UNIT 5

HUMAN RESOURCES FOR HEALTH

STAFFING

Definition

Staffing is the systematic approach to the problem of selecting, training, motivating and retaining professional and non professional personnel in any organization.

Philosophy of staffing in nursing

Nurse administrators of a hospital nursing department might adopt the following philosophy.

- 1. Nurse administrators believe that it is possible to match employee's knowledge and skills to patient care needs in a manner that optimizes job satisfaction and care quality.

- 2. Nurse administrators believe that the technical and humanistic care needs of critically ill patients are complex that all aspects of that care should be provided by professional nurses.

- 3. Nurse administrative believe that the health teaching and rehabilitation needs of chronically ill patients are so complex that direct care for chronically ill patients should be provided by professional and technical nurses.
- 4. Should believe that patient assessment, work quantification and job analysis should be used to determine the number of personnel in each category to be assigned to care for patients of each type (such as coronary care, renal failure, etc.,).
- 5. Should believe that a master staffing plan and policies to implement the plan in all units should be developed centrally by the nursing heads and staff of the hospital.
- 6. Should the staffing plan should be administrated at the unit level by the head nurse, so that can change based on unit workload and workflow.

Objectives of staffing in nursing

- 1. Provide an all professional nurse staff in critical care units, operating rooms, labor, delivery unit, emergency room.

- 2. Provide sufficient staff to permit a 1:1 nurse-patient ratio for each shift in every critical care unit.

- 3. Staff the general medical, surgical, Obsteritic and gynecology, pediatric and psychiatric units to achieve a 2:1 professional –practical nurse ratio.

- 4. Provide sufficient nursing staff in general medical, surgical, Obsteritic, pediatric and psychiatric units to permit a 1: 5 nurse-patient ratio on a day and after noon shifts an d1:10 nurse –patient ratio on the night shift.

NORMS OF STAFFING(S I U- staff inspection unit)

NORMS

Norms are standards that guide, control, and regulate individuals and communities. For planning nursing manpower we have to follow some norms. The nursing norms are recommended by various committees, such as; the Nursing Man Power Committee, the High-power Committee, Dr. Bajaj Committee, and the staff inspection committee, TNAI and INC. All the above committees and the staff inspection unit recommended the norms for optimum nurse-patient ratio. Such as 1:3 for Non Teaching Hospital and 1:5 for the Teaching Hospital.

Recommendations of S.I.U:

1. The norm has been recommended taking into account the workload projected in the wards and the other areas of the hospital.

2. The posts of nursing sisters and staff nurses have been clubbed together for calculating the staff entitlement for performing nursing care work which the staff nurse will continue to perform even after she is promoted to the existing scale of nursing sister.

3. Out of the entitlement worked out on the basis of the norms, 30%posts may be sanctioned as nursing sister. This would further improve the existing ratio of 1 nursing sister to 3.

4. The assistant nursing superintendent are recommended in the ratio of 1 ANS to every 4.5 nursing sisters.

5. The posts of Deputy Nursing Superintendent may continue at the level of 1 DNS per every 7.5 ANS

6. There will be a post of Nursing Superintendent for every hospital having 250 or beds.

7. There will be a post of 1 Chief Nursing Officer for every hospital having 500 or more beds.

8. It is recommended that 10% leave reserve (maternity leave, earned leave, and days off as nurses are entitled for 8 days off per month and 3 National Holidays per year when doing 3 shift duties).

BAJAJ COMMITTEE, 1986

An "Expert Committee for Health Manpower Planning, Production and Management" was constituted in 1985 under Dr. J.S. Bajaj, the professor at AIIMS. Manpower is one of the most vital resources for the labour intensive health services industry. Health for all (HFA) can be achieved only by improving the utilization of these resources. Major recommendations are:-

1. Formulation of National Medical & Health Education Policy.

2. Formulate on of National Health Manpower Policy.

3. Establishment of an Educational Commission for Health Sciences (ECHS) on the lines of UGC.

4. Establishment of Health Science Universities in various states and union territories.

5. Establishment of health manpower cells at centre and in the states.

6. Vocationalisation of education at 10+2 levels as regards health related fields with appropriate incentives, so that good quality paramedical personnel may be available in adequate numbers.

7. Carrying out a realistic health manpower survey.

Hospital Nursing Services-

1. Nursing superintendents. 1:200 beds
2. Deputy nursing superintendents 1:300 beds
3. Departmental nursing 7:1000 + 1 Addl:1000 beds (991 x 7 + 991)
4. Ward nursing 8:200 + 30% leave reserve supervisors/sisters
5. Staff nurse for wards 1:3 (or 1:9 for each shift) +30 leave reserve
6. For OPD, Blood Bank, X-ray, Diabetic clinics, CSR, etc 1:100 (1:5 OPD) +30% leave reserve
7. For intensive units 1:8 (1:3 for each shift) (8 beds ICU/200 beds) + 30% leave reserve
8. For specialized deptts and clinics, OT, Labour room 8:200 + 30% leave reserve

Community Nursing Service

Projected population - 991,479,200 (medium assumption) by 2000 AD

1 Community Health Centre - 1,000,00 population

1 Primary Health Services - 30,000 population in plain area

1 Primary Health Services - 20,000 population in difficult areas

1 Sub-centre - 5000 population in plain area

1 Sub-centre - 3000 population for difficult area

It also requires nursing manpower to cater to the needs of the rural community as follows:

Manpower requirements by 2000 AD:

- Sub-centre ANM**/FHW**   **323882**
- Health supervisors **/LHV**   **107960**
- Primary Health Centres PHN   26439
- Community health centre Nurse-midwives   26439
- Public health nursing supervisor   7436
- Nurse-midwives   52,052
- District public health nursing officer   900

HIGH POWER COMMITTEE ON NURSING AND NURSING PROFESSION (1987-1989)

High power committee on nursing and nursing profession was set up by the Government of India in July 1987, under the chairmanship of Dr. Jyothi former vice-chancellor of SNDT Women University, Mrs. Rajkumari Sood, Nursing Advisor to Union Government as the member-secretary and CPB Kurup, Principal, Government College of Nursing, Bangalore and the then President. TNAI is also one among the prominent members of this committee. Later on the committee was headed by Smt. Sarojini Varadappan, former Chairman of Central Social Welfare Board.

The terms of reference of the Committee are:

◻ To look into the existing working conditions of nurses with particular reference to the status of the nursing care services both in the rural and urban areas.

◻ To study and recommend the staffing norms necessary for providing adequate nursing personnel to give the best possible care, both in the hospitals and community.

◻ To look into the training of all categories and levels of nursing, midwifery personnel to meet the nursing manpower needs at all levels o health services and education.

◻ To study and clarify the role of nursing personnel in the health care delivery system including their interaction with other members of the health team at every level of health service management.

◻ To examine the need for organised nursing services at the national, state, district and local levels with particular reference to the need for planning service with the overall health care system of the country at the respective levels.

◻ To look into all other aspects, the Committee will hold consultations with the State Governments.

ECOMMENDATIONS OF HIGH POWER COMMITTEE ON NURSING AND NURSING PROFESSION

Working conditions of nursing personnel

1.   Employment

Uniformity in employment procedures to be made. Recruitment rules are made for all categories of nursing posts.

2. Job description

Job description of all categories of nursing personnel is prepared by the central government to provide guidelines.

3. Working hours

The weekly working hours should be reduced to 40 hrs per week. Straight shift should be implemented in all states. extra working hours to be compensated either by leave or by extra emoluments depending on the state policy .nurses to be given weekly day off and all the gazetted holidays as per the government rules.

4. Work load/ working facilities

- ⬚ Nursing norms for patient care and community care to be adopted as recommended by the committee.

- ⬚ Hospitals to develop central sterile supply departments, central linen services, and central drug supply system. Group D employees are responsible for housekeeping department.

- ⬚ Policies for breakage and losses to be developed and nurses not are made responsible for breakage and losses.

5. Pay and allowances

Uniformity of pay scales of all categories of nursing personnel is not feasible. However special allowance for nursing personnel, i.e.; uniform allowance, washing, mess allowance etc should be uniform throughout the country.

6. Promotional opportunities

The committee recommends that along with education and experience, there is a need to increase the number of posts in the supervisory cadre, and for making provision of guidance and supervision during evening and night shifts in the hospital. -Each nurse must have 3 promotions during the service period. -Promotion is based on merit cum seniority. -Promotion to the senior most administrative teaching posts is made only by open selection. -In cases of stagnation, selection grade and running scales to be given.

7. Career development

Provision of deputation for higher studies after 5 yrs of regular services be made by all states. The policy of giving deputation to 5 -10 % of each category be worked out by each state.

8. Accommodation

As far as possible, the nursing staff should be considered for priority allotment of accommodation near to work place. Apartment type of accommodation is built where married/unmarried nurses can be allowed to live. Housing colonies for hospital s must be considered in long run.

9. Transport

During odd hours, calamities etc arrangements for transport must be made for safety and security of nursing personnel.

10. Special incentives

Scheme of special incentives in terms of awards, special increment for meritorious work for nurses working in each state/district/PHC to be worked out.

11. Occupational hazards

Medical facilities as provided by the central govt. by extended by the state govt to nursing personnel till such times medical services are provided free to all the nursing personnel. Risk allowance to be paid to nursing personnel working in the rural $ urban area.

12. Other welfare services

Hospitals should provide welfare measures like crèche facilities for children of working staff, children education allowance, as granted to other employees, be paid to nursing personnel.

NURSING EDUCATION

Nursing education to be fitted into national stream of education to bring about uniformity, recognition and standards of nursing education. The committee recommends that;

1. There should be 2 levels of nursing personnel - professional nurse (degree level) and auxiliary nurse (vocational nurse). Admission to professional nursing should be with 12 yrs of schooling with science. The duration of course should be 4 yrs at the university level. admission to vocational /auxiliary nursing should be with 10 yrs of schooling .The duration of course should be 2 yrs in health related vocational stream.

2. All school of nursing attached to medical college hospitals is upgraded to degree level in a phased manner.

3. All ANM schools and school of nursing attached to district hospitals be affiliated with senior secondary boards.

4. Post certificate B.Sc. Nursing degree to be continued to give opportunities to the existing diploma nurses to continue higher education.

5. Master in nursing programme to be increased and strengthened.

6. Doctoral programme in nursing have to be started in selected universities.

7. Central assistance be provided for all levels of nursing education institutions in terms of budget(capital and recurring)

8. Up gradation of degree level institutions be made in a phased manner as suggested in report.

9. Each school should have separate budget till such time is phased to degree/vocational programme. The principal of the school should be the drawing and the disbursing officer.

10. Nursing personnel should have a complete say in matters of selection of students. Selection is based completely on merit. Aptitude test is introduced for selection of candidates.

11. All schools to have adequate budget for libraries and teaching equipments.

12. All schools to have independent teaching block called as School Of Nursing with adequate class room facilities, library room, common room etc as per the requirements of INC.

Continuing Education and Staff Development

- ⬜ Definite policies of deputing 5-10% of staff for higher studies are made by each state. Provision for training reserve is made in each institution.

- ⬜ Deputation for higher study is made compulsory after 5 yrs.

- ⬜ Each nursing personnel must attend 1 or 2 refresher course every year.

- ⬜ Necessary budgetary provision be made.

- ⬜ A National Institute for Nursing Education Research and Training needs to be established like NCERT, for development of educational technology, preparation of textbooks, media, / manuals for nursing.

NURSING SERVICES: HOSPITALS/INSTITUTIONS (URBAN AREAS)

Definite nursing policies regarding nursing practice are available in each institution. These policies include:

a) Qualification/recruitment rules
b) b) Job description/job specifications
c) c) Organizational chart of the institutions
d) d) Nursing care standards for different categories of patients.

1. Staffing of the hospitals should be as per norms recommended.
2. District hospitals /non teaching hospitals may appoint professional teaching nurses in the ratio of 1; 3 as soon as nurses start qualifying from these institutions.
3. Students not to be counted for staffing in the hospitals
4. Adequate supplies and equipments, drugs etc be made available for practice of nursing. The committee strongly recommends that minimum standards of basic equipment needed for each patient be studied , norms laid down and provided to enable nurses to perform some of the basic nursing functions . Also there should be a separate budget head for nursing equipment and supplies in each hospitals/ PHC. The NS and PHN should be a member of the purchase and condemnation committee.
5. Nurses to be relieved from non -nursing duties.
6. Duty station for nurses is provided in each ward.
7. Necessary facilities like central sterile supplies, linen, drugs are considered for all major hospitals to improve patient care. Also nurses should not be made to pay for breakage and losses. All hospitals should have some systems for regular assessment of losses.
8. Provision of part time jobs for married nurses to be considered. (min 16-20hrs/week)
9. Re-entry by married nurses at the age of 35 or above may also be considered and such nurse be given induction courses for updating their knowledge and skills before employment.

