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THE ROLE OF THE WARD SISTER

A REVIEW OF THE BRITISH RESEARCH LITERATURE SINCE 1967

Rachel Gal Choppin

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Foreword

The role of the ward sister has been the subject of a number of studies in recent years; many are small and exploratory, others are the result of substantial research. This annotated bibliography brings together a great deal of information about them and is likely to become essential reading for anyone concerned with the ward sister's role and related issues. It was commissioned by the Department of Health and Social Security and completed in 1980.

Rachel Gal Choppin is not a nurse but her background in education and research has enabled her to garner information from busy people and, in some instances, give analytical comment to the work. It required tenacity to bring together the wealth of material found here and it will make searches for material related to the ward sister role easier and, probably, more thorough.

At a time when the Royal College of Nursing is looking at standards of care and the new statutory bodies are discussing the way forward for nurses, this resource material will be valuable to everyone concerned with the quality of clinical management. We at the King's Fund Centre used it while working on a training project for ward sisters. This led to correspondence with some researchers and the discovery that they were not always aware of the work of others in their field. A Peer Exchange Group was subsequently arranged to help some of the researchers share their findings. Students undertaking degree courses or looking for ways to solve problems in their educational programmes have found the material very useful.

We are grateful to the Department of Health and Social Security for giving us the copyright in the work, enabling it to be published. It should become an essential reference book for all libraries associated with nurse education.

Hazel O Allen
Assistant Director – Education and Training
King's Fund Centre

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I would also like to share with ward sisters, the subjects of this study, my experience during working on this project of attempting to fulfil a number of demanding and, at times, conflicting roles.

Rachel Gal Choppin

Introduction

Discussions within the DHSS during the autumn of 1976 on the role of the nursing officer/clinical nurse specialist raised questions about the role of the ward sister and factors which may affect it. Nurse researchers with relevant experience were invited to explore these questions and identify areas requiring research. It was noted that while much has been said and written about the 'key' position of the ward sister and the current difficulties found in maintaining this position, remarkably little appears to be based on research. Documentation of the existing knowledge (ie a review of literature) was identified as one of the areas requiring research.

This report is a review of British research studies since 1967 relating to the role of the ward sisters in general hospitals. It is a result of a 21 month part-time study sponsored by the DHSS. The assignment was carried out in two stages: an initial period of nine months resulting in a report submitted to the DHSS in October 1978, and a further period of twelve months, from April 1979 to March 1980.

This report incorporates all the work done to date including summaries of the studies reviewed at the first stage. It is divided into three parts.

Part I describes the terms of reference, the area reviewed, the project's development and discusses the foci, methods and findings of the literature reviewed.

Part II is devoted to summaries of the studies reviewed. It includes official reports and detailed research reports as well as research studies reported in the nursing journals. The studies are grouped under four headings (structure and management, teaching, job and professional attitudes and management training) and their summaries follow a standard format.

Part III is an extensive bibliography of the studies reviewed, references and abstracts (mostly reproduced from Index of Nursing Research) of research studies identified but not reviewed, and a list of relevant non-research studies.

Part I: An overview

TERMS OF REFERENCE*

'To prepare a review of research literature relating to the role of ward sisters in the United Kingdom. This should include all relevant research published during the last ten years (ie since 1967) and should take account of research where the primary focus was the ward sister as well as research in which findings about the ward sister were tangential to the main research topic. Where possible, information about relevant on-going research should be included. Discussion with "key" people and reference to relevant Reports will be necessary in the first instance. Reference to key North American literature may become necessary in explanation of certain findings. Anecdotal material may be used in illustration of research findings, but should not be reviewed in the same context as the research literature. A short summary of the main findings of each research mentioned should be included as an appendix.'

'The term "ward sister" is taken to mean a State Registered Nurse who is working in hospital as a trained nurse in charge of a ward (Salmon Grade 6, also known as "charge nurse"). The review should concentrate on ward sisters working in general hospitals; however reference to sisters in psychiatric hospitals may be made so long as a differentiation is made.'**

'The review should bring together research findings (including comments on their reliability and validity) which are relevant to the three main aspects of the ward sister's role:
maintenance of a high standard of patient care,
management of the patient care environment,
teaching of nurses (trained, learners and untrained) working on the ward.'

DEFINING THE 'AREA' FOR THE LITERATURE REVIEW

The following issues were drawn from the various DHSS discussion papers (autumn 1976) with a view to identifying the area for the review of literature:

What is the role of the ward sister?
There was general agreement that the ward sister is reponsible for:
Maintaining a high standard of patient care.
Day-to-day management of the ward, deployment of staff, accountability for care of patients, ensuring effective liaison between ward and other hospital departments/ personnel.
Supervision of learners and other staff.

What may affect the role of the ward sister?
The present organisational structure: ie her structural position in relation to other nurses, (nursing officer and ward team) and in relation to other parts of the hospital (medical staff and supporting services). This also includes the particular type of ward organisation, eg patient/task allocation.
The nature of workload: that is the character of the work done in each specialty (intensive care – very technical, geriatric care – high dependency).
The availability of human and other resources.
Changes in the outside world which affect the nature of the workload, the procedures and machinery to be used, staff attitudes, patients' expectations.

* As agreed in NRLG practice sub-group meeting 11 January 1978. Amended 24 Jan 1978 after discussion between R Gal Choppin, S Lelean and R White.
** Not including midwifery sisters, charge nurses in psychiatric wards of general hospitals and departmental sisters. This was decided in later discussions with R White.

Personal qualities (age, intelligence, education, relevant skills and experience, perception of role, understanding the system, ability to communicate effectively).
Training for the present job: eg management and/or clinical training, teaching skills.

Recent developments which may have affected the traditional role of the ward sister. These include:
introduction of the nursing officer grade and possible development of clinical nurse specialist;
re-allocation of responsibility for non-nursing duties and centralization of supporting services (eg catering, pharmacy);
changes within the ward team and its organisation (eg increased staff mobility, increase in auxiliary staff, increase in part-time working, shorter working hours, earlier promotion, introduction of modular training for learners and introduction of patient allocation;
increased demand, changing social trends and expansion of scientific and technological advances, including change in nature of workload and the introduction of the nursing process.

The foregoing, together with evidence drawn from Pembrey (1978), Lelean (1973), Chapman (1976) and Sheahan (1977)*, pointed to the 'key' position of the ward sister in negotiating, delivering and maintaining patient care, and to factors which may affect her performance. Thus it seemed that a comprehensive review of literature (within the given terms of reference) should include research studies which investigate any aspect of the ward sister's role and factors that may affect it, include ward sisters as the subjects of the research and relate to views about her role held by her patients and working colleagues, ie her role-set.**

CRITERIA FOR THE SELECTION OF THE RELEVANT STUDIES FOR REVIEW

These criteria were determined by the terms of reference.
'All the relevant research studies published in the UK in the last 10 years (ie since 1967) . . .'
The definition of research was taken from the Index of Nursing Research and is as follows:
'Research is a planned systematic investigation to establish new facts and develop greater understanding about a subject that will expand the existing body of knowledge . . .'

Relevance of the research study was determined by the following:
The review 'should take account of research where the *primary focus* was the ward sister, as well as research where the findings about the ward sister were *tangential* to the main research topic.'
'The term "ward sister" is taken to mean a State Registered Nurse (SRN) who is working in a general hospital as a trained nurse in charge of a ward. (Salmon, Grade 6, also known as "charge nurse").'†

THE DEVELOPMENT OF THE PROJECT

Stage 1 (January–October 1978)
In the first three months the researcher familiarised herself with the world of nursing

* The first two are research studies and are summarised in this report. The last two are not strictly research studies, but contain an analysis of the relevant literature (for abstracts see bibliography).
** For various definitions of role and role-set see Chapman (1976) Smith (1976) and Anderson (1973).
† In the studies reviewed here the terms ward sister and charge nurse referred to female and male respectively (except in Redfern, 1979 where both sister and charge nurse were referred to as charge nurse).

research and practice and defined the range and amount of material to be reviewed in order to determine what might be possible in the time allowed for the project.

An initial search (Index of Nursing Research, Rcn Library list and suggestions from nurse researchers) yielded about 100 references with some reference to ward sisters. Following discussion with a DHSS representative it was decided to start a systematic search of the literature in chronological order from 1967 forward. A systematic search of literature from 1966–1970 (using Thomson's Bibliography of Nursing Literature, 1961–1970) yielded another 200 possible references under headings such as: 'The work of the nurse: general work, administration, techniques of nursing etc.' There was no sub-heading for ward sisters or evidence that the references were research-based studies, except in the Index of Nursing Research and Rcn Library index.

An analysis of the role of the ward sister further illustrated the complexity of the problem. It became clear that the main difficulty lay not so much in collecting the references but in sorting out which ones should be reviewed within the time available. It was decided to review current and major recommended work and concentrate on those studies which were most frequently referred to or were recommended as important by nurse researchers involved in relevant current studies.

The report at the end of the first stage of the project (submitted to the DHSS in October 1978) contained:

detailed summaries of seven studies (mostly research reports and theses) and two official reports which were considered to be major and important by a number of nurse researchers involved in relevant current research studies;

sixteen shorter summaries of studies (mostly articles) selected mainly from the Rcn Library list titles: ward sisters, ward management and first-line management courses;

a list of references to studies (73) and Reports (12) thought to have findings directly or indirectly relevant to the ward sister's role.

Stage 2 (April 1979–March 1980)

As the previous report (October 1978) consisted mainly of studies relating to the 'management (organisational)' aspect of the ward sister role, it was suggested by a DHSS representative that:

'It would be helpful to have some reviews on the patient care aspect and education', and

the researcher should use her discretion in the selection of papers to review so that the final report 'will contain, as far as possible, reviews of the most significant items as well as achieving a balance',

A further search of literature was carried out through the following sources.

Ward sisters' section of the Index of Nursing Research (INR).

Computer search using Medline.

Ward sisters' section of the Rcn Library.

Nursing research abstracts of the INR.

A number of selective bibliographies from the INR (on nurse/patient communication, nursing procedures and patient dependency studies).

Literature reviews on nurse education and patient dependency submitted to the DHSS.

Contacts with researchers involved in relevant current research studies.

Seven theses, one official report and eleven articles were summarised. These studies were mainly selected from the INR, either because they focused on certain aspects of the ward sister's role or because some of their findings were specified separately for ward sisters.

References and abstracts (mostly reproduced from the INR) to research studies and reports thought to have findings directly or indirectly relevant to the ward sister's role were arranged in a bibliography with references to relevant non-research studies.

THE LITERATURE REVIEWED*

Framework

Inman (1976), in an attempt to produce a valid theoretical framework which would accommodate all the SNC studies, found that 'conceptual synthesization seemed as elusive and impossible of achievement as squaring the circle' (page 59 of the study), because they had different foci, used different instruments and drew on different sciences. The 'realization of this absurdity' led to the attempt to analyse the studies by instruments, contents and so on and to develop a paradigm which is based on the central concept of 'patient needs' (page 61 of the study).

All the studies reviewed (44) included ward sisters in their samples but varied in their foci and methods, and were carried out in different periods (during the last 15 years), by different researchers for different purposes and on different scales.

The purpose of this section, therefore, is to provide an overview of the studies by using an empirical approach rather than a theoretical one; ie the studies are analysed in terms of their foci, samples, methods and findings, rather than by relating them to any existing theories and/or models.

Foci and forms of publications

The studies reviewed consist of:

20 major and/or substantial studies (3 official reports, 9 theses, 4 research reports and 4 articles) which focused on various aspects of the ward sisters' role or related part of their findings to them;

24 smaller scale and/or pilot studies (all articles); in 14 of these, findings were not specified separately for ward sisters. For further details see table 1, page 13.

The studies were grouped under four headings which were suggested by the data themselves. In general the stated purpose (or the focus) of the study has determined its placing under a specific heading. The four groups of studies related to ward sisters' organisational/managerial role, 13 studies; teaching role, 8 studies; views of various aspects of their job and profession, 10 studies (some of these views may be related to the managerial and/or teaching aspects of the ward sister's role and vice versa); and management training needs and evaluating first-line management courses, 13 studies (again some of these studies, in particular Williams (1969) and Davies (1972), related also to the managerial and teaching aspects of the ward sister's role).

None of the studies reviewed or identified focused on the clinical** role of the ward sister. However, findings related to this aspect of her role can be found in some studies from all four groups, and in some studies referred to in the bibliography.

The present collection of studies is not a result of a systematic and comprehensive search of literature. However, examination of all the relevant research studies since 1967 identified to date showed that the papers reviewed covered the 'most significant' studies (ie where the primary focus of the research was the ward sister), and provided a sample of studies in which the findings about ward sisters were secondary or tangential to the main research topic.

* Tables A–D pages 27–32 summarise the main features of the 44 studies reviewed.

** Tentatively defined as 'direct patient care', eg assessing patient needs, giving the patient treatment and/or emotional support etc.

Table 1: Analysis of the studies in terms of their foci and forms of publication

	Articles	Official and research reports	Theses	Total
Studies focusing on sister's				
managerial role	A2 D4*	A5* D7*	A10*	5
teaching role	B2* B3*		B4* B5* B6* B7* B8*	7
job & professional attitudes	C4		C9* C10*	3
Total	5	2	8	15
Some findings specified separately for sister's				
managerial role	A7 A9 A11 A13* D1 D9 D11 D12	A1* A3* A6*	A4*	12
teaching role	B1			1
job & professional attitudes		C6* C7*		2
Total	9	5	1	15
No findings specified separately for sisters				
	A8 A12 C1 C2 C3 C5 C8 D2 D3 D5 D6 D8 D10 D13			14
Total	28	7	9	44

* major and/or substantial study.
Note: for the purpose of this table (and Table 2) studies relating to sisters' management training needs and evaluating first-line management courses were included together with those relating to the organisational/managerial aspect of the sister's role Official reports: Salmon (A1) Progress on Salmon (A3) and Briggs (C6) were included together with research reports/monographs.

Altogether, the studies reviewed here and those referred to in the bibliography (published and on-going research studies, official reports and non-research studies) illustrate on the one hand the wealth of relevant information about ward sisters and on the other hand the difficulties in collecting, selecting and integrating this information.

Methodology

Most of the studies reported in articles did not include full details of the research methodology. Three official reports, Salmon (1966), Progress on Salmon (1972) and Briggs (1972), included here because of their relevance and importance, have drawn on some research to substantiate their conclusions and recommendations. However, they are not themselves reports on research studies and do not include full details of the methodology used to achieve their evidence.

The following points which discuss methodology and findings concentrate, therefore, on 17 research studies summarised in detail, though references are made to the others whenever found relevant. Table 2 page 14 shows their distribution in terms of their foci, samples and methods.

The ward sister/charge nurse samples varied from as few as 8 to as many as 829. Six studies (A5 A13 B6 B8 C7 D4) had less than 30 in their samples, seven (A4 A6 A10 B4 B5 B6 C9) had 40–54; D7 had 88; C10 had 154; B3 had 245 and B2 had 829. The majority of these samples were drawn from 2–3 general hospitals and covered a variety of specialties. Five studies (A5 A10 C7 C9 C10) confined their samples to general medical and surgical wards.

The majority of the studies (12 out of 17) confined their findings and conclusions to the sample studied. Some attempted to 'balance' their samples by using various criteria, eg

Table 2: Analysis of 17 studies in terms of their foci, samples and methods

		Sample members of the sister's role-set	Methods			
Focus	WS/CN		Question-naires	Interviews	Observation	Ward and hospital data
Organisational/ managerial	A4 A5 A6 A10 A13 D4 D7	A4 A5 A6 A13 D7	A4 A5 A6 A10 D7	A4 A6 A10 D4 D7	A5 A10 A13 D4	A5 A6 A13
Teaching	B2 B3 B4 B5 B6 B7 B8	B5 B6 B7 B8	B2 B6 B7 B8	B2 B3 B4 B5 B6 B7	B6 B8	B6
Job & professional attitudes	C7 C9 C10	C7	C7 C9 C10	C9 C10		
Total	17	10	12	13	6	4

Note: The questionnaires column includes background information questionnaires, attitude scales etc; the interviews range from structured to open-ended and include, in a few cases, (eg A4 D4) group discussions; the observation column includes continuous observation and activity sampling and in the case of B8 it refers to tape recording of verbal interactions; ward and hospital data refer to data obtained on length of stay, bed occupancy, staffing levels, nurse/patient dependency etc.
Members of the sister's role-set: other trained nurses, learners, medical staff and patients.
WS/CN: Ward sisters/charge nurses.

hospital size and type (A5 C7), teaching/non-teaching (A10). Others exercised some choice in selecting their subjects within the hospitals by choosing particular types of wards, eg variety of specialties and/or training wards (B4 B5 B6 B7 B8) or just general medical and surgical wards (C9 C10).

The samples of five studies (A6 A13 B2 B3 D7) were said to be representative of the particular populations from which they were drawn, but only study A6 reported using a systematic sampling procedure.

The emerging pattern of sample selection within the studies reviewed appears to be one of 'client selected' and/or 'convenient' (ie where the researcher had contacts and/or easy access and was able to exercise some choice of types of wards and subjects) rather than one of 'representative' (ie where the researcher used a 'systematic sampling' procedure in order to secure some generality of the study findings and conclusions beyond that of the sample studied).

Eleven out of the 17 studies used questionnaires and/or interviews to elicit from the ward sister, and members of her role-set, perceptions of their own and each others' role problems and behaviour. Six out of the eleven studies (A4 A6 B4 B5 C9 C10) supplemented these perceptions with biographical information (eg age, qualifications, length of experience) and one, (A6), also used ward and hospital data, eg length of stay, bed occupancy, ratio of staff to beds.

One study (A13) used observation as its main method of data collection; two (B5 D7) used observation only in their exploratory/pilot stage. Five studies (A5 A10 B6 B8 D4) used both questionnaire/interviews and observation (or tape recording in the case of B8) to obtain information about ward sisters' perceptions of certain aspects of their work and their behaviour on the job.

All the observation studies were carried out by non-participant observers (except in the case of study B5 where the author experiemented with participant observation in the pilot stage).

Studies A5 A10 D4 D7 (in the pilot stage only) used continuous observation while B6

and A13 used activity sampling. Study B8 recorded the ward sisters' verbal interactions while they were on duty.

All but one of these studies used time-bassed quantitative analysis of the ward sisters' activities. Pembrey (1978) found this to be inadequate for her purposes and developed two alternative classiffication schemes based on qualitative criteria. Fretwell (1978) used two different time-based categorisation schemes (one modelled on Goddard 1963 and Bendall 1975 and another developed from Inman 1975), supplemented with 'qualitative' data from notes of recorded events or conversations; and Ogier (1980) analysed the sisters' and nurse learners' verbal interactions in terms of the time spent with various groups of people as well as in terms of direction, content and forms of speech.

A number of studies compared 'declared' and 'observed' ward sisters' behaviour against some 'external criteria', eg patient satisfaction (A4 C7), nurse learners' evaluations of the ward sisters and/or their ward experience (A4 B5 B6 B7 B8) and observed nursing care (A5).

Examination of samples and methods used in all the other studies reviewed (see tables A–D) produces a similar pattern to that demonstrated by the 17 described above, ie predominance of questionnaire and interview techniques with limited samples (except in the case of the Salmon and Briggs Reports).

Overall, a combination of limited sample size, various methodological problems and the 'usual' limitations of time and resources have produced in most cases 'tentative' results which need to be validated and generalised. Most of the researchers emphasised the 'exploratory' and descriptive nature of their studies.

At the same time it is important to acknowledge some recent attempts (eg A10 B6 B8) to go beyond description of the ward sisters' perceptions of their role and/or actual behaviour towards a deeper understanding. This had been done by studying the ward sisters in their environment, using a variety of methods with built in cross-checking devices.

Findings: The main issues

The discussion of the studies' findings centres on a number of issues raised by the analysis of the ward sister's role (see page 9) and by the findings and conclusions of the studies reviewed. The emphasis is on drawing together and discussing findings relating to some of the main issues generated by the data rather than on a detailed and systematic summary of all the findings included in the reports. In doing so it is important to acknowledge the following.

The differences between:

Findings which are based on independent observers' interpretations of the ward sister's activities *and* those which relate to her or the members of her role-set's perceptions of her role.

Findings of the research study *and* conclusions and recommendations drawn by the researchers by relating these findings to their analysis of the relevant literature.

The 'tentative' nature of most of the reported findings. (The use of percentages to describe the subjects' responses was wide-spread in all the studies reviewed. Many made use of percentages for samples of less than 50 subjects and some for samples as small as 10. These findings should be treated with caution as the use of percentages is generally not recommended for $N < 100$ and is considered as inappropriate for $N < 50$. Other methodological considerations have been discussed in the previous section).

Ward sisters' characteristics (age, qualifications, length of experience) and preparation for their post

Findings relevant to the above can be found in the following studies: A1 A3 A4 A6 A10

B4 B5 B6 C6 C9 C10. The Salmon Report (1966) contains an appendix with statistical data on a national sample of ward sisters/charge nurses in Great Britain in 1964. The Briggs Report (1972) contains similar data drawn from a postal survey carried out by SCPR on a representative national sample of hospital and community nurses in Great Britain in 1971. Redfern (1979) presented national and regional (West Midlands) manpower statistics for 1971–1976, together with detailed descriptions of her sample characteristics, and comparisons with findings from previous studies. The rest of the studies either contained some relevant data on this subject in their findings, or in the description of their samples.

Evidence drawn from these studies suggested the following.
Numbers, age and length of experience.
On a national level the numbers of ward sisters/charge nurses (in non-psychiatric hospitals) decreased between 1971 and 1974 and then doubled over the next two years; the number of staff nurses (in non-psychiatric hospitals) increased much more slowly than the nursing force as a whole until 1974. It increased slightly in 1975 and substantially in 1976 (C6 C10).
Redfern (1979) in her discussion of the national manpower statistics for 1971–76 suggested that these trends could be partly explained by unemployment and the cost of living on the one hand, and, on the other, by the now common practice of employing a senior and a junior charge nurse in a ward rather than a charge nurse and a senior staff nurse.
Current ward sisters are relatively young and inexperienced when compared with the pre-Salmon era (all but A6 B6).
There is a relationship between age and severity of felt pressure, pressure in general diminishing with increasing age and experience. Workload was identified as the most important 'cause' of pressure (A4).
Wards chosen by student nurses as 'best for learning' were significantly more likely to have a sister who had at least six years experience since completion of training (B5).
Those leaving nursing were more likely to be young (under 30) and single; however many of those who left nursing were likely to return later on (C10).
The length of service of nurses and midwives is not greatly different from that of all manual and non-manual workers and of welfare workers and teachers; the nursing and midwifery work force has a stable core of sisters, enrolled nurses and older staff nurses and midwives (para 422 Briggs Report).

Qualifications, preparation for the post and continuing education.
The majority of sisters lacked advanced educational and professional qualifications (excluding first-line management and art of examining courses). (All but A3 and A6.)
Ward sisters felt inadequately prepared for their present post, and were seen to be so.
First-line management and art of examining courses, plus clinical experience prior to a sister's post, were considered by many of the sisters and researchers to be inadequate preparation for a ward sister post (this was especially emphasised in relation to the managerial and teaching functions). (All but A1 A3 A6.)
Nurse training is mainly practical in nature and ward sisters lack conceptual learning experience and problem solving skills (A4 A10 D4 D7).
A relationship exists between lack of advanced education and professional qualifications and the ability to 'manage' the nursing team. Sisters identified as 'managers' were learning from role models rather than from formal management training (A10).
Educated and experienced sisters were more likely to be in favour of degree courses for nurses (B3).
Ward sisters were unaware of changing ideas in relation to the giving of care and this was related to their lack of involvement in their own continuing education (eg seeking further professional qualifications, attending in-service courses, visiting and/or teaching in the School of Nursing, reading professional journals). (C9).

Redfern (1979) summarised the characteristics of her sample of CNs* by drawing a profile of the 'average' CN. (The sample comprised 134 CNs from two general hospitals.) The following extract from her thesis serves to illustrate ward sisters' characteristics. 'Bearing in mind, therefore, the range of individual differences, the 'average' CN was about 29** years old, female and British. She qualified in 1970 having obtained about 4 'O' levels at school, and had given the hospital approximately 20** months service in her present post. She probably had not had a full-time job between leaving school and starting her nursing training. She was married to a managerial or professional worker and if she worked in hospital B, she had no children nor had she had any breaks in her nursing career. However if she worked in hospital A, she was more likely to have had breaks in her career. She was a senior CN working full-time on day duty, and had no professional qualifications other than state registration. She lived less than 5 miles away from the hospital and found travelling to work relatively easy' (pages 146–147 of the thesis).

The overall impression is that current ward sisters are young, inexperienced and inadequately prepared for their role; these factors are perceived by ward sisters and researchers to affect the ward sisters' performance. Relatively (to other nursing grades at the ward level) ward sisters are a stable and committed group of workers: 'there exists a strong "mobility culture" in the CNs in order to gain more experience in their occupation rather than to leave nursing altogether' (Redfern 1979 page 394).

However, these tentative conclusions should be qualified by a systematic analysis of available DHSS staff statistics for the last 10–15 years and, most of all, further evidence should be sought as to how the ward sisters' personal qualities affect their performance on the job.

Ward sisters' management training needs

Findings relevant to the above can be found in studies D1–D13. There seems to be a wealth of studies on the management training needs of ward sisters, especially from the late 60s and early 70s. Most of them evaluated particular first-line management courses and the findings and conclusions should be seen in relation to those courses.

Two studies (D4 D7) identified management training needs of the ward sister and evaluated the courses by relating them to an analysis of the ward sisters' role in its organisational context, the hospital.

The overall evidence suggests that management training should:
be linked to the present organisational structure and its needs (D4 D7);
be linked to changes and developments planned in the organisation and seen as part of the general process of change (D7);
take account of local differences and needs (D5 D7);
concentrate more on 'organisation learning' rather than 'management training' (D4 D7);
be multi-disciplinary rather than uni-disciplinary (D2 D13);
encourage active involvement of the trainees and their immediate superiors (D6 D12);
be based on on-going analysis of the trainees' present and future roles, needs and problems, knowledge and experience, and reviewed accordingly (D5 D7 D13).

The evidence from this and from section 22[b] (i)–(iii) points to wide-spread criticism within the profession of the existing provisions for preparing ward sisters for their posts. Two current research studies in this area appear to have responded to these criticisms by

* Both sisters (female) and charge nurses (male) were referred to as CNs.
** Median values; the mean age was 31.95 years and the ages ranged from 22 to 63. The mean length of service in present post was 2.8 years.

attempting to study the ward sisters' educational and training needs in a wider context. The first (Lathlean) in the context of an experimental training ward scheme based on the ward sister role model (derived from Pembrey's work); the second (Bowman) taking account of the diverse specialist training needs of theatre, paediatric, geriatric and psychiatric nurses.

Differences between wards (specialties, patient types, workload, ward organisation etc)
Many studies observed or drew their subjects from various specialties and some specified their findings separately for each specialty. Study A6 focused on the differences between the task structure and performance of four specialties: general medicine, general surgery, gynaecology and geriatric. Study A6 contains many detailed findings, including variations in the ward sisters' and others' perceptions of their 'actual and preferred influence' within and between the four specialties studied.
The following evidence was drawn from studies A4 A5 A6 A7 A8 A9 A10 B3 B4 B6 B8 C6 C10.
Satisfaction with care, specialties and patients' characteristics.
An analysis of patient satisfaction survey in study A4 produced significant differences between patients on male/female/mixed wards and between general medicine and surgery, specialties and accident wards.
An analysis of a smaller patient satisfaction survey in study C7 demonstrated the relationships between certain patients' characteristics (age, sex, social class) and satisfaction with care.

A study (A5) of six female general medical wards showed that:
there were considerable variations in workload between wards within the hospitals;
the differences in 'effectiveness indices' between wards within the hospitals were highly significant;
there were no two wards with identical systems of formal group communications, although there were some similarities of wards within the hospitals.

Patient vs. task allocation
Ward sisters and other nurses preferred patient allocation/total patient care and thought it better for patient care and the teaching of nurses (A7 A8 A9 A10 B4 B6 C6).
Patient allocation may help to develop leadership potential in sisters and other nurses and increase job stability (A7).
Ward organisation based on the philosophy of total patient care may facilitate the development and maintenance of integrated interdisciplinary team work (A9).
Rigid routine and a system of task allocation appeared to limit the learners' power of discovery and contributed to automatic job performance. A system of total patient care appeared to account for higher percentages of learning opportunities in wards (B6).
Task-orientated sisters were less likely to be in favour of students from degree courses (B3).

