

AWARENESS AMONG NURSING STAFF ABOUT ROLES AND RESPONSIBILITIES IN A TERTIARY LEVEL HEALTH CARE INSTITUTE, INDIA

G. D VELHAL¹, SUREKHA SAWANT², AMRITA RAO³ & HEMANT MAHAJAN⁴

¹Professor (Additional), Department of Community Medicine, Topiwala National Medical College, Mumbai, India

²Matron, Topiwala National Medical College and Nair Hospital, Mumbai, India

³Assistant Professor, Department of Community Medicine, Topiwala National Medical College, Mumbai, India

⁴Assistant Professor, Department of Community Medicine, Grant Medical College Mumbai, India

ABSTRACT

Job analysis provides information about nature of the job and the characteristics or qualifications that are desirable in the job holder. In an organization employees are responsible and accountable for their activities. Each activity has its own set of responsibilities and employees are given appropriate authority to perform these activities. Indirectly or directly employees are responsible for the organization. Hence a clear understanding of what they are supposed to do becomes a pre requisite for effective utilization of organizational resources. Present study was carried out to find out awareness among nursing staff regarding their roles and responsibilities. It was a descriptive epidemiological cross-sectional study. Representative group of 60 (females) nursing staff (48 staff nurses and 12 sister in-charge) were selected by simple random method and interviewed using pre-formed, pre-tested semi structured schedule. A total of 48 (80.0%) of the nursing staff were working at Nair Hospital from the beginning, without any prior experience in other hospitals. Most of them 53(88.33%) did not receive job orientation. Difference between role and responsibility was not very clear to the sisters in charge as well as to staff nurses. Roles and responsibilities were not properly understood by the nursing staff as they were lacking orientation training at any stage in their service. Thus, development of well planned orientation program for all new staff members is necessary

KEYWORDS: Job Analysis, Nursing Staff, Roles, Responsibility

INTRODUCTION

Organization is described as a rational coordination of the activities of employees through division of labour, responsibility, authority and accountability. Each activity carries its own set of responsibilities and the employees are given appropriate authority to perform these activities. They are also accountable for the organization through their immediate supervisors for accomplishing these activities according to specifications. Hence a clear understanding of what they are supposed to do becomes a prerequisite for effective utilization of organizational resources. Job analysis helps us to do this.

Job analysis is the process by which data, with regard to each job, is systematically observed and noted. It provides information about nature of the job and the characteristics or qualifications that are desirable in the job holder.¹ At Topiwala National Medical College & B Y L Nair Charitable Hospital (Twin Institute), there were about 4000 staff members working in various categories which include around 300 medical teachers, and around 600 nursing staff members. Major domain of the hospital services is patient care that is handled by the nurses. The nursing profession is increasingly characterized by occupational stress, frequent job turnover, and job dissatisfaction.² Newer and innovative methods of patient care along with use of advance technologies in diagnosis and treatment poses a lot of challenges in the performance of job by the nursing staff. Also, nurses attend to the emotional needs of patients and their families, as well as

undertake managerial responsibilities such as supervising junior staff. The demands of these roles make nurses vulnerable to stress and psychological ill health.³ Hence nurses should have awareness about their Roles and Responsibilities in hospital to avoid extra mental pressure and to carry out their job efficiently. Present study was carried out to find out awareness among nursing staff members regarding their roles and responsibilities.

MATERIALS AND METHODOLOGY

The present descriptive epidemiological study which had adopted exploratory survey design was carried out during July 2009 to June 2010 in Topiwala National Medical College and Nair Hospital (Twin Institute), a tertiary care hospital in Mumbai, India after taking prior approval from higher authorities. There were about 4000 staff members working in various categories which include around 300 medical teachers, and around 600 nursing staff members. Study subjects were randomly selected i.e. 15% staff members belonging to the category of sisters in charge (SIC; 12 out of 80) and 10% of staff nurses (SN) enrolled on pay roll (48 out of 480), thus constituting total number of 60 staff members. Pre devised, pre tested, semi-structured interview schedule was used for data collection. Initially informed consent was obtained from study participants. Through personal interview their awareness about roles and responsibilities in areas like patient care, administrative work, academic work and other works including ISO status monitoring, counseling of Patient's relatives was assessed.