10. Nurses in senior positions like ward sisters, Asst. nursing superintendents, Deputy NS; N.S must have courses in management and administration before promotions.

11. Nurses working in speciality areas must have courses in specialities. Promotion opportunities for clinical specialities like administrative posts are considered for improving quality nursing services.

Community Nursing Services

◻ Appointment of ANM/LHV to be recommended.

- 1 ANM for 2500 population (2 per sub centre)

- 1 ANM for 1500 population for hilly areas

- 1 health supervisor for 7500 population (for supervision of 3 ANM's)

- 1 public health nurse for 1 PHC (30000 population to supervise 4 Health Supervisors)

- 1 Public Health Nursing Officer for 100000 population (community health centre)

- 2 district public health nursing for each district.

◻ ANM/LHV promoted to supervisory posts must undergo courses in administration and management.

◻ Specific standing orders are made available for each ANM/LHV to function effectively in the field.

◻ Adequate provision of supplies, drugs etc are made.

Norms recommended for nursing service and education in hospital setting.

1. Nursing Superintendent -1: 200 beds (hospitals with 200 or more beds).

2. Deputy Nursing Superintendent. - 1: 300 beds (wherever beds are over 200)

3. Assistant Nursing Superintendent - 1: 100

4. Ward sister/ward supervisor - 1:25 beds 30% leave reserve

5. Staff nurse for wards -1:3 (or 1:9 for each shift) 30% leave reserve

6. For nurses OPD and emergency etc - 1: 100 patients (1 bed : 5 out patients) 30% leave reserve

7. For ICU -1:1(or 1:3 for each shift) 30% leave reserve

For specialized departments such as operation theatre, labour room etc- 1: 25 30% leave reserve.

INDIAN NURSING COUNCIL (INC)

The Indian Nursing Council is an Autonomous Body under the Government of India and was constituted by the Central Government under the Indian Nursing Council Act, 1947 of parliament. It was established in 1949 for the purpose of providing uniform standards in nursing education and reciprocity in nursing registration throughout the country. Nurses registered in one state were not registered in another state before this time.

Functions of Indian Nursing Council.

To establish and monitor a uniform standard of nursing education for nurses midwife, Auxiliary Nurse-Midwives and health visitors by doing inspection of the institutions.

⬜ To recognize the qualifications under section 10(2)(4) of the Indian Nursing Council Act, 1947 for the purpose of registration and employment in India and abroad.

⬜ To give approval for registration of Indian and Foreign Nurses possessing foreign qualification under section 11(2) (a) of the Indian Nursing Council Act, 1947.

⬜ To prescribe the syllabus & regulations for nursing programs.

⬜ Power to withdraw the recognition of qualification under section 14 of the Act in case the institution fails to maintain its standards under Section 14 (1)(b) that an institution recognized by a State Council for the training of nurses, midwives, auxiliary nurse midwives or health visitors does not satisfy the requirements of the Council.

⬜ To advise the State Nursing Councils, Examining Boards, State Governments and Central Government in various important items regarding Nursing Education in the Country.

THE EXISTING NORM BY INC WITH REGARD TO NURSING STAFF FOR WARDS AND SPECIAL UNITS:

	Staff nurse	Sister(each shift)	Departmental sister/ assistant nursing superintendent
Medical ward	1:3	1:25	1 for 3-4 weeks
Surgical ward	1:3	1:25	1 for 3-4 weeks

Orthopedic ward	1:3	1:25	1 for 3-4 weeks
Pediatric ward	1:3	1:25	1 for 3-4 weeks
Gynecology ward	1:3	1:25	1 for 3-4 weeks
Maternity ward including newborns	1:3	1:25	1 for 3-4 weeks
ICU	1:1(24 hours)	1	
CCU	1:1(24 hours)	1	
Nephrology	1:1(24 hours)	1	1 department sister/assistant nursing superintendent for 3-4 units clubbed together
Neurology & and neurosurgery	1:1(24 hours)	1	
Special wards- eye, ENT etc.	1:1(24 hours)	1	
Operation theatre	3 for 24 hours per table	1	1 department sister/asst nursing superintendent for 4-5 operating rooms
Casuality and emergency unit	2-3 staff nurses depending on the number of beds	1	1 department sister/assistant nursing superintendent

Staffing pattern according to the Indian Nursing Council (relaxed till 2012)

Collegiate programme-A

Qualifications and experience of teachers of college of nursing-

1. Professor-cum-Principal

- Masters Degree in Nursing

- Total 10 years of experience with minimum of 5 years of teaching experience

2. Professor-cum- Vice Principal

- Masters Degree in Nursing

- Total 10 years of experience with minimum of 5 years in teaching

3. Reader/Associate Professor

- 🞐 -Masters Degree in Nursing
- 🞐 Total 7 years of experience with minimum of 3 years in teaching

4. Lecturer

- 🞐 Masters Degree in Nursing with 3 years of experience.

5. Tutor/Clinical Instructor

- 🞐 M.Sc.(N) or B.Sc. (N) with 1 year experience or Basic B.Sc. (N) with post basic diploma in clinical specialty

For B.Sc. and M.Sc. nursing:

Annual intake of 60 students for B.Sc. (N) and 25 for M.Sc. (N) programme

	B.Sc. (N)	M.Sc. (N)
Professor cum principal	1	
Professor cum vice principal	1	
Reader/Associate professor	1	2
Lecturer	2	3
Tutor/clinical instructor	19	
Total	24	5

One in each specialty and all the M.Sc. (N) qualified teaching faculty will participate in both programmes.

Teacher-student ratio = 1:10

GNM and B.Sc. (N) with 60 annual intake in each programme

Professor cum principal	1
Professor cum vice principal	1
Reader/Associate professor	1
Lecturer	4
Tutor/clinical instructor	35
Total	42

Basic B.Sc. (N)

	Admission capacity	
Annual intake	40–60	61–100
Professor cum principal	1	1
Professor cum vice principal	1	1
Reader/Associate professor	1	1
Lecturer	2	4
Tutor/clinical instructor	19	33
Total	24	40

Teacher student ratio= 1:10   (All nursing faculty including Principal and Vice principal)

Two M.Sc (N) qualified teaching faculty to start college of nursing for proposed less than or equal to 60 students and 4 M.Sc (N) qualified teaching faculty for proposed 61 to 100 students and by fourth year they should have 5 and 7 M.Sc (N) qualified teaching faculty respectively, preferably with one in each specialty.

Part time teachers and external teachers:

1.	Microbiology
2.	Bio-chemistry
3.	Sociology.
4.	Bio-physic
5.	Psychology
6.	Nutrition
7.	English
8.	Computer
9.	Hindi/Any other language
10.	Any other- clinical discipliners
11.	Physical education

School of nursing-B

Qualification of teaching staff-

1.	Professor cum principal	M.Sc. (N) with 3 years of teaching experience or B.Sc.(N) basic or post basic with 5 years of teaching experience.
2.	Professor cum vice principal	M.Sc. (N) or B.Sc. (N) (Basic)/Post basic with 3 years of teaching experience.
3.	Tutor/clinical instructor	M.Sc. (N) or B.Sc. (N) (Basic) / Post basic or diploma in nursing education and Administration with two years of professional experience.

For School of nursing with 60 students i.e. an annual intake of 20 students:

Teaching faculty	No. required
Principal	1
Vice-principal	1
Tutor	4
Additional tutor for interns	1
Total	7

Teacher student ratio should be 1:10 for student sanctioned strength

ESTIMATION OF NURSING STAFF REQUIRMENTS- ACTIVE ANALYSIS AND RESEARCH STUDIES

INTRODUCTION

Staffing is certainly one of the major problems of any nursing organization, whether it be a hospital, nursing home, health care agency, or in educational organization. Estimation of staff requirements is important for rendering good and quality nursing care Patient Classification Systems

Patient classification system (PCS), which quantifies the quality of the nursing care, is essential to staffing nursing units of hospitals and nursing homes. In selecting or implementing a PCS, a representative committee of nurse manager can include a representative of hospital administration.

Characteristics

- 🔲 Differentiate intensity of care among definite classes
- 🔲 Measure and quantify care to develop a management engineering standard.
- 🔲 Match nursing resources to patient care requirement .
- 🔲 Relate to time and effort spent on the associated activity.
- 🔲 Be economical and convenient to repot and use
- 🔲 Be mutually exclusive , continuing new item under more than one unit.
- 🔲 Be open to audit.
- 🔲 Be understood by those who plan , schedule and control the work.
- 🔲 Be individually standardized as to the procedure needed for accomplishment.
- 🔲 Separate requirement for registered nurse from those of other staff.

- Purposes
- ⬜ The system will establish a unit of measure for nursing, that is , time , which will be used to determine numbers and kinds of staff needed.
- ⬜ Program costing and formulation of the nursing budget.
- ⬜ Tracking changes in patients care needs. It helps the nurse managers the ability to moderate and control delivery of nursing service
- ⬜ Determining the values of the productivity equations
- ⬜ Determine the quality: once a standards time element has been established, staffing is adjusted to meet the aggregate times. A nurse manager can elect to staff below the standard time to reduce costs.

Components:

▪ The first component of a PCS is a method for grouping patient's categories: Johnson indicates two methods of categorizing patients. Using categorizing method each patient is rated on independent elements of care, each element is scored, scores are summarized and the patient is placed in a category based on the total numerical value obtained.

▪ The second component of a PCS is a set of guidelines describing the way in which patients will be classified, the frequency of the classification, and the method of reporting data..

▪ The third component of a PCS is the average amount of the time required for care of a patient in each category. A method for calculating required nursing care hours is the fourth and final component of a PCS.

Patient Care Classification

Patient Care classification using four levels of nursing care intensity

Area of care	Category I	Category II	Category III	Category IV
Eating	Feeds self	Needs some help in preparing	Cannot feed self but is able to chew and swallowing	Cannot feed self any may have difficulty swallowing
Grooming	Almost entirely self sufficient	Need some help in bathing, oral hygiene …	Unable to do much for self	Completely dependent
Excretion	Up and to bathroom alone	Needs some help in getting up to bathroom /urinal	In bed, needs bedpan / urinal placed;	Completely dependent
Comfort	Self sufficient	Needs some help with adjusting position/ bed..	Cannot turn without help, get drink, adjust position of extremities …	Completely dependent
General health	Good	Mild symptoms	Acute symptoms	Critically ill

Treatment	Simple – supervised, simple dressing…	Any Treatment more than once per shift, foley catheter care, I&O….	Any treatment more than twice /shift…	Any elaborate/ delicate procedure requiring two nurses, vital signs more often than every two hours..
Health education and teaching	Routine follow up teaching	Initial teaching of care of ostomies; new diabetics; patients with mild adverse reactions to their illness…	More intensive items; teaching of apprehensive/ mildly resistive patients….	Teaching of resistive patients,

A guide to staffing nursing services

1. Projecting Staffing Needs Some steps to be taken in projecting staffing needs include:

- Identify the components of nursing care and nursing service.

- Define the standards of patient care to be maintained.

- Estimate the average number of nursing hours needed for the required hours.

- Determine the proportion of nursing hours to be provided by registered nurses and other nursing service personnel

- Determine polices regarding these positions and for rotation of personnel.

2. Computing number of nurses required on a Yearly Basis

- Find the total number of general nursing hours needed in one year. Average patient census X average nursing hours per patient for 24 hours X days in week X weeks in year.

- Find the number of general nursing hours needed in one year which should be given by registered nurses and the number which should be given by ancillary nursing personnel.

a. Number of general nursing hours per year X percent to be given by registered nurses.

b. Number of general nursing hours per year X percent to be given be ancillary nursing personnel.

Computing number of nurses assigned on weekly basis

1. Find the total number of general nursing hours needed in one week. Average patient censes X average nursing hours per patient in 24 hours X days in week.

2. Find the number of general nursing hours needed in the week which should be given by registered nurses and the number which could be given by ancillary nursing personnel.

a. Number of general nursing hours per week X percent to be given by registered nurses.

b. Number of general nursing hours per week X percent to be given by ancillary nurses.

One method for determining the nursing staff of a hospital

1. To determine the number of nursing staff for staffing a hospital involves establishing the number of work days available for service per nurse per year.