Learners preferred wards where there was a variety of tasks and techniques ('mainly technical' rather than 'mainly basic' nursing) and sisters thought that these wards provided unique learning opportunities for students (B5 B6).

Medical vs. surgical wards.
Sisters and other nurses perceived surgery to be more 'structured' than medicine, eg authority and duties are more defined (A6); sisters play a more active role in directing group activities (B8).
Sisters and other nurses perceived surgery to have more varied input (in terms of patient characteristics) and more predictable outcomes than medicine (A4 A6).
It is hypothesised that there is more 'management' decision-making to be done in surgery and more 'treatment' decision-making to be done in medicine. The differences

between the medicine and surgery samples characteristics (age, length of experience) point to differences in the sisters' career patterns and orientations (A6).

Hospital vs. ward effect
Study A6 argued that data from objective indices (length of stay, ratio of staff to beds) suggested a 'hospital effect', in a sense that a hospital with one good specialty is also good in others. However, the subjective assessment (medical and nursing staff perceptions of the specialties' performance and structure) showed no 'hospital effect' but a very strong morale effect, in that the attitudes of staff of all grades affected their assessments.
Study A10 suggested that the sisters' perceived work problems were common to hospitals, not to individual wards.
Study C10 compared the various aspects of the CNs' perceptions studied (job satisfaction, role pressures, intent to stay/leave, accounts of their jobs) between two hospitals. On the whole, the differences observed were statistically insignificant. Those differences which were found to be statistically significant related to the CNs' dissatisfaction with the hospital as a place to work; lack of clarity about their limits of authority; insufficient manpower; poor influence with management.

These findings point to some differences between wards in the nature of task, structure and the related roles and characteristics of ward sisters working in them. However, the evidence (based mostly on the subjects' perceptions) should be compared with evidence derived from direct observations in order to clarify the relationships between variables such as specialty and ward organisation and the ward sisters' role and characteristics.

Attitudes to the Salmon Report and/or the Salmon structure
Relevant information is in studies A3 A4 A10 C3 C5 C6 C7 C10 D4 D6 D7.
The following evidence was drawn from these studies:
An analysis of current organisational/managerial theories and of the role of the ward sister demonstrated that the Salmon Report failed to understand the importance of the ward sister's managerial role, in its own right and within the wider environment of the hospital. The Report's recommendations reduced the ward sister's control of management, while the complexity and size of her job remained the same (A4 A10 D4 D7).
Ward sisters, other nurses and medical staff disapproved and were critical of the Report and/or the Salmon structure, eg emphasis on 'administration', ineffectiveness of the nursing officer post (A4 C3 C5 C7 C10).
There was lack of knowledge and understanding of the Salmon Report/structure which may explain these unfavourable attitudes and criticisms (A3 C3 C5 C6 D6).
Statistical evidence (ward sisters' length of experience, relationship between the numbers of trained nurses and nurse administrators before and after Salmon) was presented in an attempt to refute some common fears and misunderstanding about the Salmon structure (A3).

There is a need for further evidence based on systematic and comparative research (using criteria such as statistical data, subjects' perceptions and actual behaviours) before attempting to evaluate the effect of the introduction of the Salmon structure on the performance of the ward sister and other nurses.

Other job and professional attitudes
The following are examples of other issues related to nurses in general or ward sisters in particular.
Views on personal qualities important to nursing, eg interest in people, kindness etc (C1 C7).
Attitudes towards promotion, career prospects and plans (A4 C2 C6 C7 C10).

Attitudes to further professional qualifications, in-service courses, visiting and/or teaching in the School of Nursing, reading nursing journals (B4 C9 C10). See also 22[b].
Attitudes to or contact with hospital management and hospital policies, the medical profession, paramedical staff, patients, visitors (A4 A6 A10 C1 C2 C6 C7 C9 C10). See also 27[c] and [f].
Involvement in professional bodies/associations (C1 C9).
Attitudes towards various types of supervision/leadership (B8 C8).
Attitudes to university education for nurses (B3 C1).
Administrative versus technical inclinations and its relationship to caring for patients, attitudes to medical staff and career orientation (C2).
Perceived nursing management support (contact with and feedback from the nursing officer) and its relationship to certain job attitudes, eg job satisfaction, perceived role pressure, propensity to leave (C10).
Reactions to proposals in the Briggs Report (1972) (B4).

Ward sisters' perceptions of their roles
Findings from studies A4 A10 B1–B7 C6 C7 C9 C10 D4 D7 demonstrated that ward sisters:
Emphasised and expressed preference for the 'patient care' aspect of their role (A4 A10 B6 B7 C7 C10 D4).
Had 'negative' attitudes (mistrust and dislike) towards their managerial/organisational/administration roles (A4 A10 C7 C10 D4 D7). (It seems that the different studies demonstrated different understandings of the terms 'nursing', 'management' and 'administration'.)
Considered their relationship with the medical staff generally an important and satisfying one, eg rated doctors' rounds as high priority (A 10 C7) and did not delegate them (B4 B6). However, they were critical of certain aspects of the relationship, eg lack of team work and mutual support (A4 A10), exclusion from participation in decisions about the use of beds (A4 A10 C10), getting the doctors to keep the drug rules (A10 C10).
Saw teaching and/or assessing learners as an important part of their role (A4 A10 B1–B7 C6 C9 C10) but did not see themselves as the sole teachers on the wards (B4–B6 C9). However, they were critical of the conduct of nurse teachers (especially tutors) in the wards, eg lack of supportive teaching in the clinical area (C9), failing to demonstrate correct procedures (C10).
Did not believe that they had sufficient managerial authority to meet the demands of their jobs, eg control on supply and selection of ward nurses, participation in decisions and admissions and discharges (A4 A10).
Were generally satisfied with their job but were relatively dissatisfied with environmental/organisational factors such as hospital policies and practices, competence of the nursing officer, pay (C10). See Also A1 and C6.

The following extracts illustrate three interpretations of sisters' perceptions of their roles.
Fretwell (1978), describing the findings from her interviews (11 sisters), stated: 'the overwhelming impression given from the interviews with sisters was that all sisters felt a strong commitment towards their patients, whose needs came before those of the learners, but ultimately consultants had first call on the sister's time.' (From Fretwell's summary of her findings). This impression is also supported by observational data from Fretwell's and Pembrey's studies.
Pembrey (1978) in a discussion of the findings obtained from the work problems checklist completed by her sample (50 sisters) stated: 'the most frequent problems were associated with areas where the ward sister has no managerial control, but at the same time had to ensure services and work that were vital to the daily care of the patient, be it getting the ward cleaned properly or getting doctors to keep the hospital drug

rules. . . .' (This interpretation is also supported by findings from Mulligan's study). 'The perceptions of problems might also have been linked with different perception of roles. For example, there seemed to be different attitudes towards doctors in teaching and non-teaching hospitals' (pages 153–154 of the thesis).
Redfern's (1979) study pointed to a conflict experienced by many of the CNs, 'between the perceived need to practice what they had been trained to do (and regarded as the most important part of the job – nursing the patient) and the requirement to fulfil a managing role. . . .' Modelling on Pembrey (1978) Redfern put forward the following observation:
'It does seem that most CNs can be classified into either "practical nurses" where the difference between their job and that of other nurses working in the clinical area is very small, or "managers" where that difference is large and the CN regards herself as an organiser, co-ordinator and supervisor. Most of the CNs in this study appeared in the first category, but some were "managers" and a few combined both' (page 377 of the thesis).

Description of the ward sister's activity
Descriptions of ward sisters' activities were derived from observations, interviews/questionnaires or both. Some of the findings about their stated activities (estimated time spent on various activities, actual and preferred work priorities) are documented on page 20 under ward sisters' perceptions of their roles.

Observations on the wards have led to classification of the ward sisters' activities in terms of:
Percentage of time spent on various activities, eg professional, administrative and personnel (D4); basic, technical, administration, personnel, unskilled and others (A12 A13); seven categories adopted from Inman 1975 (B6).
Percentage of time spent communicating with various grades of nursing staff, medical staff and other personnel (or with various members of her role-set) (A5 B8 D4 D7).
Role differentiation and daily management cycle: nursing rounds of the patients, written and verbal work prescription, allocation of nurses and accountability reports (A10).
Leadership styles (autocratic, democratic and laissez faire), orientations (doctor, patient and administration) and teaching roles (active-passive) (B6).

Findings emerging from observations of the ward sisters' activities demonstrated:
The complex communication network of the ward sister and factors which may affect it (A5 B8 D4 D7); the inadequacies of the 'ward formal group communication' and the high 'interruption factor' in her work (A5). See also A10 B4 C6 C10.
The important part played by the ward routine in 'getting things done' (A5), 'carrying out the daily nursing care of the patient' (A10) and 'controlling the ward activities' (B6).
The amount of 'pre-set' or 'non-initiated' activity in the ward sister work (D4 A10).

It was also suggested (from analysis of stated and observed behaviours) that:
The majority of sisters did not manage the daily nursing on an individual patient basis and showed little difference between their role and that of the ward nurses (A10). The latter is supported by evidence from A12 indicating that the majority of nurses (on the same wards) were multi-skilled and that a hierarchy of nursing skills did not exist in the organisation of nursing. However, in contrast to A12, B6 suggests that on some of the wards studied there was an element of hierarchical job allocation with specific jobs being done by junior or senior nurses.
The most effective sister (in terms of ward teaching and learning) was democratic, patient orientated and fulfilled an active teaching role. The least effective was autocratic, doctor orientated and fulfilled a passive teaching role (B6).
Ward sisters who are approachable, sympathetic to nurse learners and able to help

them in their work, will communicate with nurse learners in a way which the learners see as helpful (B8).

The overall evidence points to:
Difficulties in drawing a valid and reliable picture of how ward sisters spend their time. This is due partly to the different criteria used in classifying the ward sisters' activities and partly to the methodological limitations of the studies themselves.
Inconsistencies/discrepancies within and between stated and observed activities (A10 B6 D4).

The following extracts from Fretwell's (1978) and Pembrey's (1978) work illustrate this point:
'Sisters described the learning opportunities on the ward in terms which placed the patient's psychological and special needs uppermost, however when asked to name the 6 most important things they expected nurses to learn, specific procedures and techniques were the items most mentioned. Emphasis on the acquisition of physical skills suggested that priority was given to the nurse's "worker" role' (from Fretwell's summary of her findings).
'The sisters rated interaction with patients and nurses as their most important daily work and in some of these interactions (eg "gave the nurses a report on the patients") there were no discrepancies between stated and observed work. However, great discrepancies were observed between stated and observed priority given to the management cycle activities of "a ward round of the patients" and "asking nurses to report on their work"' (ie those interactions which required a higher role differentiation) . . . .
'It appeared that only some of the sisters "internalised" the importance of these activities or had the ability or knowledge to be able to achieve them in their daily work. Further there was evidence that even if the ward sister did rate the management of nursing as an important daily task this was difficult to achieve in the light of other pressures. For example, the sisters spent on average, twenty eight percent of their day on non-initiated work, the largest proportion of which was time spent with the medical staff . . .' (page 173 of Pembrey's thesis).

Teaching and learning in hospital wards and the related role of the ward sister
Relevant findings are in studies A4 A5 A10 B1–B8 C6 C9 C10 D4 D7.

The following evidence was drawn from these studies:
Teaching and/or learning took place:
whilst working, ie supervision and demonstration;
during report sessions;
in teaching sessions usually in the afternoons (B4 B8 B10).
Ward teaching seemed to centre around:
Patients' conditions/diseases that were commonly nursed on the ward (B4 B6).
Practical/specific procedures and techniques (B5 B6). Findings from B6 suggested that the type of work during which teaching and learning took place was technical rather than basic.

Factors within the wards* which appeared to be important to nurse learners were:
Generous (five to eight trained and nine or more untrained staff) and stable staffing (B5).
Variety of patients with different diseases, variety of tasks and techniques and high turnover of patients (B6).
Good staff relationships, friendly/supportive ward atmosphere, team work/spirit and consultation (B5–B8).

* Preferred good/best for learning and high student orientation wards.

Fair allocation of nursing experiences/learning opportunities and positive attitudes from the medical and tutorial staff (B8).
Teaching by the ward sisters and other trained staff (A4 B5–B8).
More teaching by trained members of staff rather than by the untrained; and more teaching of theory, both about the work that was being done and other work (B6).

'Highly rated' sisters (or sisters in the 'preferred' wards):
Kept strict discipline, maintained high standards of care, emphasised patient-centred care and teaching, and were good organisers (A4).
Had 'active role' as a teacher, ie they were not supervising and organising teaching so much as doing it (B5).
Were democratic, patient orientated and fulfilled an active teaching role, ie saw the student or pupil nurse as a 'learner' with educational needs (B6).
Were aware of the needs of subordinates, had a teaching programme, devoted appreciable time to teaching and used the ward report as an important occasion for learning (B7).
Were approachable and willing to answer questions, gave clear instructions and asked less questions, spent more time dealing with nurse learners and less with their staff nurses, spent an equal proportion of time talking about theory and practice and were present in most possible midday reports (B8).

Ward teaching and assessment of learners' needs and progress were considered inadequate by sisters, learners and others because of:
Organisational/environmental constraints, eg shortage of staff, lack of time, interruptions (A4 A5 A10 B1–B7 C6 C10); length of learners' allocation, their numbers and stage of training (B2 B4).
Sisters' priorities and lack of preparation for the role of a teacher (see 22[b]).
Conflicts arising from the ward being a working/teaching/learning environment (B6).

At the same time it was demonstrated that:
There were a variety of teachers in the wards – sisters, other trained ward staff, learners and clinical teachers but no dominant group consistently assumed the role of the teacher (B4–B6).
The ward sister's teaching amounted to more than her observable teaching (overt teaching) and that teaching by example (covert teaching) and the ward routine (which serves as a form of communication between the sister and her subordinates) may partly account for the findings (from A5 D4 and others) that the sister spent a small percentage of her time talking to junior nurses or teaching (B6).
The sister's influence on learning extended beyond her actual teaching activities and that directly (through initiating activities) or indirectly (through the ward routine) the sister controlled the majority of the learners' activities (B6).
The ward learning climate was focused on the sister and on her alone (B7).
The ward sister occupies an important role model for learners and other ward staff (A5 A10 B6 C6 C9).

The overall evidence points to the important role played by the ward sister in teaching and learning in hospital wards; dissatisfaction with her performance in this area; and possible explanations for the repeated assertions that there is little teaching in the wards.

The following extracts from Fretwell's (1978) review of the literature illustrate some of the conflicts in the ward sister's teaching role.
The ward sister 'is ascribed the role of a teacher but is accountable to no one for the execution of that role. . . . The pressures to serve one client group, the patients, are considerable; the inducements to serve a second client group, the learners, are

negligible since those who concern themselves with teaching receive no special remuneration . . . but cause themselves extra work' (page 16).
'. . . the responsibility for ward teaching has never been clearly defined. The ward sister is universally ascribed a role as teacher which she either does not wish to accept or which her role as organiser of patient care does not allow her to fulfil' (page 22).
'Ward sisters teach by example whether intentionally or not; their priorities become the priorities of other workers in the ward. . . . The lack of teaching is not solely due to the action of the ward sister, but to policies which place the learner in the ward as a full time worker' (page 31).

The key position/role of the ward sister and factors which may affect it
The Salmon Report (1966) stated that 'the role of the ward sister is essentially one of organisation – to assign jobs to the team under her control and enable them to be done. She *controls* the work of others, and herself does work requiring the skill of the registered nurse. She is under the *control* of the matron (structural authority) but, in matters of medical treatment, acts in accordance with the *directions* of the medical staff (sapiential authority)' (para 41). See page 35 for definitions used in the Salmon Report.

The Report's authors believed 'that with the introduction of a new staffing structure it should be possible to remedy the present defects of the ward sister's job and to extend its desirable features to other nursing jobs in Grade 6' (para 4.19). An outline of her job description (B8) is reproduced on pages 39–40.

Progress on Salmon (1972) claimed that the criticisms levelled at the Salmon Report 'seemed to be based on a misunderstanding of the ward sister's position, which is the same now as it was under the previous system. The big change is in the position of the nurse administrators at the nursing officer level' (A3).

The Committee on Nursing (1972) believed that the development of nursing and midwifery teams will reduce the problems of pressures on ward sisters and frustrations among staff nurses and saw the ward sister as the key figure in the ward team. The Committee 'regarded it as imperative to find some ways of relieving the burdens on ward sisters and freeing them from day-to-day minutiae so that they can devote their attention to the overall planning of care in their ward, with more time to exercise their clinical and teaching skills' (para 128).

A number of studies attempted to evaluate the ward sisters' performance in terms of their management of patient care or teaching. Patients' satisfaction with care (A4 C7); comparisons of sisters' instructions with observed nursing care (A5); identifying 'manager' and 'non-manager' sisters by observing the completion of a daily management cycle (A10); evaluations of sisters' teaching in terms of learners' perceptions of 'good' teaching and learning (B5–B8). In studies B6 and B8 these evaluations were checked against observations/recordings of the ward sisters' activities.

Studies A2 A5 A10 B6 concluded that the ward sister has a key position/role in the nursing hierarchy. She holds a key place in the flow of information about patients (A2); is the key person on the ward controlling all communications (A5); is the key nurse in negotiating the care of the patient (A10); is the key person who controls the learning environment (B6).

At the same time it was demonstrated by some of these studies that:
The majority of sisters did not substantially differentiate their roles from that of the ward nurses and did not have the minimum managerial authority deemed necessary (Brown 1965) to exercise managerial control (A10).

A substantial part of the ward activities was governed by a general ward and hospital routine (A5 A10 B6).

It appeared, therefore, that:
Ward sisters occupy a potentially key (and powerful) role in the management of patient care, teaching and nurses in the ward, and are unable to fulfil this role satisfactorily because of insufficient authority and professional expertise, inadequate resources and services, and the inadequacy of the sisters themselves.
None of the studies (reviewed in this report) evaluated the sisters' performance in terms of outcome for patients or learners, or demonstrated that any of the reported 'defects' in their behaviour and their situation adversely affected nursing care or learning on the wards.

CONCLUSIONS AND RECOMMENDATIONS

In the course of the project 300 references were examined, about 150 were found to have findings directly or indirectly relevant to ward sisters and 44 were reviewed.

Taking into account all the research material identified and the wide variations in the studies, foci size, and quality, it is thought that those included in this report represent the wide range of research material available but may not constitute a systematically drawn sample.

The 44 papers chosen for review were summarised according to a standard format. The summaries are included in the body of this report (part II) as background and reference materials.

A substantial section of Part I was devoted to an overview of the literature reviewed in terms of the studies' methods, samples and findings. The commentary on the findings centred on ten issues generated by the data in the summaries. All the findings on each issue were brought together and, whenever possible, an overall pattern established in order to document and map the existing state of knowledge and identify areas for further research. No attempt has been made systematically to integrate any of the groups of findings by statistical means, as this was considered beyond the terms of reference of the project.

It is thought that some of the issues identified, especially those for which there is a wealth of quantitative data (eg ward sister's characteristics, how she spent her time), may benefit from what is currently termed 'research integration' or 'research synthesis' or 'meta analysis'. A monograph edited by H J Walberg and E H Haertel* provides ideas, methods and findings of investigators who currently are carrying out research integration, mostly in education but also in psychology, medicine and child rearing.

Faced with a vast accumulation of increasingly complex research knowledge we ought now to be considering the question of research integration of available information before attempting future primary research.

As indicated in table 1, most of the studies which focused on ward sisters related to their managerial and/or teaching roles; studies relating to the teaching role being, on the whole, a more recent product. Few studies focused on the ward sisters' job and professional attitudes. None focused on the ward sisters' clinical role, though findings related to this aspect can be found in a number of studies reviewed and in many more of those referred to in the bibliography (part III).

* Research Integration, Evaluation in Education vol 4 part I Pergamon Press, Oxford, 1980.

The attempt to classify the studies and/or findings according to the clinical management and teaching aspects of the ward sisters' role has its origin in the analysis of the role (see page 9 and also Sheahan's (1978) article in the Nursing Mirror entitled 'Ward Sister – Manager, Nurse, or Teacher?'). This kind of analysis, although providing a convenient framework, is somewhat misleading, partly because of the apparent confusion about what is meant by and included within each of these roles, and partly because it misrepresents, or overlooks, what appears to be the designated and most important role of the ward sister, that of a *manager/organiser* of patient care (or nursing) and nurses working in the ward. Viewed within this perspective, the clinical and teaching roles could be seen as integral components of the ward sister's overall managerial/ organisational role rather than as three separate (though inter-related) roles.

The overall emphasis in the studies reviewed was on analysing the ward sister's role using current management/organisational theories, studying how she (and members of her role-set) perceived and performed the role. Most of the data was collected by means of questionnaires/interviews rather than by observation. However a recent trend exemplified by Pembrey (1978), Fretwell (1978) and Ogier (1980) is toward the use of a combination of both in the study of the various aspects of the ward sister's role.

The ward sister is considered to be responsible for 'maintaining high standards of nursing care' (page 9). However, 'defining what is meant by (and measuring) high standards, quality or most effective forms of care presents all caring professions with problems' (Lelean, 1980 page 10). The ward sister is also ascribed the role of a teacher but 'the outcome of any teaching/learning process in a specific ward is rarely measured' (Fretwell, 1978 page 16).

In conclusion it is thought that present and future discussions on the ward sister's role would benefit from:
continuing documentation, analysis and integration of all relevant information about ward sisters;
development of criteria for measuring the ward sister's performance in terms of patient care, learning in the wards, the nursing staff satisfaction and job stability;
further examination of the ward sister's role against existing and new evidence in order to explore:
if and how the required standards of nursing care and nurse education can and are satisfactorily achieved by current ward sisters within the present structure and resources, and
the future development of the ward sister's role.

SUMMARY TABLE FOR STRUCTURE, ORGANISATION AND MANAGEMENT OF NURSING AND NURSES STUDIES

Abbreviations used: NS all grades of nursing staff WS ward sisters CN charge nurses MW midwifery sisters Med. staff medical staff
Pt. patients T teaching hospital NT non-teaching hospital GB Great Britain E England W Wales Scot. Scotland

	Study Code, Author and form of Publication	*Aims/Focus*	*Sample Size*	*Sample Source*	*Methods*	*Findings*
*A1	Salmon Report (1966) (The Statistical Enquiry 1964) Summary on page 34	To advise on senior nursing staff structure	37,393 NS (15,766 WS & 5,251 CN) in E & W 4,802 NS (2,331 WS & 516 CN) in Scot.	*All* staff in NHS hospitals in GB *above* WS/CN/MW All WS/CN/MW in 1:3 of NT hospits. in E & W and in T & NT hospts. in Scot. and in *all* T hospitals in E & W.	Mailed questionnaires.	Description of the present job of the WS and other senior NS & recommendations of the proposed new structure. Data on WS characteristics (Appendix A 1.3 p 40).
A2	Luck (1968) Article in Nursing Times Summary on page 44	The sister's role in ward management (A pilot study).	The WS and all Pts.	2 general medical and 2 general surgical wards.	A questionnaire filled in once a week by the WS. Setting up an experimental "information room".	Accuracy of WS' prediction of Pt. stay. The effect of planning admissions (4 weeks ahead) and the WS effect on the organisation of tests and investigations.
*A3	DHSS & Welsh Office (1972) Summary on page 45	Progress on Salmon.		9 hospital groups.	Group and individual discussions.	Summary and discussions of Salmon Report's main recommendations. Review of the experiences gained so far from the pilot schemes. Some statistical data on WS and the relationship between WS and administrative nursing staff.
*A4	Mulligan (1972) PhD thesis Summary on page 49	Identifying organisational factors which may adversely affect the performance of the NS both within and above ward level.	284 NS (42 WS & 7 night sisters) 21 Med. staff 4067 Pts.	All wards 1 large acute provincial hospt.	Questionnaires, interviews and group discussions.	Problems facing the nursing service as seen by the senior nursing and medical staff, WS and senior nurse learners. Pts. satisfaction survey.
*A5	Lelean (1973) Monograph in the Rcn research series Summary on page 52	WS' communication pattern & effectiveness of a ward's formal group communication system.	65 NS (9 WS) Med. staff Pts. Observation: 5 wk days in each ward (8 am – 7 pm). 641 observed Pt. days.	6 female general medical wards, 3 district hospts. 'acute' or 'mainly acute' within the Metropolitan region. All having training schools.	Observation using 3 forms. Nursing dependency form filled in by the WS. A background information questionnaire.	The meaning of the WS' instructions. The WS' communication pattern (8 am – 12 noon). Formal group communication. Comparisons between prescribed and observed nursing care.
*A6	Imperial College (1974) Research report Summary on page 57	Hospital organisation research.	135 NS (40 WS) 74 Med. staff.	4 specialties were covered: gen. med. & surg. gynae. & geriatric. 3 medium hospts. in the London area.	Questionnaires Interviews Statistical data on the hospt.'s performance.	The relationship between the nature of the work to be done (task), the organisation of the specialty (structure) and its performance. WS' perception of actual and preferred influences on six issues.
A7	Matthews (1975) Occasional Papers in Nursing Times Summary on page 62	Patient allocation.	131 NS (18 WS).	All wards (except ITU & departments) 1 hospt. at Sheffield.	Questionnaires personal experience.	Advantages & disadvantages of Pt. allocation, difficulties in implementing it and WS and other NS attitudes towards it.
A8	Jones (1977) Article in Nursing Times Summary on page 63	Patient allocation trial.	50 nurses.	2 male surg. wards 1 gen. hospt. at Glasgow.	Observation discussions interviews	†Improvements & problems encountered as a result of introducing Pt. allocation and nurses' attitudes towards it.
A9	Evers (1977) Article in Journal of Advanced Nursing Summary on page 64	The patient care team in the hospt. ward.	46 NS (5 WS).	3 wards of different specialties 1 large general hospt.	Individual interviews	The advantages of developing and maintaining integrated interdisciplinary team work.

*A10	Pembrey (1978) PhD thesis Summary on page 64	The role of the ward sister in the management of nursing.	Stage 1: 50 WS Observation: 1 random wk day (full shift) on each ward. Stage 2: 7 WS drawn from the above 50 Observation: a total of further 17 wk days.	Stage 1: 50 gen. med. & surg. wards. 5 general hospitals: 3 in E & 2 in Scot. 3 were NT & 2 T hospts. Stage 2: 7 wards, 3 hospts. drawn from stage 1.	Stage 1: check lists. Semi-structured interview. Questionnaires. Continuous observation. Stage 2: observation & interview as above.	WS' views of their work problems and daily priorities. Analysis of the WS' activities in terms of role differentiation and daily management cycle.
A11	Roberts (1978) Article in Nursing Times Summary on page 69	Self-medication trial for the elderly.	Pts. on the ward due to be discharged in 7 – 10 days time. 7 days' trial period.	1 ward of one hospt. extended later to other wards in the geriatric unit.	Supervision & assessment of the medication regime & observation of the patients.	The WS' and other staff's role in the development of a self-medication regime for elderly patients living alone.
A12	Melia (1979) Article in Journal of Advanced Nursing Summary on page 70	A sociological approach to the analysis of nursing work.	262 nurses & nursing auxiliaries. Observation: 1 day on each ward.	50 wards 5 hospitals	Observation	†Analysis of the nurses activities in terms of roles occupied and the areas of the ward in which they worked.
*A13	Moores & Moult (1979) Article in Journal of Advanced Nursing Summary on page 71	Patterns of nurse activity.	All the NS on duty Observation: a full week from Sun. to Sun. (8am–9pm) on each ward.	All med., surg. & orth. wards. 3 acute hospts. from one region.	Data on nurse staffing and bed occupancy. Observation: systematic activity, sampling every 3 minutes.	Time spent by WS and other NS on basic nursing, technical nursing etc and on direct or indirect care.

* A major and/or substantial study (see page 12).
† Findings are not specified separately for ward sisters.

