

A Nursing Service Adjusts to Wartime Pressures

This is the story of the way in which one nursing service has adjusted to wartime shortages in personnel. Probably some or all of the expedients have been used in many places. It is presented here because it exemplifies many of the adjustments suggested by the NLNE and certain improved personnel practices as set forth by the ANA.—THE EDITORS.

TWO YEARS AGO, as the war got under way, we had a small student body and a large graduate staff. The hospital had a daily average of nearly 600 patients. The general staff nurses began to leave for military service and were increasingly difficult to replace. As the months went on, wards had to be closed as there were no nurses available. The census remained continuously high, with only seriously ill patients admitted, which meant that extra nursing care was needed on most wards.

Because of our relatively small school and a diminishing graduate staff, we were pinched harder than many hospitals. The census was curtailed in 1943 until the June class was ready for ward experience in November.

Now we have reopened wards. It has been a strain on every member of the staff to see the patients needing more care than we could give them. With the increasing numbers of students, we have improved nursing care.

Today we have 604 patients, 169 students assigned to the nursing services, 46 preclinical students (three classes admitted during the academic year 1943-1944), and 74 general staff nurses (seven more may leave for the Army at any moment); 44 nurses are serving on a part-time basis, giving from three or four to 40 hours weekly; 42 licenced practical nurses are employed.

ADJUSTMENTS IN NURSING SERVICE

The following are some of the adjustments in nursing service which have been made during the past two years:

1. *Increase in salaries* for all nursing and auxiliary positions, with three pay brackets for each position and full cash salaries. Meals and laundry have been made optional. Nurses may secure rooms at the nurses residence when they are available.

General staff nurses receive \$140-\$150 without maintenance. There have been two increases in salary scales since 1942.

Data for this article were provided by Katharine G. Amberson, Director of Russell Sage College School of Nursing, Troy, New York, and Elizabeth A. Bell, Director of Nursing Service, Albany Hospital, Albany, New York.

Licensed practical nurses receive \$115-\$125; \$90-\$105 a year ago.

Paid aides receive \$75-\$95; \$68 a year ago.

Orderlies begin at \$102; began at \$95 a year ago.

General staff nurses receive a bonus of \$10 additional for evening and night duty. Orderlies are paid for overtime as they are scheduled for overtime duty.

2. *Straight eight-hour day.*—In July 1942, in the face of increasing shortages, the entire nursing staff began to work a straight eight-hour day. Although it has meant that each nurse cared for more patients, morale has been definitely better. The hour schedules are 7:30-4:00; 3:00-11:30 P.M.; and 11:30-7:30.

3. *Efforts to improve morale.*—Salary increases and a straight eight-hour day have improved morale markedly. Head nurses conferences have helped to interpret the needs of specific services in relation to the needs of the hospital as a whole. Discussions of better use of volunteer service have reduced the requests for additional nursing help.

4. *Use of volunteer service.*—An extensive volunteer program began in the fall of 1942. Red Cross volunteer nurse's aides, Gray Ladies, and men and women volunteer aides have given greatly needed and useful service. In March 1944, 385 volunteers gave 7,660 hours of service; this was equivalent to 37 full-time employees working a 48-hour week.

Men volunteers supply all the male help between 6:00 and 10:00 P.M. From six to ten men serve each night.

A year ago a special room was set up under the direction of a nurse (now a lay volunteer as we could no longer spare the nurse) where volunteers go when they are not able to do the physical work on the wards or have not been prepared for it. Here they prepare surgical supplies and dressings. The work is planned on a day-to-day basis. The person in charge goes to the central supply-room and operating room each morning to ask the respective supervisors what supplies need to be prepared that day.

5. *Service by private duty nurses.*—Private duty nurses are employed on an hourly basis when available, at an hourly rate based on \$140

a month. They may work from one to eight hours, depending on their availability and the needs of the hospital. When they come in for a specified period, of one month or longer, they receive \$140 a month. At the end of the year they are given a proportionate amount of vacation pay; this is part of the private duty nurses' agreement and applies only to those on the hospital registry.

Approximately 20 did one month of general staff nursing in 1943; save for age, many others would have served. We have postponed asking for this type of service this year until the present time when, because of student and other vacations, our need will be most acute.

6. *Substitutions in personnel.*—Practical nurses formerly worked with graduate nurses; now they are assigned a group of patients with a graduate nurse responsible for treatments and supervision. Their service is used to a great extent on the private floors.

When the operating room staff had been reduced from 20 to 11 nurses, paid aides were sometimes assigned to operating rooms to assist the circulating nurses. One circulating nurse serves two operating rooms; a paid aide stands outside the operating room door and obtains supplies for the circulating nurse. The aide takes a table of supplies with her to work on in free moments.

When operating room orderlies were reduced from five to one, the cleaning was turned over to the housekeeping department; a more thorough cleaning is done by maids from 4:00 to 12:00 P.M.