Example: Analysis of how the days are used;

Days in the year	365
Days off 1 day/week	52
Casual leave	12
Privilege leave	30
1 Saturday /month	12
Public Holidays	18
Sick Leave	8
Total non-working days	132
Total working days /nurse/year	**233**

So 1 nurse = 233 working days /year

Example, 20 nurse means   20X233= 4660 hours

4660/365= 12.8 (13).

2. **Work load measurement tools**

   Requirement for staffing are based on whatever standard unit of measurement for productivity is used in a given unit. A formula for calculating nursing care hours per patient day (NCH/PPD) is reviewed.

   NCH/PPD = Nursing hours worked in 24 hours

   Patient Census

Important Factors of staffing

There are 3 factors: quality, quantity, and utilization of personnel.

- Quality and Quantity: This factor depends on the appropriate education or training provided to the nursing personnel for the kind of service they are being prepared for i.e., professional, skilled, routine or ancillary.

- Utilization of personnel: Nursing personnel must be assigned work in such a way that her/his knowledge and skills learnt are based used for the purpose she was educated or trained.

Other factors affecting staffing

1. Acutely Ill : Where the life saving is the priority or bed ridden condition which might require 8-10 hours / patient /day ie., direct nursing care in 24 hours or nurse patient ratio may have to be 1:1, 2:1,3:1…

2. Moderately Ill: here 3.5 HPD are required in 24 hours or nurse patient ration of 1:3 in teaching hospitals and 1:5 non-teaching hospitals.

3. Mildly Ill: this required 1-2 HPD and for such patients 1:6 or 1:10.

4. Fluctuation of workload: workload is not constant.

5. Number of medical staff: In PHC , 30,000 to 50,000 population getting care from 3 to 4 medical staff but only 1 PHN gives care for all… like in hospital the ratio is vary from medical and nursing staff.

Scheduling with Nursing Management Information

Hanson defines a management information system as —an array components designed to transform a collective set of data into knowledge that is directly useful and applicable in the process of directing and controlling resources and their application to the achievement of specific objectives.

The following process for establishing any MIS: 1. State the management objective clearly.

2. Identify the actions required to meet the objective.

3. Identify the responsible position in the organization.

4. Identify the information required to meet the objective.

5. Determine the data required to produce the needed information.

6. Determine the system's requirement for processing the data.

7. Develop a flowchart.

Productivity

Productivity is commonly defined as output divided by input. Hanson translates this definition into following:

$$\frac{\text{Required staff hours} \times 100}{\text{Provided staff hours}}$$

Measurement

In developing a model for an MIS, Hanson indicates several formulas for translating data into information. He indicates that in addition to the productivity formula, hours per patient day (HPPD) are a data element that can provide meaningful information when provided for an extended period of time. HPPD is determined by the formula

$$\frac{\text{Staff hours}}{\text{Patient days}}$$

RECRUITMENT

DEFINITION:

1. According to B Flippo: ―Recruitment is defined as the process of searching for prospective employees and stimulating them to apply for job in the organization.

2. According to Yoder: ―Recruitment is a process to discover the sources of manpower to meet the requirements of the staffing schedule and to employ effective measures for attracting that manpower in adequate numbers to facilitate effective selection of an efficient working force.

TYPES OF RECRUITMENT:

There are three types of recruitment:

1. **Planned**: arise from changes in organization and recruitment policy
2. **Anticipated**: by studying trends in the internal and external organization.
3. **Unexpected**: arise due to accidents, transfer and illness

LIKAGES OF REQUIREMENT TO HUMAN RESOURCE ACQUISITION

The requirement process is concerned with the identification of possible sources of human resources supply and tapping those resources, the total process acquiring and placing human resources in the organization. Requirement fails in between different sub process like:
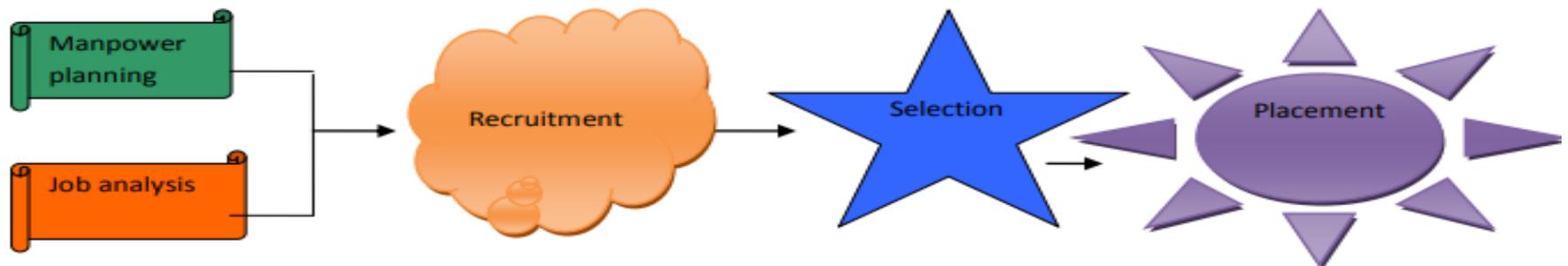
BASIC ELEMENTS OF SOUND RECRUITMENT POLICY:

🗹 Discovery and cultivation of the employment market for post in the public service

🗹 Use of the attractive recruitment literature and publicity

🗹 Use of the scientific tests for determining abilities of the candidate

🗹 Tapping capable candidates from within the services

🗹 Placement program which assigns the right man to the right job.

🗹 A follow up probationally program as an integral process.

PURPOSES AND IMPORTANCE:

⬜ Determine the present and future requirements of the organization in conjunction with the personnel planning and job analysis activities

⬜ Increase the pool of job candidates with minimum cost

Help increase the success rate of the selection process reducing the number of obviously under qualified or over qualified job applicants.

⬜ Help reduce the probability that the job applicants, once recruited and selected will leave the organization only after short period of time. ⬜ Meet the organization's legal and social obligations regarding the composition of its work force

⬜ Start identifying and preparing potential job applicants who will be appropriate candidates

⬜ Evaluate the effectiveness of various recruiting techniques and sources for all types of job applicants.

OBJECTIVES OF RECRUITMENT:
- To attract people with multi-dimensional skills and experiences that suit the present and future organizational strategies
- To induct outsiders with new perspective to lead the company
- To infuse fresh blood at all levels of organization
- To develop an organizational culture that attracts competent people to the company
- To search or heat hunt/ head pouch people whose skills fit the company's values
- To search for talent globally and not just within the company
- To anticipate and find people for positions that does not exist yet.

PRINCIPLES OF RECRUITMENT:

Recruitment should be done from a central place. Eg: Administrative officer/Nursing Service Administration.

1) Termination and creation of any post should be done by responsible officers

2) Only the vacant positions should be filled and neither less nor more should be employed.

3) Job description/ work analysis should be made before recruitment.

4) Procedure for recruitment should be developed by an experienced person

5) Recruitment of workers should be done from internal and external sources 6) Recruitment should be done on the basis of definite qualifications and set standards.

7) A recruitment policy should be followed

8) Chances of promotion should be clearly stated

9) Policy should be clear and changeable according to the need.

SOURCES OF RECRUITMENT:

The sources of recruitment are:
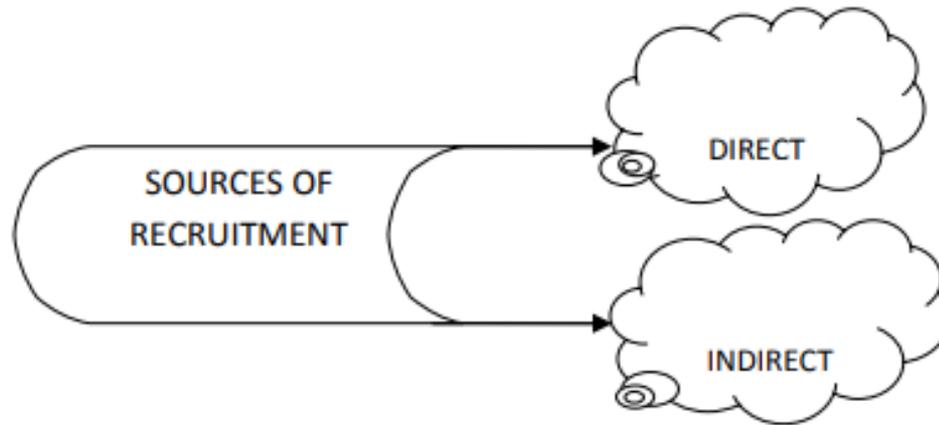
I)   <u>**Internal sources**</u>: Internal sources include present employees, employee referrals, former employee and former applicants.

Present employees: promotion and transfers from among the present employees can be good source of recruitment. Promotions to higher positions have several advantages.

They are:

o It is good public relations

o It builds morale

o It encourages competent individuals who are ambitious

o It improves the probability of a good selection, since information of the candidate is readily available

o It is less costly

o Those chosen internally are familiar with the organization.

Employee referrals: this is the good source of internal recruitment. Employees can develop good prospects for their families and friends by acquainting with the advantages of a job with the company, furnishing cards introduction and even encouraging them to apply. This is very effective because many qualified are reached at very low cost.

Former employees: some retired employees may be willing to come back to work on a parttime basis or may recommend someone who would be interested in working for the company. An advantage with these sources is that the performance of these people is already known.

Previous applicants: although not truly an internal source, those who have previously applied for jobs can be contacted by mail, a quick and inexpensive way to fill an unexpected opening.

Evaluation of internal recruitment:

Advantages:

⬛ It is less costly

⬛ Organizations typically have a better knowledge of the internal candidates' skills and abilities than the ones acquired through external recruiting.

⬛ An organizational policy of promoting from within can enhance employees' morale, organizational commitment and job satisfaction.

Disadvantages:

⬛ Creative problem solving may be hindered by the lack of new talents. ⬛ Divisions complete for the same people

⬛ Politics probably has a greater impact on internal recruiting and selection than does external recruiting.

II**) External sources**:

 Professional or trade associations: many associations provide placement services for their members. These services may consist of compiling seekers' lists and providing access to members during regional or national conventions.

 Advertisements: these constitute a popular method of seeking recruits as many recruiters; prefer advertisements because of their wide reach. For highly specialized

Advertisement must contain the following information:

⬜ The job content (primary tasks and responsibilities)

⬜ A realistic description of working conditions, particularly if they are unusual

⬜ The location of the job

⬜ The compensation, including the fringe benefits ⬜ Job specifications

⬜ Growth prospects and

⬜ To whom one applies.

Employment exchange: Employment exchanges have been set up all over the country in deference to the provisions of the Employment exchanges (Compulsory Notification of Vaccination) Act, 1959. The Act applies to all industrial establishments having 25 workers or more. The Act requires all the industrial establishments to notify the vacancies before they are filled. The major functions of the exchanges are to increase the pool of possible applicants and to do preliminary screening. Thus, employment exchanges act as a link between the employers and the prospective employees. **Campus recruitment**: colleges, universities and institutes are fertile ground for recruitment, particularly the institutes.

Walk-ins, write-ins and Talk-ins: write-ins those who send written enquire. These job-seekers are asked to complete applications forms for further processing. Talk-in is becoming popular now-in days. Job aspirants are required to meet the recruiter (on an appropriated date) for detailed talks. No applications are required to be submitted to the recruiter.

Consultants: ABC consultants, Ferguson Association, Human Resources Consultants Head Hunters, Bathiboi and Co, Consultancy Bureau, Aims Management Consultants and The Search House are some among the numerous recruiting agents.

Contractors: Contractors are used to recruit casual workers. The names of the workers are not entered in the company records and to this extent, difficulties experienced in maintaining permanent workers are avoided.