SUMMARY TABLE FOR WARD SISTERS' ROLE IN TEACHING AND LEARNING IN HOSPITAL WARDS STUDIES

Abbreviations used: NS all grades of nursing staff WS ward sisters CN charge nurses SRN state registered nurse
Learners pupil and student nurses AHA area health authority

	Study Code, Author and Form of Publication	*Aims/Focus*	*Sample Size*	*Sample Source*	*Methods*	*Findings*
B1	Thomas & Pinel (1970) Article in Nursing Times Summary on page 75	Ward teaching (a project for a first-line management course)	83 NS (5 WS/CN)	3 general & 1 geriatric hospitals.	Interviews	WS' and other NS' opinions of ward teaching and teachers.
*B2	Long (1976) Article in International Journal of Nursing Studies Summary on page 75	WS' assessment of student nurse clinical performance.	829 WS 196 were interviewed and 633 completed a questionnaire.	A wide range of differing types of wards and departments. 23 general hospitals selected at random from those known to be using the GNC assessment form.	Focused-interview questionnaire.	WS' and other staff' involvement with learners. The assessment and reporting process and factors affecting it.
*B3	House (1977) Occasional Paper in Nursing Times Summary on page 77	Attitudes & experience of WS to degree and shortened courses for graduates.	245 WS 11–22 interviewed per one course.	Representing the range of clinical experience of the students. 14 hospitals of which 7 had established courses and the rest new courses.	Semi-structured interview	The WS' opinions about the courses' strengths & weaknesses & factors affecting these opinions. Problems encountered with the courses' students.
*B4	Hill (1977) MSc-taught thesis Summary on page 78	The WS' views of their teaching function to nurse education.	Group 1: 32 WS Group 2: 11 WS	Group 1: 4 gen. hospitals from 1 AHA. Group 2: 2 gen. hospitals from another AHA. Both AHAs had teaching responsibilities.	Semi-structured interview, using two interview schedules (group 1 & 2 respectively).	Information about the wards and their WS, ward teachers (WS and other NS) and ward teaching.
*B5	Pearson (1978) MPhil thesis Summary on page 83	WS' and student nurses' perceptions of effective learning in the ward.	40 WS & 135 student nurses (the total numbers of students interviews was 247).	40 medical, surgical & various specialty wards. 2 gen. hospitals.	Open-ended interview using 4 separate interview schedules.	Characteristics and/or behaviours of ward teachers and teaching as perceived by WS and student nurses at various stages of training.

*B6	Fretwell (1978) PhD thesis Summary on page 89	Analysis of teaching & learning in hospital wards and the WS' role in it.	Stage : 11 WS, 87 learners Stage 2: 6 WS 55 learners drawn from stage 1. Observation: 5 mornings and 5 afternoons in wk. days on each ward.	Stage 1: 14 training wards med., surg. & variety of specialties. 2 gen. hospts. and a geriatric unit from a third. Stage 2: 6 wards, 2 hospts. drawn from stage 1.	Stage 1: rating questionnaires for learners. Semi-structured interviews with WS. Stage 2: Observation: activity sampling every 10 min. Interviews with learners. Data on work load and nurse staffing on 6 wards.	Characteristics of good learning environment – learners' views. The WS' perceptions of their role. Teaching & learning on the wards. WS' style of leadership, orientation & teaching role. The learning environment on the 6 wards observed.
*B7	Orton (1979) MPhil thesis Summary on page 103	Student nurses learning on the ward and the related role of the WS.	44 WS, 13 tutors 14 clinical teachers 324 student nurses (3-yr SRN only)	30 med., surg., child., ENT and neuro. wards. 2 gen. and 1 children's hospitals.	Interviews with nursing practitioners. Questionnaire to student nurses using a Linkert-type response scale.	Identifying ward learning climate. Comparisons between 2 extreme types of wards in terms of the WS' attitudes & behaviours towards the students. The WS' self reports of their attitudes and priorities.
*B8	Ogier (1980) PhD thesis Summary on page 108	Leadership style and verbal interactions of WS with nurse learners.	Stage 1: 6 WS 44 learners Stage 2: 16 WS 86 learners Recording: 4 WS were recorded for 5 wk days and another 2 for 2 days.	Stage 1: 6 med., surg. and special wards. 1 gen. hospital. Stage 2: 8 med. & 8 surg. wards. 2 gen. hospitals.	Stage 1: Questionnaires to WS and learners. Recording of WS interactions while on duty on the wards (using a radio microphone and UHER tape recorder). Stage 2: Questionnaires to WS and learners.	Highly and less highly rated WS-learners' perceptions. Analysis of these WS' verbal interactions and leadership styles. The development of a grounded and substantive theory which accounts for the leadership style and verbal interactions with nurse learners. The relationship between different leadership styles and different types of wards.

* A major and/or substantial study (see page 12).

SUMMARY TABLE FOR THE ROLE OF THE NURSE AND WARD SISTERS' JOB AND PROFESSIONAL ATTITUDES STUDIES

Abbreviations used: NS all grades of nursing staff WS ward sister CN charge nurses SN staff nurses SRN state registered nurse NO nursing officer Med. staff medical staff T teaching hospital NT non-teaching hospital Pts patients

	Study Code, Author and Form of Publication	*Aims/Focus*	*Sample Size*	*Sample Source*	*Methods*	*Findings*
C1	Lancaster (1967) Article in International Nursing Review Summary on page 113	Scottish nurses' attitudes toward some aspects of nursing and professional responsibility.	206 hospts. (SN/WS) and community nurses in approximately equal numbers.	Randomly selected within each category. 131 from rural and 75 from urban area.	Interviews.	†The nurses' views on education; on qualitities in nursing; on self-expression.
C2	Deller et al (1969) Occasional Paper in Nursing Times Summary on page 114	Problems related to the assessment of the administrative and technical inclinations of nurses. (A pilot study).	59 WS and SN.	All WS and SN (under 40) employed by the York A Group Hospital Management Committee.	Self-administered questionnaire followed by a structured interview.	†The attitudes of nurses with administrative and technical inclinations to caring for the Pt., medical profession and promotion.
C3	Haywood et al (1970) Occasional Paper in Nursing Times Summary on page 115	Nurses' attitudes to the Salmon Report.	356 SRNs.	T/NT, urban/rural and various size of acute hospitals in the Nth-E region.	Self-administered questionnaire followed by a structured interview.	†Classification of the nurses' views into 'pre-Salmon', 'anti-Salmon', and 'unsure'.
C4	Oliver (1970) British Hospital Journal & Social Services Review Summary on page 115	Identifying problems of newly appointed WS.	20 WS/CN.	Students at a first-line management course. 11 gen. WS and 9 from special ward situations (eg psychiatrics).	Questionnaires.	Newly appointed WS' perceptions of how much time they may be able to devote to the patients and of the importance of some listed problems that newly appointed WS & learner may encounter on the wards.

C5	Wall & Hespe (1972) Occasional Paper in Nursing Times Summary on page 116	Nurses' attitudes to the Salmon structure.	122 nurses (39 CN).	A number of different hospitals.	Interview and discussion with each nurse.	†Identifying two main problems associated with the implementation of the Salmon structure and analysis of the underlying reasons for this.
*C6	Report of the Committee on Nursing (1972) (The opinion surveys, hospital nurses only). Summary on page 117	To review the role of the nurse and midwife in the hospital and the community and the education and training required for that role.	Postal survey: 7,557 hospital nurses (28% SN/WS). Personal survey: 1282 hospital nurses (190 SN/WS).	100 hospital groups selected at random. 40 hospital groups selected at random from the above 100.	Mailed questionnaires. Interviews using questionnaires.	Nurses' opinions about various aspects of their work and findings from other surveys were incorporated into the report which reviewed the role of nurses & widwives, their education, conditions of work, resources, career structures & opportunities. There are specific references to WS, but most of the findings & recommendations relate to nurses and midwives in general.
*C7	Anderson (1973) Monograph in the Rcn Research series. Summary on page 125	Patients', nurses' & doctors' views about the role of the nurse.	83 NS (21 WS) 75 med. staff 156 Pts.	18 med. and surg. wards 3 Hospitals: 1 in large city and 2 in outlying districts. All included training schools.	Questionnaires completed in a structured interview or by the respondents.	Patients' satisfaction with nursing care and its relationship to nurses' images. Ranking nursing activities in order of importance. Pts.', nurses' & doctors' expectations of the WS & nurses in general & their views of nursing practice & the hospital.
C8	Hughes (1974) Occasional Paper in Nursing Times Summary on page 129	Nurses' attitudes towards various types of supervision.		All the staff in the London Hospital Group.	Survey questionnaire followed by group discussions.	†Nurses' wishes & opportunities for participation in the decisions their supervisors make at work and its implications for their overall morale and intentions for future employment.
*C9	Kershaw (1978) MSc-taught thesis Summary on page 129	WS' opinions about the role of nurse teachers in implementing changes in nursing practice in the wards.	54 WS.	Med. and surg. wards which had learners allocated to them. 2 gen. hospitals within the Greater Manchester area.	Questionnaire Attitude scale.	WS' perceptions of nurse teachers, awareness of changing ideas of giving care & involvement in their own continuing education. WS' opinions about the School of Nursing, clinical teachers etc & variables which may be associated with these opinions.
*C10	Redfern (1979) PhD thesis Summary on page 135	CN's job attitudes and occupational stability.	134 CN and 15 NO immediately senior to them.	General nursing division (excluding geriatric) 2 gen. hospitals drawn from 6 client selected health districts in the West Midlands region.	Attitude scales questionnaires individual semi-structured interviews personal records.	CN's characteristics, wastage and absence, job satisfaction, occupational needs, perceived role stress satisfactoriness and propensity to leave. An interpretation of the CN's accounts of their jobs.

* A major and/or substantial study (see page 12).
† Findings are not specified separately for ward sisters.

SUMMARY TABLE FOR IDENTIFYING MANAGEMENT TRAINING NEEDS AND EVALUATING FIRST-LINE MANAGEMENT COURSES STUDIES

Abbreviations used: NS nursing staff WS ward sisters CN charge nurses
SN staff nurses NO nursing officers med. staff medical staff

	Study Code, Author and Form of Publication	*Aims/Focus*	*Sample Size*	*Sample Source*	*Methods*	*Findings*
D1	Green (1967) Article in Nursing Times Summary on page 148	Evaluation of two experimental courses in first-line administration.	40 WS 2 experimental courses.	Rcn 4-week first-line administration courses.	Attitude test Discussions	Improvements in the WS' attitudes as a result of their experimental courses and their views of various aspects of these courses.
D2	Williams (1967) Article in The Hospital Summary on page 149	To 'diagnose' management training needs.	35 first and middle managers.	Multi-disciplinary management courses organised by the Welsh Hospital Staff Committee.	Questionnaire	†Analysis of hospital managers' perceptions of the hospital management service and their training needs.
D3	Haywood & Turner (1967) Article in Nursing Times Summary on page 149	To evaluate an experimental first-line management course.	12 NS (8 WS & 4 SN) 1 experimental course.		Pre- and post-course questionnaires.	†The WS/SN' and staff views of the course success.
*D4	Williams (1969) Article in Public Administration Summary on page 150	To identify the management training needs of sisters in a teaching hospital.	8 sisters kept a full record of their activity for 2 weeks and were observed for shorter periods of time.	1 teaching hospital in Wales.	Group discussions Interviews 'Activity analysis' through diary keeping and continuous observation.	Analysis of sisters' perceptions of their job. Analysis of sisters' actual activity. Identifying sisters' management training needs.
D5	Williams & Message (1969) Article in International Nursing Review Summary on page 152	To evaluate the effectiveness of first-line management and training programmes.	15 sisters. A two-phase training programme.	1 group of teaching hospitals.	Evaluatory discussions with course members, tutors etc.	†Description of the training programme devised, the experience gained from the first course and suggestions for further studies.
D6	Geddes (1971) Unpublished report Summary on page 153	Evaluation of ten first-line courses.	164 WS/CN/SN 10 courses.	The first and fourth courses conducted at each of the 5 centres in 1969/70 in Leeds AHA.	Pre- and post-course questionnaires.	†Analysis of pre-post course responses and commentary on pre-course problems and post-course improvements.
*D7	Davis (1972) Research monograph. Summary on page 153	Evaluation of hospital management training in its organisational context: the sister's role and the hospital structure.	203 NS (88 WC/CN) 22 med. staff 4 courses.	All the various specialties were represented from 50 hospitals drawn from 25 hospital groups in the Manchester region.	Pre- and post-course questionnaires. Post-course interviews.	Analysis of the WS' role set and the structure of the hospital organisation. The WS' pre-course expectations and preparation and their post-course situation. Evaluating the courses and identifying the WS' management training needs.
D8	Schurr (1973) Article in Nursing Times Summary on page 159	To evaluate a first-line management course – Part 1.	15 WS/SN 1 course.	United Sheffield hospitals.	Pre- and post-course questionnaires. Critical evaluation of a sample of the teaching sessions. Group discussions.	†Description of the course objectives. Teaching methods and the role of the tutor. Improvements in the WS/SN' knowledge and understanding of certain topics and their feelings about the course.

D9	White (1973) Article in Nursing Times Summary on page 160	To evaluate a first-line management course – Part 2.	7 WS/SN selected at random from the above 15 and their 7 NO. 1 course as above (D8).	United Sheffield hospitals.	Pre- and post-course interviews.	The relationship between the WS/SN' perceived needs and the course objectives and content. WS' improved performance on the job and the NO' role in influencing the success of the course.
D10	Davies (1975) Article in Nursing Mirror Summary on page 161	To evaluate first-line management training.	134 nurses 32 NO		Survey.	†The nurses' views of the course content and effectiveness. The role of the senior nurses in continuing training on the job.
D11	White & Frawley (1975) Occasional Paper in Nursing Times Summary on page 162	To evaluate a first-line management course – Part 1.	22 WS/CN and their NO 11 WS and 11 NO selected at random from the above were interviewed. 1 course.	United Manchester hospitals.	Pre- and post-course group discussions. Pre- and post-course interviews completing pre- and post-experimental assessment forms.	The advantages derived from the use of the experimental form by the WS and their NO & improvements on various areas of job behaviour drawn from comparisons of pre- & post-performance rating.
D12	Charleton (1975) Occasional Paper in Nursing Times Summary on page 163	To evaluate a first-line management course – Part 2.	22 WS/CN 1 course as above (D11)	United Manchester hospitals.	Pre- and post-course questionnaires. Assessment of WS/CN projects. Reports & discussions of action plans implemented.	References to improvements in certain areas of general knowledge and implementation of action plans developed during the course. The NO' role in improvement of the students performance following the course.
D13	Frawley (1976) 4 articles in Health & Social Services Journal Summary on page 164	To review management development systems at first-line/middle level.	240 (40 nursing & 40 others of first-line level for each district) 50% of the course members and their bosses were interviewed.	Pilot scheme 3 districts in the Wessex region.	Questionnaire for identifying training needs. Seminars & discussions of common working document, pre- and post-course assessment forms. Pre & post in-depth interviews.	†Description of first-line management courses' objectives, content etc. Reviewing 5 years experience of running these courses. Description of the process of identifying training needs. Evaluating the first-line management courses.

* A major and/or substantial study (see page 12).
† Findings are not specified separately for ward sisters.

Part II: The summaries

THE LAY-OUT AND PREPARATION OF THE SUMMARIES

The summaries are presented on the basis of the following format:
Title of paper/book/report, name of author/s, name of journal/publisher, volume, number, date of publication, page numbers of articles in journal.

AIM	Sponsor
	Duration
	Location
METHOD	Pilot studies
	The main study
SAMPLE	Pilot studies
	The main study
FINDINGS	
CONCLUSIONS	
COMMENTS	(only for detailed summaries)

The summaries are arranged under four headings and are numbered under each heading according to the chronological order of the studies. The four headings are:

A The structure, organisation and management of nursing and nurses.
B The role of the ward sister in teaching and learning in hospital wards.
C The role of the nurse with particular reference to ward sisters' job and professional attitudes.
D Identifying ward sisters' management training needs and evaluating first-line management courses.

The content of the summaries represents as much as possible that which was presented by the authors, although the materials have been rearranged to fit into the standard format. As far as possible the terminology and the authors' frame of reference have been retained and a list of definitions used in the study have been extracted whenever readily available. The summaries do not attempt to cover the whole of those reports which cover a wider field than that relating to the ward sister. Only those sections which were directly or indirectly relevant were examined. Some variation can be found in the degree of selectiveness of the content, especially in the findings section of the detailed summaries. This is partly due to the extent and organisation of the materials in the studies themselves, and partly due to the time factor; as the project developed its objectives became clearer and so did the selection and summarising of the relevant materials. Whenever a study's findings are not specified separately for ward sisters, a reference to this effect is made in the text; critical comments have been reserved to a special section at the end of the summaries.

Summaries of the following were checked with their authors: Mulligan (1972), Pembrey (1978), Pearson (1978), Fretwell (1978), Redfern (1979). Two summaries of theses submitted between December 1979 and January 1980 were compiled by the authors in correspondence with the researcher: Orton (1979) and Ogier (1980).

Studies and Reports Relating to the Structure, Organisation and Management of Nursing and Nurses

A1 Report of the Committee on Nursing Staff Structure

Brian Salmon (Chairman)
Ministry of Health and Scottish Home and Health Department
HMSO 1966
(205 pages)

AIM

The Committee was appointed in July 1963 with the following terms of reference:
'To advise on senior nursing staff structure in the hospital service (ward sister and above), the administrative functions of the respective grades and the methods of preparing staff to occupy them (page 1).'
Definitions used in the Report were extracted from the glossary in Appendix 1 of the Report and are given in Appendix A1.1 (page 38)*.

METHOD

Meetings.
Written (by circulated questionnaires see Appendix 2) and oral evidence (by invitation).
Visits to hospitals and discussions with various hospital staff.
Statistical enquiry carried out by the Statistics Division of the Ministry of Health, using circulated questionnaires (Appendix 5).
Facts and material derived from past work study which was made available to the Committee by the National Health Service's Central Organisation and Methods Unit of the Ministry of Health, which also undertook, at the Committee's request, a number of studies, including one of administrative arrangements for nurse training.
Material on post-certificate training and education of nurses and a recently completed first report relating to registered nurses up to and including the grade of the ward sister in general hospitals. This was made available by the Ministry of Health's Standing Nursing Advisory Committee.

SAMPLE

Twenty-seven meetings, each usually extended over two successive days.
A list of people and organisations which gave written and oral evidence (Appendix 3).
Twenty-five hospitals were visited. Their names are listed in Appendix 4 but the number of hospital staff interviews is not specified.
All staff in post in NHS hospitals in Great Britain in grades *above* midwifery/ward sisters/charge nurses.
All midwifery/ward sisters/charge nurses in 1:3 of non-teaching hospitals in England and Wales and of teaching and non-teaching hospitals in Scotland and in *all* teaching hospitals in England and Wales.
Data on ward sisters/charge nurses were collated from Appendix 5 of the Report and are reproduced in Appendix A1.3 (page 40).

FINDINGS AND CONCLUSIONS

(Ward sisters/charge nurses only).
Staffing structure and grades: first-line management (chapter 4)
The following paragraphs are summaries of all the points in this chapter which relate to the present and proposed job of the ward sister/charge nurse. (The numbering system is the same as that in the Report.)

* Appendices 1–8 refer to those in the original Report while Appendices A1.1, A1.2 and A1.3 refer to those in this report.

The present job of the ward sister

4.12 Despite increased nursing activity in other clinical areas of the hospital, such as out-patient departments and operating theatre, the wards remain the principal and usual field of employment of nurses in first-line management. Therefore the present job of the ward sister has been used to illustrate the present managerial function at this level.

4.13 A principal factor determining the job is the number of patients whose nursing care a ward sister can effectively control.

4.14 The tradition in general nursing has been that a ward sister is considered to be in control of a ward, whether or not she is temporarily absent; and there are well recognised arrangements for her representation when off-duty. By day it is normal practice for the staff nurse to deputise, sometimes with support from the ward sister of the neighbouring ward. By night the desirable arrangement is for a staff nurse, co-ordinated by a night sister, to take over and report to the ward sister in the morning. However, often only student nurses are available. A practice is growing in some general hospitals to appoint two sisters to the same ward for day duty, the junior generally reporting and deputising for the senior.

4.15 On the whole, ward sisters seem to find their job satisfying. This the committee attributes largely to the fact that each exercised decentralised control and substantial delegated authority. Nevertheless, while the ward sister's job is, in principle, sound there are some defects which are becoming increasingly apparent in the larger and busier hospitals.

4.16 First, there may be too much for her to do. Unpublished studies conducted in 1962 by NHS Central Organisation and Methods Unit, showed that on average in typical acute hospitals only a quarter of the ward sister's time was spent on nursing duties. In this situation many ward sisters had been supported by clinical instructors in giving practical instruction to student nurses.

4.17 Second, ward administration can be unduly difficult. There are two parts to the work of the ward sister as a co-ordinator; co-ordinating the ward team and co-ordinating at ward level, on the patient's behalf, other services that contribute to the patient's treatment and welfare and which are carried on outside the ward. Each has become more complex. The ward team is less homogenous; there are now additional grades, enrolled nurse pupil nurses, nursing auxiliaries, ward clerks, ward orderlies, domestic assistants. All work shorter hours so that there is more co-ordination of jobs and personnel to be done; and in large hospitals, where administration of services has become departmentalised, with domestic superintendents and catering officers, for example, lines of control and communication have become uncertain. A corresponding burden falls upon the ward sister as diagnostic procedures and techniques of treatment have become more numerous and more extensively applied. Their effective application to the individual patient largely depends on her administrative ability. Again, if there are several consultants, each visiting his own patients in the same ward, the ward sister's difficulties are increased.

4.18 Third, the job may have functions which belong to a higher level of management and for which the ward sister may not have been prepared. Ward routines, nursing hostels, and organisation of office work in large hospitals are not effectively prescribed from the level of nursing head of the whole hospital. Established ward sisters tend to become wedded to traditional practices lacking the time or inclination or knowledge to change them, while those who are newly appointed may lack the necessary experience.

The job of the charge nurse (Grade 6)

4.19 The Committee believes that with the introduction of the new staffing structure it should be possible to remedy the present defects of the ward sister's job and to extend its desirable features to other nursing jobs in grade 6.

i) Functions

4.20 The charge nurse in a ward (section) can be helped to concentrate on the proper function of first-line management nursing by three means:-

a) affording relief from some tasks, especially non-nursing duties,

b) clarifying lines of control and communication, and

c) receiving the support of effective middle management.

4.21 The third of these means is elaborated upon in chapter 5. Here the beneficial side-effect only is noted. The job of the ward sister is physically strenuous and with advancing age it is difficult to stand the pace. She may then either retire, or perhaps reluctantly take up a job in administration, or become a home sister, so the fund of specialised professional experience is largely wasted. As a unit matron (nursing officer grade 7) with control, for instance, of a group of wards in a specialty, she could, if properly prepared, do an equally valuable job. With recognised status attached to it, this would become as sought after as that of the ward sister. This could prolong the clinical career of the experienced nurse in the hospital service.

4.22 There are a number of tasks of which many ward sisters could well be relieved and so enabled to give more direct care to the patient. No more time should be spent on administrative work than is really necessary. Job analysis has shown that much of the ward sister's time is taken up by tasks which are neither professional (nursing and teaching) nor managerial (organising work and managing people), and by activities incidental to her proper job of management, but unduly time-consuming. There are three ways in which relief can be given:

a) by supplying her with services
b) by saving her time through improved methods
c) by providing lay assistance under her direction.

4.23 Here the Committee suggests centrally controlled supplies systems and domestic services. Only drugs and special diets should have to be ordered by the ward sister.

4.24 It is argued that the domestic staff work better in wards if they are under the control of the ward sister. This need not be so. The Committee suggests that the cleaning staff will be under the control (structural authority) of the domestic superintendent but work within the field of influence (sapiential authority) of the ward sister. It is called secondment. In order to illustrate the principle, the relative responsibilities in this case are set out in Appendix 8 of the Report.

4.25 Significant savings of the ward sisters' time can be achieved by introducing efficient clerical methods. Printed forms requiring the minimum of writing should be used.

4.26 The kind of assistance most obviously useful to the ward sister in wards where there are frequent admissions and discharges is that of the clerk/receptionist or ward aide. Studies have shown that in wards of from 28 to 30 beds there are about 14 hours work a week of this kind to be done, making it difficult to devise a full time job for an aide. This could be solved by employment part-time in a single ward on mainly clerical duties; employment full-time in two or more wards on mainly clerical duties; employment full-time in a single ward on mixed duties, part clerical but mainly of the kind assigned to a ward orderly. If units comprising several wards, under the nursing officer, are instituted, the deployment of ward assistants in the most economical manner could be arranged more easily than at present.

4.27 The second way of making the job of the ward sister easier is clarifying lines of control and communications. A significant statistical correlation has been noted between the efficiency of the acute hospital (as indicated by the rapidity with which general medical and surgical cases are discharged) and the relationship between the ward sister and 'the whole array of central services, from the doctors, the matrons, and the secretary, to the physiotherapist, the engineer and the barber'. (R W Revans 1962 Hospital Attitudes and Communication Sociological Review, Monograph no 5 University of Keele). One possible solution is to try and change attitudes, for example by 'sensitivity training'. According to this Report, however, the root of the matter is a lack of effective organisation of patient care services.

4.28 In regard to this, the Committee suggest the setting up of a structure which would make clear to the ward sister her areas of authority. She must know to whom – and about what – she can give orders; and from whom she can receive orders.

4.29 The duty and the right of the ward sister to contribute ideas for improving nursing procedures and the nursing programme in general must also be recognised and the requisite machinery provided.

ii) Deputising

4.30 The reduction in nursing hours to 84 a fortnight means that the ward sister will, on average, be on duty in her ward for only half the day-time hours. She may either do split duty, working in the morning and the late afternoon, the time when the ward is busiest, or shift duty as is common in psychiatric hospitals. In general hospitals and in some psychiatric hospitals the ward sister remains in control when absent, being represented when off-duty by her deputy.

4.31 The Committee thinks it is best to have one person in the grade of charge nurse in control of the ward. We realise however that this system depends on there being sufficient staff nurses to deputise as well as carry out their own work (we regard the post of deputy as being Grade 5, but distinguished by special remuneration in recognition of its difficulty). Having one charge nurse to a ward should not reduce the number of promotion posts for men if, as is proposed under the hospital plans, the wards in psychiatric hospitals are made smaller and if charge nurse posts are provided in departments outside wards whenever needed.

4.32 During the prolonged absence of the ward sister on leave, it is often the practice for a relief sister to take over. Posts of relief sister should be in the grade of charge nurse. They could be interchangeable with the post of night sister and used as first promotion posts for staff nurses before becoming sisters in charge wards. Also, they could be used for part-time staff.

Future developments

4.42 The Committee's general conclusion has been that those characteristics of the job of the ward sister which make it satisfying ought to be continued and the underlying principle applied to all jobs in grade 6. Before reaching these conclusions the Committee considered whether any radical change in the job was necessitated by current developments in the organisation of nursing care and in the personal circumstances of senior nurses.

i) Development in the organisation of nursing care

4.43 'Progressive patient care is the systematic grouping of patients according to the degree of illness and the dependence on the nurse rather than classification of disease and sex' (Ministry of Health and PHLS Monthly Bulletin 1962 21, 218). This system contrasts with the traditional pattern which kept the patient in the same ward and adjusted the degree of nursing care according to the patient's condition. We see nothing in this system which radically alters the job of the ward sister.

4.44 The trend towards nursing in departments rather than wards seems likely to develop under the hospital plans (see paragraph 4.6 of Report). This is taken into account in the Committee's proposal that jobs for charge nurses should be constituted in a department on a line which has proved satisfactory in the wards (see paragraph 4.34 of Report). We think also that this kind of job is particularly suited to part-time working.

ii) Part-time working

4.45 Part-time working is increasing. Between 1948 and 1964 the proportion of registered nurses working part-time in England and Wales increased from 13% to 26% and in Scotland from 18% to 24%. These are substantially higher proportions than those of ward sisters who work part-time (see paragraph 4.10 of Report). The main incident of part-time working due to marriage is in grade 5 where it can most easily be absorbed. It may be noted however that the proportion of ward sisters who are married greatly exceeds the proportion who work only part-time which suggests that marriage and working full-time are not incompatible.

4.46 As the statistical enquiry has shown, part-time working in grade 6 is already well-established. It raises no difficulties in posts of relief sister and night sister and it is well suited outside wards where working is confined to set hours except in emergency. It is also apparent that posts of ward sister in long-stay hospitals where the pace is slower, can to a great extent be held part-time. The situation as it affects the busier wards of hospitals will need to be watched carefully.

Definition of grade 6

4.47 The following definition is offered as a summary description of charge nurse

(grade 6): a registered nurse (in a maternity department, a state-certified midwife)
a) who controls a ward or other section of a unit; or
b) who has functions of the same level in a teaching post; or
c) who is in a staff post, assisting the nursing officer of grade 8 or above.
Job descriptions for various posts of charge nurse (grade 6) are in Appendix 7 of the Report. Job description B.8 is reproduced in Appendix A1.2 (page 39).