RESULTS

The study population included the nursing staff, all females, in the category of 'Sisters In charge' (12) and 'Staff Nurses' (48). Table 1 reveals, 30 (50%) of the staff members were in the age group of 30-40 years. It was found that 12 (100%) of the sister in charge and 31 (64.59%) of the staff nurses have been working at Nair Hospital for more than 10 years. Most of the nursing staff 41 (68.33%) have shift duty. Only 7 (11.67%) were given orientation about the job before joining. Among the sister in charge category, 11 out of 12 (91.66%) informed that they have received in service education at Nair Hospital as well at other hospitals mainly on the topic of Cardio-Pulmonary Resuscitation, HIV/AIDS, Disaster management, Ward management, palliative care etc. In service training on above mentioned topics was obtained by 19 out of 48 (39.58%) of staff nurses, mainly who are seniors in service. Job profile of nursing staff is given in Table 2

The response rate of sisters in charge for the information on roles and responsibilities was limited, in the sense that all of them could not reveal roles and responsibilities under different types of work duties, and difference between roles (the work done routinely) and responsibilities (work for which there is direct accountability set) was not clear to most of them and hence more or less same information under the heading roles and responsibilities. As informed by the Matron of the hospital, there was no practice of compulsory well planned job orientation programme for a stipulated duration of time. Inability to explain the roles and responsibilities properly as well as difficulties in providing desired information on all points was mainly due to lack of appropriate job orientation to the sisters in charge. (Table 3)

Overall response rate of staff nurses to their roles and responsibilities awareness except for academic and other activities was good. However same as that of sisters in charges, even staff nurses were not very clear about the difference in roles and responsibilities, and hence duplication of information under both headings. Bedside patient care being the main responsibility at this level, most of them were well versed with their roles and responsibilities related to nursing management of each patient.

DISCUSSIONS

Job Analysis of nursing staff is very important in tertiary care hospitals as they are the main health care providers

to the patient. The present study was carried out during June 2009 to June 2010 in Topiwala National Medical College and Nair Hospital Mumbai India where we have found that most of the nursing staff were not aware about their roles and responsibilities and more or less there was overlapping of their roles and responsibilities. None of the sister in charge and staff nurses could inform all roles and responsibilities as per the guidelines of nursing manual.⁴ Only 11.67% were got orientation about the job before joining. Similar findings were noted by Wong et al.⁵ They found that nurses could not clearly separate clinical activities from administration. As a result, they were not sure who is responsible for making decisions on certain ward activities. Mok et al. stated that nurses often find themselves torn between spending time on direct patient care and increased administrative duties because poor awareness about their roles and responsibilities.⁶

In contrary to our findings Mitchell et al.⁷ found that most of the nursing staff and sister in charge were aware about their significant role in facilitating the development of students clinical skills and experience and act as a source of support. This might be due to orientation program they have received at the time of joining. Also Malik et al.⁸ in their study described the pivotal role of a mentor for clinical learning experiences. They stated that it is imperative to give adequate and ongoing training about job, support and preparation in carrying out their role of nursing staff, so that they become confident and competent practitioners.

Simoni et al.⁹ Tyler et al.¹⁰ and Cushway et al.¹¹ reported that nurses experienced stresses commonly associated with organizational environment and work demands, such as meeting the demands of supervisors and doctors, dealing with the conflicting demands of administration and management, and meeting the needs of patients.

Thus poor awareness about Roles and Responsibilities might act as a source of stress in nurses and may affect their clinical and administrative work leading to poor performance of organization.

CONCLUSIONS AND RECOMMENDATIONS

Roles and responsibilities were not properly understood by the nursing staff as they were lacking orientation training at any stage in their service. Thus, development of well planned orientation program for all new staff members is necessary. Also, emphasis should be given on long term planning of professional development of nursing staff rather than promoting only service aspects. Recruitment of nursing staff should be as per the guidelines of Nursing Council of India and an exercise of job analysis should be conducted periodically so to assess the progress towards professional development of nurses.

ACKNOWLEDGEMENTS

Authors gratefully acknowledge all the staff of Department of Preventive and Social Medicine and Nursing Staff of TN Medical College and Nair Hospital, Mumbai for their constant support and encouragement.

REFERENCES

1. A M Sharma. Job Analysis- In Personnel and Human Resource Management, Himalaya Publishing House, Mumbai, 2003, 49-57
2. Cooper C. Job distress: recent research and the emerging role of the clinical occupational psychologist. Bulletin of the British Psychological Society, 39, 325-331.
3. Glass D, McKnight, J.D., & Valdimarsdottir, H. Depression, burnout and perceptions of control in hospital nurses. Journal of Consulting Psychology 1993, 61(10), 147-155.