Radio Television:

International Recruiting: Recruitment in foreign countries presents unique challenges recruiters. In advanced industrial nations more or less similar channels of recruitment are available for recruiters.
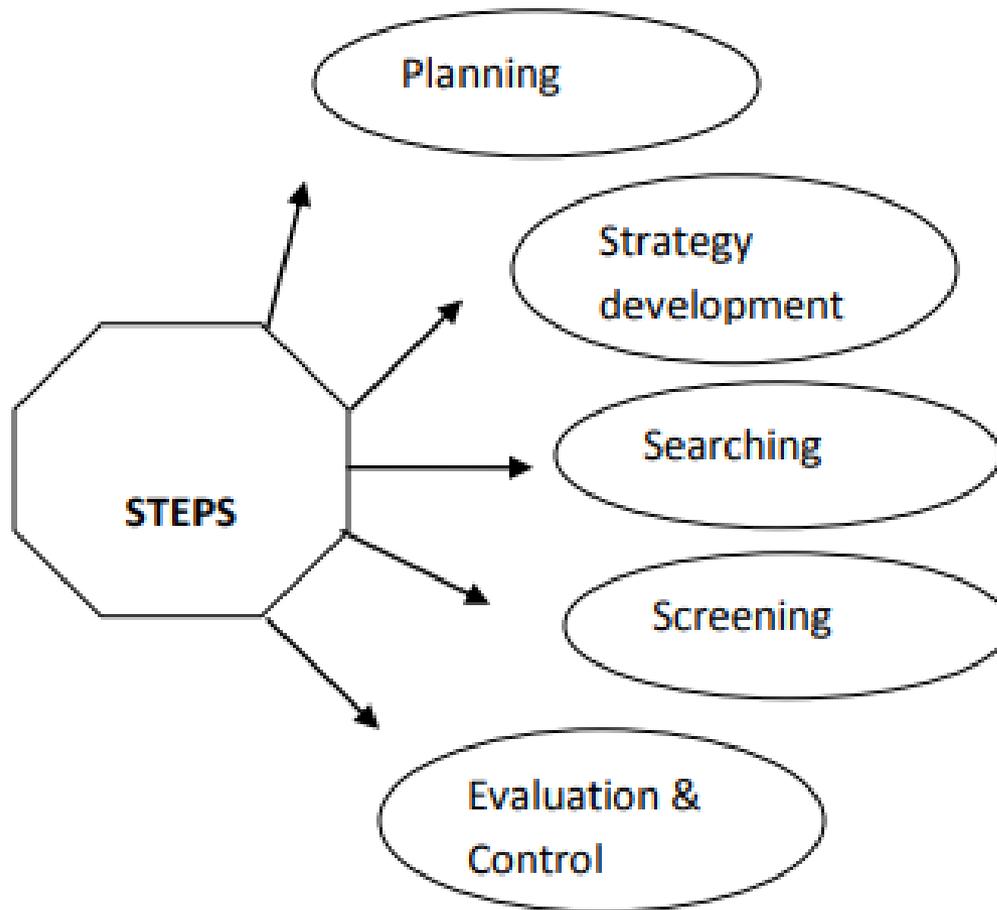
MODERN SOURCES OF RECRUITMENT:

◻ Walk-in

◻ Consult in

◻ Tele recruitment: Organizations advertise the job vacancies through World Wide Web

RECRUITMENT PROCESS / STEPS:

FACTORS EFFCTING RECRUITMENT: All organization, whether large or small, do engage in recruiting activity, though not to the same extent.

This differs with:

1) The size of the organization
2) The employment conditions in the community where the organization is located
3) The effects of past recruiting efforts which show the organization's ability to locate and keep good performing people
4) Working conditions an salary and benefit packages offered by the organization- which may influence turnover and necessitate future recruiting
5) The rate of growth of organization
6) The level of seasonality of operations and future expansion and production programs.
7) Culture, economical and legal factors etc.

CREDENTIALING

Credentialing is the process by which selected professionals are granted privileges to practice within an organization. In health care organizations this process has been largely confined to physicians. Limited privileges have been granted to psychologists, social workers and selected categories of nurses, such as nurse anesthetists, surgical nurses, and midwifes.

Russell C Swan's burg

PURPOSE OF CREDENTIALING

The purpose of credentialing is:

1) To prevent a problem before it happens.

2) To research the qualifications and backgrounds of individuals and companies. Credentialing is also the process of reviewing and verifying information.

SIGNIFIANCE

Credentialing is very significant because it shows that an individual or company performing a service is qualified to do so.

LEGAL PROTECTION

It is a good idea to have credentialing process to protect you and your business from a lawsuit or other legal problems.

PROFESSION

Almost all professions require, to a certain degree, some sort of credentials. Police departments, Firefighters, lawyers, accountants and nurses all need credentials.

HEALTH CARE CREDENTIALING

DEFINITION:

Health care credentialing is a system used by various organizations and agencies to ensure that their health care practitioners meet all the necessary requirements and are appropriately qualified.

WHO IS CREDENTIALED?

1) **Practitioners:** Medical Doctors (MD), Doctor of osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic (DC), Doctor of dental Medicine (DMD), Doctor of Dental Surgery (DDS), Doctor of Optometry (OD), Doctor of Psychology (PhD) and Doctor of Philosophy (PhD).

2) **Extenders:** Physician of assistant (PA), Certified Nurse Practitioner (CRNP), Certified Nurse Midwife (CNM).

COMPOTENTS OF CREDENTIALING

As with physicians, the components of a credentialing system for nurses would be:

1) **Appointment:** Evaluation and selection for nursing staff membership.

2) **Clinical privileges:** Delineation of the specific nursing specialties that may be managed types of illnesses or patients that may be managed within the institution for each member of the nursing staff.

3) **Periodic reappraisal:** Continuing review and evaluation of each member of the nursing staff to assure that competence is maintained and consistent with privileges.

PRINCIPLES OF CREDENTIALING ACCORDING TO (ANA)

A report of the Committee for the study of Credentialing in Nursing was made in 1979.

It included fourteen principles of credentialing related to:

1) Those credentialed.
2) Legitimate interests of involved occupation, institution, and general public.
3) Accountability
4) A system of checks and balances
5) Periodic assessments
6) Objective standards and criteria and persons competent in their use

7) Representation of the community of the interests

8) Professional identity and responsibility

9) An effective system of role delineation

10) An effective system of program identification

11) Coordination of credentialing mechanisms

12) Geographic mobility

13) Definitions and terminology

14) Communications and understanding.

SELECTION

DEFINITION

It is the process of choosing from among applicants the best qualified individuals, Selecting includes interviewing, the employer's offer, acceptance by the applicant, and signing of a contract or written offer.

Selection may be carried out centrally or locally, but in either case certain policies or methods are adopted.

SELECTION POLICIES

1. Application forms

The information contained in the application form and reports received in connection with them should be systematically tabulated and filed as they are useful for evaluating the effectiveness of the form, analyzing entrance standards, assessing academic achievement with subsequent performance, and knowing from which parts of the state or country the students are most frequently admitted or apply for admission.

A job application form serves three main purpose:

1) It enables the hospital authorities to weed out unsuitable candidates.

2) It acts as a frame of reference for the interview.

3) It forms the basis for the personal record file of the successful candidates

2. Selection committee: Usually the selection occurs in the college itself. Otherwise, if the selection is carried outside the college, it is important that at least representatives of the college be a part of committee and as far as possible students be selected for a specific college according to its individual admission policies and the programme it offers.

The members of the selection committee should include a) The head of the college of nursing

b) Professor

c) Representative of the local controlling authority

d) Representative of the nursing division of the state

e) An educational psychologist

3. Orientation programme: After admission an orientation programme is to be conducted to make the students aware of the college rules, hostel rules and the hospital and the college building and associated parallel medical education departments. Orientation should be given by a senior faculty of the college of nursing. Orientation programme may take three to five days.

4. Development of master plan: When a particular batch is admitted the class teacher may draw a master plan according to which the whole programme is planned. Date of examinations and periodic evaluation measures etc are formulated.

5. Parent teachers association: All parents are enrolled in the parent teachers association and this will help to have a contact between the family members and teachers. This will help to improve the administration. Meetings of PTA are held frequently and the parents are kept informed of the students progress.

STEPS IN SELECTION:

The steps which constitute the employee selection process are the following:

I.   Interview by personnel department
II.   Pre-employment tests-written/oral/practical
III. Interview by department head
IV.   Decision of administrator to accept or reject
V.   Medical examination
VI.   Check of references
VII. Issue of appointment letter.

I. Interviewing: Interviewing is the main method of appraising an applicant's suitability for a post. This is the most intricate and difficult part of the selection process. The employment interview can be divided into four parts:

 The warm-up stage

 The drawing-out stage

 The information stage

 The forming an-opinion stage

II. **Pre-employment tests:** To ensure selection of the most suitable candidates for various posts, interviews should be conducted carefully & pre-employment tests should be held in a systematic manner wherever necessary & possible. These tests can broadly be divided in to four types:

1) Tests of general ability- intelligence
2) Tests of specific abilities- aptitude tests
3) tests of achievement-trade tests
4) Personality tests- Tests of emotional stability, interest, values, traits etc.

III. Final approval by the head of the hospital: In some hospitals, the selection committee consists of one person from the personnel department, the department head/supervisor of the concerned department and one representative of the head of the hospital. After the interviewing all the candidates, the selection committee submits its recommendations for approval to the head of the hospital, who is generally the hiring authority.

IV. References: The references provided by the applicant should be cross-checked to ascertain his past performance and to obtain relevant information from his past employer and others who have knowledge of his professional competence

V. Medical examination: The medical examination of a prospective employee is an aid both to the employee and to the management. The selection of the right type of employee who can give his best and be happy requires a thorough knowledge of his physical capacities and handicaps.

VI. Joining report by the employee: When new employees reports for joining, he should be given an appointment letter, his job description and handbook of the hospital. He should be asked to submit his joining report. A model appointment letter and joining report form are given.

PLACEMENT

INTRODUCTION:

Placements are a credit bearing part of a degree course and all placements optional. If a student opts out of a placement or there is no placement available, this means that placement is not guaranteed.

IMPORTANCE PLACEMENTS:

The school of service management believes that taking a placement is one of the most important decisions you can make in your university carrier. Not only will you benefit from building personal confidence during your placement year but you will also establish contacts in your chosen sector which may provide invaluable for graduate opportunity.

IMPORTANCE OF SELECTION AND PLACEMENT:

☐ To fairly and without any element of discrimination evaluate job applicants in view of individual differences and capabilities

☐ To employee qualified and competent hands tat can meet the job requirement of the organization

To place job applicants in the best interests of the organization and the individual

☐ To help in human resources man power planning purposes in organization

☐ To reduce recruitment cost that may arise as a result of poor selection & placement exercises.

PLACEMENT TEAM:

Our current placement team consists of a placement coordinator & four academic tutors, each with specialist knowledge relevant to the degree courses you under the supervision are studying. These tutors advice and support you throughout your preparation for placement.

PROMOTION

DEFINITION:

A change for better prospects from one job to another job is deemed by the employee as a promotion.

FACTORS IMPLYING PROMOTION:
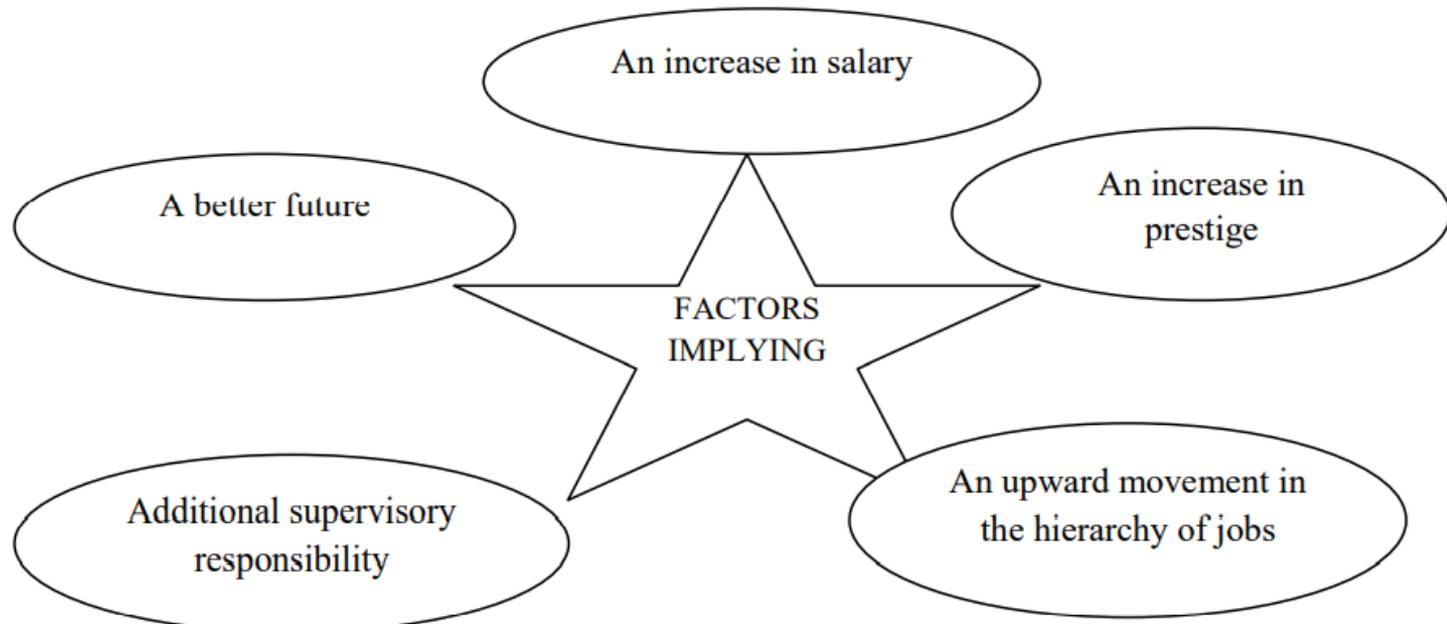
PROMOTION POLICY:

The promotion policy is one of the most controversial issues in every organization. The management usually favors promotion on the basis of merits, and the unions vehemently opposite by saying that management resort to favoritism.