RECOMMENDATIONS

(Ward sister/charge nurses only)
The following paragraphs were extracted from the main recommendations of the Report (pp 112–115).
First-line management (Grades 5 and 6)

6 The grade of charge nurse/ward sister (grade 6) should include posts now in the Whitley grades of ward sister/charge nurse, midwifery sister, night sister/night charge nurse and departmental sister/departmental charge nurse in category (c) (paragraph 4.3 of the Report).

7 Defects in the job of the ward sister/charge nurse should be remedied by relieving her of some tasks, by clarifying lines of control and communication, and by providing the support of effective middle management (paragraphs 4.20 to 4.29 of the Report).

8 There should be one charge nurse in control of each ward (paragraph 4.31 of the Report).

9 All posts in grade 6 should have a definite sphere of authority (paragraphs 4.19 and 4.34 of the Report).

Preparation and selection for nursing administration

41 On selection for promotion to charge nurse, staff nurses (grade 5) should attend a preparatory course lasting four weeks (paragraph 9.34 of the Report).

42 The selection of nursing staff for posts of staff nurse (grade 5) and below should normally be made by the nursing officer (grade 7) controlling the unit or the senior nursing officer (grade 8) controlling the area; and for posts of charge nurse by the principal nursing officer (grade 9) controlling the division (paragraphs 9.36 to 9.38 of the Report).

APPENDIX A1.1

Definitions used in the Salmon Report (extracted from Appendix 1 of the Report)

1 *A function* is a contribution towards the achievement of the purpose of an enterprise. A major function, such as the nursing function, may be sub-divided into minor functions, such as psychiatric, general or midwifery, and these further sub-divided. Groupings of tasks (which, in themselves, are aggregations of finer sub-divisions) constitute jobs. The word function may also be used as synonymous with job, being the contribution a person makes towards the achievement of the common purpose.

2 *A role* is the part a person plays in relation to other members of the enterprise in the fulfilling of his function.

3 *Managing* is the function of ordering and co-ordinating other functions and the persons fulfilling them. Management is the process involved in the function of managing.

4 *Structural authority* is the right, vested in the position and so the role, of manager, to command and to expect and enforce obedience of others in order that the function of managing (advising and co-ordinating) may be fulfilled. The right stems from the necessity for management. (It is sometimes called line authority.)

5 *The sphere of authority* of a manager are the functions, and the persons fulfilling the functions, which the manager has the right to manage; and he or she is said to control them.

6 A person controlled is said to be *responsible* to the person in control, that is, to the one who exercises structural authority.

7 When the sphere of authority is large the manager may delegate some of the rights and duties to another. *Delegation* then consists of:
a) assigning functions,
b) specifying the kind of decision appropriate to them, and

c) vesting with structural authority and so handing over the control necessary for the implementation of these functions and decisions.

9 *Sapiential authority* is the right, vested in a person, to be heard by reason of expertness or knowledge – just as one person, relative to another, may be an 'authority' on a particular subject. (It is sometimes referred to as staff authority and does not involve structural authority, the right to command.) Structural authority which stems from the position a manager assumes, is enhanced by his personal sapiential authority, recognised in promotion by merit.

15 A *section* is the sphere of authority of a charge nurse (grade 6), eg a ward.

19 *Job analysis* is the study of a job by breaking it down into its tasks, processes and operations.

20 *Job description* is the description of a job as the result of job analysis.

23 *Professional functions* are those requiring nursing qualifications and are not necessarily managerial.

24 *Administrative* (or managerial) functions relate to co-ordinating jobs and the people who do them (and may not always require nursing qualifications).

25 *Personnel* functions relate to the welfare of sub-ordinates.

APPENDIX A1.2

Job description B.8 (district general hospital)
(Reproduced from Appendix 7 of the Report)
First-line management
Role: Ward sister/charge nurse in control of a surgical ward.
Grade: Charge nurse (grade 6)
Responsible to: Matron [NO] (grade 7)
Reports to: Matron [NO] (grade 7)
Minimal qualifications: Registered on general part of the Register Charge Nurses' preparatory course.

Functions

A Professional

1 Supervising professional work of nursing staff.
2 Preparing reports for and receiving reports from the night nurse.
3 Maintaining custody of dangerous drugs: checking and witnessing administration of drugs.
4 Assisting medical staff and ascertaining medical treatments.
5 Reporting condition of patients to medical staff and, when necessary to unit matron (grade 7), and receiving instructions.
6 Carrying out some nursing procedures and treatments.
7 Teaching of student and pupil nurses.
8 Training qualified nursing staff in nursing and ward management.
9 Directing the training of other ward staff.
10 Maintaining personal contacts with patients through ward rounds, conversations etc.
11 Arranging for patients' meals and special diets and participating in meal service.
12 Communicating with relatives of patients and with visitors as required.

B Administrative

13 Organising reception of patients and nursing in accordance with any standing instructions.
14 Maintaining good order in the ward.
15 Directing domestic and other staff.
16 Arranging systematic practical instruction of student and pupil nurses in accordance with the requirements of the General Nursing Council.
17 Controlling drugs and dressings kept in the ward.
18 Maintaining ward stores and equipment; and requisitioning, with due economy, provision and other supplies [if no Imprest System] and repairs and replacements of equipment.
19 Arranging care of patients' property and distribution of mail.
20 Assisting medical staff in the discharge of patients and their after-care.
21 Co-operating with other nursing units and other hospital departments

(and where necessary co-ordinating their activities at ward level), eg, admissions, catering officer, chaplains, medical records, medical social workers, pathology, pharmacy, physiotherapy, transport, X-ray.

22 Rendering returns required by any branch of the hospital administration, including notification of patients' deaths and mishaps.

23 Reporting on ward affairs to unit matron (grade 7).

C Personnel

24 Introducing new members of staff to their duties.

25 Counselling ward staff and nurses in training.

26 Reporting on qualified and other nursing staff to unit matron (grade 7).

27 Recording progress of student and pupil nurses and reporting thereon to unit matron (grade 7).

APPENDIX A1.3

Data on ward sisters and charge nurses collated from Appendix 5 – The Statistical Enquiry of the Salmon Report

The questionnaires were circulated to the staff concerned (see page 34) in July 1964. The overall response was 85%. The findings given in the tables relate only to those who returned questionnaires, no adjustment being made for those who did not respond. However, figures for ward sisters/charge nurses in non-teaching hospitals in England and Wales have been multiplied by three to give overall figures. For Scotland, all figures from these grades have been scaled up by multiplying by three.

The data has been analysed separately for England and Wales and for Scotland, for women and men and for different kinds of hospital groups (page 126 of the Report). The number of staff included in the enquiry was 37,393 in England and Wales and 4,802 in Scotland. In England and Wales, 80% were women and in Scotland, 85%. Ninety five percent were born in Great Britain.
The figures in the Tables are usually stated in percentages for England and Wales and in numbers for Scotland (it is not clear why).

Table 1 of Report: Number of staff (ward sisters only), whether married and whether working whole-time or part-time

	England and Wales		Scotland	
	ward sister	charge nurse	ward sister	charge nurse
Number of Staff*	15,766	5,251	2,331	516
	percentage		numbers	
Single	52	10	1,653	45
Married	31	87	471	471
Widowed or divorced	5	2	99	–
Single	1	–	21	–
Married	10	1	84	–
Widowed or divorced	1	–	3	–

* This is the sample size in all other tables unless otherwise stated. Practically all men working whole-time were married as were most women working part-time.

Table 2 of Report: (Also incorporated with data from Table 5 of Report*)

	Age of Staff			
	England and Wales		Scotland**	
Age (years)	ward sister	charge nurse	ward sister	charge nurse
	percentage		numbers	
Under 30	22 (61)	5 (17)	492 (567)	39 (39)
30–34	14 (13)	7 (17)	402 (132)	24 (30)
35–39	12 (9)	14 (22)	291 (78)	45 (45)
40–44	14 (7)	14 (17)	270 (63)	66 (30)
45–49	13 (6)	18 (16)	264 (48)	114 (39)
50–54	13 (3)	22 (9)	306 (27)	129 (27)
55–59	9 (1)	15 (2)	249 (9)	81 (3)
60 and over	3 (1)	5 (2)	57	18

* The numbers in brackets are taken from table 5: age on appointment to current grade of staff appointed in the period 1960–1964.
** The table 5 sample size for Scotland is 924 and 213 respectively.

Comments: The age distribution of the various grades of staff varied in the different kinds of hospitals. In general hospitals 58 per cent of the ward sisters were aged under 40 and 17 per cent aged 50 or over; in long-stay hospitals 35 per cent and 33 per cent; in psychiatric hospitals 14 per cent and 59 per cent ; in other hospitals 45 per cent and 22 per cent. The corresponding figures for charge nurses and for Scotland are not specified.

Table 4 of Report: The length of time spent in the current grade

	England and Wales		Scotland	
Years spent in current grade	ward sister	charge nurse	ward sister	charge nurse
	percentage		numbers	
under 1	12	10	255	63
1	11	8	207	51
2	9	11	198	45
3	8	8	222	30
4	7	5	156	27
5–9	22	30	495	153
10 or more	31	28	798	147

Comments: The percentages of ward sisters who had been 10 years or more in their current grade are: 29 per cent in general hospitals, 33 per cent in long-stay hospitals, 36 per cent in psychiatric hospitals and 30 per cent in other hospitals. In Scotland as in England and Wales a higher proportion of the nursing staff than the corresponding midwifery staff had spent fairly long periods in their current grade, as had a higher proportion of women than of men.

Table 6 of Report: Years of paid service between first appointment as ward sister/charge nurse and current appointment as matron/chief male nurse

Persons appointed to their current grade in the period 1960 to 1964

A. ENGLAND AND WALES

Grade	Years between appointment as ward sister/charge nurse and as matron/chief male nurse				
	Under 5	5–9	10–14	15–19	20 or more
	Number				
Matron *Women*					
Hospitals with 500 or more beds	2	16	20	24	22
200–499	11	23	45	33	28
100–199	4	16	36	27	22
50–99	11	26	25	25	27
under 50	25	22	54	29	24
Matron/chief male nurse *Men*	9	26	14	7	6

B. SCOTLAND

Grade	Years between appointment as ward sister/charge nurse and as matron/chief male nurse				
	under 5	5–9	10–14	15–19	20 or more
	Number				
Matron *Women*	5	18	23	23	6
Matron/chief male nurse *Men*	1	2	–	–	1

Comments: For all hospitals taken as a group and indeed broadly for each kind of hospital the most common period of service in England and Wales between appointment as ward sister and appointment as matron was 10–14 years, but the range was considerable. For men the corresponding figures is 5–9 years, but again there was a considerable variation. The figures for Scotland are not specified in the same way.

Table 7 of Report: Statutory qualifications held

	England and Wales		Scotland	
	ward sister	charge nurse	ward sister	charge nurse
	percentage		numbers	
SRN or RGN	80	45	1,950	159
SCM	23	–	993	3
RMN[1]	16	52	237	273
RNMS[1]	–	3	12	9
RSCN	6	–	81	–
RFN	6	1	321	3
RNMD[1]	1	6	60	105
SEN	2	3	18	–
RMPA[2]	5	17	117	6
Qualifications held in combinations[3]				
A	23	–	990	–
B	4	24	57	90

[1] The RMPA may also be held
[2] Not including those included in [1]
[3] A: general nursing (SRN or RGN) and midwifery (SCM)
B: general nursing (SRN or RGN) and psychiatric nursing (RMN, RNMS, RNMD, RMPA)

Table 8 of Report: Number of staff who had undertaken certain administrative courses

Administrative qualifications	England and Wales ward sister	England and Wales charge nurse	Scotland ward sister	Scotland charge nurse
	numbers		numbers	
A	3	–	–	–
B	6	–	3	–
C	1	–	–	–
D	93	5	90	9
E	221	6	3	–
F	23	12	3	–

A: Diploma in Nursing Administration (University of Edinburgh)
B: Administrative Certificate of RCN
C: One-year administrative course at King Edward's Hospital Fund Staff College
D: Ward Sister's Certificate of RCN
E: Three-months Ward Sister's course at King Edward's Hospital Fund Staff College
F: Diploma in Nursing

Comments: Among ward sisters, one per 45 staff in England and Wales and one per 24 staff in Scotland had attended one administrative course. For charge nurses, the ratios were one per 228 staff and one per 57 staff.

Table 10 of Report: Staff who had breaks in their hospital service

	England and Wales ward sister	England and Wales charge nurse	Scotland ward sister	Scotland charge nurse
	percentage		numbers	
Overall number of breaks in the service	21		408	
Reasons given:				
Other nursing service	29	Not	177	Not
Non-nursing service	3	Given	9	Given
Marriage	29		156	
Family commitments	27		93	
Further study	4		24	
Other reasons	8		45	

Other comments: Qualifying age as SRN and trained in teaching hospital: Of all the staff in England and Wales who became SRN in the period 1960–1964, 59 per cent did so aged 21–22, 11 per cent aged 23, 25 per cent aged 24–29 and 5 per cent aged 30 or over. Nineteen per cent of the ward sisters were trained in teaching hospitals.

Educational qualifications: Of the 37,393 staff in the enquiry in England and Wales, 88 had a university degree and 3,254 a certificate of higher education (ie 9 per cent of the staff); 9 per cent of ward sisters had such educational qualifications. The corresponding figures for Scotland are 27 per cent for all staff and 27 per cent for ward sisters (no figures for charge nurses).

A2 The Sister's Role in Ward Management

G M Luck
Nursing Times vol 64 no 49 December 6th 1968
pages 1654–1656

AIM To carry out studies of 'The management role of the sister in existing hospitals which may lead to changes for the new hospital' (page 1654).
The new hospital is a general hospital in Coventry (Walsgrave Hospital) which has a new design based upon 134-bed clinical floor. The Birmingham Regional Hospital Board has engaged the Institute for Operational Research 'to help in reviewing and developing the operational policies in order to ensure that the best use is made of this major new development'. (page 1654). (A definition of operational policies is given in the text.) The reasons for studying the sister's role in ward management are as follows:
'Obviously the sister has a key role for she carries the responsibilities for ensuring that medical, nursing, and other resources are deployed in the right place at the right time for patient treatment. Furthermore, she holds a key place in the flow of information about patients' (page 1654).

METHOD A pilot study was carried out to assess the ease and accuracy of prediction of patient stay by ward sisters, using a questionnaire which was filled in once a week by the ward sisters for all the patients.
Setting up an experimental 'information room' for the co-ordination of admission and patient turnover.

SAMPLE The sisters and all the patients in two general medical and two general surgical wards.
An 'information room' for the surgical specialties at the Keresley Hospital, Coventry.

FINDINGS AND CONCLUSIONS The ward sisters correctly predicted the outcome of stay in seven days for the majority (about 84 per cent)* of the patients about whom they were confident.
The sisters were uncertain about very few patients, approximately 6 per cent.*
There were no significant differences in the accuracy of prediction between the medical and surgical wards. (The accuracy of the prediction is usually related to the length of time for which the prediction is made. In this pilot study seven days were taken as the period although subsequently it appears that a shorter period is more useful for ward management.)

The activities of the information room fell into four main groups:
a) waiting list control
b) selection of admissions
c) in-patient control
d) management confirmation
The sister is particularly concerned with (c). The initial prediction of stay is made by the information room staff using records of the condition and is reviewed daily by the ward sister or her deputy.

From these individual patient predictions a combined prediction of occupancy is produced taking account of the proposed waiting list admissions and the expected range of emergency admissions. If this prediction is outside acceptable limits, either the ward sister or the information room staff can bring it to the notice of the medical staff.

The experience with the information room has shown:
that provisional planning of admissions (four weeks ahead) had reduced the

* These percentages were calculated by the reviewer from the data presented in the article.

numbers of DNA (did not arrive) patients and evened the flow of admissions;
that, although the organisation of tests and investigations is strictly a medical responsibility, in practice it seems that the sister can influence the efficiency with which they are carried out.

In the new hospital, it is intended that the ward floor superintendent and the senior registrar will have the main responsibility for the flow of work on their floor, aided by the type of predictive information reported above. It is also envisaged that the organisation of tests and investigations can be done through the information room and delegated to clerks. This would relieve the sister of some responsibility for what is really a medical task.

A3 Progress on Salmon

A Report by the Department of Health and Social Security and Welsh Office 1972 (50 pages)

AIM To provide a summary of the main recommendations of the Salmon Report and an outline of the history of its acceptance and implementation. (In view of much misunderstanding of the Report itself and the Department's decision to implement it.)
To review in general the experiences gained so far from the pilot schemes.
To provide more detailed comments and discussions of the particular grades, specialist fields and particular subjects in order to help those who are directly involved in the introduction and establishment of a Salmon type of nursing organisation.
Duration: about 2 years (it is not stated clearly but drawn by implication).

METHOD A team of nurses, administrators and doctors (the Department's team) selected the hospital groups and visited them; first to explain to staff of all disciplines and at all levels of nursing the nature of the change and what was involved, and subsequently to follow and assess the progress made by each group. This involved discussions with the chief nursing officer, group secretary and sometimes with senior medical staff and individual nurses at all levels.
Broad assessments of changes in attitudes and effectiveness of communication in the new system were made by comparing accounts of events and changes (in policy, level of morale, job satisfaction) as described by senior officers and ward staff.

SAMPLE Nineteen hospital groups which were selected by the DHSS team (no further details are given about the method and the sample).

FINDINGS (Only those points which relate to ward sisters are included)
General Summary of the Salmon Pilot Scheme experience (chapters 3 and 4)
It seems that this Report was written about two years after the pilot schemes began. This means that most of them were only coming to the end of the introductory period and that they had not had much opportunity of using the new structure to the full. It is also important to remember that the effects of Salmon could not be isolated from any other changes that were taking place at the same time. Therefore this Report deals more with the success or difficulties of implementation than with the actual working of the new arrangements.

Earlier stages of introducing the new structure
Common fears and misunderstandings:
That the Salmon Report is about 'management' and nothing else.
That the trained ward staff are all going into 'administration'. A variant of this is that there are now far more administrators than before Salmon. This is not true, as can be seen from Appendix A3 (page 48). In all except three pilot schemes there were more ward sisters, charge nurses and staff nurses in proportion to nurse administrators in 1971 than before the Salmon scheme started.

That the nursing officer (NO) will usurp the functions of the ward sister or interfere with her sphere of authority.
That the Salmon Report does not allow an outlet for the ward sister who wishes to remain with the patient and whose clinical skills deserve greater recognition. These criticisms seem to be based on a misunderstanding of a ward sister's position, which is the same now as it was under the previous system. The big change is in the position of the nurse administrator at NO level.

The longer term changes in the pilot schemes
Are the new posts evolving satisfactorily? There is still some apprehension and scepticism about the appointment of NOs. Some ward sisters and charge nurses fear that their control of their own wards will be reduced, while others take the view that as experienced clinical nurses they need no clinical support.

The benefits to the patient.
It is extremely difficult to be certain about benefits to the patient as a result of the new structure: 'the important point is that in the groups concerned the improvements had not been and did not seem at all likely to take place under the previous organisation'.

Benefits to staff: A new career structure.
Ward sisters and charge nurses have, for almost the first time, a promotion outlet to a variety of posts, many of which have major clinical content. Many sisters and charge nurses who could not initially see the value of the NO post are now finding it most attractive.

Within nursing, communications are improving, but are still by no means perfect. Nurses at ward level are becoming increasingly aware that their views are needed and heard but senior nurses need to make a conscious and continuing effort to demonstrate by their own attitudes and actions that good communication pays in benefits both to patients and staff.

More detailed discussion of specific grades and subjects (chapter 5)
Comments on individual grades:
Ward sisters/charge nurses: no major change in the role of the ward sister/charge nurse was suggested by the Salmon Report but it did suggest that the job could be done more easily and efficiently if:
- they were relieved of non-nursing duties
- lines of communication were improved
- ward sisters received better support from an effective middle management.

While some of these changes have been achieved, some ward sisters are reluctant to give up certain non-nursing duties because they like doing them and/or mistrust the new arrangements.

How experienced are ward staff? One of the major complaints about the new structure has been directed at the relationship between the nursing officer and the ward sister. The problems expressed have been mentioned already (see page 45). The position regarding the experience of ward staff and the proportion of full-time ward sisters and charge nurses is shown in the following tables.

Length of experience in the grade of ward sisters and charge nurses 1964

Length of experience	sisters	charge nurses
	percentage	
3 years experience or less	40	37
10 years experience or more	31	28

Source: Salmon Report, Statistical Survey, 1964

Average length of service in the grade of ward sisters, charge nurses and staff nurses: acute hospital staff 1967

Grade	Average length of service in grade	
	Whole-time staff	Part-time staff
ward sister	6.0 yrs	4.5 yrs
charge nurse	6.4 yrs	–
staff nurse – female	1.6 yrs	3.8 yrs
– male	2.2 yrs	–

Source: Statistical Supplement to NBPI Report No 60

Percentage of ward sisters working full-time

1964 88 per cent
1970 81 per cent

Almost all charge nurses work full-time.

Source: Salmon Survey 1964 and DHSS Staff Statistics, September 1970

These tables are reproduced from Progress on Salmon Report pages 25–26.

As can be seen about half of the ward sisters and charge nurses and a much higher proportion of staff nurses have quite limited experience. It must also be remembered that the ward sister may be on her ward for only about half of the day shift hours to be covered. Thus it is plain that the presence of a senior nurse with considerable knowledge of the ward or department may be of the greatest assistance to the ward staff, and members of the Department's team have frequently been told that this is so.

In the older pilot schemes junior ward staff speak very favourably of the help received from the nursing officers though there has been some scepticism in the newer schemes.

The need to assimilate existing staff has posed some problems about the experience and flexibility of the newly appointed nursing officers and has created some dissatisfaction with their roles.

Acting up. Since the beginning of the implementation there has been some difficulty over this. Justifiable complaints about 'acting up' came mainly from ward sisters who found themselves having to leave a very busy ward to deal with minor administrative problems which are often very time consuming.

There has been much misunderstanding concerning the numbers of ward sisters/charge nurses in control of a ward. (Paragraphs 4.30 and 4.31 of the Salmon Report.)

CONCLUSIONS (Chapter 8)
On the whole the experience of the pilot scheme has been that the new structure works well once it has had time to settle down. The first 18 months to 2 years after the appointment of the chief nursing officer are very much a period of preparation and change and it is during this time that most of the problems arise.

One of the most pressing problems remains: this is the lack of understanding about what the Salmon Report actually says. It needs to be 'read and understood' but time is needed to make the new management structure really work.

COMMENTS This Report incorporates the Department's interpretations of the main recommendations of the Salmon Report, discussions of the experience gained from the pilot schemes and some further information and guidance for those who are directly involved in implementing the new structure.

It is not always possible to distinguish what is what. The discussions of the experience gained from the pilot schemes seem to be based on 'subjective' evidence which is supported in a few cases with statistical data. There is not enough data on the means used to collect the information discussed to make further judgements about the validity, reliability and significance of the reported 'findings' and 'conclusions'.

However, so far as this review is concerned, the Report is useful as an indicator to some of the possible effects of the introduction and implementation of the Salmon structure.

APPENDIX A3

Reproduced from Appendix II of the Report

Ratio of administrative nursing staff to ward sisters/charge nurses and staff nurses in Salmon pilot schemes

Group	Ratio Administrative Nursing Staff to Ward Sisters/Charge Nurses		Ratio Administrative Nursing Staff to Ward Sisters/Charge Nurses and Staff Nurses	
	1966	1971	1966	1971
1	1:2.9	1:4.7	1:5.7	1:9.9
2	1:3.9	1:4	1:6.3	1:7.5
3	1:3.9	1:5	1:7.1	1:7.8
4	1:2.3	1:4	1:6.1	1:9.1
5	1:4.4	1.5	1:8.5	1:8.8
6	1:3.2	1:3.9	1:8.9	1:10.4
7	1:4	1:4.6	1:6.5	1:8
8	1:2.5	1:4	1:4.8	1:7.9
9	1:2.2	1:3.8	1:5.2	1:7.4
10	1:2.8	1:4	1:9.7	1:13.1
11	1:2.1	1:3.5	1:4.4	1:6.7
12	1:2.2	1:2.9	1:5	1:5.2
13	1:3	1:4.4	1:10.6	1:16
14	1:2.1	1:3.4	1:4.4	1:7.6
15	1:3.7	1:4.1	1:5.8	1:6.4
16	1:3.1	1:3.7	1:4.5	1:4.5
17	1:5.4	1:4	1:11.3	1:6.6
18	1:4.5	1:4.1	1:8.1	1:7.1
19	1:6.2	1:3.9	1:11.5	1:6.2

Source: NHS Hospital Staffing Statistics.
Note: i. Ratios based on whole-time equivalents.
ii. Administrative Nursing Staff – Departmental, Administrative and Senior Night Sisters and above including Midwifery Tutors but excluding all other tutorial staff.

A4 Semi-professionals in a Professional Organisation, Dysfunctions for Nurses and Nursing in a Provincial Teaching Hospital

M B Mulligan
Surrey University thesis (PhD)
(515 pages)

AIM To attempt to identify organisational factors which may adversely affect the performance of nursing staff both within and above ward level.
Sponsor: DHSS
Duration: 3 years

METHOD *Preliminary studies* by means of interviews and pilot questionnaires.
The main study
Questionnaire survey of students' and pupil nurses' experiences on all wards.
Discussions with ward sisters in specially organised sisters' meetings.
A questionnaire to ward sisters about ward and organisational functions and relationships.
Interviews and questionnaires to senior nursing staff.
Interviews with senior medical staff on the same topics as for sisters.
Patient survey by questionnaire.
(Further details of the method are given in the text and questionnaires, and interview schedules are in the appendices of the thesis.)

SAMPLE *The main study*
Hospitals: 1 large acute provincial teaching hospital.
Wards: all wards in this hospital (22).
Nursing staff: 42 day sisters (100 per cent response rate) and seven night sisters (out of 10).
Eight nurse administrators and 9 senior nurse administrators; 227 senior students and pupil nurses. (85 per cent response rate but analysis is of only 80 per cent of the possible total because of limited ward experience of 5 per cent on shortened courses.)
Medical staff: 21 medical consultants (out of 27 asked)
Patients: 4067 discharged patients (85 per cent response rate)
Further details of each sample are given in the text.

FINDINGS (Of night and day sisters only)
Night sisters (chapter 5 of the thesis: the service evaluated by nursing administration and night sisters)
Night sisters tended to have short working experience in their present post (ranging from less than one year to three years).
They would prefer promotion in this hospital rather than elsewhere.
They were critical of 'large sums of money spent on management consultants and clinical research' to which was allied 'a deep sense of injustice over what they saw as permanent criticism of the nursing staff whereby nurses were blamed for everything that appeared to be wrong with the hospital'. This 'seemed to be associated with unavoidable ambivalence and conflict of loyalties' (page 117 of the thesis).
While being most critical of nursing standards and attitudes in the wards, for which they blamed the ward sisters, they stressed the importance of the ward sisters as 'key people' and criticized inadequate recognition of this fact in the organisation as a whole.
Considered medical wards as having the heaviest and least fluctuating workloads, and surgical wards as having lighter workloads but greater fluctuations.

Tended to prefer the same wards as student nurses. These wards were considered to give 'best' care, and had sisters who kept strict discipline, maintained high standards of care, emphasised patient-centred care and teaching, and were good organisers.
Considered shortage of staff and difficulties with medical staff as the main reasons for the greatest difficulties in achieving good standards of care.
Supported medical staff in their unanimous disapproval of the Salmon structure, and asserted that NOs were in difficult positions and that this 'has provided ward medical and nursing staff with an abundance of opportunity for sustaining their assertions that NOs are in the first place undesirable or unnecessary, and subsequently that they are ineffective' (page 164 of the thesis).