Drug boxes were previously taken to and from the wards by orderlies. Now personnel from the drugroom collect and return them.

Laboratory reports are pasted into the records by a messenger girl from the laboratory

who comes to the wards to do this. When there are several dozen a day to attach, this means a considerable saving.

A *clerical worker* has been added in the health service to keep health and medical records of nurses and other personnel up to date. She orders trays for nurses who are ill in the residence, makes appointments for immunizations, and assists personnel in making appointments in clinics and x-ray.

7. *Streamlining nursing procedures.*—A year ago, when general staff nurses were few in number, every effort was made to cut procedures to the limit of safety and effectiveness. This has been the responsibility of the Nursing Procedure Committee which for more than five years has been improving, simplifying, and reducing the amount of material used in procedures. All changes have been approved by a Professional Advisory Committee of the medical staff.

The committee is considering at present the use of one glove for catheterization. They question whether it is an economy, when reclaimed rubber gloves are obtainable, to ask the central supply-room to put up single glove packages.

The nursing school faculty are now questioning whether certain procedures may have been streamlined too far. Routinizing procedures has resulted in less adequate observations by nurses; it is uncertain whether or not less exact observations prolong the period of care.

8. *Changes in charting and record keeping.*—A year ago, bedside notes and routine expressions such as "comfortable day and night" were reduced for convalescent patients; no nursing notes were recorded unless specific information needed to be charted. However in recent months extensive omissions on records

PROFESSIONAL NURSING AND AUXILIARY NURSING PERSONNEL

	1941 DECEMBER	1942 DECEMBER	1944 APRIL
General staff nurses	176	92*	74
Student nurses assigned to hospital wards, exclusive of pre-clinicals	79	92	169
Postgraduate students	0	10	8
Licensed practical nurses	45	53	42
Ward secretaries	10	14	16
Paid aides	53	35	32
Orderlies and male attendants	36	15	13
Red Cross nurse's aides	0	73	104
Men volunteers	0	10	78
Women volunteers	83†	251	320†

* 137 per cent turnover in 1942.
† Estimated.

indicate the need of further study. The use of "forced fluids," "routine back care," and "routine afternoon care" has caused concern.

The time the head nurse has to give to records, the variety of the personnel making notations, and other factors, are more significant than the form itself. A more satisfactory record should be worked out which would be somewhere between a detailed form and an extremely brief one.

9. *Assignment of diet and floor clerks.*—A lay person, often an intern's wife, is assigned to diets on the private floors. This requires someone who makes a good contact with patients. She removes trays from the conveyor, sees that food trays and nourishments are delivered to patients, carries trays, and contacts patients in regard to special requests or complaints. She is responsible for about fifty patients' trays. The salary is \$85 per month with meals; the hours are 7:00-1:00 and 4:00-6:00—a nice job.

Floor clerks are now charting temperature, pulse, and respirations, writing in names of treatments and medications which the nurse initials and records the time as the treatment is given. The beginning salary is \$75.

10. *Electroshock therapy patients grouped.*—Patients receiving electroshock therapy are placed in a central room until they have recovered from the therapy. Medical students assist with both therapy and observations, thus saving nursing time.

11. *Large ward divided.*—A 54-bed floor has been divided into two wards of 17 and 36 beds each. This helps both the nursing school and the nursing service. Remodeling¹ meant giving up one room—space that was badly needed for patients—for a service-room. However it was almost impossible for a head nurse with a small staff to administer a 54-bed floor. Remodeling made possible the grouping of patients for another medical ward to which students may be assigned.

12. *A loudspeaker system* has replaced a ticker system. This aids in locating doctors, thus reducing phone calls to wards. It is especially useful at night.

13. *Telephone calls reduced.*—No telephone calls from outside the hospital are connected with the floors unless the patient concerned is critically ill. All other calls are routed to a clerk at the Information Desk who writes any messages and sends them to the patient by messenger service.

14. *Vacations adjusted.*—All graduate nurses vacations are planned on a 12-month basis. A

slip is sent to each ward (or department for tuberculosis and psychiatry) in February or March with all the possible vacation weeks indicated. The number of weeks which each nurse receives is listed. When two nurses may take the same weeks, that is noted. The weeks when students change wards, are crossed out as inappropriate vacation weeks.

15. *Policy books revised.*—The administrative policy books distributed to wards have been revised and brought up to date. This is saving hours of time.

16. *Nursery school facilities provided.*—In July 1943, a nursery school project² was initiated by the Junior League to provide facilities for the care of children of nurses, volunteers, and other employees. It was very active during the summer and fall. As the attendance was irregular during recent months, due to illness in the homes, the nursery school closed temporarily on April 1.

17. *Other economies of time.*—During our acutest period, complete baths were given every third day; unless acutely ill, patients were given bath water each morning and they bathed their own hands, face, and back.

In *incontinence* accompanying paralysis, retention catheters are used to save frequent changing of the bed and the possible distress of decubitus.