Promotion policy may include the following:

1) Charts and diagrams showing job relationships and ladder of promotion should be prepared.

2) There should be some definite system for making a waiting list after identification and selection of those candidates who are to be promoted as and when vacancies occur.

3) All vacancies within the organization should be notified so that all potential candidates may complete.

4) The following eight factors must be the basis for promotion like Outstanding service in terms of quality as well as quantity, Experience, Seniority etc.

5) Though the department heads may initiate promotion of an employee, the final approval should be with top management because a department head can think only of the repercussions of the promotion in his department

6) All promotion should be for a trail period.

7) In case of promotion, the personnel department should carefully follow the progress of the promoted employees. A responsible person of the personnel department should hold a brief interview with the promoted person and his department head to determine whether everything is going on well or not.

ADVANTAGES OF A SOUND PROMOTION POLICY:

From a scientific management view point, a sound promotion policy has many advantages.

⬜ It provides an incentive to employee to work more and show interest in their work. They put in their best in their best and aim for promotion within the organization.

⬜ It develops loyalty amongst the employees, because a sound promotion policy assures them of their promotions if they are found fit.

⬜ It increases satisfaction among the employees.

⬜ It generates greater motivation as they do not have to depend on mere seniority for that advancement.

⬜ A sound promotion policy retains competent employees, and provides them ample opportunities to rise further

⬜ It generally results in increased productivity as promotion will be based on an evaluation of the employee's performance.

⬜ Finally, increases the effectiveness of an organization

SOLUTION TO PROMOTION PROBLEMS:

Difficult human relations problem can arise in promotion cases. These problems may be reduced to the minimum if extra and following principles are observed.

1. In promoting an employee to a better job, his salary should be at least one step above his present salary.

2. Specific job specifications will enable an employee to realize whether or not his qualifications are equal to those called for.

3. There should be a well-defined plan for informing prospective employees may know the various avenues for their promotion.

4. The organization chart and promotion charts should be made so that employees may know the various avenues for their promotion.

5. The promotion policy should be made known to each and every organization.

6. Management should prepare and practice promotion policy sincerely.

RETENTION

DEFINITION:

Staff choose to stay for long periods within a cost centre, turnover is under is 10% annually.

IMPORTANCE OF STAFF RETENTION:

▢ The advantages of staff retention are fairly clear. Most importantly perhaps, key skills, ideas, knowledge and experience remain within your organization.

▢ Conversely, losing your key employees lays open the possibility that these people will than assume roles with your direct competitors.

▢ On top of all these there are also direct costs involved in losing key employees. The cost of replacing such an individual includes advertising, recruitment agency fees and the time spent conducting actual interview process.

▢ All though an element of employee churns is both inevitable and healthy. It is nevertheless clear that retention brings substantial benefits to your organization.

FIVE CHARACTERISTICS OF SUCCESSFUL RECRUITMENT AND RETENTION PROGRAMS:

1. Sustained leadership commitment to workforce as a strategic imperative.

2. A culture centred around employees and patients.

3. Work with other organizations to address workforce needs

4. Systematic and structured approach

5. Excellence in human resource practice

PERSONNEL POLICIES

DEFINITION OF PERSONNEL POLICIES

Policy:

Statement of predetermined guidelines 2. Policies in general, they are guidelines to help in the safe and efficient achievement of organizational objectives.

Personnel Policy

A set of rules that define the manner in which an organization deals with a human resources or personnel-related matter. A personnel policy should reflect good practice, be written down, be communicated across the organization, and should adapt to changing circumstances.

IMPORTANCE:

1) To the employee it represents a guarantee of fair and equitable treatment.

☐ The establishment of good personnel policies helps to give the employee a sense of security and individual worth.

☐ It gives employee pride and loyalty to the organization for which he/she works.

☐ Policies that are planned in advance are likely to meet the needs of the organization better.

2) To the supervisor it is a safeguard in that it relieves her of the responsibility of making a personal decision which may conflict with decisions given by other supervisors.

☐ Established personnel policies serve as guides to action so that a great deal of time is saved by administrational personnel in handling individual cases.

☐ A well understood clearly written policy saves the time of an employee as well as the employer.

OBJECTIVES:

1) To employ those persons best fitted by education, skill and experience to perform prescribed work.

2) Guarantee fairness in the maintenance of the discipline

3) Upgrade and promote existing staff wherever possible.

4) Take all practical steps to avoid excessive hours of work.

5) Ensure the greatest practicable degree of permanent and continuous employment.

6) Maintain standards of remuneration

7) Provide and maintain high level of physical working conditions.

8) Maintain effective methods of regular consultation between administration and employees.

9) Provide suitable means for the orientation, on the job training and evaluation of employees.

10) Encourage social and recreational facilities for employees.

11) Develop appropriate schemes for employees welfare.

TYPES OF POLICIES

a) Implied Policy:

i.   It is the policy which is not directly voiced or written but is established by pattern of decision.

ii.   They may have either favourable or unfavorable effects

iii. It is the policy neither written nor expressed verbally have usually developed over time and follow a presendent.

b) Expressed Policy:

i.   These are delineated verbally or in writing.

ii.   Oral policies are more flexible than written ones and can be easily adjusted to changing circumstances.

iii. Most of the organization have many written policies that are readily available to all people and promote consistency in action. It may include: Formal dress code, Policy for sick leave or vacation time Disciplinary procedures

ELEMENTS OF PERSONNEL POLICIES STATEMENT

Operating Procedures

The statement details the company's operating procedures, including how employees should accomplish their assigned tasks; punctuality, work hours, and breaks; payment structure; personal appearance and dress code; drug and alcohol policies; benefits; and other employee guidance and responsibilities.

Employee Conduct

The statement defines the company's policies and guidelines about such matters as professional conduct with other employees and clients.

Equipment Use Regulations

Employee use of office equipment is another key item. If personal or non-work-related use of computers, telephones, other equipment, and office supplies is prohibited, this should be outlined.

Employer Authority

One of the principal functions of an employee statement is that it offers the employer a point of reference in the event that an employee is reprimanded or terminated, thereby protecting the employer from wrongful termination lawsuits.

Professionalism

With an employer personnel policies statement in effect, business owners, managers, and employees are afforded a greater air of professionalism, according to the National Restaurant Association's guidelines for writing an employee manual.

PROCESS OF DEVELOPMENT OF PERSONNEL POLICIES

The stages and sequences of events in the process of development of policy are:

1) Clarification by top management of philosophy and the objectives of the organization.

2) Analysis of personnel policy requires assessment of relevant facts. Job is delegated to the committee who through interviews and conferences collect data from inside and outside the organization.

3) Consultation with staff representatives.

4) Writing the first draft of the policy statement.

5) Further discussion to get the final approval of policies from top management and staff representatives.

6) Communication of policy statements by means of training session, discussion groups and staff hand books.

7) Periodic re evaluation and follow up

FACTORS INFLUENCING PERSONNEL POLICY

The following factors will influence determining of personnel policies of an organization:

i)   **Law of the country**: The various laws and labor legislation govern the various aspects of personnel matters. Policies should be in conformity with the laws of the country

ii) **Social values and customs**: there are codes of behavior of any community which should be taken in account in framing policies.

iii) **Management philosophy and values**: Management cannot work together for any length of time without clear broad philosophy and set of values which influence their actions on matters concerning the work force.

iv) **Stage of development**: All changes such as size of operations, scale of technology, innovations, fluctuations in the composition of workforce, decentralization of authority and change in financial structure influence the adoption of personnel policies.

v)   **Financial position of the firm**: The personnel policies cost money which will be reflected in the price of the product. Because of this, prices set the absolute limit to organization's personnel policies.

vi) **Type of work force**: The assessment of characteristics of workforce and what is acceptable to them is the responsibility of the effective personnel staff.

CHARACTERISTICS OF PERSONNEL POLICIES

 Specific Consistency, Permanency, Flexible with Purpose Recognize individual differences.

 Be formulated with regards for the interest of all parties, i.e. employer, employee (individual/ groups) public and clients.

 Confirm to the government regulations be written and formulated as a result of careful analysis of all facts available.

 Be forward looking and forward planning for continuing development

 Recognize individual difference

ADVANTAGES

 Helps to give employees a sense of security and individual worth.

 Gives the employees pride and loyalty to the organization for which they work.

 Employees tend to give good service and identify themselves with the goals of the organization and they want to remain in the organization.

 Are planned in advance and with due consideration on how policy will apply in various situations to meet the needs of the organization

 As guides to action, save a great deal of time of the administrator.

 A clearly written policy saves the time of the employee as well.

STAFF DEVELOPMENT PROGRAMME:

IN-SERVICE AND CONTINUING EDUCATION

DEFINITION:

Staff development refers to all training and education provided by an employee to improve the occupational and personal knowledge, skills and attitude of vested employees.

GOAL:

To assist each employee to improve performance in his or her present position and to acquire personal and professional abilities that maximizes the possibility of career advancement.

NEED FOR STAFF DEVELOPMENT:

▢ To meet social change and scientific advancement. It causes rapid changes in nursing knowledge and skills.

▢ To provide the opportunity for nurses to continually acquire and implement the knowledge, skills and attitudes, ideas and values essential to maintain high quality nursing care.

▢ To meet job related learning needs of the nurse – (eg, continuing education, in-service education, extramural education and post basic education).

▢ Fill the gaps between theory and knowledge.

▢ To achieve personal or professional development eg, promotion.

▢ To prepare for future tasks or trends

PRINCIPLES INVOLVED STAFF DEVELOPMENT:
1. Activities must base of needs and interest of employees and organization.
2. Learning is combination of theory and experience.
3. Learning is internal, personal and emotional process.
4. Learning involves changes in behavior.
5. Learner should be encouraged to contribute in learning process
6. Problem solving approach is well suited because; effective learning takes place when there is need/problem.
7. Positive reward is effective.
8. Teaching – learning should be based on educational psychology.
9. Learning can be maximized by providing favorable condition.
10. Learning is active process i.e., teacher and learner should be active in learning.
11. Teaching must satisfy learning needs of an individual.
12. Use variety of sources for learning as adult learners have wide range of previous experience.

STAFF DEVELOPMENT MODEL FOR GOAL ACHIVEMENT OF THE HEALTH CARE AGENCY, THE NURSE AND THE NURSING PROFESSION

This model has three main components.

Education

Experience

Socio-economics

Educational component includes:

The educational component assumes that the nurse is motivated to continue learning through involvement in educational activities endorse by a health care agency and the nursing profession. It may take the form of continuing education – in service education and extramural education or post basic nursing education. Staff nurse is self-motivated for learning. She may accept any type of staff developmental activity, comes under local agency or outside agency.

Experience:

Nursing practice and experience in daily life are integral parts of staff development. Planned approach to the daily assignment of nursing responsibilities is both a benefit to the development of the nurse practitioner and prerequisites to high quality patient care.

Socio-economic component:

It involves health care agency, the nurse and nursing association in management, planning, counseling and employee – employer relations.

▪ The effectiveness of man power planning depends on needs assessment, which is influenced by the standards set by the nursing profession and the job commitment made between the health care agency and the nurse.

▪ Counseling includes career planning as well as performance evaluation for the benefit of both the health care agency and the nurse.

▪ Employee-employer relations are reflected in the personal practices, form the basics of policies underlying staff development in any agency.