4. Nursing in India. The Trained Nurses Association of India, Arawali Printers & Publishers Pvt Ltd., W-30, Okhala Industrial Area, Phase II, New Delhi-110 020, 129-144
5. Wong D, Leung C, Lam D. Mental Health of Chinese Nurses in Hong-Kong: The Roles of Nursing Stress and Coping Strategies. Online Journal of Issues in Nursing 2001; 5(2):1-22.
6. Mok, Chan. Work and family roles of female nurses: sources of stresses and coping strategies. The Hong Kong Nursing Journal 1996, 73, 12-19
7. Michelle M, Levitt- Jones T, Lathlean J. 'Mentorship in contemporary practice : the experiences of nursing students and practice mentors'. Journal of clinical nursing 2007, 17(14):1834-1841
8. Mallik M, Aylott E. Facilitating practice learning in pre-registration nursing programmes- a comparative review of the Bournemouth Collaborative models .Nursing Education in Practice; 2005 5: 152-160
9. P Simoni, J Peterson. Hardiness, coping and burnout in the nursing workforce. Journal of Professional Nursing 1997, 13, 178-185.
10. P A Tyler, D Carroll, S Cunningham. Stress and well-being in nurses: a comparison of the public and private sector. International Journal of Nursing Studies 1991, 28, 125-130.
11. P A. Tyler, Cushway D. Stress in nurses: the effects of coping and social support. Stress Medicine 1995, 11, 243-251

APPENDICES

Tables

Table 1: Socio-Demographic Profile of Study Participant

Sr. No	Details	Number	Percentage		
1	Age group (n-60)	≤ 30 years	7	11.67	
		> 30 to ≤ 40	30	50.00	
		> 40	23	38.33	
2	Religion (n-60)	Hindu	51	85.00	
		All others	9	15.00	
3	Education (n-60)	Degree holder (B.Sc.)	5	8.33	
		Diploma holder	55	91.67	
4	Marital status (n-60)	Married	56	93.33	
		Unmarried	1	1.67	
		Widow/separated	3	5.0	
5	Residence (n-60)	In Mumbai	47	78.33	
		Outside Mumbai	13	21.67	
6	Travel time to work (n-60)	≤ 1 hour	20	33.33	
		> 1 to ≤ 2 hours	28	46.67	
		> 2hours	12	20.0	
7	Type of Family (n-60)	Nuclear	44	73.33	
		Joint	16	26.67	
8	Children (n = 46)	≤ 5 years	16	34.78	
		> 5 to ≤ 15 years	30	65.22	
9	Education of Husband (n =56)	Secondary School	21	37.5	
		Graduate & above	35	62.5	
10	Occupation of Husband (n = 56)	Self Employed	8	14.29	
		Service	Organized sector	43	76.78
			Private sector	5	8.93
11	Per capita family income per month in Rs (n-60)	3000 to ≤ 5000/-	14	23.33	
		> 5000/-	46	76.67	

Table 2: Job Status of Study Subjects (n = 12 + 48)

Sr. No	Details		Number	Percentage	
1	Duration of Working at Nair Hospital(in years)	≤ 5	S N (n= 48)	12	25.00
			S I C (n = 12)	0	0.00
		> 5 to ≤ 10	S N (n = 48)	5	10.41
			S I C (n = 12)	0	0.00
		> 10	S N (n = 48)	31	64.59
			S I C (n = 12)	12	100.00
2	Worked at other hospital before joining Nair Hospital (years)	Yes	≤ 5 years	5	8.33
			> 5 years	7	11.67
		No	48	80.00	
3	Total experience as Nursing Staff (in years)	≤ 5	1	1.67	
		> 5 to ≤ 10	11	18.33	
		> 10	48	80.00	
4	Duty Schedule	Fixed	19	31.67	
		Shift duty	41	68.33	
5	Special qualification	Yes (2 – Oncology; 2 – DNA; 1 – NICU; 1 – Haemodialysis, 1 – Stoma clinic)	7	11.67	
		No	53	88.33	
6	Job Description given at joining	Yes	7	11.67	
		No	53	88.33	

Table 3: Sisters in-Charge (SIC) - Roles & Responsibilities (n = 12)