Postoperative beds are made without treatment blankets, as the hospital is warm. The bed is made with two hot water bottles and loose top covers, using only the blanket that comes back with the patient.

Douche equipment, prepared in the central supply-room, consists of sterile irrigating can, nozzle, finger cots, all wrapped in a towel which can be used under the patient.

Tincture of zephirin, a disinfectant, is used in one strength, 1-1000, for as many purposes as possible, i.e., cleansing skin areas for injection, for douches, forceps jars, hand soaks, and thermometer trays.

Requisitions to the central supply-room and stockroom are no longer made out in triplicate unless the supplies are to be ordered outside the hospital. No copy of the requisition is left on the floor.

The frequency with which *temperature, pulse, and respiration* are taken is the responsibility of the head nurse. After 48 hours, if the temperature is below 99.6°, the head nurse may place the patient on a twice daily temperature, i.e., at eight and four.

Admissions and discharges occur within speci-

¹ See JONES, EVERETT W.: Nursing Costs, *Mod. Hosp.*, Vol. 59, pp. 51-54 (Aug.) 1942.

² See a Junior League Nursery School, *Am. J. Nursing*, Vol. 43, pp. 979-981 (Nov.) 1943.

fied hours. Patients are admitted between two and five and discharged usually before noon, surely by four o'clock. If the patient remains after noon, he is charged half rate for the day of discharge, and full rate if he remains after six.

Visiting hours have been limited. Doctors have been asked to advise patients to have friends send flowers to their homes rather than to the hospitals. Doctors were given a list (to be given to patients) limiting the equipment which patients should bring to the hospital.

A basic *formula* has been prescribed by physicians for all newborn babies. All 2:00 A.M. feedings to newborns weighing more than seven pounds are omitted unless they are especially indicated. After the first 24 hours, mothers on the obstetric service who are not nursing their babies feed their own infants the formula.

Orders for medical patients are reviewed twice weekly to eliminate all unnecessary ones.

ADJUSTMENTS IN THE NURSING SCHOOL

The following adjustments related to the school of nursing may suggest further possibilities:

1. *Ward instructors for preclinical students.*—To provide for supervision during the preclinical period, six general staff nurses have been appointed as ward instructors. Most have had a course in ward teaching and have demonstrated good bedside skill. They are responsible to a ward co-ordinator who works closely with the nursing arts instructor.

They received initial instruction through conferences with the nursing arts instructor. They are responsible for supervising and reporting all preclinical ward practice. This plan saves the time of the nursing arts instructor and clinical supervisors, and helps the student in developing skills more rapidly. They supervise from three to six students at one time. When not engaged in supervision, they give general staff nursing service. There is no additional salary for this responsibility; the divided responsibility has caused no difficulty.

2. *Revision of courses.*—Courses have been revised to eliminate overlapping, and certain courses have been combined to better advantage. This has been an annual activity. In the sophomore year, the 12-week units (in medicine, surgery, and communicable disease) have been reduced to 10 weeks because of change in the course in nursing arts. This course is taught in three sections (small groups) with three-hour periods. This permits demonstrations and return initial practice at the same period. In operating room technic, classes of two to two-

and-a-half hours also allow for demonstrations with return practice.

3. *A secretary in the nursing arts department* takes care of mimeographing, assembling, and numbering pages in the procedure books (150 per year), keeps ward manuals and those in administrative offices up to date, handles student records, assists with correction of examination questions and arithmetic pretests, summarizes Red Cross nurse's aide records, posts notices, obtains equipment for demonstrations on loan from the central supply-room, maintains contact with uniform company representatives and orders, sorts, stacks, and stores student uniforms. She is taking on work related to the Cadet Nurse Corps uniforms.

4. *Class photo-folders for instructors.*—Small photographs of students in uniform are arranged in a 5 by 7 inch folder. Twenty-five pictures, with the students' full names beneath, are arranged on each side of the folder. These are given to each instructor—for the duration of the course—so she can learn the names of the students more readily.

CONCLUSION

We are living from day to day doing what we can to facilitate and improve the nursing service. The administration has been most helpful, saying that *short of reducing the number of patients admitted, we might do anything that did not endanger the health or life of the patients.*

The co-operation of the medical staff has been ever so important in "our getting along." They have tried hard to reduce unnecessary or superfluous ordering. They have tried to get their patients to the hospital early and to discharge them early. They aim at admissions before four and discharges before noon. At times, they conduct ward rounds without a nurse. They are writing the greater number of orders in the daytime rather than at night when the staff is reduced.

A second important factor has been the extensive and wholehearted service of volunteer workers. In recent months, the names of volunteers who have given outstanding periods of service since Pearl Harbor have been inscribed on a board in the lobby of the hospital. Names of men and women who have given from 500 to 1,600 hours of service are listed.

The spirit of the nursing staff and their eagerness to work together to solve the large and the small problems related to nursing service have been vital factors in going forward through the past two years. The complexities of a nursing service demand the most which a well-qualified graduate staff is prepared to give.