TYPES OF STAFF DEVELOPMENT:
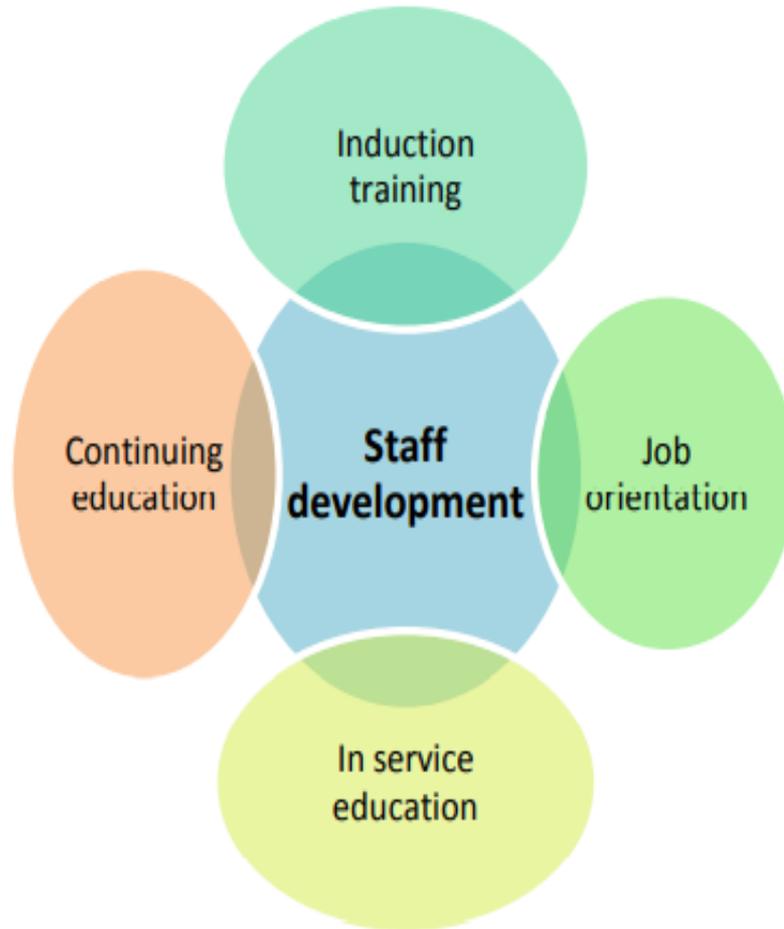
Induction training (3 days):

Is a brief standardized introduction to an agency's philosophy, purpose policies and regulations given to each worker during her or his first two or three days of employment in order to ensure his or her identification with agency's philosophy, goals and norms.

Job orientation (2- 24weeks):

Is an individualized training programme intended to acquaint a newly hired employee with job responsibilities work place, clients and co-workers.

In-service education(2- 8hours):

It is a planned educational experience provided in the job setting and closely identified with service in order to help the person to perform more effectively as a person and as a worker.

Continuing education:

Is a planned activity directed towards meeting the learning needs of the nurse following basic nursing education, exclusive of full time formal post basic education.

Extramural education:

Is a community based education directed towards meeting the job related learning needs of the nurse and other personal. Exclusive of full time formal study at a degree granting institution.

FACTORS INFLUENCING STAFF DEVELOPMENT PROGRAMME

The major factors that determine the administrative structure of an agency-wide staff development programme are:-

☐ Administrative philosophy, policies and practices of health care agency

☐ Policies, practices and standards of nursing and other health professionals

☐ Human and material resources within the health care agency and community

☐ Physical facilities within a health care agency and community

☐ Financial resources within a health care agency and community

FUNCTIONS OF STAFF DEVELOPMENT PERSONNEL:

1. Personnel assigned to staff development should provide the following consultative functions for health care agency.
2. Determination of the administrative structure of the staff development programme.
3. Determination and establishment of organizational methods, policies and procedures for a staff development programme.
4. Determination and establishment of lines of communication for the utilization of facilities and resources personnel for the staff development programme.
5. Determination of organizational and individual staff development needs and priority.
6. Development of measurable short and long term objectives for staff development programmes.
7. Promotion, development, implementation and evaluation of programmes to meet these objectives.
8. Planning, co-ordination and utilization of community resources to assist in meeting these objectives.
9. Provision of a consultative service and a resource for information relative to staff development

PROGRAMMES FOR STAFF DEVELOPMENT

Orientation Programme

Skill Training Programme

 Leadership and management development

Continuing education

1.   Orientation Programme:

◻ Is the process of acquiring anew staff with the existing work environment so that he/she can relate quickly to his/ her new surroundings.

◻ It is assigned for new staff. It is given at the initial stage of employment or when a staff takes new responsibilities.

2. Skill Training Programme:

 ◻ Skill training may be a manual or technical skill of doing for people or skill in dealing and working well with people.

◻ It provides the nursing staff with the skills and attitude required for job and to keep them abreast of changing methods and new techniques.

◻ Often it is the continuation of the orientation programme.

 ◻ It is designed to new and older staff.

3. Leadership and management development:

⬚ To improve the managerial abilities of persons at every management level as well as potential managers to produce the greatest degree of organizational progress.

⬚ It should be begin by establishing agreement among top and middle level managers as to proper authority, responsibility and accountability for managers at every level.

⬚ Need can identified by incident reports, turnover rates, patient audits and quality control reports.

4. Continuing education:

⬚ Formal, organized, educational programme designed to promote the knowledge, skills and professional attitude of nurses.

OTHER ACTIVITIES OF STAFF DEVELOPMENT

◻ Make rounds with the physicians

◻ Attend medical round in a teaching centre

◻ Visit another hospital to observe their method of patient care

◻ Attend professional meetings, conferences, etc. and present papers

◻ Read articles of special interest and report them to staff

BENEFITS OF STAFF DEVELOPMENT:

For the employees:

🗌 Leads to improved professional practice

🗌 Aids in updating knowledge and skills at all levels of organization

🗌 Keep the nurses abreast of the latest trends and developments in techniques

🗌 Equips the nurses with knowledge of current research and developments

🗌 Helps the nurses to learn new and to maintain old competencies

For the organizations/employer:

1. Keeps the nursing staff enthusiastic in their learning
2. Develop interest and job satisfaction amongst the staff
3. Develops the sense of responsibilities for being competent and knowledgeable
4. Creates an appropriate environment and sound decisions as well as using effective problem solving techniques Helps the nurse to adjust to change
5. Aids in developing leadership skills, motivation and better attitudes
6. Aids in encouraging and achieving self development and self confidence
7. Makes the organization a better place to worker

ROLE OF ADMINISTRATOR IN S.D.P Preceptorship:

In most of the hospitals have a staff development coordinator who is responsible for continuing and in-service education programmes. A staff nurse is selected as a preceptor to assist the new nurse in the unit based on their skill and competence.

The role of the preceptor are:

* As an orienteer
* As a teacher
* As a resource person
* As a counselor
* As a role model and evaluator

IN-SERVICE EDUCAION:

DEFINITION:

In service education is defined as a continued programme of education provided by the employing authority, with the purpose of developing the competences of personnel in their functions appropriate to the position they hold, or to which they will be appointed in the service.

AIM OF IN-SERVICE EDUCATION:

In-service education aims at developing the ability for efficient working and the capacity for continuous learning, so that one may adapt to changes with judgment and produce profitable services which become an important tool for the health care of the society and nation.

CHARACTERISTICS

⬜ It should be given in job setting

⬜ Every programme should be planned and ongoing

⬜ It should be closely related and identified with service components

⬜ It should help the employees' learning and improve her/his knowledge, skills and attitude.

FACTORS INFLUENCING IN-SERVICE EDUCATION:

The economic, social, medical and technological sciences which affect that society will affect nursing in-service education.

The related factors affect the in-service education programmes are:-

1. **Cost of healthcare** – In-service education programme may increase the efficiency of nursing services, but it adds additional expenditure on health care delivery system.

2. **Manpower** – In-service education requires need qualified human resources, leads to increase human resources.

3. **Changes in nursing practices** – it leads to frequent changes in the programme and inservice education.

4. **Standards of nursing practice**

5. **Organization** of nursing departmental planned approaches is regular.

APPROACHES TO IN-SERVICE EDUCATION:

The pattern of in-service education desired to be:

- ⬚ Centralized Approach

- ⬚ Decentralized Approach

- ⬚ Co-ordinated Approach

1. **Centralized Approach**: -

The in-service curriculum ought to emanate from and be conducted by nursing personnel in the central administration of the agency. None of the learners are consulted or participate in planning learning experiences and yet are expected to attend an in-service offering.

Advantages:

 Budget control

 Evaluation of programme can be facilitated

 Prior decision on resources, people, places and things

 Committees are directed to work on specific problems identified by administration

Disadvantage:

 It may lead to in reducing spontaneous, interested participation and enthusiasm of learners.

2. Decentralized Approach: -

It is planned by and conducted for the employees of one or more units. The employees are expected to keep administration informed of their activities and possibly consult with administration when help is wanted, but the employees are expected to develop and direct their own learning experiences. In this approach, control in planning for an in-service is a responsibility of employees and the qualities which are valued more are self direction, initiative and participation.

Advantages:

⬜ Individuals are working in the same unit and confront problems are common

⬜ Share the responsibilities for meeting the in-service needs

⬜ Proper contribution of the participants is expected

Disadvantages:

⬜ Lack of leadership

⬜ Conflicts

⬜ Inefficiency

⬜ Less or no budget

3. Co-ordinated Approach: -

It is a compromise between the centralized and decentralized patterns in that, while the practicing nurse does indeed carry a large measure of responsibility for the in-service curriculum, the central administration of nursing personnel of the agency is responsible for a broad programme which is of importance to all nursing personnel. This approach involves both nursing administrators and practitioners in complementary way.

Advantages:

 Mutual co-ordination and assistance to central administration is improved

 Duplication is avoided

 Unity of efforts is maintained

CONTINUING EDUCATION

DEFINITION:

Continuing education is any extension of opportunities for reading, study and training to any person and adult following their completion of or withdrawal from full time school and /or college programmes.

NEED FOR CONTINUING EDUCATION:

 ⬜ Respond effectively to the challenge of current social changes.

⬜ To improve the health care, economic and educational opportunities.

⬜ To improve the new health patterns of health care.

⬜ Due to increasing trend towards specialization.

⬜ Due to legislation and its impact on the education of health personnel.

STEPS IN THE PLANNING PROCESS:
1. Establishing goals compatible with the purpose or mission of the organization.
2. Deciding upon specific objectives consistent with these goals.
3. Determining the course of action required to meet the specific objectives.
4. Assessing the available resources for establishing the programme.
5. Establishing a workable budget, appropriate for the programme.
6. Evaluating the results at stated intervals.
7. Reassessing he goals and updating the plan periodically.

ROLES AND FUNCTIONS OF ADMINISTRATOR/MANAGER IN STAFF DEVELOPMENT:

ROLES: He/ she:

 Applies adult learning principles when helping employees learn new skills or information

 Uses teaching techniques that empower staff

 Sensitive to the learning deficits of the staff and creatively minimize these difficulties

 Prepare employees readily regarding knowledge and skill deficits.

 Actively seeks out teaching opportunities

 Frequently assess learning needs of the unit

FUNCTIONS:

 Works with reduction department to delineate shared individual responsibility

 Ensures that all staff are competent for roles assigned

 Ensure that there are adequate resources for staff development

 Assumes responsibly for quality and fiscal control of staff development.

 Provides input in formulating staff development policies

EVALUATION

DEFINITION OF EVALUATION:

Evaluation is the process of finding out how the development or training process has affected the individual, team and the organization.

TYPES OF EVALUATION

Formative evaluation: Formative evaluation is done at intervals during a professional development program. Participants are asked for feedback and comments, which enable the staff developers to make mid-course corrections and do fine-tuning to improve the quality of the program.

Summative evaluation: Evaluation to determine the overall effectiveness of a professional development program is called summative evaluation. Summative evaluation is done at the conclusion of the program.

LEVELS OF EVALUATION

Reaction: Measures how those who participate in professional development activities react to what has been presented.

Learning: Measures the extent that professional development activities have improved participants' knowledge, increased their skills, and changed their attitudes.

Behavior: Measures what takes place when the participant completes a professional development activity. It is important to understand, however, that instructors cannot change their behavior unless they have an opportunity to do so.

Results: Measures the final results that occurred because an instructor participated in professional development activities.

DUTIES OF NURSING AND NON NURSING PERSONALS IN HOSPITAL

GENERAL ROLE OF REGISTERED NURSES IN HOSPITAL ADMINISTRATOR:

<u>MANAGER:</u> The nurse plans, gives directions, develops staff, monitors operations, gives rewards fairly, and represents both staff members and administration as needed. The nurse manages the nursing care of individuals, groups, families and communities.

<u>COUNSELOR:</u> At this stage counselors can do much to help new employees. They take new employees round the hospital, show them different departments and explain their functioning etc.

