL

The Number of Times Personnel Were Reassigned	The Number of Days That This Number of Decisions Was Made
20-21	0
18-19	0
16-17	0
14-15	0
12-13	4
10-11	5
8-9	15
6-7	26
4-5	24
2-3	10
0-1	<u>6</u>
Total	90

TABLE 7

ANNUAL LEAVE, SICK LEAVE, AND REASSIGNMENTS  
BY CATEGORY OF PERSONNEL

<u>Annual Leave</u>	<u>Total Occurrences</u>
Registered nurses	11
Licensed practical nurses	24
Nursing assistants	<u>39</u>
Total man days lost	74
<u>Sick Leave</u>	
Registered nurses	77
Licensed practical nurses	90
Nursing assistants	<u>238</u>

APPENDIX E

ANNUAL LEAVE, SICK LEAVE, AND REASSIGNMENTS

Reassignments BY CATEGORY OF PERSONNEL

Registered nurses	103
Licensed practical nurses	165
Nursing assistants	<u>255</u>
Total	523

TABLE 7

ANNUAL LEAVE, SICK LEAVE, AND REASSIGNMENTS  
BY CATEGORY OF PERSONNEL

<u>Annual Leave</u>	Total Occurrence
Registered nurses	11
Licensed practical nurses	24
Nursing assistants	<u>39</u>
Total man days lost	74
 <u>Sick Leave</u>	
Registered nurses	77
Licensed practical nurses	90
Nursing assistants	<u>238</u>
Total man days lost	305
 <u>Reassignments</u>	
Registered nurses	103
Licensed practical nurses	165
Nursing assistants	<u>255</u>
Total	523

TABLE 8

AVERAGE MONTHLY EXPENDITURE OF TIME TO ACCOMPLISH THE STAFFING REQUIREMENT

Phase I	Average number of hours	Number of Individuals	Total hours
Supervisory clinical nurses	4	8	32
Assistant Director of Nursing	8	2	16
Total hours Phase I			48
APPENDIX F			
Assistant Director of Nursing	45	1	45
Total hours Phase II			45
Total hours Phase I and Phase II			93

Monthly Expenditure of Time

Total Hours Expended = Number of weeks expended monthly to accomplish the staffing requirement  
 40-hour work week

$$\frac{93}{40} = 2.32$$

TABLE 8

AVERAGE MONTHLY EXPENDITURE OF TIME TO ACCOMPLISH  
THE STAFFING REQUIREMENT

Phase I	Average number of hours	Number of Individuals	Total hours
Supervisory clinical nurses	4 <sup>4</sup>	8 <sup>27</sup>	162 32
Assistant Director of Nursing	8 <sup>4</sup>	2 <sup>16</sup>	64 16
Total hours Phase I			48 <sup>226</sup>
<u>Phase II</u>			
Assistant Director of Nursing	45	1	45
Total hours Phase II			45
Total hours Phase I and Phase II			93

Monthly Expenditure of Time

Total Hours Expended = Number of weeks expended monthly  
40-hour work week to accomplish the staffing  
requirement

$$\frac{93}{40} = 2.32$$

## SELECTED BIBLIOGRAPHY

### Books

Argyis, Chris. Understanding Organizational Behaviour.  
Homewood, Ill.: Dorsey Press, 1960.

Barrett, Jean. The Head Nurse: Her Changing Role. 2d ed.  
New York: Appleton-Century-Crofts, 1968.

Clough, Donald J. Concepts in Management Science. Engle-  
wood Cliffs, N.J.: Prentice-Hall, Inc., 1963.

Drucker, Peter F. The Practice of Management. New York:  
Harper & Row, 1967.

Follett, Mary Parker. SELECTED BIBLIOGRAPHY. New York:  
Harper & Row, 1941.

Jensen, Fauntella. The Chief Nurse in the Small Hospital.  
New York: Springer Publishing Co., 1961.

Koontz, Harold, and O'Donnell, Cyril. Management: A Book of  
Readings. 2d ed. New York: McGraw-Hill Book Co.,  
Inc., 1964.