Sr. No	Roles	No	%	Responsibility	No	%	
		(n = 12)		Patient Care		(n = 8)	
1	Giving medications	9	75.0	Patient cleanliness	2	25.0	
2	Admission of patient	6	50.0	Maintain articles	2	25.0	
3	Patient care	5	41.66	Emotional support to patient	1	12.5	
4	To observe staff and servants	3	25.0	Supervise staff and get work done	1	12.5	
5	Emotional support to patient	2	16.66	Note admission and discharge	1	12.5	
6	Carry out orders written by doctors	2	16.66	Pre operative counseling	1	12.5	
7	Provide articles required for nursing care	1	8.33	Giving medications	1	12.5	
8	Record of death and abscond patient	1	8.33	To note admission, discharge and medications to patient	1	12.5	
		(n = 10)		Administrative Work		(n = 9)	
1	Indent drugs	4	40.0	Keep record of drugs and things	6	66.67	
2	Monthly and yearly account	4	40.0	Supply of drugs and things	4	44.44	
3	Keep ledger record	3	30.0	Duty allotment	2	22.22	
4	Record of articles and drugs	2	20.0	Take h/o patient and relatives	1	11.11	
5	Duty allotment	2	20.0	Achieving all roles	1	11.11	
6	Supervision of nursing students and servants	1	10.0				
7	Equipment maintenance	1	10.0				
		(n =12)		Supervisory Work		(n = 10)	
1	Supervision on staff, students and nurses	8	66.67	To supervise servants and staff and get work done	10	100.0	

Table 3 - Contd.,

2	Getting work done from servants	5	41.66	Maintain record of drugs, articles	3	30.0
3	Make cot list	2	16.66	To do better in all work	2	20.0
4	Indent of drugs and linen	2	16.66	Maintain cleanliness	1	10.0
5	Distribution of linen, articles	2	16.66			
6	Work distribution	2	16.66			
7	Arrangement of OT	1	8.33			
8	ECT record	1	8.33			
(n = 8)		Academic Work		(n = 4)		
1	Examination arrangement	8	100.0	To arrange for exam	4	100.0
2	Teach nursing students	4	50.0	Teach staff and students	2	50.0
3				To take note of educational material	1	25.0
(n = 3)		Other Works		(n = 3)		
1	ISO status monitoring	2	66.66	ISO status monitoring	1	33.33
2	Taking advanced training	2	66.66	To help poor patient	1	33.33
3	To counsel patient's relatives	1	33.33	Achieve all roles	1	33.33

Table 4: Staff Nurses (SN) - Roles & Responsibilities (n = 48)

Sr. No	Roles	No	%	Responsibility	No	%
(n = 48)		Patient Care		(n = 41)		
1	General & bedside nursing care	40	83.33	Giving medication to patient	15	36.58
2	Giving medication to patient	38	79.16	Record keeping & indent	8	19.51
3	Maintaining record	12	25.00	Counseling of pt. and relatives	5	12.19
4	Informing S/I or doctor	9	18.75	Carrying out doctors order	5	12.19
5	Admitting & discharging pt.	7	14.58	Safety of patient	5	12.19
6	Counseling of pt. and relatives	4	8.33	Admitting & discharging pt.	4	9.75
7	Teaching	2	4.16	Informing S/I or doctor	3	7.31
(n = 36)		Administrative Work		(n = 31)		
1	Maintaining record	33	91.66	Informing S/I	23	74.19
2	Informing S/I	15	41.66	Maintaining record	20	64.51
3	Checking drugs & other things	7	19.44	Checking drugs & other things	13	41.93
4	Indents	7	19.44	Admitting & discharging pt.	10	32.25
5	Allotment of work	5	13.88	Indents	5	16.12
6	Admitting & discharging pt.	3	8.33	Allotment of work	4	12.90
7	Death reporting	2	5.55	Medico-legal work	3	9.67
(n = 36)		Supervisory Work		(n = 31)		
1	Supervising servant & staff	29	80.55	Supervising servant & staff	21	67.74
2	Teaching students	7	19.44	Cleanliness and waste segregation	18	58.86
3	Cleanliness and waste segregation	3	8.33	Indent	1	3.22
4	Pt. over	2	5.55			
(n = 21)		Academic Work		(n = 15)		
1	Attending & arranging workshop & education program	12	57.14	Teaching students	6	40.0
2	Teaching students	8	38.89	Attending & arranging workshop & education program	5	33.33
3	Arranging exams	3	14.28	Check the work done	3	20.0
4				Counseling of pt. and relatives	1	6.67
(n = 4)		Other Works		(n = 1)		
1	Social work	4	100.0	Orientation of new student	1	100.0
2	Student orientation	1	25.0			