Problems to be handled by the Counselor

1. Emotional Problem
2. Behavioral Problem
3. Personal Problem
4. Environmental Problem
5. Organizational Problem

CHANGE AGENT: The nurse initiates changes and assist the client make modifications in the lifestyle to promote health.

RESEARCHER: The nurse participates in scientific investigation and uses research findings in practice.

COLLABORATOR: The nurse works in a combined effort with all those involved in care delivery, for a mutually acceptable plan to be obtained that will achieve common goals.

HEALTH EDUCATORS: Work to encourage healthy lifestyles and wellness through educating individuals and communities about behaviors that can prevent diseases, injuries, and other health

ADVICER: Specific responsibilities: 1. Act as advisor in Tech-Serve project on matters relating to hospital management, Contribute to the development of provincial hospital planning and facilitating the implementation of Standard Based Management in the Provincial Hospitals, Work closely with the other national and international Tech-Serve Hospital Management Advisors.

<u>ADVOCATOR:</u>

A patient advocate may be charged with a cadre of duties, from gathering information from doctors and hospitals to helping discuss and decide treatment options.

<u>IMPLEMENTER:</u> The nurse should implement all of the hospital policies. They should implement patient care according to their planning.

<u>EVALUATOR:</u> The nurse evaluator should evaluate staff performance and give feedback about their work. It helps the staff to improve their knowledge and practice.

DUTIES OF NURSING PERSONALS IN HOSPITAL

DUTIES OF NURSING SUPERINTENDENT:

- The top priority of a nursing superintendent is to ensure that the nursing staff members are providing the best care for patients. She makes sure that individual nurses and nurses aides are carrying out care plans and ensures that communication between shifts happens smoothly and thoroughly.
- The nursing superintendent is responsible for the hiring and training of new staff. She must search for nurses that complement the existing team, design training programs and make sure that nursing instructors and trainers are adequately preparing new staff for the workplace.
- the superintendent must monitor nurses' care and the attitude and health of the patients.
- the nursing superintendent is responsible for setting the work schedules for the entire department.
- The nursing superintendent must handle disciplinary actions.
- In a large facility, the nursing superintendent may be responsible for directing the activities of the housekeeping, linen, and kitchen facilities.
- The nursing superintendent is responsible for the supply of equipment and medical necessities.

DUTIES OF ASSISTANT NURSING SUPERINTENDENT

1. Take responsibility for a group of activities or subcontractors and manage the work to be done. Provide liaison between field engineering, estimating, and subcontractors to ensure compliance of construction with drawings and specifications.

1. Assist in planning work schedule, determining manpower levels, materials quantities, equipment, requirements, etc. are maintained, including field engineering and construction activities.

2. Monitor work performance and productivity of crafts to ensure project rules, procedures, safety requirements, etc. are maintained.

3. Advise senior level supervision and project management of potential problems, work interferences, schedule difficulties, etc. Assist in circumventing/resolving such problems as required.

4. Maintain liaison with other departments, i.e., Purchasing, Accounting, Engineering, etc. as required to support construction schedule. May provide assistance to the Superintendent in resolving problems. 6. Perform additional assignments per supervisor's direction.

DUTIES OF WARD SISTER:

Functions:

A. Clinical Activities:

Assesses the situation of given unit in relation to different types of patient's care, facilities provided by the nursing personnel, Identifies the patient's need/problem in the unit, Assigns the patient's care and others activities to nursing personnel, Evaluates the patient's care given by nurses, Attends Doctor's round and Matron and Assistant Matron's Clinical rounds.

B. Supervisory Activities

Guides and supervises all staff for giving bed side nursing care, Maintains regular records, report concerning the patient's care, Provides direct guidance and supervision of nursing and non-nursing personnel for the efficient running of the wards and in carrying out nursing routines, bearing in mind the individual needs of patients, Encourages motivates, assesses the effectiveness of their own works and develops their potential for giving good nursing care, Uses the standard guideline and manual for supervision.

C. Administrative Activities

Makes duty roaster for 24 hrs coverage in unit of the Hospital, Conducts nursing conference, meeting and individual conference when necessary, Investigates complaints promptly and takes action according to rules and policy of the hospital, Reports and records absence and sickness of staff including leaves, Maintains cleanliness of the ward and its environment, furniture, equipment, e.g. ventilation, lighting, heating, noise, odors, Maintains adequate linen, other supplies, requisition for ward stores and repairs, replaces supplies as necessary, Keeps up-to-date record of drugs and maintains records of its administration, Checks and manages all equipment periodically, to see that it is in good order. 9. Checks daily availability and conditions of emergency equipment and supplies, Maintains inventories, reports, breakages and losses, Helps in Controlling the visitor of patients as needed, Ensures that relatives of very ill patient are allowed to stay with patients when necessary, Accompanies, the Matron on the round and reports to her any important incidents.

D. Educative Activities

Identifies the learning need of staff in ward, Plans, conducts and recommends the in-service education and training programme for her staff, Manages and facilitates the clinical teaching activities for the students and staffs.

<u>DUTIES OF OTHER NURSING PERSONALS</u>:

<u>Duties and responsibilities of Perioperative nurses</u>:

Perioperative registered nurses provide surgical patient care by assessing, planning, and implementing the nursing care patients receive before, during and after surgery.

<u>Scrub nurse</u> – works directly with the surgeon within the sterile field by passing instruments, sponges, and other items needed during the surgical procedure.

<u>Circulating nurse</u> – works outside the sterile field. Responsible for managing the nursing care within the O.R. by observing the surgical team from a broad perspective and assisting the team in creating and maintaining a safe, comfortable environment.

<u>Diabetes management nurses</u>: Diabetes Management Nurses are registered nurses who assist patients to manage diabetes.

Duties and responsibilities of Dermatology nurses:

Those who are suffering from skin disorders or in need of skin care may seek the services of a dermatology nurse.

Duties and responsibilities of geriatric nurses:

A geriatric nurse is a registered nurse who specializes in the care of elderly people. Duties of a geriatric nurse, however, differ from other fields of nursing due to the unique problems that can arise in elderly patients: Assess Problems, communication, Patient Relationship.

Duties and responsibilities of Pediatric oncology nurses:

A pediatric nurse works in the pediatric department of a hospital, children's clinics or at their homes.

Ambulatory care nurses:

Provide preventive care and treat patients with a variety of illnesses and injuries in physicians' offices or in clinics. Some ambulatory care nurses are involved in telehealth, providing care and advice through electronic communications media such as videoconferencing, the Internet, or by telephone.

 Critical care nurses: Critical care nurses provide care to patients with serious, complex, and acute illnesses or injuries that require very close monitoring and extensive medication protocols and therapies.

Emergency or trauma nurses:

Emergency or trauma nurses will work in hospital or stand-alone emergency departments, providing initial assessments and care for patients with life-threatening conditions.

Transport nurses:

Transport nurses will provide medical care to patients who are transported by helicopter or airplane to the nearest medical facility.

Holistic nurses:

Holistic nurses will provide care such as acupuncture, massage and aroma therapy, and biofeedback, which are meant to treat patients' mental and spiritual health in addition to their physical health.

Home health care nurses:

Home health care nurses will provide at-home nursing care for patients, often as follow-up care after discharge from a hospital or from a rehabilitation, long-term care, or skilled nursing facility.

Hospice and palliative care nurses:

Hospice and palliative care nurses work in collaboration with other health providers Composed of highly qualified, specially trained professionals and volunteers, the team blends their strengths together to anticipate and meet the needs of the patient and family facing terminal illness and bereavement.

Infusion nurses:

Infusion nurses administer medications, fluids, and blood to patients through injections into patients' veins. Infusion nurses specialize in administering parenteral fluids, blood & blood components, pharmacological agents, nutritional solutions and pain medications.

<u>Long term care nurses</u>:

Long term care nurses provide healthcare services on a recurring basis to patients with chronic physical or mental disorders, often in long-term care or skilled nursing facilities.

<u>Medical surgical nurses</u>:

They work both inside and outside of the sterile field to provide both direct patient care and support to the surgical staff.

<u>General Duties</u>

Surgical nurses are RNs who work in the operating, pre-surgical or recovery areas of a hospital, outpatient surgical center or emergency ward, under the supervision of the operating physician.

<u>Recovery nurses</u>

Surgical prep and recovery nurses are RNs who care for individuals before surgery and during recovery. They prepare patients for surgical procedures by starting intravenous lines.

<u>Occupational health nurses</u>:

The occupational health nurse role includes: The prevention of health problems, promotion of healthy living and working conditions, Understanding the effects of work on health and health at work, Basic first aid and health screening, Workforce and workplace monitoring and health need assessment, Health promotion, Education and training, Counseling and support ⬜ Risk assessment and risk management

Perianaesthesia nurses:

Perianaesthesia nurses provide preoperative and postoperative care to patients undergoing anesthesia during surgery or other procedure.

Mental health nurses:

Mental health nurses help psychiatrists, psychologists and other mental health professionals counsel and treat patients with a variety of emotional and psychiatric issues, from substance abuse oriented problems to paranoid-schizophrenia.

Radiology nurses:

Radiology nurses provide care to patients undergoing diagnostic radiation procedures such as ultrasounds, magnetic resonance imaging, and radiation therapy for oncology diagnoses.

Rehabilitation nurses:

People who need rehabilitation nursing care may have suffered from such things as work injuries, car accidents, strokes, head trauma, drug or alcohol abuse, gunshot wound or other severe trauma.

Transplant nurses:

Transplant nurses care for both transplant recipients and living donors and monitor signs of organ rejection.

Addictions nurses:

Addictions nurses care for patients seeking help with alcohol, drug, tobacco, and other addictions

Intellectual and developmental disability nurses:

Intellectual and developmental disabilities nurses provide care for patients with physical, mental, or behavioral disabilities; care may include help with feeding, controlling bodily functions, sitting or standing independently, and speaking or other communication.

Genetic nurses:

Genetic nurses provide early detection screenings, counseling, and treatment of patients with genetic disorders, including cystic fibrosis and Huntington's disease.

HIV/AIDS nurses:

HIV/AIDS nurses care for patients diagnosed with HIV and AIDS. They should give proper care, education, psychological support and counseling to the patients.

Oncology nurses:

Oncology nurses care for patients with various types of cancer and may assist in the administration of radiation and chemotherapies and follow-up monitoring.

Wound, ostomy and continence nurses:

Wound, ostomy, and continence nurses treat patients with wounds caused by traumatic injury, ulcers, or arterial disease; provide postoperative care for patients with openings that allow for alternative methods of bodily waste elimination; and treat patients with urinary and fecal incontinence.

Cardiovascular nurses:

Cardiovascular nurses treat patients with coronary heart disease and those who have had heart surgery, providing services such as postoperative rehabilitation.

Gynecology nurses:

Gynaecology nurses provide care to women with disorders of the reproductive system, including endometriosis, cancer, and sexually transmitted diseases.

Nephrology nurses:

Nephrology nurses care for patients with kidney disease caused by diabetes, hypertension, or substance abuse. Before dialysis, the nurse assists the patient in seeking information about his disease, prognoses and treatments.

Neuroscience nurses:

Neuroscience nurses care for patients with dysfunctions of the nervous system, including brain and spinal cord injuries and seizures.

Ophthalmic nurses:

Ophthalmic nurses provide care to patients with disorders of the eyes, including blindness and glaucoma, and to patients undergoing eye surgery.

Orthopedic nurses:

Orthopedic nurses care for patients with muscular and skeletal problems, including arthritis, bone fractures, and muscular dystrophy.

Otorhinolaryngology nurses:

Otorhinolaryngology nurses care for patients with ear, nose, and throat disorders, such as cleft palates, allergies, and sinus disorders.

Respiratory nurses:

The role of respiratory nurses is to promote good pulmonary (lung) health within individuals, families and communities. By building close relationships with doctors and patients in their community, respiratory nurses educate the public on the importance of healthy breathing and proper exercise in people of all ages

Urology nurses:

Urology nurses care for patients with disorders of the kidneys, urinary tract, and male reproductive organs, including infections, kidney and bladder stones, and cancers.

Clinical nurse specialist:

Clinical nurse specialists provide direct patient care and expert consultations in one of many nursing specialties, such as psychiatric-mental health.

Nurse anesthetist:
Nurse anesthetist provides anesthesia and related care before and after surgical, therapeutic, diagnostic and obstetrical procedures. They also provide pain management and emergency services, such as airway management.

Nurse midwives:

Nurse midwives provide primary care to women, including gynecological exams, family planning advice, prenatal care, assistance in labor and delivery, and neonatal care.