Day sisters (chapter 7 of the thesis)
The day sisters' opinions on ward and hospital organisation.
Open discussions and answers to the questionnaire showed that sisters' opinions were adversely effected by perceived defects in management and administration at a higher level. Most of the sisters mistrusted 'management' and found medical staff uncooperative. The alleged inability of sisters in general to direct their thinking towards causes and solutions described by Davis (1971) was apparent among these sisters. However, in view of a major problem in this hospital – the use and misuse of available beds – it seems likely that the sisters were not so much lacking the capacity for deeper thinking as 'simply routinely avoiding what was both a futile effort (in view of their effective exclusion from participation in decisions relating to the use of beds, a topic of paramount importance to their effectiveness as sisters) and also a threat to good relationships with their medical staff . . .' (page 280 of the thesis).
A high proportion of sisters was young, unmarried and inexperienced. (Their paucity of advanced educational and post-basic professional qualifications combined with the absence of management training, 'leads to doubts concerning their capacity to execute satisfactorily the responsibility with which they are charged') (page 280 of the thesis).
Even though sisters experienced dissatisfaction many intended to remain at the hospital.
Many sisters felt inadequately prepared for their posts but would still accept promotion if it were offered.
Georgopolous and Mann (1962) found a correlation between effectiveness of organisational co-ordination and standards of patient care, and co-ordination and expressions of unreasonable pressure.
The latter was confirmed by all but two sisters in this study. The correlation between age and severity of pressure among the sisters was also found to be statistically significant, pressure in general diminishing with increasing age and experience. Workload was said to be the most important cause of pressure, 'which confirms the earlier expressed anxieties of both senior medical and nursing staff on the strain this must impose on sisters' (page 281 of the thesis).
Sisters did not believe that they had sufficient authority to meet the demands of the job and/or responsibility; accountability was ill-defined and led to unnecessary confusion and tension.
Most sisters thought they had enough trained nurses but insufficient student nurses (except in surgical wards where the reverse was the case).
In all clinical areas except the eye unit, a majority of student nurses considered teaching by the sisters to be inadequate. (This confirms the opinions of the consultants. Nonetheless, clinical instructor time was negligible and inefficiently deployed.)
Many sisters who said they did not do enough teaching also said they neglected their administrative duties in order to undertake direct nursing care.
It was believed that housekeeping teams did little to relieve these pressures, but ward clerks were said to be invaluable by most sisters. (Clerks were seen as accountable to sisters, but housekeepers as accountable to sisters, domestic supervisors, or both.)
Perceptions of quality of medical organisation varied considerably; half of

the sisters considered it to be organised fairly well and almost a quarter not very well or poorly.
Only half of the sisters had adequate information from, and effective communications with, paramedical and technical staff. The majority thought that all of these categories preferred separate identities to the idea of a team approach to patient care.
Although most of the sisters were satisfied with most of the listed supporting services, the severest criticism was reserved for services associated with maintenance of rapid patient turnover (eg X-ray supplies, rather than those connected with nursing care (eg laundry).
The situation in the wards and departments was 'one of relatively inadequately prepared sisters attempting to fulfil an exacting role with varying degrees of insufficient authority and/or professional expertise and inadequate resources and services, a combination of circumstances which, like the problems of the senior nursing staff, was likely to have a circular effect with each variable contributing to the exacerbation of the others' (page 283 of the thesis).
Opinions on patient care revealed progressive rather than conservative attitudes concerning the relationship of nurse and patient. Less than one-third of the sisters felt they devoted too little time to direct patient care and a similar proportion (but mostly different sisters) thought patient–doctor communication inadequate.
To over half of the sisters, Salmon made little or no difference to their relationship with their immediate superiors. Overall, the answers to the questions on Salmon confirmed its relative lack of success already expressed by nurse administrators and medical staff and that NOs were unable to meet requirements of both their superiors and sub-ordinates.
Questions relating to lay administration discovered an almost total lack of contact between the sisters and lay administrators.

The results of the sisters' survey must be seen within the framework of the survey design which restricts the conclusions to the hospital studied. 'Within this limitation, however, it can be said that in view of the response rate of 100 per cent, plus the fact that the majority of sisters felt their job content and problems to be reasonably or very well covered by the questions, the findings are reliable and of some importance' (page 284 of the thesis).

CONCLUSIONS

Sisters were largely homogenous in outlook despite certain differences. Excessive pressure owing principally to the workload was widespread, and severity of pressure was significantly associated with age (pressure experienced by sisters under 30 was greater than that experienced by the over 30s).

The night sisters ranked wards like the student nurses and unlike nurse administrators. Their perception of problems was specifically clinically oriented and that of nursing administrators was management oriented.

There was very little co-ordination between nurse administrators and medical consultants on management problems associated with the effectiveness of nursing services, and a corresponding failure of the nursing administrative function. There was also evidence of medical complacency and non-involvement and of inadequate preparation of nurses for senior positions within and above ward level.

Statistical analysis of ward ranking by student and pupil nurses according to their opinions on care, discipline and preference for working in them produced highly significant correlations between these three variables. Ward preferences interpreted in relation to Herzberg's Motivation – Hygiene Theory (Herzberg, F 1968), suggested that, overall, motivators were poorly developed and dissatisfiers exaggerated, especially on the least preferred wards.

Analysis of the patient satisfaction survey produced significant differences between patients on male wards, female wards and mixed wards, and between general medicine and surgery, specialities and accident wards. Highest and lowest student nurse rankings were within the patients' highest

and lowest satisfaction rankings. Further statistical analysis of the patient data revealed three predominant discriminators of patient satisfaction:
Ward atmosphere – acceptance as a person, security, staff/patient relationships.
Food.
Notice and reception on admission.

The management structure of the hospital studied was seen to be deliberately biased towards medical control and to 'lack the total organismic design necessary for the development of co-ordination, constructive management and increased commitment at all levels'. An alternative structure is proposed and further research recommended.

COMMENTS The findings and conclusions of this study should be considered within the following framework:
The design of the study evolved and changed its emphasis along the way. Survey questionnaires were used as the main instruments of data collection. Ward observations and interviews originally planned were not permitted, hence the changes referred to above.
The samples of the various grades of nurses, doctors and patients were drawn from *one* hospital.

This limited the interpretation of the data and restricted the conclusions to the hospital studied, but in no way decreased their interest and importance. It is suggested that many of the findings could form a basis for tentative hypotheses to be tested in future research.

The foregoing account is a very selective review of a large and extensive PhD thesis. The interested reader is referred to the original manuscript which is 'restricted' and can be obtained by request from the author, Dr Bernadette Mulligan, Deputy Chief Nursing Officer at the Welsh Office, Pearl Assurance House, Greyfriars Road, Cardiff CF1 3RT.

A5 Ready for Report Nurse? A Study of Nursing Communication in Hospital Wards

Sylvia R. Lelean
The Study of Nursing Care Project Reports Series 2 no 2
Royal College of Nursing 1973
(163 pages)

AIM To describe the ward sister's pattern of communication and to design and test tools with which to measure the effectiveness of a ward's formal group communication system. This study is one of twelve undertaken as part of the research project 'The Study of Nursing Care'. 'The main objective of this project was to develop techniques of measuring the effectiveness of nursing care in general hospitals'.
Sponsor: DHSS
Location: RCN
Definitions used in this study were extracted from Appendix 1 of the monograph and are given in Appendix A5 (page 56).

METHOD *Pilot study*
To test the methods of data collection, organisation of the study and methods of data analysis.

The main study
Direct non-participant observation using three observation forms:
Sister's observed communication form on which each member of the

hospital staff who had communication with the ward sister was recorded (charting of communication was done in 30 second periods).
Formal group communication form. This was divided into two sections, one on which the sister's instructions for the mobility, toilet, period up and turning of the patient were recorded, the other for recording instructions regarding the observation of the patient.
Observed nursing care form on which each patient's nursing care was recorded in ten minute intervals. Four trained SRNs were employed on a part-time basis as observers.

Nursing dependency form on which the ward sister recorded the nursing dependency of every patient in the ward at the same time each day. (The classification of nursing dependency designed by Barr and his colleagues at Oxford RHB (1967) was used in this study.)

A questionnaire for nursing staff (background information).
Further details and topics of the various instruments used are given in the text and appendices of the study.

SAMPLE *The main study*
Hospitals: 3 district hospitals within the Metropolitan region. They all had 400 beds or more, were designated 'acute' or 'mainly acute' and had training schools for the register of nurses recognised by the GNC.
(The foregoing characteristics and some others mentioned in the text, determined the choice of the hospital sample.)
Wards: 6 female general medical wards.
Nursing staff: All grades of staff were observed in each ward for more than one day (9 sisters, 11 staff nurses, 12 third, 10 second and 7 first year student nurses, 6 SEN nurses, 2 second year pupil nurses and 9 nursing auxiliaries).
Medical staff: Not specified because the number of consultants, registrars and/or house physicians with patients in each ward and their total observed 'rounds', as well as occasional visits, varied considerably.
Patients: The number of patients observed in each ward during the study period varied from 25 to 35 and the total observed patient days was 641.
Observation: 5 week days in each ward (8 am–7 pm) when the ward sister was on duty at 8 am.

Further details are given in the text of the study.

FINDINGS *Sister's instructions* (chapter 8 of the study)
The meaning of the sister's instructions could not be interpreted reliably partly because they were difficult to classify (an analysis of the sister's instructions using nurses as judges produced low levels of agreement between them) and partly because the sister's instructions were frequently found to be ambiguous. (An instruction could have up to three different meanings on the same ward on the same day.)

Communication pattern between 8 am and 12 noon – 240 minutes (chapter 9 of the study)
The study was limited to the four hour morning period because the pilot study indicated that most communication between the ward sister and nurses took place during that time. Also, the study did not include communication with patients or their relatives, or communication by telephone.
Duration of verbal communication: The average duration of all communication with the ward sisters was 135 minutes (almost half her available time). The range was between 90 and 180 minutes. On average, the sisters were involved in 20 conversations per hour of which ten were with their own ward nursing staff.

Communications with the nursing staff: The total duration of the sister's communication with the nurses varied from 40 to 100, the average time being 72 minutes.
On all wards except one, the average duration of formal communication was 14 to 22 minutes, and of informal communication 37 to 46 minutes per ward.
Eighty-five per cent of all informal communications between the ward sister

and the nurses was of less than one minute's duration and 56 per cent was of less than 30 seconds' duration.
Sixty per cent of communications lasting longer than one minute involved SRNs, while only 3 per cent involved first year student nurses. When expressed in a different way, ward sisters' communications with SRNs on the ward amounted to 20 per cent (48 minutes) of her available time, while she communicated with first year students for less than 2 per cent (5 minutes) of her available time.
Communication with others: Time spent by the sister with doctors varied between nil and 110 minutes, the most frequent being between 40 and 50 minutes.
As many as 20 other personnel could communicate with the sister during one morning, usually for less than one minute.
Formal group communication: Written instructions in the kardex report sometimes contradicted the verbal instruction and rarely reinforced them.
Lists of nursing duties, where used, took one of two forms:
a list allocating each nurse to general areas of work;
a list of patients for whom a task was to be performed.

Workload (chapter 10 of the study)
The number of nurse hours available for patient care was not related to the ward workload as assessed by the patient dependency forms.
The workload between wards within hospitals varied considerably.

Observed nursing care (chapter 11 of the study) This was compared with what the sister recorded on the dependency assessment form (which was considered as being the correct nursing care). The comparison resulted in a score for each ward which for convenience has been called the 'effectiveness index'. The 'score' was the percentage of cases where observed items of nursing care coincided with that which was recorded on the dependency assessment form.
Comparison of 'effectiveness indices' showed that the differences between wards within hospitals were highly significant ($p. < 0.001$).
Analysis by dependency category: 'A considerable difference was demonstrated between the scores for the categories which applied to all patients (section A – mobility, toilet, period up) and those in section B (turning, four-hourly T.P.R. and blood pressure) which applied only to some patients' (page 84 of the study).
The average scores for section A categories were, mobility 85 per cent, toilet 84.5 per cent, period up 79.3 per cent while those for section B were, turning 39.5 per cent, four-hourly T.P.R. 52.3 per cent and blood pressure 37.5 per cent (these categories are defined in chapter 11 and Appendix 6 of the study).
The interval between four-hourly observation rounds was erratic on all wards. There was seldom a full four hours interval between rounds and sometimes there was as little as 80 minutes.
Analysis by care groups: Patients in care groups 1 and 2 (self care) received the most correct care, followed by care groups 4 and 5 (intensive care). The least correct care for patients was in care group 3 (intermediate care). 'During the analysis by dependency categories, it became apparent that, irrespective of ward, the care received by patients in certain care groups coincided more closely with their dependency assessments than did that for other groups' (page 90 of the study).

The effectiveness index compared with certain ward factors (chapter 12 of the study)
There were no two wards with identical systems of formal group communication, although there were some similarities within hospitals. However, the formal group communication system could be classified into three broad types:
i) mainly written
ii) mainly verbal
iii) mainly verbal, supported by written.

Only two significant correlations between certain ward factors and the daily effectiveness indices became apparent. The first was negative (with the percentage of patients in care group 3) and the second positive (with the percentages of patients in care groups 4 and 5). These results were expected and confirm those reported above (under *Analysis by care groups*).
The author has stated, however, that 'the results in this chapter need to be interpreted with a degree of caution' (page 98 of the study). The results should not be seen as establishing cause and effect relationships because there are so many other factors to be taken into account.
(Further details of the findings are given in the text of the study.)

CONCLUSIONS

There is no chapter of conclusions in the study. Instead, the author discusses the main findings by drawing on quantified and unquantified data from the study and findings from previous studies, comments on the methods of data collection and proposes questions for further research.

The following are the main points discussed and for which possible explanations are offered in the text of the study.

Communication pattern
'As Revans (1964), Cartwright (1964) and Henry (1954) have suggested, the sister is the key person in the ward controlling all communication coming into and going out of the ward, as well as that within the ward itself' (page 102 of the study).
The findings of this study about the frequency and duration of the sister's communications support those of Revans (1964) but suggest that his figures can now be doubled; sisters are now involved in an average of 20 communications an hour, 10 of which are with their ward nursing staff.
Another interesting finding which has important implications for nurses' training is the lack of communication observed between the sisters and the junior nurses. Only two per cent of the sisters' available time was spent in communication with first year students. Most of this communication was one-way only, either to or from the sister.

Formal group communication
Written instructions: 'the overall picture in all the reports was one of incompleteness and lack of precision' (page 105 of the study).
'Verbal instructions showed the same vagueness and imprecision as the written instructions', and the verbal report session was seen as 'predominantly one-way communication with sister passing instructions to the nurses' (page 106 of the study).
An area of major concern is the understanding of instructions. At the same time, 'the findings of this study indicated that generally the nurses performed the care which the sisters considered necessary, irrespective of instructions', possibly using what Schutz (1970) called 'cookery book knowledge' and following 'recipes' (page 108 of the study). The validity of this procedure is questioned by the author.

Observed nursing care
'The categories of care for which there were fewer instructions and where the instructions were most difficult to interpret outside the hospital context were the categories in which the observed nursing care coincided most closely with the sisters' dependency assessment. These were the categories relevant to mobility, toilet and period up of the patient' (page 108 of the study). A number of possible reasons for this are proposed and discussed by the author (drawing on 'recipes' of previous care, the ward routine, existence of informal leader etc).

Ward workload
It was found that 'when the workload and the workload per nurse hour were higher, so too, was the effectiveness index'. This suggested that 'the more work there was to do the more was done correctly' (page 111 of the study).
Related to this is the fact that sisters tended to over-estimate the patient dependency as recorded in patients' dependency assessment forms.

Commentary

'On the whole, observation techniques were used successfully although direct observation was an expensive and time-consuming method of data collection' (page 114 of the study).

It is doubtful whether the dependency forms were completed accurately, 'partly because some sisters did not know the patients' dependency status and partly because the instructions for completing the "turning" category may have been misunderstood' (page 114 of the study).

'Even though accurate measurement of the formal group communication system was not possible, one cannot help concluding from the data collected, that these systems were inadequate in a number of ways' (page 114 of the study). (This comment related to the findings about verbal and written reports, meaning of instructions, and the effect of ward routine on patient care.)

'The study has demonstrated the number of communications, mostly of short duration, in which the sister was involved during the morning . . . one cannot help surmising that perhaps this "interruption factor" is one of the major contributory causes of the sister being unable to fulfill her teaching and supervisory role' (page 116 of the study).

'The hypothesis underlying this study was that the effectiveness of patient care on the day shift was dependent upon the system of formal group communications between the ward sister and the nurses' (page 33 of the study). This hypothesis could not be tested because 'the classification of the sisters' instructions so that they could be compared with observed nursing care was unreliable: as a result this work has been reported as an exploratory study and a number of areas which need further investigation have been identified' (page 10 of the study). It is also important to remember that the findings are drawn from six wards in three hospitals and that the author's comments apply only to the hospitals studied.

COMMENTS Within the above limitations the findings are of interest and are important because of their relevance to the role of the ward sister. In addition, the analysis of the relevant literature on problems of communication and methodology dealt with in the study may be illuminating for future researchers in this field.

APPENDIX A5

Definitions: extracted from Appendix 1 of the study

Nursing staff: All personnel employed by a hospital to perform nursing care for patients. Includes all trained nurses (SRN and SEN), nurses in training (student and pupil nurses) and auxiliaries.

Communication: The transmission of a stimulus from a person (or group) to another person (or group) in order to evoke a discriminating response.

Formal communication: Those channels and methods of communication which have been consciously and deliberately established, eg report books, kardex, routine verbal reporting sessions.

Informal communication: Any method of communication which is not part of the formal system. It is built round the social relationships of the individual member of the organisation, and involves gossip, social conversation, and 'impromptu' instructions.

A6 Hospital Organisation Research Project

Imperial College of Science and Technology
Industrial Sociology Unit
Final Report by Celia Davies and Arthur Francis
June 1974
(113 pages + appendix)

AIM To investigate whether or not relationships could be found between the character of the work done in each specialty (ie the task), the structural arrangements for accomplishing the work (ie the structure) and the performance of the specialty, conceived in various different ways (ie the *performance*).
NB When the authors speak of 'specialty' organisation it is the *ward* which is the essential focus.
Sponsor: DHSS
Duration: 1969–1974
The project started in 1969. The various preliminary studies, and the planning and preparation of the final research design were completed by January 1973, at which time only eight months were left before the scheduled finish of the project. In mid-73 the researchers embarked on a scaled-down version of the original plan which still embodied its major features.
Location: Imperial College of Science and Technology, Industrial Sociology Unit, under the direction of Joan Woodward (until May 1972).

METHOD *Preliminary studies*
First the authors conducted a series of interviews with medical and nursing staff and one of them embarked on a brief study of an accident and emergency department.
They then attended staff meetings, conducted interviews and carried out a survey of a sample of staff, and observed consultants at work. Finally they compared hospitals according to their length of stay and costliness.
The purpose of the first two studies was to familiarise the researchers with the work and organisation of the hospital, to clarify the assumptions underlying the research design, identify the parameters to be measured and point out problems and difficulties. The last exercise was carried out in order to select the sample of hospitals for the final research design.
The information gained from this part of the study, together with a review of the relevant research, formed the base for the final research design.

The main study
The information is in two main types.
Statistical data about the various aspects of the hospitals' performance, like length of stay, bed occupancy, ratio of staff to beds, which was collected from the relevant available sources. This is referred to as 'objective measures or indicators'.
Data based on an evaluation by the staff of various aspects of the hospitals' performance, structure and tasks (known as 'subjective measures'). This data was obtained by interviews or by questionnaires.

SAMPLE *Preliminary studies*
An accident and emergency department in one general hospital in London.
A hospital group in the south east of England and 28 metropolitan hospitals.
(No further details are given.)

The main study
Hospitals: 3 medium size hospitals in the London area were selected using sampling procedures allowing for significant variations in their performance.
Wards: Four specialties were covered: general medicine, general surgery, gynaecology and geriatric.
Nursing staff: 135 nurses, consisting of 40 sisters, 47 other trained nurses and 48 students.

The sampling strategy was to take from each ward a senior or junior sister, one SRN, and two or three first, second and third year student nurses. The nurses received the questionnaires from the researcher with some explanation and instruction. The response rate was 83 per cent.
Medical staff: 47 consultants returned mailed questionnaires (a 67 per cent response rate), and 32 junior doctors were interviewed.
The original plan was to study 25 to 30 hospitals but it was modified, mainly because time was short. To rely on a smaller sample meant that the sampling procedure had to be very carefully worked out and the researchers spent a lot of time on it. The procedure and its results are described in detail in the report, which also gives details of the sample characteristics, the various task, structure and performance variables to be measured and the research hypotheses (chapter 2 of the report). Some characteristics of the nurses' sample are described in Appendix A6 (page 61) because of their particular interest and because they may explain certain findings.

FINDINGS

Performance (chapter 3 of the report)
Data from objective indices suggested that there is a 'hospital effect' in the sense that hospitals which are good in one respect are also good in others and a hospital with one good specialty is also good in others. However, the subjective assessment showed no hospital effect but a very strong morale* effect. When 'cleaned up' as much as possible (ie controlled for morale and skill level effects), data from the subjective assessment suggested that a hospital might have one or more good specialties but its specialty will not be uniformly good or bad. These findings do not confirm those of Revans (1964) with respect to the uniformity of morale and performance within hospitals.

Structure (chapter 4 of the report)
Structural variations: Replies to the questions on structure were compared with responses on the same subjects from manufacturing organisations (taken from other research).

Nurses reported that lines of reporting, rules, duties and authority were more clearly defined than the responses from manufacturing organisations suggested they would be, but they consistently reported less initiative, judgement and influence than was expected.
Comparing responses from doctors and nurses, it appears that nurses see their lines of reporting, procedures to be followed and decision making more clearly than do the doctors. On the other hand, the reverse was the case on the degree of initiative and influence enjoyed by the nurses.
When nurses were grouped into three categories, 'senior' (sisters), 'intermediate' (SRNs and third year students), and 'junior' (first and second year students), significant differences were found in eleven items out of twenty-two. The pattern was inconsistent because the difference between the degree of structuring reported was not always, as expected, in the direction of 'the lower the hierarchical position the more structuring of the work'.
These three groups of nurses were also compared for their evaluation of the degree of structuring of the various specialties. The responses from the junior nurses varied widely and failed to discriminate clearly between specialties. Overall, the intermediate group ranked surgery as more structured than medicine, but only the results from four items were statistically significant. Sisters were evenly split between medicine and surgery. Only one result was significant and suggested that surgery was more structured.

Inter-relationship of structural items: Three main structural factors emerged from the analysis of the questions on structure:
Formality of procedure
Influence
Role clarity
Further analysis included the hospital and its specialties as potential influences on the three factors and employed various measures of job, skill and morale. It produced the following results.

* Morale covers the attitudes of staff of all grades as exemplified in statements and behaviour.

Formality of procedure (following procedures, clear lines of reporting, working through the proper channels), had little to do with specialty. Instead, it had to do with the position of the individual in the medical and nursing hierarchies, whether the respondent was a doctor or a nurse and in which hospital they worked. In this particular sense, structuring was associated with skill and job, but there was also a hospital effect.
The second structural factor, influence (how much influence the respondents have on their job), was strongly associated with morale and suggested that the researchers had little success in devising questions about influence which were not affected by the attitude of mind of the respondents. Here, the difference between geriatrics and gynaecology were, if anything, greater than those between other pairs.
On factor three, role clarity (how precisely defined was their authority and their duties), a specialty effect emerged. Surgery and geriatrics were associated with high role clarity.

Distribution of influence or power on hospital wards (chapter 5) The respondents were asked how much influence the various occupational groups had on six issues: medical treatment, admissions, discharges, nursing care, patient welfare and equipment.

Perceptions of actual influences: (These findings came from analysis of responses using the 'control graph technique' which presents the averaged judgements of a set of respondents each of whom is influenced by the hierarchical rank they enjoy.)
On nursing care and patients' welfare the sister's influence exceeded that of any of the medical staff, including the consultant.
On medical issues there was a sharp distinction in the amount of influence enjoyed between the consultant and his staff and the sister and her staff.
On the issue of equipment the sister's influence was close to that of the consultant. There was a sharp distinction between the senior and junior staff in both hierarchies.
In comparing hospitals, the differences between the three were very small and never achieved statistical significance. No clear-cut trend was observable.
As far as specialties were concerned, the distinction between medicine and surgery was not so apparent as that between *gynaecology* and the *rest*.
On medical treatment in gynaecology there was a division between the consultant and registrar on the one hand and the house officer on the other, the latter having significantly (5 per cent) lower influence, less in fact than the sister. This pattern was quite distinct and not repeated in other specialties.
The sister had more influence than her counterparts in other specialties, as did other nurses.
The nursing care graph showed, once again, that the house officer had little influence and that the sister had the most, significantly more than other sisters.
The patients' welfare graph had a distinct bias in favour of power to nursing grades in this specialty. Here the differences in consultant influence (relatively to those in other specialties) are significant at the 5 per cent level.
Low power for the house officer in medical and nursing matters, high influence for the sister, and to an extent for other nurses too, and a very low amount of consultant influence in welfare matters, are features of the gynaecology specialty as revealed in the control graph data.
Certain differences between medicine and surgery are suggested, but they are not of an order that will settle once and for all the debate about these differences taking place in literature on the subject. For instance, the general trend in data on admissions and discharges showed a greater absolute amount of influence for everyone in surgery than in medicine, but the difference is only significant at house officer level. From this information it is hypothesized that there is more 'management' decision making to be done in surgery and more 'treatment' decision making to be done in medicine.
Comparisons between junior doctors and nurses showed that nurses were consistently reporting a greater absolute amount of influence, and that the

difference was largest in their evaluation of the influence of the nursing hierarchy.

Comparisons between the various grades of nurses showed remarkable discrepancies between first and second year students and sisters in their evaluation of nurse influence. On all issues, except equipment, the students recorded nurse influence as lower. Sisters were either consistently over-evaluating or students consistently under-evaluating nurse influence. (It is suggested that each group may have interpreted the term 'nurses' differently, sisters taking it to mean qualified nurses and students taking it to mean themselves.)

A control for morale showed that the data were not affected by this factor, unlike the question on own influence. However, all the findings concerning the distribution of influence on wards must be seen in the light of the fact that the respondents' views of influence were coloured by their jobs. Doctors and nurses, and those in different hierarchical positions in nursing, perceived influence differently.

Influence preferences: There were no massive demands for a radical alteration in the structure of influence, either by redistribution of the existing amount of influence or by increasing its amount. There were, however, some areas of dissent.

The majority of nurses wanted more influence for their own ranks and many wanted increased influence for doctors too. On the issue of equipment, this was true for all grades of nurses.

Pressure for change was far greater in the equipment issue than in any other. There were, however, several points of interest.

On the three medical issues of treatment, admissions and discharge there was clear and consistent pressure for more influence for the sister. However, comparing grades revealed certain differences, particularly between sisters and students, about what should be changed. On medical treatment, 97 per cent of the sisters were happy with the power they have over nurses, and 92 per cent with the power available to the house officer. By sharp contrast, the figures for first and second year nurses were 43 per cent and 61 per cent respectively.

There was less pressure for change in nursing care but where it existed it was for more influence for the doctors and the junior nurses than for the sister. One-third of the students wanted more power for the consultant and registrar on this issue, but sisters were significantly less favourable.

Differences between the three hospitals were quite marked, particularly where nurses were reporting on nurse influence. (It is suggested that this result should be viewed cautiously in so far as one of the hospitals is concerned because of some of its specific features and its situation.)

Comparisons of nurses' preferences for each grade across the four specialties yielded two significant differences. On admission, there was a plea for more power for the house officer in medicine, and on equipment a remarkably high degree of satisfaction was noticeable with the power available for the registrar in geriatrics.

The general trends suggested by the data are:

Dissatisfaction with equipment and satisfaction with nursing care were clear in each specialty, as they were in the overall results. It seems, however, that nurses in geriatrics were most satisfied with the status quo on both issues and were equally satisfied on other issues except for medical treatment, where they wanted more say; and so, to an extent, did surgical nurses.

General dissatisfaction with the sisters' power on admissions and, to an extent, discharges was clearest in medicine and gynaecology.

Surgical nurses accepted low influence for junior doctors in medical matters and pressed instead for their greater involvement in matters of nursing care.

Task (chapter 6 of the report)

Task analysis frequently dealt with two dimensions of task; input variety (variability in the characteristics of the patients) and technical uncertainty (predictability of outcomes). Input variety is related to a characteristic of the inputs – their variety and their susceptibility to categorisation. Technical uncertainty refers to the process of transformation and the techniques available to accomplish it.

Analysis of the task questions revealed that the sisters were answering reasonably consistently and in a fashion which suggested the following:
Surgery: highest on input variety
Medicine: intermediate on variety
Gynaecology: low on variety
Medicine: high on uncertainty
Gynaecology: intermediate on uncertainty
Surgery: low on uncertainty
Geriatrics did not take a clear cut position on these issues.