\_\_\_\_\_, and \_\_\_\_\_. Principles of Management. 3d ed.  
New York: McGraw-Hill Book Co., Inc., 1964.

Leone, Lucille Petry. Modern Concepts of Hospital Adminis-  
tration. Edited by Joseph Carlton Owen and Robert  
K. Bisleben. Philadelphia: W. B. Saunders Co.,  
1962.

MacEachern, Malcolm T. Hospital Organization and Management.  
3d ed. Berwyn, Ill.: Physicians' Record Co., 1962.

Nerrill, Harwood, ed. Classics in Management. New York:  
American Management Association, 1960.

47

Mooch, Adeline E., SELECTED BIBLIOGRAPHY Developing the Supervisory Skills of the Nurse. New York: Macmillan Co., 1966.

Books

- Pigons, Paul, and Meyers, Charles A. Hospital Administration.
- Argyis, Chris. Understanding Organizational Behaviour. Homewood, Ill.: Dorsey Press, 1960.
- Barrett, Jean. The Head Nurse: Her Changing Role. 2d ed. New York: Appleton-Century-Crofts, 1968.
- Clough, Donald J. Concepts in Management Science. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1963.
- Drucker, Peter F. The Practice of Management. New York: Harper & Row, 1967.
- Follett, Mary Parker. Dynamic Administration. New York: Harper & Row, 1941.
- Jensen, Fauntella. The Chief Nurse in the Small Hospital. New York: Springer Publishing Co., 1961.
- Koontz, Harold, and O'Donnell, Cyril. Management: A Book of Readings. 2d ed. New York: McGraw-Hill Book Co., Inc., 1964.
- \_\_\_\_\_, and \_\_\_\_\_. Principles of Management. 3d ed. New York: McGraw-Hill Book Co., Inc., 1964.
- Leone, Lucille Petry. Modern Concepts of Hospital Administration. Edited by Joseph Carlton Owen and Robert K. Eisleben. Philadelphia: W. B. Saunders Co., 1962.
- MacEachern, Malcolm T. Hospital Organization and Management. 3d ed. Berwyn, Ill.: Physicians' Record Co., 1962.
- Merrill, Harwood, ed. Classics in Management. New York: American Management Association, 1960.

- Mooth, Adalms E., and Ritvo, Miriam M. Developing the Supervisory Skills of the Nurse. New York: Macmillan Co., 1966.
- Pignons, Paul, and Meyers, Charles A. Personnel Administration: A Point of View and a Method. 5th ed. New York: McGraw-Hill Book Co., Inc., 1965.
- Shanks, Mary D. The Theory and Practice of Nursing Service Administration. New York: McGraw-Hill Book Co., Inc., 1965.
- Urwick, Lyndall F. The Pattern of Management. Minneapolis: University of Minnesota Press, 1956.

#### Periodicals

- Bennett, Addison C. "Keeping the Good People We Have." Hospital Topics, XLVII (February, 1969), 31-35.
- Benz, Edward J. "Nursing Service." Hospitals, XLIII (April, 1969), 157-62.
- Chartier, Roger. "Managing the Knowledge Employee." Personnel Journal, XLVII (August, 1968), 558-62.
- Committee on Nursing Service. "ANA Statement on Nursing Staff Requirements for In-Patient Health Care Services." American Journal of Nursing, LXVII (May, 1967), 1029-30.
- Deegan, Arthur X., and O'Donovan, Thomas R. "How Much Authority Should the Administrator Delegate?" Modern Hospital, CIII (October, 1964), 94-97.
- Dunn, Helen. "Facing Realities in Nursing Administration Today." American Journal of Nursing, LXVIII (May, 1968), 1013-18.
- Ehrlich, Iraf. "Supervision Process Not Position." American Journal of Nursing, LXVIII (January, 1968), 115-19.