Nurse practitioners:

Nurse practitioners serve as primary and specialty care providers, providing a blend of nursing and healthcare services to patients and families.

Forensics nurses:

Forensics nurses participate in the scientific investigation and treatment of abuse victims, violence, criminal activity, and traumatic accident.

Infection control nurses:

An infection control nurse has one primary role, and that is to prevent hospital infections in their patients by carrying out infection prevention protocols diligently

Nurse educators:

Nurse educators plan, develop, implement, and evaluate educational programs and curricula for the professional development of student nurses and RNs.

Nurse informaticists:

Nurse informaticists manage and communicate nursing data and information to improve decision making by consumers, patients, nurses, and other healthcare providers.

Principal (school of nursing, College of Nursing)

Principal, College of Nursing is the administrative head of the College of Nursing, will be directly responsible to the Director of the Medical Education/Director of Health and Family Welfare services and responsible for implementation and revision of curriculum for various courses, and research activities of the college of Nursing.

Duties and Responsibilities

Administration

Planning

- Develops philosophy and objectives for educational program.
- Identifies the present needs related to educational program.
- Investigates, evaluates and secures resources.
- Formulates the plan of action.
- Selects and organizes learning experience.

Organizing

- Determines the number of position and scope and responsibility of each faculty and staff.
- Analyses the job to be done in terms of needs of education program.
- Prepares the job description, indicate line of authority, responsibility in the relationship and channels of communication by means of organizational chart and other methods.
- Considers preparation, ability and interest personally in equating responsibility.
- Delegates authority commensurate with responsibility. ⬚ Maintains a plan of work load among staff members.
- Provides an organizational framework for effective staff functioning such as meeting of the staff, etc.

Directing

- Recommends appointment and promotion based on qualification and experience of the Individual staff, scope of job and total staff composition.

- Subscribes and encourages developmental aspects with reference to welfare of staff and students.

- Provides adequate orientation of staff members.

- Guides and encourages staff members in their job activities.

- Consistently makes administrative decision based on established policies.

- Facilitates participation in community, professional and institutional activities by providing time, opportunity for support for such participation.

- Creates involvement in designing educationally sound program.

- Maintenance of attitude rightly acceptable to staff and learners.

- Provides for utilization in the development of total program and encourages their contribution. Provides freedom for staff to develop active training course within the framework for curriculum.

- Promotes staff participation in research.
- Procures and maintains physical facilities which are of a standard.

Coordinating
- Coordinates activities relating to the programs such as regular meetings, time schedule, maintaining effective communication, etc.
- Initiates ways of cooperation.
- Interpretes nursing education to other related disciplines and to the public.

Controlling
- Provides for continuous follow up and revision of education program.
- Maintains recognition of the educational program by accrediting bodies. University, etc, KNC, INC, etc.
- Maintains a comprehensive system of records.
- Prepares periodic report which revives the progress and problems of the entire program and presents plans for its continuous development.
- Prepares, secures approval and administrates the budget.

Instruction (Teaching)
- Plans for participating in educational programs for further development.
- Recognizes the needs for continuing education for self and staff provides stimulation of opportunities for such development.
- Participate as a teacher in the educational program.

Guiding
- Provides for systematic guidance program for staff members and students.
- Encourages studies, research and writing for publication.
- Provides and maintains a program for recruitment, selection and promotion of students

VICE- PRINCIPAL

Financial:
- Assists Principal in carrying out financial activities
- Planning and revising budget
- Monitoring College expenditure
- In the absence of Principal, performs all the functions

Educational:
- Assists Principal in planning, implementation and evaluation of the programmes.
- Assists Principal in identifying needs for professional development of faculty and conducting staff development programme.
- Supervises postgraduate students in conducting research.
- Participates in teaching of various educational programmes.
- In the absence of Principal, chairs the assigned committee meetings.
- Supervises all educational programmes in coordination with the coordinators.
- Guides faculty in day-to-day academic activities

Supervisory:
- Shares responsibility with Principal and Professor in supervision of teaching and nonteaching staff.
- Plans academic staff assignments in consultation with Principal.
- Participates in conduct of orientation programme
- Supervises and guides staff in conducting their activities.
- Writes staff performance report and reviews evaluation report of assigned staff.
- Assists Principal in monitoring students welfare activities e.g. Mess, hostel, Health, Sports , S.N.A. etc.
- Assists Principal in administration and supervision of library.

Establishment:

- Assists Principal in maintaining rules and regulations in college campus
- Supervises overall functioning of staff and students' hostel.
- Assists Principal in maintaining discipline in the college.
- Assists Principal in reviewing recruitment and promotion policies of teaching and non-teaching staff.

Interpersonal:

- Assists Principal in maintaining human relation and communication
- Identifies conflict among staff members, initiates solution and reports to Principal when necessary.
- Communicates with staff in explaining administrative constraints.
- Facilitates guidance and counselling students and staff as per need.
- Any other responsibility assigned by the Principal.

PROFESSOR, COLLEGE OF NURSING AND ASSISTANT PROFESSOR COLLEGE OF NURSING

The Professor is overall in charge of the department and thereby responsible for administration teaching activity and guidance of that particular department.

Administration

- Participating in determination of educational purposes and policies.
- Contributes to the development and implementation of the philosophy and purposes of the educational program.
- Utilizes opportunities through group action to initiate improvement of the educational program.
- Interprets educational philosophy and policy to others.
- Directs the activities of staff working in the department.

Instruction

- Identifying needs of learners.
- Identifies the needs of the learners in terms of objectives of the program and utilizing records of previous experience, personal interviews, tests and observations.
- Assists learners and identifying their needs.
- Develops plan for learning experience.
- Participates in the formulation and implementation of the philosophy and objectives program.
- Selects and organizes learning experiences which are in accordance with their objectives.
- Participates in the continuous development and the evaluation of the curriculum.
- Plans within the educational unit, with the nursing services and allied groups.
- Ascertains, selects and organizes facilities, equipment and materials necessary for learning.

Helping the Learners to Acquire Desirable Attitudes, Knowledge and Skill

- Seeks to create a climate conducive to learning.
- Assists learners in using problem solving techniques.
- Uses varied and appropriate teaching methods effectively.
- Uses incidental and planned opportunities for teaching.
- Encourages learners to assume increasing responsibility for own development.

Evaluating Learner"s Progress

- Recognizes individual differences in apprasing the learners progres
- Uses appropriate devices for evaluation.
- Measures and describes quality of performance objectively.
- Helps learners for self evaluation.
- Participates in staff evaluation of learners progress.

Recording and Reporting

- Maintains and uses adequate and accurate records. ⬚ Prepares and channels clear and concise reports.
- Shares information about learner's needs and achievements with other concerned with instruction and guidance.
- Participates in the formulation and maintenance of comprehensive record system.

Investigative Way to improving Teaching

- Measures effectiveness of instruction by use of the
- Increases knowledge and skill in own curriculum area.
- Analyzes and evaluates resources material. ⬚ Devices teaching methods appropriate to objectives and content.

Guidance

- Cooperating in guidance program.
- Shares in planning, developing and using guidance programme.
- Gives guidance within own field of competence. ⬛ Helps the learner with special problems to seek and use additional helps as indicated.

Counseling

- Helps the learner to grow in self – understanding.
- Promotes continuous growth and development towards maturity.
- Continues to develop competence in problem solving process.
- Cooperates in and/or initiates group activities in development and evaluation of studies.
- Utilizes findings of research.
- Makes data available concerning learners and concerning methods of teaching and evaluation

Assistant Professor, College of Nursing,

The assistant professor usually works under professor and/HOD of the particular department of specialty and assists him/her in administration, teaching and guidance and counseling and research activities.

Administration

- Participates in determination of educational purposes and policies.
- Contributes to the development and implementation of the philosophy and purposes of the total education program.
- Utilizes opportunities through group action to initiate improvement of the total educational program.
- Interprets educational philosophy and policy to others.
- Directs the activities of staff working in the department.

Instruction

- Identifying the needs of learners.
- Identifies the needs of the learners in terms of the objectives of the program by utilizing records of previous experience, personal records of previous experience, personal interviews, tests and observations.
- Assists learners in identifying their needs.
- Develops plan for learning experience.
- Participates in the formulation and implementation of the philosophy and objectives of the program.
- Selects and organizes learning experience which are in accordance with their objectives.
- Participates in the continue development and evaluation of the curriculum.
- Plans within the educational, with the nursing services and allied groups.
- Ascertains, selects and organizes facilities, equipment and materials necessary for learning.

Helping the Learners to Acquire Desirable Attitudes, Knowledge and skill.

- Seeks to create a climate conductive to learning.
- Assists learners using problem solving techniques.

- Uses varied and appropriate teaching methods effectively.
- Uses incidental and planned opportunities for teaching.
- Encourages learners to assume increasing responsibility for own development.

Evaluative Learning Progress

- Recognize individual differences in appraising the learners progress.
- Uses appropriate devices for evaluation.
- Measures and describes quality of performance objectively.
- Helps learners for self evaluation.
- Participates in staff evaluation of learners progress.

Recording and Reporting

- Achievement with others concerned with co
- Maintains and uses adequate and accurate records.
- Prepares and channels clear and concise reports.
- Shares information about learner's needs and achievement with others concerned with instruction and guidance. ⯑ Participates in the formulation and maintenance of comprehensive record system.

Investigating Ways Improving Teaching

- Measures effectiveness of instruction by use of appropriate devices.
- Increases knowledge and skill in own curriculum area.
- Analyzes and evaluates resource material.
- Devices teaching methods appropriate to objectives and content.

Guidance

- Cooperating in guidance program.
- Shares in planning, developing and using guidance program.
- Gives guidance within own field of competence.
- Helps the learners with special problems to seek and use additional help as indicated.

Counseling

- Helps the learner to grow in self understanding.
- Promotes continuous growth and development towards maturity
- Assisting in selection and Promotion of Learners
- Participates in development of criteria for selection and promotion of learners.

Research

- Imitates and participates in studies for the improvement of educational programs.
- Identifies problems in which research is indicated or potentially desirable.
- Continues to develop competence in problem solving process.
- Cooperates in and/ or initiates group activity in development and evaluation of studies.
- Utilizes findings of research.
- Makes data available concerning learners and concerning methods of teaching and evaluation.

LECTURER, COLLEGE OF NURSING, T

He/She works under the direction of the department head and assists him in administration, instruction and guidance activities.

<u>Instruction</u>

- Identifies the needs of the learners in terms of the program by utilizing the records of previous experience, personal interviews, tests and observation.
- Assists the learners in identifying their needs.
- Participates in formulation and implementation of the philosophies and objectives of the post.
- Selects and organizes learning experiences which are in accordance with these objectives.
- Plans with the educational unit with nursing service and allied groups.
- Ascertains, selects and organizes facilities equipment and materials necessary for learning.
- Assists the learners in using problem solving process.
- Measures and describes quality of performance objectively.
- Prepares clear and concise reports.
- Share information about learner's needs and achievements with others concerned.
- Measures effectiveness of instruction by use of appropriate devices.
- Increases knowledge and skill in own curriculum area.
- Devices leaching methods appropriate to objectives and content.

<u>Guidance and Counseling</u>
1. Gives guidance with own field of competence.
2. Helps the learner to grow in self understanding.

<u>Research</u>
- Assist in initiating and participating in studies for the improvement of educational program.
- Identifies the problems in which research is indicated or potentially desirable.
- Make data available concerning learners and concerning methods of teaching and evaluation.
- Continues to develop competence in problem solving process.
- Cooperate in and/ or initiates group activity in development and evaluation of studies.
- Utilizes the findings of research.

SENIOR TUTOR

- Participates in teaching and supervising the courses of undergraduate students.
- Participates in curriculum development , evaluation and revision.
- Guide in research projects for undergraduate students.
- Acts as a Counsellor for staff and students.
- Maintains various records.
- Conducting and participating in department meetings and attending various meetings.
- Participating in Administration activities of department.

TUTOR

- Participates in teaching and supervising the courses of undergraduate students.
- Coordinates with the external lecturer for various courses as assigned.
- Participate in the evaluation of students.
- Guide the students in conducting seminars, discussions and presentations etc.
- Maintain students' records.
- Participate in student counselling programmes

CLINICAL INSTRUCTOR

- Demonstrate standards for nursing practice.
- Supervise and teach the students in the clinical fields.
- Participate in evaluation of students.
- Assist the students in conducting health education programme.
- Maintain students' records.
- Participate in the student counselling programmes.
- Participate and promote student welfare activities.

Thank you