CONCLUSIONS

There is no separate section for conclusions and they are incorporated in the chapters describing the findings. In the concluding part of the last chapter the authors point to the main issues and suggest what seem to be relevant directions to pursue. They are as follows.

The data on performance are less satisfactory than that on structure and task. The authors began to show how performance can be usefully treated as multi-dimensional, but shortage of time and resources made it impossible to rigorously test propositions about variance within and between hospitals. It is suggested that the whole subject is in need of a more thorough treatment than it has been given so far.

Three main sorts of structure emerged. They were broadly comparable to those of Perrow (1970). The findings suggest that some aspects of structure tend to be uniform across the hospital but that others vary by specialty; the question is not perhaps a simple 'either/or' one. The considerable difficulties experienced in trying to get assessments, particularly of influence, which were not affected by morale suggest that studies based on direct observation may be the best way to reveal variations.

The data on task were analysed the least. They do nevertheless point in the direction expected. This seems to be an area where subjective assessment data could be taken much further so long as a fuller range of specialties was covered and due account taken of variations in response according to hierarchical position.

Subjective estimates have created difficulties in exploring links between task structure and performance at this stage of the analysis (it also reduced the strength of inter-relationships). It seems, however, that there are some relationships between task and structure at the hospital level and the specialty level, and no recommendations for a universal structure would be justified. There is no clear relationship between performance and structure at present, there is still a lot of work to be done.

COMMENTS

This study should be seen as part of a development leading to the use of techniques of task analysis from industry in the study of hospitals. It was affected by a scarcity of information about hospital organisation in Great Britain; was limited for time and resources; and had problems with research design and analysis (small sample, heavy reliance on subjective data which produced measurement problems, and incomplete analysis). However, it is valuable for the review of relevant literature, the analysis of results and problems encountered, and the detailed descriptions of its basic assumptions, hypotheses, sampling procedures, variables, and instruments of measurement. It also makes a continuous effort to relate its findings to earlier studies and point to subjects for further study. This, no doubt, will be useful and illuminative to future researchers in the field.

APPENDIX A6

Some characteristics of the nurses sample which may be of particular interest.
The proportions of the total sample in each specialty were not equal. Overall, surgery was represented by 33 per cent (n=45), medicine by 38 per cent (n=58), geriatrics by 15 per cent (n=20) and gynaecology by 13 per cent (n=18). This reflects the relative sizes of the departments of the hospitals

studied (one had no geriatric unit, two had only one ward for gynaecological cases).

The surgical sample overall had fewer (43 per cent) qualified nurses than medicine with 56 per cent, and geriatrics and gynaecology with 61 per cent. The 13 per cent difference must be borne in mind when comparing medicine with surgery. Some of the differences in other measured characteristics may be an artefact of this larger proportion of students.

Nurses in the medical sample tended to be older and to have had slightly longer service and to have worked in slightly fewer hospitals than surgical nurses.

These differences between medicine and surgery point to the possibility of different career patterns and different orientations and are worthy of further investigation.

A7 Patient Allocation

A Matthews
Nursing Times July 10th 17th 24th 31st 1975
Occasional papers
pages 65–79

There are four papers. The following deals with each one separately.

Patient allocation (A review)
Describes the aim, method and sample of the study, defines the terminology and lists the advantages and disadvantages of this method of ward organisation to the patient and the nursing staff (student and pupil nurses, ward sisters and other nursing staff).

AIM 'The advantages of practising patient allocation, with an objective look at the problems which may be encountered when attempting to implement patient allocation for the first time, have been studied to show that this method of ward organisation can be adopted successfully' (page 65 of the review).

METHOD Two types of questionnaire were devised, one for sisters, one for other qualified nurses and nurses in training. Patient allocation is reviewed by using information gained from the questionnaires and from the author's experience of using patient allocation in an acute medical ward for more than five years. (Copies of the questionnaires are not included but some questions are specified in the following papers.)

SAMPLE Seventy-seven learners, 36 staff and enrolled nurses, and 18 ward sisters returned the questionnaires which were circulated to all learners and qualified staff on day duty on all wards except the coronary care unit, the intensive care unit and the departments of the Royal Infirmary at Sheffield. Most of the nurses who received the questionnaires had experience of both job allocation and patient allocation in some form or other.

FINDINGS AND CONCLUSIONS *Patient Allocation 2*
This paper deals with:
Results concerned with attitudes towards patient allocation and a discussion about them. (100 per cent of the sisters were in favour of it).
Figures about job stability of the staff in a busy medical ward where patient allocation was introduced and modified over a period of 5½ years.
A discussion of the basic qualities of a leader and how patient allocation helps to develop the leadership potential of the ward sister, staff nurse and trainee nurse (this is according to the author's assumptions and her experi-

ence, supported with 'evidence' from the literature; no data are given to support the author's assertions).
Results concerned with the difficulty of implementing patient allocation and the main problems associated with it, followed by a discussion of the results, and recommended steps to be taken before and during the implementation. There is a list of 14 essentials and 1–6 are discussed in this paper.

Patient Allocation 3
Discusses essentials 7–9. The author's assertions in 7 and 8 are supported by (or illustrated with) results obtained from answers to certain questions in the questionnaires. Essential 9 deals with the advance planning of patient allocation. The suggested charts to be used for this purpose are in the paper.

Patient Allocation 4
Discusses essentials 10–14. As in paper 3, each one is supported by results obtained from the questionnaires.

Whenever results are given in the text they are specified separately for sisters, staff and enrolled nurses and learners, and, mostly, with the additional specification of the specialty (surgical, medical and specials).

A8 A Patient Allocation Trial*

E S Jones
Nursing Times vol 73 March 17th 1977
pages 390–92

AIM To evaluate a patient allocation trial (not stated clearly, but implied).

METHOD Observation, discussions and interviews (some of the questions asked in the interviews are in the text of the article).

SAMPLE Fifty nurses were interviewed. The patient allocation trial was carried out in two male surgical wards over four months under the guidance of the author, who is a charge nurse at the Southern General Hospital, Glasgow. (There are further details about the wards in the text but the number of staff and their various grades is not clear.)

FINDINGS AND CONCLUSIONS There are some references to ward sisters but generally the ward sister findings are not specified separately.

Seventy per cent of the nurses interviewed were in favour of patient assignment as opposed to task assignment; 40 per cent remarked that the patients had noticed a change in nursing care when patient assignment was introduced.

The author acknowledges the subjectivity of his assessments and concludes that 'the indications from this one small experiment suggest that our nurses are gaining more job satisfaction with a system of patient assignment and that the standard of nursing care given is improving' (page 392 of the journal).

* This paper is not set up as a 'report of a research project' (and it is doubtful whether it can be considered 'research'). However it is included here because it is seen as a 'planned systematic investigation to establish new facts'. For articles which contain descriptions of experiences of the same subject, and were not considered as 'research', see Plumpton M (1978), Jones W J (1977), Pembrey S (1975), Matthews A (1972).

A9 The Patient Care Team in the Hospital Ward

The Place of the Nursing Student
Helen K Evers
Journal of Advanced Nursing vol 2 no 6 November 1977
pages 589–596

AIM To explore 'the question of integrated team working'. (This was one aspect of a research project looking at the strengths and weaknesses of different forms of ward organisation.)

METHOD Individual interviews. (Some of the questions asked are mentioned in the text, but there are no details about the interviews.)

SAMPLE Forty-six nurses, the staff of three wards or different specialties in a large general hospital (other staff were interviewed but only nursing interviews are considered in this paper). The nursing staff consisted of: five sisters, 10 other trained staff and 31 students and auxiliaries. There were no other details.

FINDINGS AND CONCLUSIONS All the ward sisters saw themselves as being in regular contact with medical staff, physiotherapists and social workers. There was also a considerable feeling that stronger interdisciplinary links should be established in order to broaden the view of nurses and nursing held by other health care professionals. It is concluded that efforts on the part of the ward sister to develop and maintain a ward organisation based on the philosophy of total patient care will greatly facilitate the development and maintenance of satisfactory standards of patient care, particularly where resources are severely constrained. 'The generality of these findings is, of course, limited to the hospital wards within which the research was carried out, but it is possible that similar circumstances are to be found in other hospitals' (page 593 of the journal).

A10 The Role of the Ward Sister in the Management of Nursing

A study of the organisation of nursing on an individualised patient basis
Susan E M Pembrey
University of Edinburgh thesis (PhD) 1978
(257 pages)

AIM To study the role of the ward sister in the management of nursing on an individualised patient basis.
The reported study is part of a three year project which involves two linked studies. A nurse/patient interaction study was carried out in the same wards and at the same time as the study of the ward sister. This is reported in Melia, 1979 (study A12 page 70). For definitions used in this study see Appendix A10.1 page 68.
Sponsor: Endowment Fund (now the Special Trustee) of St Thomas's Hospital, London.
Duration: 1975–1978
Location: Nursing Research Unit, Department of Nursing Studies, Edinburgh University.

METHOD *Exploratory work* by means of interviews and observations. The exploratory interviews and unstructured observations were the source for the method of data collection used in the main study. This forms an important part of the study and is described in detail in chapter 4 of the thesis.

Pilot study: testing the instruments of data collection.

The main study: This consisted of two stages. 'Firstly, a sample of fifty sisters was identified as being either managers or non-manager sisters. Secondly, the work and characteristics of seven of the manager-sisters who met, or most nearly met, the criteria for the organisation of nursing on an individualised patient basis, were described in more detail' (page 101 of the thesis).

The identification study: (The major part of the study.) The instruments of data collection were:
Check-lists: Check-list of work problems (source: literature on organisational content of nursing practice, mainly Mauksch's (1966) work).
Check-list of daily work priorities (source: literature on the work of the ward sister, in particular Goddard (1953) and Walker (1967)). Both check-lists were completed by the ward sisters.
Semi-structured interview: Dealt with the ward sister's description of the daily organisation of the nursing (the questions were developed during the exploratory work). The interview schedule was analysed under a number of headings and the length of the interviews varied between 20 and 40 minutes.
Questionnaires: Questionnaire on the ward sister's resources and aspects of her work (designed to be administered by the researcher).
Questionnaire on the ward sister's background (based on the questionnaire designed by Social Planning and Community Research for the Committee on Nursing (1972), was administered by the researcher, but able to be self-administered if necessary).
Observation: Non-participant continuous observation of the ward sister's activity. A code list of 35 activities categorised under five headings was developed from the exploratory work. The activities were recorded on a record form and timed. The researcher interviewed the sisters at least one week before they were observed. Copies of the various documents are shown in annexes and they are described in detail in chapter 5 of the thesis.
'It is stressed that the method was to record whether certain activities did, or did not, take place in a given sequence of any day and that this was the criterion for the selection of manager-sisters; the amount of time devoted to the activities was not the criterion.
'It is emphasised that the unit of measurement adopted in this study was a random day, from which no generalisations may be made . . . The observations would have to be repeated over a period of time before any predictions in relation to consistency and generality could be made' (page 103 of the thesis).

The second stage study
This was made on sisters who managed nursing on an individual patient basis. The *same methods* (ie observation and interviews) were used as in the first stage (described in detail in chapter 9 of the thesis).

SAMPLE

Exploratory work
Six ward sisters were interviewed. This was followed by observation in five wards (for about 80 hours altogether). These wards were selected from two hospitals which were part of one hospital group (chapter 4 of the thesis).
Pilot study
This was conducted on two wards of one general city hospital which had already supplied one of the wards used in the exploratory work (page 129 of the thesis).

The main study
The identification study
Hospitals: 5, three in England and two in Scotland, were chosen to represent different types of general hospitals (they differed in size, location, organisational environments and resources). Three were non-teaching and two were teaching hospitals. Three were selected for convenience and two were selected purposely because they were associated with a tradition of individualised care (page 130 of the thesis).
Wards: 50 wards were selected, comprising 22 medical, 17 surgical, six

orthopaedic and five gynaecological. Highly specialised wards were excluded (pages 139–140 of the thesis).
Ward sisters: 50 ward sisters (pages 140–142 of the thesis).
Observation: 50 random weekdays. Each sister was observed for one full shift from 7.30 or 7.45 to 16.15 or 16.30.
The second stage study
(The sample for this study was drawn from the first stage sample as previously specified.)
Hospitals: 3
Wards: 7
Ward sisters: 7
Observation: 17 weekdays (two sisters were observed for four days, four sisters for two days and one sister for one day).
For further details see chapter 9 of the thesis.

FINDINGS

The sisters had no control over selection and supply of the ward nurses or over the composition of the ward team which changed almost completely every two months.
The majority of the sisters (47 out of 50) did not make a distinction between 'senior' and 'junior' work, the frequent reason given being that they seldom had a balanced team.
Perceived work problems relating to ward services and maintenance ('getting enough linen', 'getting the ward cleaned properly') and telephone interruptions received the highest points (see table 3 Appendix A10.2 page 68) and were common to all the hospitals studied, while other problems (eg those related to the medical staff) varied between hospitals. It is thought that 'the most frequent problems were associated with areas where the sisters had no managerial control, but at the same time had to ensure services and work that were vital to the daily care of the patient'. . . . (page 154 of the thesis).

Forty one (82 per cent) of the 50 sisters did not manage the daily nursing on an individualised patient basis.
The majority of the sisters did not undertake three of the four activities which comprised the daily nursing management cycle. Only a minority either prescribed (18 per cent) of formally checked (10 per cent) the nursing work. Half of the sisters were not observed to allocate work to the nurses (for summary table see Appendix A10.2 page 69).
In the majority of wards, the daily nursing of each patient was not actively managed by the sister but was governed by a general ward and hospital routine.
The majority of the sisters saw little difference between their role and that of the ward nurses; this minimal role differentiation was associated with the non-management side of nursing.
The sisters rated their dealings with patients and nurses as their most important daily work. In those which required only a low role differentiation, there were no discrepancies between stated and observed work. Great discrepancies were observed between stated daily priority and observation of the highly differentiated activities associated with the management of nursing (eg 'a ward round of the patients' and 'asking nurses to report on their work'). The large amount of non-initiated work undertaken by the sisters was suggested as one possible 'cause' for these discrepancies. 'The sisters spent, on average, 28% of their day on non-initiated work, the largest proportion of which was time spent with the medical staff' (page 173 of the thesis).

Only nine sisters (18 per cent) managed nursing on an individual patient basis.
Two sisters fulfilled *every* criterion of the management cycle in relation to each nurse and each patient.
Another seven sisters gave prescribed and allocated work in relation to every patient and nurse.
The degree to which the ward sister completed the management cycle activities was related proportionately to the extent to which nursing was organised in relation to individual patients and nurses.
The nine sisters who managed nursing on an individual patient basis

exercised a formal managerial role as described by Brown and Jaques (1965).
Exercise of a formal managerial role was associated with high role differentiation.

Characteristics of sisters identified as managers included:
Academic qualifications and professional post-base training which exceeded the sample average.
Evidence of learning for role models rather than from formal management training.
An ability to achieve a form of nursing organisation which was flexible enough to cope with the unstable ward environment.
The foregoing account is concerned only with the main findings. For detailed descriptions of all findings, see chapters 6–9 of the thesis.

CONCLUSIONS

The findings of this study are related to literature about organisation and management theories, individualised nursing, the work and training of the ward sister, recent changes in senior nursing management structures, other recent developments and possible future developments. The following conclusions are made.

The ward sister does not have the minimal managerial authority deemed necessary (Brown 1965) to exercise managerial control and, linked to this, virtually no perception of the importance of their managerial role.

'The ward sister remains the key nurse in negotiating the care of the patient because she is the only person in the nursing structure who actually and symbolically represents the continuity of care to the patient. She is also the only nurse who has direct managerial responsibilities for both patients and nurses' (page 239 of the thesis).

Whatever the difficulties involved, the ward sister's organisational role should be strengthened and enhanced.

There will have to be a larger organisational role at ward level if nursing is to be managed in terms of individual patients. However, the development of this more autonomous professional role is dependent on the capacity of the individual to fill it.

The final section of the study considers the use of the research as a means of assessing the ward sister's performance, the implications for future selection and training of ward sisters and the implications for future research. It is stressed that the 'study is exploratory and that the instruments used require validation'; however, 'it is believed the observation of the completion of the management cycle activities, although only tested on 67 "ward sister days", is a helpful and simple measure for assessing ward sister performance' (page 242 of the thesis).

COMMENTS

This PhD thesis is an important, major, work on the ward sister's role in the management of ward nursing and its relationship to individualised nursing. It contains a comprehensive analysis of the relevant literature, on some aspects of organisation and management theory, about the role of the ward sister (chapter 1); individualised nursing (chapter 2); and the work and training of the ward sister (chapter 3). It is a detailed description of the development and use of a method for identifying ward sisters who manage ward nursing on an individual patient basis and an account of further study of those sisters who were identified as 'managers'. The author stresses that the sample of hospitals, wards and sisters, although intended to reflect different organisational sizes and contexts, is not claimed to represent a particular population of ward sisters. The instruments developed require further validation and the observations undertaken further replication before the findings can be generalised.

This study raises important issues about the future development of the ward sister's role and her training and, most important of all, demonstrates the

problems and difficulties encountered in studying the various aspects of the ward sister's role within the usual limitations of time and resources.

APPENDIX A10.1

Definitions used in this study.
Daily management cycle: nursing rounds of patients, written and verbal work prescription, allocation of nurses and accountability reports.
Manager-sisters: those sisters who were observed to complete the daily management cycle.
Role differentiation classification: a categorisation scheme arranged from work which is common to all members of the nursing team (nursing tasks) graduated through to work that is unique to the ward sister who manages the nursing.

The ward sister's daily activity was analysed using two alternative systems of classification: the first is based on the concept of role differentiation (described in chapter 8 of the thesis) and the second looks at the ward sister's work in relation to the daily management cycle (chapter 7 of the thesis). The completion of a daily management cycle in relation to individual patients and nurses is the way in which the organisation of nursing on an individual patient basis is defined for the purposes of this study. Role differentiation is another guide to ward behaviour associated with the organisation of nursing on an individual patient basis. It is stressed that this research was confined to the study of the completion of a daily management cycle by the ward sister in relation to the organisation of individualised nursing; the effect it had on the patients has not been studied.

APPENDIX A10.2 (Table 3 of the thesis)

Perceived work problems by percent of sisters

Category number		Sisters percentage
2	Interruptions from the telephone	86
1	Getting enough linen	72
3	Admissions arriving before their beds are ready	58
1	Getting the ward cleaned properly	56
1	Getting ward furniture repaired or replaced	52
1	Getting patients' notes and X-rays	46
2	Being unable to complete one job at a time	42
4	Getting doctors to keep to the hospital drug rules	38
1	The design of the ward	
5	Arranging the off-duty to give adequate ward cover	36
5	Nurses going off sick for the odd day or so	34
4	Doctors not giving patients enough explanation	
2	People always coming to the ward sister	32
3	Number of patients transferred to or from the ward	28
3	Patients who should really be in other wards	
2	Interruption from the doctors	26
5	Not enough nurses who can supervise or teach	24
5	Student/pupil nurses allocated for too short a time	
5	Getting extra help when the ward is very busy	
5	The number of dependent/handicapped patients	22
3	Patients being discharged at too short a notice	20
4	Conflicting orders from different doctors	18
5	Having to lend nurses to other wards	
4	The number of separate medical rounds in the day	16
5	Being given, or having to keep, unsatisfactory staff nurses	10
5	Trained staff moving frequently	8
3	Having to have extra beds in the ward	
4	The number of tests the doctors order	
2	Interruptions from the nurses	6
5	The feeling that you have no one really to turn to for help	2

The thirty items are in five categories: 1 ward services and maintenance; 2 interruptions; 3 admissions and discharge policy; 4 the medical staff; 5 nursing resources. Each sister allocated one point to each perceived problem and there was a possible score of 250 in each category, except the nursing resources category (5), where the possible score was 500.

APPENDIX A10.2 (Table 8 of the thesis)

Summary of completion of the management cycle activities, the degree of nursing management and patient individualisation, by number of sisters (50)

Completion of activities	complete	incomplete	none	
Degree of management	high	medium	low	
Degree of patient individualisation	individual-ised		non-individualised	
Nursing round of patients	17	23	10	50
Verbal work prescription	9	10	28	47*
Verbal allocation of nurses	10	14	23	47*
Accountability reports	5	7	38	50
Total score (200)	41	54	99	194**

* 3 not classified
** 6 activities not classified

A11 Self-Medication Trial for the Elderly

R Roberts
The Nursing Times vol 74 no 23 June 8th 1978
Pages 976–977

AIM To try a self-medication regime for elderly patients

METHOD There were far fewer patients than envisaged and it was easy to distinguish days to live alone or with an elderly relative, or with relatives who were out at work all day. They were started on a self-medication regime seven days before discharge by the hospital pharmacist who, with the ward sister, explained the regime to the patients. The initial instructions were reinforced by the ward sister or staff nurse for the first two days and the patient's progress was observed daily. Towards the end of the period of seven days there was an assessment of each patient's capabilities and necessary amendments to the regime were made at that time.

SAMPLE Initially, one ward at the Royal Devon and Exeter Hospital for a period of seven days. The trial was later extended to other wards in the geriatric unit. The ward sister, nursing staff on the ward and the hospital pharmacist were involved. No further figures were given.

FINDINGS AND CONCLUSIONS There wre far fewer patients than envisaged and it was easy to distinguish those who were not able to manage their own tablets. After a year of the regime it became apparent that it was much simpler to apply than might have been expected. The regime is thought to have prevented a large number of re-admissions caused by failure to comply with the medical regime after discharge. No figures were given.

A12 A Sociological Approach to the Analysis of Nursing Work

K M Melia
Journal of Advanced Nursing vol 4 no 1 January 1979
Pages 57–67

AIM To describe the work of hospital ward nurses from a sociological perspective.

METHOD This paper makes use of observational data collected in a study of different patterns of ward organisation (Moult et al 1978)* and in a study of the role of the ward sister in the management of nursing (Pembrey 1978).** The code list used in the observational study was an adaptation of the DHSS nursing activity code list. No other details are given.

SAMPLE '50 wards (from 5 hospitals) were observed, each for one day. This observation yielded data concerning the activities of the 262 nurses (including ward sisters) and nursing auxiliaries working on the 50 wards.' (page 60 of the article).

FINDINGS AND CONCLUSIONS (These are not specified separately for ward sisters.) Initially the data were analysed according to the roles each nurse performed on each of the wards; for example, basic nursing, observation and recording, technical nursing, drug administration. Later analysis was concerned with ward design and the areas of the wards in which the nurses worked.

Analysis of the work roles: 'The majority of nurses were found to be multi-skilled. The nurses had identical multi-skilled roles, all undertaking variety of tasks to achieve the "primary task" that of the daily delivery of care to patients' (page 62 of the article). Of the 262 nurses and nursing auxiliaries on the 50 wards, only six nurses (five first year learners and one staff nurse) had single-skill roles, which were basic nursing skilled roles.

Hierarchy of nursing skills: 'The analysis presented here would seem to indicate that a hierarchy of nursing skills does not exist in the organisation of nursing work. The five instances of the first year student nurses performing single-skilled "basic" nursing roles can be explained rather by chance than by an explicit desire on the part of the ward sister to allocate "technical" nursing to more senior learners' (page 63 of the article). It is noted that on three out of the 50 wards the sisters claimed to allocate nursing tasks on a hierarchical basis and that during observation the first year learners were seen to carry out 'technical' nursing skills on one ward but not on the other two.

Ward design: 'It was found that on most wards the working patterns of all nurses were similar. . . . There were however a small number of wards where one or two nurses were working within a "particular area of the ward" and the others were working in all areas of the ward' (page 64 of the article).

It is concluded that 'the two main points which emerged from this analysis are that nurses on the whole occupy multi-skilled roles and that the work pattern of the nurses is possibly influenced by the architectural design of the wards' (page 66 of the article).

* see page 177.
** see page 64.

A13 Patterns of Nurse Activity

Brian Moores and Anne Moult
Journal of Advanced Nursing vol 4 no 2 March 1979
Pages 137–149

AIM To describe how the nursing staff on the medical, surgical and orthopaedic wards of three acute hospitals occupied their time.

METHOD By obtaining data on nurse staffing and bed occupancy.
By observation as follows:
'Systematic activity sampling' of the activities of the nursing staff. This involved recording the activity of each nurse at regular intervals of three minutes. The recording was done on a precoded form and a separate recording sheet was used for each nurse on duty on the ward during each observation period. The activity code list used was that adopted in earlier studies conducted by the Ministry of Health. Table 2, pages 142–144 of the article.
In addition, all nurse-patient interactions were recorded on a precoded form, also to be found in the text of the article.

SAMPLE Hospitals: 3 acute hospitals from one region, unspecified. Nurse staffing and bed occupancy figures were obtained for all the acute hospitals in the region. The three hospitals selected were those with the necessary differences in staffing levels and keen to take part in the study.
Nursing staff: all the nursing staff on duty in all the medical, surgical and orthopaedic wards.
Observation: A full week from Sunday to Sunday between 8 am and 9 pm. Thirteen nurses, who were selected from an initial pool of 70 inactive nurses, were briefed on the nature of the data collection and acted as the observers. (The authors stated: 'remembering that the 202,955 observations were taken every 3 minutes, the study will be seen to have involved a total of 10,200 nurse-hours of observations' (page 149 of the article).)

FINDINGS AND CONCLUSIONS 'Details of the interactions and the relationship of the pattern of these with the nurse staffing levels will be the subject of a subsequent paper*. In this article only the overall activity patterns will be presented and discussed' (page 141 of the article).

The 137 activities which were seen to occur (presented in table 2 pages 142–144 of the article**) were classified according to the following categorization schemes:
Basic, technical, administrative, personal, unskilled and others.
Direct or indirect, ie whether or not the activity involves direct contact between patient and nurse.

The results were further categorized by grades and presented in percentages (tables 3 and 4 page 145 of the article). The same data were also presented in pictorial form (figure 3, page 146 of the article). Another form of presentation (figure 4) was based upon the cumulative frequency of occurrence of the activities.

For the sake of completeness and accurate representation of the results, tables 3 and 4 and figures 3 and 4 are reproduced on pages 72–74 (Appendix A13). The figures relating to the ward sister grade are outlined.
The authors make the following points in discussing the findings:

The overall pattern emerging from table 3 showed that 'those activities

* The relationship between the level of nurse staffing and the patterns of patient care and staff activity. Journal of Advanced Nursing 1979 May vol 4 no 3 pages 299–306.

** Table 2 lists the 137 activities in descending order of occurrence, together with their coding and the percentage of time devoted to each one.

collectively labelled as "basic" nursing dominate the picture' . . . (page 141 of the article) and 'that the more qualified the grade of the staff the larger is the proportion of time spent on "administrative" duties until, in the case of a charge nurse or ward sister, 72 per cent of her or his time is devoted to these matters' (page 147 of the article). It is interesting to note that 75.3 per cent of her or his time was spent in indirect care.

'"Technical" nursing comprises 15 per cent of the work and yet it is possibly the case that an impression exists that this aspect of nursing accounts for an increasing proportion of the work' (page 147 of the article).

'The 6.1 per cent figure for "personal" is relatively low when set against the corresponding one emerging from similar studies in the industrial sector. 'However, the overall figures hide three quite different values obtained in the three hospitals, these being 12.7 per cent, 4.1 per cent and 4.6 per cent respectively. The reason for the relatively high value in hospital A is probably partly explained by the pattern of nursing availability throughout the day. This is best seen from figure 5, wherein are shown the manner in which nursing hours are distributed between 8 am and 10 pm' (pages 147 and 148 of the article). Hospitals A and C experienced the afternoon overlap caused by straight shift working, while hospital B practiced split shift working.

The relationship which emerged from figure 4 is that 'only 10 per cent of the activities account for 55 per cent of the work performed, whilst 86 per cent of the work involves one-third of the activities' (page 147 of the article). It is stated that this relationship is 'revealing' but without further explanation. The list of 'activities' can be found in table 2, pages 142–144 of the article.

Comparing the overall figures for 'basic', 'technical' and so on (see Appendix A13) with those from an earlier study carried out by the Ministry of Health, Central Organization and Methods Unit (1968), and using an almost identical activity code list, the authors concluded that 'the balance is clearly not too dissimilar' (page 147 of the article). The figures quoted from the 1968 study were: 42 per cent 'basic', 23 per cent 'technical', 22 per cent 'administrative', 4 per cent 'personal' and 9 per cent 'unskilled'.

APPENDIX A13

Tables 3 and 4 and figures 3 and 4 of the article.