- Ginsberg, Frances. "How to Motivate People to Accept Change." Modern Hospital, CXI (November, 1968), 114.
- Gross, Melvern J. "Should Nurses be Involved in Management?" Hospital Management, CVII (January, 1969), 55-59.
- Hopkins, Terrance D. "Sickness Patterns of Nursing Staff." Nurse Mirror, No. 120, pp. 59-61.
- Jacobs, Donald J. "Position Control Plan Slows Rise in Cost of Nursing Service." Hospitals, XLI (June, 1967), 73-76.
- Kissick, William L. "Effective Utilization: The Critical Factor in Health Manpower." American Journal of Public Health, LVIII (January, 1968), 23-28.
- Lambertson, Eleanor. "Good Nursing Requires Good Management." Modern Hospital, III (November, 1968), 124.
- Levine, Eugene; Siegel, Stanley; and De La Puente, Joseph. "Diversity of Nurse Staffing Among General Hospitals." Hospitals, XXXV (May, 1961), 42-48.
- Lichty, Joseph. "A Hospital Administrator Looks at Nursing Service." American Journal of Nursing, XIV (November, 1966), 53.
- Mott, Paul E. "The Case Against Rotating Shifts." Nursing Outlook, XIV (April, 1966), 51-52.
- Murphy, Joseph P. "Overcoming Supervisory Weakness." Personnel Journal, XLVII (May, 1968), 312-14.
- Petit, Leo A. "A Chronic Problem Demands Fresh Approaches." Hospitals, XLI (June, 1967), 37-39.
- Rutherford, Ruby. "What Bothers Staff Nurses." American Journal of Nursing, LXVII (February, 1967), 315-18.
- Sleeper, Ruth. "Nursing Service." Hospitals, XLI (April, 1967), 139-42.

Slama, Mary Ann. "Effective Management Program for Nursing Supervisors." Hospital Management, CIII (March, 1967), 104-106.

Smith, Eleanor C. "Nursing Service Administration is Nursing Service Too." Nursing Outlook, XVI (September, 1968), 19.

Street, Margaret M. "Staffing Problems in Nursing Service." Canadian Nurse, LXI (February, 1965), 91.

Stryker, Ruth P. "A Staffing Secretary Releases Nursing Time." American Journal of Nursing, LXVI (November, 1966), 2478-80.

Venger, Mary Jane, and Yourman, Julius. "Modern Management Theory Applied to Nursing Service." American Journal of Nursing, XIV (November, 1966), 30-33.

Walford, Helen. "The Nurse of the Future." Nursing Outlook, XIV (April, 1966), 41.

Wolfe, Harvey, and Young, John P. "Staffing the Nursing Unit: Part 1." Nursing Research, XIV (Summer, 1965), 236-43; Part 2 (Fall, 1965), 299-303.

Zubkoff, Harry. "Small Improvements Have a Big Effect on Nurse Utilization." Hospitals, XLIII (February, 1969), 56-64.

Pamphlet

Paetznick, Marguerite. A Guide for Staffing a Hospital Nursing Service. Public Health Papers No. 31. Geneva: World Health Organization, 1966.

## ABSTRACT

### A STUDY TO DETERMINE THE BEST MANAGERIAL POSITION FOR ASSIGNING THE AUTHORITY AND RESPONSIBILITY FOR STAFFING NURSING UNITS

A Problem Solving Project Report Submitted to the Faculty of Baylor University in Partial Fulfillment of the Requirements for the Degree of Master of Hospital Administration

By Major James Downey, ANC

August, 1970

49 Pages

A copy of this document may be obtained on loan from the United States Army Medical Field Service School, Brooke Army Medical Center, Fort Sam Houston, Texas.

This paper reports the finding of a study conducted in the nursing department of the U. S. Public Health Service Hospital, New Orleans, Louisiana. The problem of the study was to determine the best managerial position to which to assign both the authority and the responsibility for staffing the in-patient nursing units.

A review of the literature indicated that the assignment of authority and responsibility must be coterminous and coequal. This valid principle of management has implication and application for the nursing department.

Information about the existing staff procedures and patterns was gathered and evaluated. For a period of ninety days all staffing decisions that changed the original staffing plan were gathered, tabulated, and evaluated. The report included awareness of the magnitude of the daily changes required in response to the identified variables.

It was concluded that both the authority and the responsibility for staffing the nursing units should be assigned to the assistant director of nursing.