Table 3 Contributions by different grades of nursing staff to the work performed when this is categorized functionally for all hospitals considered together

Percentages

	Auxiliary	Pupil 1st year	Pupil 2nd year	Student 1st year	Student 2nd year	Student 3rd year	State Enrolled Nurse	State Registered Nurse	Ward Sister*	All
Basic	52.8	58.0	50.5	50.9	55.7	47.4	38.8	24.8	15.3	43.5
	7.5	12.3	12.7	30.0	9.5	12.0	6.0	5.0	5.0	
Technical	7.9	13.4	17.9	17.9	17.0	18.4	18.7	17.0	8.2	15.4
	3.1	8.0	12.6	29.7	8.2	13.2	8.1	9.6	7.5	
Admin.	14.6	15.4	17.8	16.5	17.2	21.3	31.8	50.3	71.8	28.8
	3.1	5.0	6.8	14.7	4.5	8.2	7.4	15.2	35.1	
Personal	6.5	5.5	7.8	7.6	5.1	7.3	5.2	4.7	3.0	6.1
	6.6	8.3	14.1	32.0	6.2	13.3	5.8	6.8	6.9	
Unskilled	13.5	4.2	3.8	4.4	3.2	3.3	3.2	1.7	0.7	3.8
	21.6	10.2	10.8	29.7	6.2	9.6	5.5	3.9	2.5	
Other	4.7	3.5	2.2	2.7	1.8	2.3	2.3	1.5	1.0	2.4
	12.2	13.4	10.0	29.9	5.7	10.4	6.6	5.6	6.2	
Totals	6.1	9.2	11.0	25.7	7.4	11.1	6.7	8.7	14.1	

* The figures should be read as follows: ward sisters spend 15.3 per cent of their time on basic nursing but contribute only 5 per cent to all the basic nursing observed.

Table 4 Contribution by different grades to *Direct* and *Indirect* Care for all three hospitals considered together

	Percentages									
		Pupil		Student			State	State Registered		
	Auxiliary	1st year	2nd year	1st year	2nd year	3rd year	Enrolled Nurse	Nurse	Ward Sister	All
Direct	48.5	59.1	57.1	56.7	61.0	55.2	46.5	35.6	21.7	49.1
Care	6.0	11.1	12.7	29.6	9.3	12.4	6.4	6.3	6.2	
Indirect	44.9	35.4	35.0	35.7	33.9	37.5	48.3	59.7	75.3	44.8
Care	6.1	7.3	8.6	20.4	5.7	9.2	7.2	11.7	23.8	
Personal	6.6	5.5	7.9	7.6	5.1	7.3	5.2	4.8	3.0	6.1
Time	6.6	8.3	14.1	32.0	6.2	13.3	5.8	6.8	6.9	

Figure 3 Functional activity breakdown for six grades of staff in three hospitals

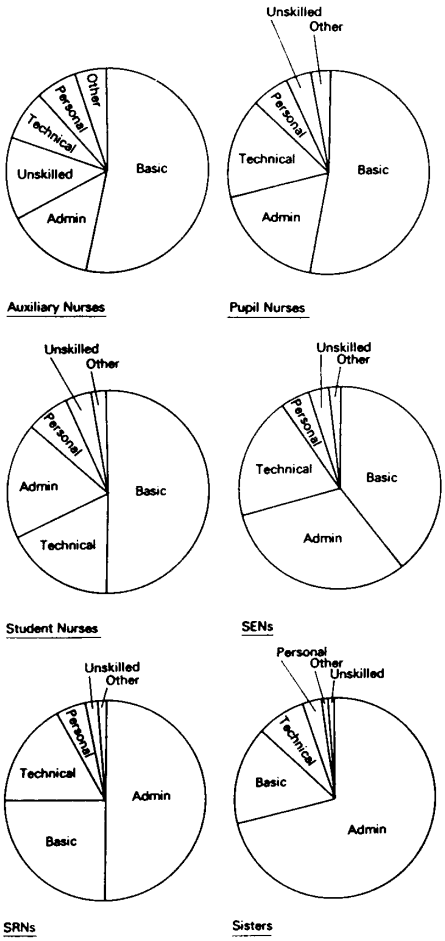
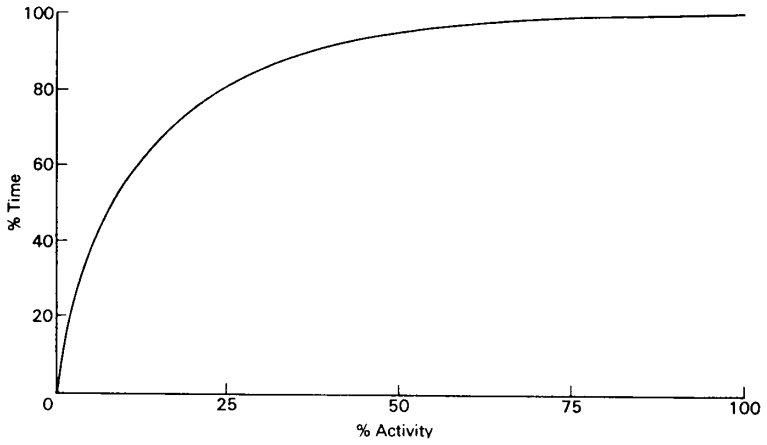


Figure 4 Percentage of total work of all nursing staff accounted for by percentage of activities

Patterns of nurse activity



Studies Relating to the Role of the Ward Sister in Teaching and Learning in Hospital Wards

B1 Ward Teaching: What Nurses Think?

E Thomas and C Pinel
The Nursing Times vol 66 no 9 Feb 26th 1970
pages 286–287

AIM To investigate training for nurses, with particular reference to practical training performed at work. This enquiry was undertaken as a 'project' by the authors while participating in a first-line management course.

METHOD Interviews There is no description of the interview schedule but some of the questions asked are mentioned in the text of the article.

SAMPLE Eighty-three nursing staff, including five sisters and charge nurses in three general hospitals and one geriatric hospital.

FINDINGS AND CONCLUSIONS The results are specified separately for ward sisters/charge nurses and the figures are given in percentages, but as these are based on a sample of five, they are meaningless and are not quoted here. The general consensus of the learners, staff nurses and sisters was that insufficient time was allocated for ward teaching. It is suggested that relieving sisters and charge nurses of non-nursing duties will allow more time for teaching, and trained staff would welcome and benefit from a wider availability of post-certificate courses. As the authors stated 'the enormity of the problem undertaken is such that our statistical data could not in themselves be conclusive, but issues have been raised which should stimulate discussion and an increased awareness of the existing situation' (page 286 of the article).

B2 Judging and Reporting on Student Nurse Clinical Performance: Some Problems for the Ward Sisters

Phil Long
International Journal of Nursing Studies vol 13 no 2 1976
pages 115–121

AIM To examine existing forms of assessment for reporting on student nurses' clinical performance, with specific reference to GNC's recommended standard forms.

METHOD Interviews (depth interviewing) At first a non-directive approach was used, but the majority of the interviews were focused.
Completing questionnaires One hundred and ninety-six ward sisters were interviewed and 633 completed a questionnaire.

SAMPLE Twenty-three general hospitals representing a good cross-section of metro-

politan, urban and semi-rural areas, selected by random sampling from those hospitals known to be using the GNC assessment form.
Eight hundred and twenty-nine ward sisters representing a wide range of different types of wards and departments, 178 being employed in 13 different specialties (the response rate was 87 per cent).

FINDINGS

Contact (not specified) with learners (students and pupils)
Sixty-eight per cent of the sisters were less than satisfied with the amount of contact they had with learners. It was clear that increased contact with students was seen as vital if reporting was to improve.
The very limited contact was seen as a result of:
the length of student allocation (57 per cent of the sisters having them for seven weeks or less)
shifts being worked and absence of split-shifts by learners (44 per cent of the sisters worked split duties)
the moving of students from ward to ward (in 56 per cent of the wards)
the amount of learners allocated (75 per cent of day sisters had 4–6 learners at one time but most (78 per cent) claimed that the number varied markedly)
lack of trained support for the sister (more than 50 per cent of the sisters had two or less trained staff on duty with them on the morning shift and one or more on the evening shift.
'Most night sisters had students for between four and eight weeks and typically were responsible for four to six wards. Sixty-five per cent of the night sisters reported having no other sister with whom to share these duties. The majority had however up to two registered or enrolled nurses' (page 117 of the article).
Seventy-one per cent of the sisters had learners of varying levels of seniority and it was found that a sister with a predominance of senior students was more likely to be satisfied with her contact with the students.

Involvement of other staff
Eighty-eight per cent of all sisters said that in assessing the students they involved other trained staff, for example, other sisters (56 per cent), staff nurses (63 per cent) and SENs (28 per cent). 'However, only 26 per cent felt that the nursing officers had adequate contact to be involved whilst 80 per cent would have welcomed the chance, only 6 per cent had opportunity to discuss the report with tutors' (page 117 of the article).

Reporting and interviewing
There is little doubt that sisters see themselves as having a vital role in the assessment process (94 per cent felt that reporting on students was part of a sister's job).
They do, however, recognise that their assessments are influenced by factors other than the student's ability alone. Twenty-eight per cent felt that they could be influenced by particular incidents, 44 per cent by personality clashes, 44 per cent by the way the assessors used the assessment form. The majority of sisters (more than 70 per cent) did not feel that discussions with sisters who previously supervised the student, or with the students themselves, would influence them.
Eighty-nine per cent of the sisters accepted that standards (against which they judged the students' performance) varied considerably between sisters.
'Sixty-nine per cent of the sisters had only their office in which to interview students. 49 per cent took less than 10 minutes for the preliminary interview and 64 per cent less than 30 minutes to complete the form and carry out the final interview. Whilst 83 per cent felt the preliminary interview helpful to them and the students, 68 per cent felt that first year students make little contribution to it' (page 117 of the article).

The assessment form
Sixty-seven per cent were satisfied with the form. Most areas of dissatisfaction centred on wording, length and rigidity of the form (some of these criticisms reflect criticism of forms in general).

CONCLUSIONS

This study suggests that the form being examined is seen by the majority of sisters as an improvement on other assessment forms in use, and that the

sisters were clearly influenced not only by the form, but also by the preparation for its use and the situation in which the assessment was to be made. There is an expressed need to clarify the purpose of the assessment, and a strong feeling that more contact is required. That is, contact between sisters and students, sisters and tutors, and nursing officers and students.

B3 Attitudes to Degree Courses and Shortened Courses for Graduates: Interviews with Ward Sisters/Charge Nurses

Vivienne House
The Nursing Times vol 73 no 13 March 31st 1977
Occasional papers pages 41–44

AIM To describe the attitudes and experience of ward sisters with regard to degree courses and shortened courses for graduates.

METHOD A semi-structured interview schedule was used to collect the information and the interviews were standardised and designed to cover the same questions and topics of interest, as far as possible. The interviews usually took 45 minutes with a range of 30–120 minutes.

SAMPLE Two hundred and forty-five ward sisters selected by the hospitals involved, on the basis of specified criteria (to represent the range of clinical experience of the students and, if possible, a range of opinions on the strengths and weaknesses of the course).
Using the specified criteria, a range of 11–22 interviews per course was achieved with the cooperation of the relevant hospitals. There were 14 hospitals involved, of which seven had established courses and seven had new courses (which had been running for less than a full five years at the time of interview). Table 1 page 42 of the article shows the clinical areas (wards) from which the ward sisters came, but there are no further details about the hospitals involved and/or the ward sisters selected.

FINDINGS About half of the sisters were in favour of the courses, 'with those from psychiatry and geriatrics being consistently positive, and quite marked negative reactions from those in some of the special units and medical wards' (page 41 of the article).

In general, the most common strengths of the courses described were to foster caring attitudes towards patients and to encourage thinking.

'The most common weakness identified was the lack of practical experience' (the ward sisters wanted the students to have longer allocations to most clinical areas and above all, more practical experience). 'The significance of these features depended on the sister's own attitudes towards nursing care and education. Task-oriented sisters are less likely to be impressed by degree nurses who make time to talk to the patients at the expense of their routine' (page 42 of the article).
Other factors affecting the ward sister's evaluation were: worries about the current economic climate and employment situation, the educational background of the sister and her work experience (the educated and experienced sister was more likely to be in favour of the courses), and whether they were established or new courses (hospitals with established courses had more favourable responses than those with newer courses). It was also pointed out by some sisters that their attitudes to the students (and as a result to the courses) were shaped by critical incidents and/or personalities.

Ward sisters (and the ward staff) were not adequately prepared for the arrival of the degree students – ie, they did not have information about the course objectives, content, the students experience up to date and so on.

'Problems stemmed from having the wrong expectations of what the students could do, personality clashes and the different structure of the courses which affected night duty, off duty and study periods particularly' (page 44 of the article).

Many sisters, both those for and against the courses, thought that the introduction of these courses would enhance the status of the profession.

CONCLUSIONS The author concluded that in view of the fact that these students (just as other learners) are dependent on the goodwill of the ward staff for much of their practical experience, it is vital to involve and support the ward sisters in developing and establishing any training scheme for nurses.

B4 The Ward Sister's View of Her Teaching Function in Nurse Education

Judith E Hill
Manchester University thesis (MSc-taught) October 1977
(166 pages)

AIM 'To assess through semi-structured interview the ward sister's view of her teaching function in nurse education' (page 1 of the thesis).

METHOD *Pilot study*
To develop and test the method of data collection and give the researcher practice in using it.
The main study
This consisted of a semi-structured interview using an interview schedule containing a questionnaire about the ward sisters and the wards, and open-ended and precoded (or fixed alternative) items relating to the study's research problems.
An error in the data collection process led to a revision of the interview schedule (hence the reference to interview schedule I and II, see section on findings) and necessitated drawing a further group of subjects for interviews (hence first group and second group of subjects, see below). As the author stated 'such a grave error limits the reliability of the schedule for data collection and the validity of any results obtained' (page 57 of the thesis).

SAMPLE *Pilot study*
Hospitals: 1 hospital from one district within one local area health authority which was within easy travelling distance for the researcher and where the researcher had previously worked as a ward sister.
Nursing staff: 8 ward sisters working in wards to which nurse learners were regularly allocated for clinical experience.

The main study
First group
Hospitals: 4 hospitals from one local area health authority which was within easy travelling distance for the researcher and where some contacts were already available. The area involved had teaching responsibilities and comprised two districts (three hospitals from one districts and one from the second. The fourth hospital from the first district was used in the pilot study).
Nursing staff: 32 sisters working in acute medical and surgical wards who regularly supervised nurse learners (another three sisters were involved in testing the revised interview schedule, see above).

Second group
Hospitals: 2 hospitals from a different area health authority which was also a teaching area within easy travelling distance for the researcher and which had two districts.
Nursing staff: 11 sisters working in acute medical and surgical wards (except two long-stay wards) to which nurse learners were regularly allocated.

The sample of ward sisters used in this study is called 'an incidental or accidental sample, that is, those ward sisters who were put forward by their senior nursing officers and who agreed with the researcher to take part. It cannot be described as representative of the total population of ward sisters involved with nurse learners and therefore the views expressed and the information gained cannot be used to draw general conclusions, but they may shed some light on the problems of the ward sister and her teaching functions' (page 49 of the thesis).
For further details about the methods of data collection and the nature of the sample, see the section on methodology of the thesis.

FINDINGS

The description of the results was divided into two parts. Part I described the results obtained from interview schedule II (11 sisters) and part II those collected with interview schedule I (32 sisters). These results were not subjected to any statistical analysis; in part I because of the small number of respondents (11) and in part II because of the methodological error in data collection mentioned in the methodology section.

The findings were presented in both parts under the same five main headings, each containing a number of sub-headings. Their description consisted mainly of summary tables and/or brief descriptive analyses in part I, and of summary tables only in part II.

Such an account did not lend itself to a subsequent summary and the detailed description of the results could not be reproduced here. Hence it was decided to reproduce here only the *headings* under which the findings were presented and to summarise the following section which discussed the findings from interview schedules I and II.

The following is a list of the five main headings with their sub-headings.
Information about the ward
Type and size of ward.
Number of learners and their length of stay.
Nursing staff (other than learners) supporting the ward sister.
Clerical and domestic staff supporting the ward sister.
Patient movement.
Information about the ward sister
Qualification, length of service, length of current post.
Courses attended, their teaching content and helpfulness in teaching.
Involvement in ward ordering.
Time taken in doctor's ward rounds.
Involvement in nurse education.
Professional organisational interest.
Professional teaching habits.
Career plans.
Information about other nursing personnel who may teach on the ward
Clinical teacher.
Nurse tutor.
Unit nursing officer.
Information about ward teaching
Formal communication pattern.
Ward organisation.
Application of principle of learning/teaching.
Commitment of time to teaching.
Ward sisters' problems in ward teaching.
Methods used in ward teaching.
Choice of main person responsible for ward teaching.

The use of the procedure book.
The ranking of helpful items in ward teaching.
The ward sisters' reactions to the Briggs proposals

Discussion of results from interview schedule I (N = 32) and II (N = 11)
The results are discussed in terms of the wards where the study took place and then in relation to the four research questions.
When reading this discussion it is important to keep in mind the following points:
Unless otherwise indicated the results are discussed for the total group of sisters (43) interviewed.
This discussion does not necessarily represent all the findings of this study and most of the findings referred to are described in terms like 'majority', 'half', 'few', 'minority', rather than quoted in figures. The interested reader is referred back to the detailed description of the findings in the text.
The limitations of this study as indicated in the sections on method and sample.

The Wards
The wards from which all the ward sisters were interviewed provided a cross-section of working environments from long-stay geriatric wards to short-stay gynaecological and surgical wards. Most of the wards had between 20 and 30 beds. No notable differences (in terms of problems presented and methods of teaching) were given by the ward sisters from different types of wards.

The majority of wards had at least four trained members of staff and about half of them had five or less learners. These figures when distributed between shifts, holidays and so on, supported Sims' (1977) suggestion that the amount of contact between learners and trained staff must of necessity be limited.

Just over half of the total number of wards had a part-time ward clerk who usually worked in the morning. Considering that the ward sisters chose the afternoon as the best time for teaching sessions and that a number complained about being interrupted, it is suggested that either more ward clerks be employed to cover the afternoon shift or that their hours should be rearranged so that they can be available to respond to enquiries during a teaching session. The provision of domestic assistance to all nursing staff seemed to be adequate on all wards, including during the evening shift at the weekends.

Patient movement was described in terms of the number of admission days, both routine and emergency, and the number of theatre days in one week. The surgical wards seemed quite busy with the majority having three or four operating days in one week. The number of routine admission days varied a great deal with many taking admissions any day in the week. Similarly, an even larger number of wards would take emergency admissions any day in the week. It is suggested that the unpredictability of these arrangements must limit the amount of planning of her own and the nurses' time that a ward sister is able to do (and this presumably has implication for her teaching function).

All wards had at least one doctor's ward round a day and a large number appeared to have a daily consultant's round. Nearly all the sisters said they attended all rounds when they were on duty.

The Research Questions
What preparation have the ward sisters had for their teaching function in nurse education?
Nearly all the sisters interviewed had attended a first-line management course. The majority of these courses had discussed ward teaching in some way. The majority of sisters also attended the 'art of examining' course while a minority had attended an 'art of teaching' course. Several of the respondents to schedule II named the art of examining and art of teaching/

examining courses as having been helpful to them in teaching nurse learners.
The ward sisters' clinical experience varied considerably, most of the sisters having had two years' post registration experience before their appointment as ward sister. Quite a large number of sisters had been a sister on another ward before taking up their present post. Hardly any of the sisters had undertaken further clinical studies (for example, the Diploma of Nursing), although five mentioned considering this in their future plans.
The majority of sisters claimed to read either the Nursing Times or Nursing Mirror regularly and about half had read medical journals, reference books and the like during the last six months.
Very few of the respondents to schedule I had been involved in teaching in the school of nursing, nor had they taught a group of nurses from 'study block' on the ward. However over half of the respondents to schedule II had taught a group of nurses from 'study block' on the ward.

What teaching took place on the ward, especially by the ward sister, and which teaching methods were thought (by the ward sister) to be most suitable for ward teaching?
The formal communication pattern on all wards included a report session, the majority of the wards having two reports a day. Learners were found to be involved in the report session on a large number of the wards, frequently giving information or asking questions. For most of the 11 sisters who responded to schedule II, the report session was seen as an information service, though an extended report was chosen as a suitable teaching method in the ward by the majority of the 32 respondents to schedule I.
Task allocation was being used (apparently out of necessity rather than desire) on seven out of 11 wards (schedule II) and five out of 32 (schedule I). The rest of the sisters used mainly patient allocation methods, sometimes with team nursing. 'The ward sisters' comments on the advantages of this method fall in with Pembrey's (1975) and Martin's (1976) recommendations in that the method improves initiative, increases responsibility and interest of the learner, helps the nurses to see meaning in their work, and the patient care is improved' (pages 127–128 of the thesis).
Most of the sisters either asked the learners questions or observed the way they worked to find out their learning needs. Very few employed the report form as suggested by Long (1976) to assess systematically the learners' needs, or checked the practical record book. The ward sisters' assessment of learning that had taken place on the ward appeared to be done in a similar way by simply asking questions and observing behaviour. The majority of sisters had a feed-back interview at the end of the learner's time on the ward. This again compared with Long's work (1976) in that the ward sister appeared to take more trouble in giving feed-back at the end than they did in assessing the learner's needs in the beginning of her period on the ward or along the way.
Planning for teaching on a ward seemed to centre around the patients' illnesses most commonly nursed on the ward, apparently under the assumption that the learners would not have had previous experience of these or that revision of previous knowledge was required. A small number of sisters planned their teaching from requests by nurses and a few set questions for the learners to find out the answers. Diseases rather than nursing skills seemed to provide the basis for planning ward teaching.
About half the total number of respondents to both schedules set time aside for teaching on a regular basis. Lack of staff and interruptions were given as the main reasons by those who found it difficult to set time aside for teaching. This supports Revans's (1964), McLean's (1973) and Briggs's (1972) discussions about the problem of fragmentation of a ward sister's time. Individual ward sisters mentioned such problems as their own inability to teach, the students' expectations, teaching students at different stages of training (also mentioned by Geddes, 1968), the emphasis on assessment and the lack of continuity of staff.
The most suitable methods of teaching for the ward sisters appeared to be those with a practical element such as by demonstration, under supervision or by example. These were followed by discussion sessions either during the report or at another time.
The choice of the person who would be mainly responsible for ward teaching

seemed to be between the ward sisters and the clinical teacher, with a larger number choosing the ward sister (18 and seven chose the ward sister in schedule I and 10 and four the clinical teacher in schedule II). This is in variant with Lamond's (1974) conclusion from her study 'that there was no one category of staff whom her respondents chose as the main teacher in the ward study' (page 130 of the thesis).

What teaching took place on the ward by people other than ward staff, for example, clinical teacher, nurse tutor, unit nursing officer?
The visits of the clinical teacher varied in frequency from daily to once a week, and their methods seemed to centre on working with individual and groups of nurses. Both the nursing officer and the nurse tutor 'did not appear to contribute much, if anything, to ward teaching' (page 131 of the thesis). The nursing officer visited the ward regularly but mostly for general administration purposes.

Has the ward sister a positive or negative reaction to certain proposals in the Report of the Committee on Nursing (1972)?
Nearly all the sisters had read something about the findings and recommendations of the Briggs Report; about half had read all or part of the full report and most had read a pamphlet containing the main recommendations (*Briggs in Brief*, Nursing Times, 1972).
The majority of the sisters (schedule I) were willing to join teaching teams and to teach a group of nurses from 'study block' on the ward. However, only one-third of the respondents to schedule I and half of the respondents to schedule II were willing to teach in the nursing school. (The respondents to schedule I were all some distance away from the nursing school and this may partly explain their reluctance to teach there.) All but one of the sisters were in agreement that in some sense every qualified nurse or midwife should be an educator.

CONCLUSIONS

The preparation of sisters for their teaching function was limited to that received on management courses, courses for assessors for the GNC's ward-based assessments, and whatever clinical experience was demanded by the employing authorities for the post of a ward sister.

Teaching methods favoured by the sisters were mainly practical supervision and demonstration. Discussion and the use of the daily report session came as the next choices of the ward sisters. The report session was seen as being full of information and a much more two-way communication process than previous studies have demonstrated.

Assessment of the learning needs, planning the ward teaching and its evaluation, and the assessment of learners' progress are aspects of teaching which were recognised but not yet developed by the ward sisters in this study.

The clinical teacher was the other member of nursing personnel apart from the ward sister and ward staff who had regular contact with nurse learners on the ward. The unit nursing officer and the nurse tutor were not much involved in ward teaching.

The sisters in this study were in agreement with the recommendations on the function of teaching in nurse education by the Committee on Nursing.

COMMENTS

The ward sister's views about various aspects of her teaching function have been investigated with two small groups of ward sisters from the Manchester area. The literature review covered the following areas: nurse education – learning and teaching; the ward sister in nurse education; ward communication patterns and nurse learners; assessment and its role in the teaching of nurses; and ward organisation and its effect on nurse learning.

The study is mainly descriptive. The four research questions generated from the literature review and the researchers' experience.

In view of the emphasised limitations of this study (ie, small sample and a methodological error – see the relevant sections) it is recommended that its findings should only be considered as tentative ones and be subjected to further research.

B5 Educational Encounters in the Wards

Jane Pearson
A thesis presented to the CNAA for the award of MPhil in December 1978 (169 pages)

AIM 'To look at effective learning in the ward as this is perceived by training in terms of (a) the characteristics and/or behaviour of "good" teachers and (b) the situations in which "effective" teaching takes place'.
(This is quoted as the aim of the main study. 'Good' and 'effective' were defined by the respondents, both ward sisters and student nurses.)
Duration: 1974–1978
Location and sponsor: During the first three years the researcher was employed at the GNC Research Unit and for the final year she received a small grant from the DHSS.

METHOD *Pilot study* (summer 1974–1975)
The aim of this study was to ascertain a satisfactory procedure for the main study by using a relatively unstructured approach (including some participant observation and some open-ended interviews). The data collected from the interviews and observation were used as a basis for developing the interview schedules used in the main study.
The main study (summer 1975–1977)
The data for the main study was gathered by open-ended interviews using four separate interview schedules (all are included in Appendix 2 of the thesis).
1 Sister interview.
2 Student interview – first ward.
3 Student interview – second ward, 12 months, two years and 31 months of training.
4 Student interview – 18 months of training. (This was the only schedule which the student answered retrospectively.)

SAMPLE *Pilot study*
Hospitals: 2 – a provincial psychiatric hospital (which operated a modular scheme of training) and a provincial group of general hospitals. The two hospitals were comparable in the size of their student intakes.
Wards: 7 wards.
Nursing staff: 21 students and 22 sisters were interviewed.
Participant observation: 23 days total between seven wards.
The main study
Hospitals: 2 general hospitals.
Wards: 20 medical, surgical and various specialty wards from each hospital.
Nursing staff: 40 sisters and 135 students in three sets (see page 85 of the thesis).
(The total number of interviews was 247 consisting of interviews with: 50 first ward students, 48 second ward students, 45 twelve months students, 52 eighteen months students, 19 two year students and 33 thirty-one months students.)
For further details on the method and sample see chapters 4 and 5 of the thesis.

FINDINGS The results of this study are discussed under three main headings. These headings (the objectives which define the main aim of this study) corresponded to the theoretical areas discussed in chapter 3 of the thesis and also

formed the framework of the interview schedules. The results of the pilot study are not included in this account but can be found in chapter 4 of the thesis.

The influence of professional and hierarchical factors on students learning
Background information about the sisters is as follows.
Twenty-one of the 40 sisters had trained at the hospital where they were working when interviewed and 31 had received the orthodox SRN training.
Twenty-four had registered between 1966 and 1975, 25 had been ward sisters for between one and five years, and 22 had been qualified at these hospitals for the same amount of time.
Twenty-four of the sisters had obtained further qualifications which ranged from the Diploma in Nursing and Midwifery Certification to intensive care and premature baby courses.
(Table 2, page 89 of the thesis shows the type of ward the sisters were in charge of at the time of interview.)

To what extent is the sister's career pattern relevant to ward teaching/ learning?
Wards chosen by students (at the eighteen months stage of training) as 'best for learning', were significantly more likely to have a sister who had been in post at least six years, either as a sister or as a qualified nurse. Fourteen sisters from 'chosen' wards were compared with their 26 colleagues whose wards were not chosen.
All but one sister felt teaching the students to be an important part of her job, but only half really enjoyed teaching them.
Thirty-seven of the sisters felt 'someone' expected them to teach students on the ward. This source of expectation was identified as follows, each sister feeling on average two claims on her teaching: school of nursing 31, students 18, nursing administration 17, researcher 7, clinical teacher 6, doctor and consultant 4, others 7.
One-third (14) of the sisters felt their ward did not provide unique learning opportunities for students. Of the two-thirds (26) who felt it did, all but one gave as a reason that it was a specialty ward or had particular or unusual operations or tests. Six gave as a reason the teaching, the ward, and the good staff:student ratio; four the good basic nursing care; and four the psycho-social needs of the patients.
Twenty-eight of the 40 sisters admitted that they were aware of 'fads and fancies' which were not part of the training schedule but which they expected to be learnt and obeyed for the period of the student's allocation on their ward.
The most common fads were to do with keeping tidy the working area, the charts and written work. Only nine of the 46 fads mentioned dealt with patient hygiene, comfort and treatment.

How far is the sister's professional relationship with doctors reflected in her attitude to ward teaching?
Fifteen of the 40 sisters claimed to spend on average nearly two whole days with doctors each week, while all but one of the rest spent the equivalent of at least one working day with doctors (the variations from the average are related to the type of the ward).
Only 17 sisters favoured asking a staff nurse or senior student to deputise for them on doctors' rounds, their most popular reasons being that it was good for other staff to deputise or that they were sometimes otherwise engaged in nursing work. For the 23 sisters who did not favour deputisation, the reason given by 13 of them was that the consultant expected them to be there.
Half (19) of the sisters said senior students were allowed to accompany them on doctors' rounds, and that this happened usually only once or twice during their allocation to the ward.
Twenty-three of the sisters felt doctors contributed to nurse training in the ward through the ward rounds by explaining practical procedures, equipment, tests and x-rays. Nine sisters felt doctors only explained things to students when asked a specific question. Only seven sisters could rely on their doctors to give tutorials or lectures on the ward.

To what extent does the student's experience of assimilation into hospital work and the nursing hierarchy affect her learning?

Twenty-three of the 40 sisters did not welcome modern trends towards informality; 11 were uncertain and only three sisters fully welcomed it. Only four sisters admitted to addressing learners by their first name (on or off the ward).

When asked whether they had recently had occasion to 'tell off' a student nurse, 17 of 40 sisters said they had. Of the rest, 10 had not done so, while 12 had corrected or advised a student at work. The reasons given for disciplinary action were almost equally divided between those concerned with nursing care and those concerned with professional demeanour and conduct.

The students were also asked about being 'told off' on the ward. Their answers confirmed the sisters' impression that they disciplined first year students the most, while senior students claimed that they were disciplined more by staff nurses and doctors. On the whole, practical nursing caused most disciplinary actions, while demeanour was commonly corrected earlier in training and theoretical ignorance towards the end.

When asked whether they felt part of the ward team and who helped them to feel so, the students' positive responses did not vary markedly according to the various stages of training (77–85 per cent from 12–31 months with 98 per cent for 'best ward for learning'). The part played in this help by the trained staff was more pronounced than that played by others (untrained, doctor, patients) in all stages of training.

The question 'Has the sister or staff nurse asked your opinion about a patient's progress or condition?' produced a 'yes' response from 77 per cent for 'best ward' and 64 per cent for 31 months of training. Less than 40 per cent of more junior nurses gave a 'yes' response.

Nursing officers had been reported (by the students) to have more contact with senior than junior students. The majority of their contact was classed as 'chat'. However, 'chat' and 'teaching contact' were reported to be the same (42 per cent) for the senior students (31 months).

Clinical teachers' contact with students was more of the 'teaching' type than the 'chat' one, but this teaching contact was highest for junior nurses (88 per cent for 12 months, 64 per cent for second ward and 63 per cent for 'best ward for learning').

Contact with doctors was reported by students to increase as training progressed (chaperoning from 43 to 76 per cent for second ward and assisting from 67 to 94 per cent for 31 months students).

However, their attendance on rounds was reported to be lower than that for chaperoning and assisting and did not increase much as training progressed (from 23 per cent for second ward to 39 per cent for 31 months students).

The comparable figures for 'best ward' were chaperoning 77 per cent, assisting 90 per cent and attendance on rounds 40 per cent. It is also reported that 33 per cent of students describing their 'best wards for learning' claimed that their contact with doctors had not been useful there.

The influence of social factors on student training

To what extent is learning to take responsibility a factor that determines what a student learns?

Up to a third of second ward and two year students and two-thirds of 31 months students were left in charge of the ward during the day. (The comparable figures for the night duty were about one-fifth for 12–31 months students.) Only a quarter of the 12–24 months students and two-fifths of the 31 months students claimed to be prepared beforehand for the responsibilities of being left in charge of a ward.

Three-quarters of the students describing their 'best ward for learning' felt their contribution to the ward work was consistent and also developed in terms of responsibility.

To what extent do students have to recognise and learn two standards of nursing – one applicable to school and examinations, the other for ward work?

When asked whether the methods taught in school are usually used in the ward, more than half the second ward and 12 months students, and

three-quarters of the two years and 31 months students said no.
One-third of the sisters claimed that they would not use the methods taught in school in the ward.

In a comparison of school teachers with school of nursing teachers, students were asked to describe an 'above the average' teacher in school and school of nursing. Their reasons for assessing these teachers highly were divided into two main areas, the second being sub-divided as shown:
a) pupil control of learning
b) teacher control of learning
(i) teacher method
(ii) teacher personality
Seventy-seven per cent gave b(i) and three per cent b(ii) as the reasons for appreciating teaching at the school of nursing. While the comparable figures for school were 44 and 25 per cent respectively. (The figures for a were 30 per cent for school and 18 per cent for school of nursing.)

To what extent do students develop a concept of what their training will involve and to what extent does the student's stage of training alter her perception of ward teaching?
A high proportion of students throughout training (about two-thirds to nine-tenths) expressed worries about certain aspects of nursing. Practical nursing, allocations and psychosocial problems diminished, while theory, administration and 'other' increased as the student progressed.
When asked to consider whether they would find aspects of nursing difficult to master, a high proportion (similar to the above) agreed they would. Theory was mentioned most at all stages, being equalled by ward administration at the 31 months stage, while the other aspects became less so.
Thirty-four out of the 40 sisters regularly had senior and junior students on their ward, and of these 14 said they made no distinction between them. For the remaining 26 sisters the distinction was in terms of the subjects taught and the difficulty of tasks.
Three-quarters of senior students (at 31 months of training) felt that first and third year students needed to be taught different things. Their reasons for holding this view were concerned firstly with the depth of teaching and secondly with the range of subjects.
The type of questions asked at report time and the subjects talked about off-duty by the students shifted in focus from those related to practical nursing early in the training to those concerning theory later in the training.

Where and when does the student find information on practical nursing problems, theoretical problems, managerial problems and psychosocial (patient-centred) problems?
On wards selected as 'best for learning' 81 per cent of the students (18 months) usually worked with untrained staff.
Half to three-quarters of the students in various stages of training encountered difficulties with patients unwilling to accept nursing care. The tasks which were mentioned as causes for lack of cooperation by the patients were classified into routine care, technical treatment and patient attitude/age. (The first being mentioned more frequently than the last one by all grades of students except for the 31 months.)
Submissiveness, assertiveness and other temperamental patient qualities were specified as 'enjoyable' by 49, 14 and 39 per cent respectively (of the students describing their 'best ward for learning'), while 18, 69 and 13 per cent respectively (of the same students) found these patient qualities 'not enjoyable' to nurse.
Most sisters (all but four) were satisfied with the time they spent working at the bedside (eight sisters spent two to six hours a day, 15 spent as much as they could there and were satisfied with this, and 16 were unable to do much bedside work except at weekends or when they were forced to by shortage of staff).
Thirty-five of the 40 sisters felt it was important for students to see them working in the ward. The three most often stated reasons for this were as follows: otherwise students think us lazy, unwilling (given by 16 of the sisters); so that students can learn by sister's example (16); to teach procedures, management, human relations (10).

When students describing their 'best ward for learning' were asked if they would approach the sister post in the same way that the present sister did, 62 per cent said they would, 12 per cent were uncertain, 27 per cent would not. The reasons for praising the sister were related to her attitude to staff and teaching (35 per cent), administrative ability (31 per cent), attitude to patients (24 per cent) and personality characteristics (11 per cent), while the reasons for criticising her were related in the majority of cases (66 per cent) to her attitude to staff and teaching.
Sixty-five per cent of the students (18 months) felt that the sister taught them by example. The topics learnt by the students from watching sister's example were: approach to patients (27 per cent), nursing skills (41 per cent), and administrative abilities (32 per cent).
When asked if they can remember the last time a student came to them to ask for information, 23 sisters (out of 40) remembered the incident, 11 of these questions were asked by a third year or a senior student and had been mostly about ward administration or theoretical points on the reasons for certain treatments and procedures.
However, the students themselves, remembering the last question they asked at report also mentioned questions related to practical and psychosocial aspects of nursing. (And thus imply, as the author points out, that 'practical questions are seen to come from workers and theoretical questions from students, and the sisters connect teaching most with the latter' page 130 of the thesis.)

Does the sister have varying expectations of students according to stage of training or other reasons?
Most of the sisters (38) expected first-year students to be competent in 'normal ward routine duties', while only one-quarter to one-third (10–13) expected competence on 'reacting sensibly and correctly in emergency' and 'anticipating procedures and reporting observations accurately' (the most stated items of ward routine were washing patients, caring for their mouths and pressure areas, recording their temperature, pulse, respiration and blood pressure, making beds, and dressing their least complicated wounds).
A comparison between the sisters' and the students' expectations showed that first-year students felt competent to do more tasks than the sisters claimed they were competent to do, and nearly half the sisters did not expect competence in their third-year students in the practical, theoretical, administrative and psychosocial aspects of nursing.

Influence of other factors on student learning
To what extent do students organise their ward learning?
There was little evidence to show that students approached ward learning in an organised way. The value they placed on reading patient notes and textbooks was high, but notes were more important to them early in training and textbooks later.
The reasons given for reading patients' notes altered through training. These reasons related to presenting condition, social background and reasons for patient behaviour, treatment and tests, and other.

Do students feel they can influence the speed or direction of their learning?
Students claimed to dislike certain practical procedures and felt able to avoid them more frequently very early and late in their training (second ward and 31 months) than those in the middle of their training (12 and 24 months).
Apart from early in their training, the majority of students practised writing reports about patients (for nursing records, for example, Kardex). Twenty per cent of the most senior students felt that the task was routine and that they had learnt nothing from doing it.
When seeking help with an unfamiliar procedure, students at very early and late stages in training seemed more likely to ask trained nurses than students at other stages (65 per cent of second ward and 63 per cent of 31 months, against 43 per cent of 12 months and 23 per cent of 24 months).

What qualities in the teacher-learner relationship are appreciated by the student?
Students describing their 'best ward for learning' (18 months) relied mostly

(70 per cent) on trained nurses to supervise them when they were asked to do a new procedure. Sixty-nine per cent of them also reported liking to work with trained nurses (every student on her best ward for learning had liked working with at least someone; 25 per cent had liked all staff on the ward and 45 per cent had not disliked working with any member of staff there).
Eighty-five per cent of students describing their 'best ward for learning' still felt there were ways the teaching might have been improved, mostly in terms of teacher method (67 per cent).

How do those involved define ward teaching?
Sisters defining ward teaching mentioned practical techniques most often (number of sisters 26 out of 40), followed by theory (18), 'other' (15), psychosocial aspects (6) and administration (3).
On the whole, students at various stages of training who were asked how much they have learnt within the above categories of nursing, gave them the same order of priorities as the sisters (ie, with practical techniques and theory of nursing mentioned most, followed by psychosocial aspects of nursing, and administration mentioned least).
Students describing their 'best ward for learning' claimed they learnt more in each category (of the above aspects of nursing) than students at other stages of training.

CONCLUSIONS Here the author discusses two themes which emerged most strongly from the results of the interview data.
These are what the students (52 at the 18 months stage) found useful and helpful about particular wards chosen as 'best for learning' (13 out of 41 wards each chosen by 2 or more students) and the reasons for the absence of these useful factors on some wards.

The chosen wards seemed to be generously staffed, the majority having 5–8 trained staff and 9 or more untrained staff.

About a quarter of the students had experienced team or patient allocation and the majority said they had normally worked accompanied by another nurse who was untrained in 4 out of 5 of the cases.

These figures plus the evidence that the chosen wards usually had sisters who had been in post for several years, suggest the chosen wards had the stability and continuity that the students can appreciate.

The students' evaluation of 'good teaching' emphasised the active role of the sister as a teacher. She is not supervising and organising teaching so much as physically doing it.

The students did not claim to approach their learning in an organised way and appreciated teachers who put pressure on them and generally controlled their learning to some extent. They also felt they learnt more in a friendly and supportive atmosphere (for example, where they felt part of the team).

However, the results also clearly showed that only a few sisters were motivated and had the opportunity to attempt the sort of teaching that the students appreciated and that those who did had not been trained for it.

'Given this difficult impasse, it is suggested that programmed instruction, in the restricted sense of structured individual self-instruction, might be useful in ward teaching' (for further details see text of the thesis).

COMMENTS This thesis describes some sisters' and students' expectations and perceptions of the teacher–learner interaction on the ward. The 'theoretical considerations' involved in this study are discussed under the following headings: Historical trends in nurse education; Nursing and professionalism; Sociology of hospitals; Learning in schools of nursing; Relationship between training and education in nursing. The account of the pilot study's results includes a discussion on problems encountered while using partici-

pant observation in the wards. The main study findings point to interesting gaps and inconsistencies between and within both groups (sisters and students) concerning concepts of learning and teaching and its manifestation in the wards.

However, it is very important to remember that the figures quoted here (especially the percentages) were based on samples of 40 sisters and three groups of 40–50 students drawn from two general hospitals.

B6 Socialisation of Nurses: Teaching and Learning in Hospital Wards*

Joan Elizabeth Fretwell
Warwick University thesis (PhD) December 1978
(460 pages)

AIM To describe and analyse teaching/learning situations occurring in hospital wards, and to identify the characteristics of a 'good' learning environment (see Appendix B6.2 page 98).
Sponsor: DHSS
Duration: 1974–1977
Location: West Midlands Regional Health Authority and Warwick University

Background
'The system of nurse education in the United Kingdom is founded on two assumptions which underpinned the study.

1 That sisters and trained nurses teach in the ward situation.
2 That student and pupil nurses learn as they work (page 4 of the thesis). It is suggested that 'there has been little research to test these assumptions' (page 4 of the thesis).

The following observations have emerged as a result of the literature review. That 'the ward learning environment is a dynamic concept, comprising units of working/teaching/learning activities'. The fundamental question of this study is, therefore, 'what is the nature of these activities?' (page 64 of the thesis).
That 'there was a consensus of opinion that the sister was:

(a) The manager of ward activities.
(b) The person in control of the workers who are potential teacher and learners in the wards, and
(c) The person in control of activities in which they participated' (page 65 of the thesis).

It was decided to explore two questions:
Who are the ward teachers?
What do nurses learn as they work?
However, since data about ward teachers were found to be limited, one of the original decisions to concentrate mainly on the teaching activities of the ward sisters was abandoned and the research 'focused on the recipient of teaching rather than the teachers in order that all types of teachers and teaching might be identified' (page 5 of the thesis).

METHOD The research was designed in two stages:
Stage one (October–December 1975)
'The first stage was exploratory with objectives:

1 To rank and identify wards with "good" and "less good" learning environments by using the opinions of the learners.

* This summary was compiled partly from the thesis and partly from the author's summary report of the study (August 1979) intended for the research subjects and other ward sisters. This report was published as an occasional paper in the Nursing Times 26 June 1980.

2 To describe characteristics of wards identified as having "good" learning environments.
3 To describe the sister's perception of her management and teaching roles' (page 5 of the thesis).

Methods used in stage one
Rating questionnaires for learners were used to rank the wards into 'good' and 'less good' from a teaching/learning point of view. 'Questions about the ward probed the following areas: what there was to learn, what learners felt they had learnt, whether they felt all learners would benefit from working on the ward, teaching by the ward sister, consultant and clinical teacher, supervision of new procedures, how the ward compared with other wards, and whether they liked working on the ward?'
For each question, learners were asked to select one of four responses which were listed in either negative to positive or positive to negative order. (The format of the questions followed a design used by Bendall, 1973.) Learners were also asked to record, on the blank side of each questionnaire, their feelings about anything that they thought was 'good' or 'not so good' for learning (page 2 of the thesis).
'Although these questionnaires were seeking opinions rather than attitudes, some of the principles underlying Linkert Scaling (Moser and Kalton 1971 pp 361–366) were employed, although each item was analysed individually' (page 69 of the thesis).
Semi-structured interviews were conducted with ward sisters working on wards which had been the subject of the learner questionnaires.
'Questions were divided into 4 groups: description of the ward, work on the ward, sister's role and the education of student and pupil nurses' (page 3 of the thesis). The interviews took between 1½ and 2½ hours.

Stage two
The results of the first stage laid the foundations for the second stage. The characteristics of a ward learning environment were set out in a working model (see Appendix B6.1 page 97). As shown in this working model, some of the factors which contribute to the ward learning environment, such as the ward size and layout, type of patients and nursing and medical procedures, are outside the control of the ward sister. Others, such as formal teaching, the provisions of learning opportunities and the ward atmosphere and staff relationships, could be controlled by her.
Three principal working hypotheses (see the findings section page 92) were formulated and these underpinned the main study's research design. (The variety of working hypotheses formulated are detailed in pages 113–114 of the thesis.)
The research focused on two main areas: 'teaching and learning, and ward sister activities. It was assumed that there were differences in the teaching and learning that took place on different wards, and that when factors which fell outside the sphere of influence of the ward sister were controlled, the differences would be related in some way, to ward sisters' activities' (page 161 of the thesis).
'The objectives of the second stage were twofold: firstly to identify and describe teaching/learning situations, and secondly to identify and describe activities undertaken by the ward sister which could account for differences in ward learning environments' (page 5 of the thesis).

Research methods used in the second stage of the study
Observation: The observation schedule 'was designed to identify "overt" teaching situations and "potential" teaching situations (learners working with trained person) so that they could be probed in depth. Activity sampling at 10 minute intervals gave an overview of the ward, yielding data on activities performed by ward sisters and other qualified staff members (what they were doing and with whom they were inter-acting)'.
'Two systems of categorization were used for recording nursing activities: one used "basic, technical, informational, relational and non-nursing" categories and was modelled on systems used by Goddard (1963) and Bendall (1975) and the other which was used for sister activities only was developed from one suggested by Inman (1975)' (page 174 of the thesis).

Activities were recorded on a staff activity sheet. Categories of learners' activities (that is, what they were doing) were not recorded, but companions (that is, who the learner was with or if she was alone) and 'overt' teaching were recorded.
Monitoring the work load on each ward during period of observation entailed asking the sisters to fill in a dependency form for each patient during the observation time using a form modelled on the one used by Barr (1967), and calculating a work load index for each ward using the Barr (1967) method with modification introduced by Lelean (1973) which developed a more sensitive indicator of busyness by taking the number of nurse hours into account.
Recording details of the number and quality of workers on each ward and calculating a ratio of trained to learner nurses. (The ward data collected for the six wards observed are described in chapter 10 of the thesis).
Making notes of observed events or conversations which contributed to an understanding of the ward learning environment.
Interviews with learners: On each ward (observed) learners were interviewed about a sample of activities in which they were involved. 'Learners were questioned to find out what they had seen, done or overheard that they felt was important for their education. Where appropriate, data were recorded about teachers and teaching initiators, and some aspects of ward organisation.
When observed in a work activity learners were also asked to assess their competence by selecting one of four scales which indicated either full competence or a need for teaching in that activity. A plan to interview teachers had to be abandoned because of lack of time' (page 7 of the report).

SAMPLE *Stage one*
Hospitals: 2 general hospitals and a geriatric unit in a third hospital under the same division of nursing management which were united for the purpose of nurse education.
Wards: 14 wards (as detailed below).
Nursing staff: 11 senior sisters (out of 13) with over 18 months experience working on wards which have been the subject of the learners questionnaires.
Eighty-seven learners (48.9 per cent of all learners in training in the above hospitals) completed a total of 327 short questionnaires. The average number completed by each learner was 3.8 about 14 training wards (medical, surgical and variety of specialties) on which they had worked for a minimum period of 4 weeks during the previous 18 months. The 87 learners consisted of:
25 first year student nurses (excluding introductory courses)
17 second year student nurses
9 third year student nurses
29 first year pupil nurses
7 second year pupil nurses

Stage two
Hospitals: 2 general hospitals (the same as in stage one).
Wards: 6 wards (selected from the 14 mentioned above).
'In order to control variables which were outside the sister's control and to maximise differences between wards, it was decided to compare pairs of wards of similar specialty – each pair to comprise a "good" and "less good" ward (determined by the learners' rating in stage one). The three pairs of wards were surgical, medical and orthopaedic' (page 5 of the report).
Nursing staff: 6 sisters, 44 student and 11 pupil nurses (representing 27.9 per cent of the learners in training) who were working on the 6 wards at the time of the observation.
Observation times 'Observations were conducted on five mornings between 9.00 am and 12 noon in order to detect the maximum amount of teaching which took place during work; and five afternoons between 2.00 pm and 4.00 pm to detect teaching situations occurring when work demands were lighter. Observations took place only when the senior ward sister was on duty and as far as possible were conducted on each of the five week days. At the end of each session members of staff were asked to record any marked variations in

the ward routine, work of staffing which rendered the session "atypical".' (page 8 of the report).

Observed learner activities On each of the six wards, 80–100 (total 571) learner activities were the subject of the interview with the learners. 'The same method of sampling learner activities was adhered to in each ward so that valid comparisons between wards could be made. There was purposive sampling so that the maximum number of teaching situations occurring on each ward was included. The sample of cases on each ward reflected both the teaching that occurred on the ward and the time that learners spent with various groups.' (page 7 of the report)

Further details on methods used and samples selected can be found in the appropriate section of the thesis (which also includes copies of the questionnaires, observation schedules, and so on shown in appendices).

FINDINGS

The sections on the findings and conclusions and appendices B6.1–B6.3 were extracted from the author's report of her study (August 1979), published as an occasional paper in the Nursing Times 26 June, 1980).

Stage one

Learners' questionnaires: By allotting a score of 1 to 4 according to the response to a particular question, it was possible to achieve a crude ranking of wards for each question. The results showed that the wards which learners preferred and on which they felt that there was a lot to learn, were those on which there were:

Variety of patients with different diseases
Variety of tasks and techniques
High turnover of patients
Teaching by the ward sister
Teaching by all staff
Good staff relationships and ward atmosphere

The ranking appeared to be related to length of patient stay, and could be explained in terms of 'mainly technical' to 'mainly basic' nursing (page 113 of the thesis).

On only two out of the 14 wards did the learners' comments suggest that a very high work load or staff shortages inhibited learning.

Learners saw the ward sister as, or expected her to be, a key teacher in the ward, and data suggested that on wards where the ward sister taught or was interested in teaching, other qualified staff members taught or showed an interest in teaching.

Teaching by clinical teachers appeared to vary considerably from ward to ward, but learners on a geriatric unit were particularly appreciative of the teaching done by the clinical teacher, which they felt stimulated their interest in patients.

Data strongly suggested a relationship (a positive and significant ($p < .01$) Spearman Rank Order correlation) between ward sister's teaching, teaching by trained staff and ward atmosphere/staff relationships. Detailed analysis of learners' comments showed that the sister was a key figure in the ward who created the learning environment. It was clear that the sister's influence on learning extended beyond her actual teaching. She was instrumental in encouraging other members of staff to teach; and she was able to initiate teaching and place learners in situations where they had an opportunity to learn (see Appendix II of the study). The results indicated that a further study of the ward learning environment would have to take account of the sister's management, as well as teaching activities. (For further details see chapters 6 and 7 of the thesis.)

Interviews with ward sisters (chapter 8 of the thesis: The ward sister's perception of her role)

Sisters were well aware what learners thought about the work on their particular ward and there was general agreement between the sisters' assessment of what there was to learn on the ward and the assessments made by learners (in answer to the same questions).

Sisters described the learning opportunities on the ward in terms which placed the patient's psychological and special needs first. However, when

asked to name the six most important things they expected nurses to learn, specific procedures and techniques were the items most mentioned. Emphasis on the acquisition of physical skills suggested that priority was given to the nurse's 'worker' role.

Ten sisters (out of 11) said that the bulk of the work on the ward concerned the hygiene of patients (basic nursing) and the majority also regarded this as the most essential work. But some learners, particularly on the less preferred wards, considered this to be irrelevant to their learning needs.

Ten out of 11 sisters said that the busiest periods were the mornings and they were unanimous that the slack periods were in the afternoon.

On five wards there was an element of hierarchical job allocation with specific jobs being done by junior or senior nurses. Three sisters stressed that trained and learner nurses worked together doing all types of work, but responses from five sisters suggested that trained nurses only worked with learners during special procedures or when the nurse was new to the ward.

Only one sister had been on a teaching course, but the majority had been on management courses, thus confirming the emphasis given by policy-makers to the sisters' management role. Subjects taught by sisters included skills and practical procedures (9), patient care and diseases (8), drugs (3), and anatomy and physiology (2). Although over half the sisters said that they were involved in group teaching sessions, some were reluctant to take part in them and their comments suggested that feelings of insecurity and doubts about their knowledge and teaching ability may have prevented them from taking up opportunities to teach in more formal groups.

Sisters did not see themselves as the sole teacher in the ward. All said that other members of the trained staff taught. Six mentioned student and pupil nurses, four mentioned clinical teachers and two mentioned doctors. Only five sisters felt that they should have major responsibility for seeing that nurses learnt in the wards.

On most wards the bulk of the work – and by implication the supervision and demonstration whilst working – took place during the morning, and the most frequent activity in the afternoon was said to be 'teaching sessions'. This was mentioned by ten sisters but qualified by three sisters with the caveat 'if there is time'.

Asked about their five most important activities, nine sisters mentioned 'supervising patients/patient comfort' and the same number listed 'reporting to doctors/doctors' round'. Seven mentioned 'teaching learners' but only one sister felt that this took the most time.

The overwhelming impression given from the interviews with sisters was that all the sisters felt a strong commitment towards their patients whose needs come before those of the learners, but ultimately consultants had first call on the sister's time. There were also comments to indicate that when there was a conflict of needs, teaching was the activity that was sacrificed.

Responses indicated that the sisters subscribed to the widely held view 'that nurses learn as they work', but it was by no means certain from the interviews that nurses learnt during every type of work activity. The root question carried forward to the observation stage was 'what precisely do nurses learn as they work?'.

Stage two

*Summary of main findings**: The main working hypotheses supported the following.

Those wards in which learners learn a lot are those wards in which sisters make a conscious effort to make teaching a reality. (See active and passive role. Appendix B6.3 page 99.)

Trained nurses teach during specialist activities (technical activities).

Student and pupil nurses learn during some work activities.

Learners involved in almost two-thirds of the basic activities which were the subject of interviews, were fulfilling a 'worker' role, for no teaching or learning took place, and when doing the bulk of the basic work learners said that they felt 'fully competent' and did not need further practice.

* Only those findings relating to the ward sister's role are reproduced here.

Student and pupil nurses were more likely to be 'learners' when doing technical work, for teaching or learning occurred in approximately two-thirds of the activities of this nature; and in over half the technical activities, learners said that they needed practice, supervision or teaching. (For further details see chapter 11 of the thesis.)

Teaching and learning in hospital wards (chapter 12 of the thesis)
Some variables which affected the teaching and learning in the wards were outside the ward sister's control. These were the nature of work, the learners' stage of training, the length of time spent on a ward and the member of staff with whom the learner worked or associated. Most of the findings reproduced here (chapters 12 and 13 of the thesis) relate to those factors which fell within the ward sister's control. These were ward organisation, her style of leadership and orientation of her role (page 223 of the thesis).

It is estimated that the learners on the six wards spent between 5.5 and 20.7 per cent of their time being taught by trained nurses or doctors, and between 5.7 and 30 per cent being taught by untrained staff. It is estimated that the total time spent in teaching on the six wards varied from 11.6 to 36.9 per cent. (See table 62 Appendix B6.4 page 103).

There was a variety of teachers in the wards – sisters, trained members of the ward staff and learners. But no dominant group consistently assumed the role of teacher, and the type of teacher varied between wards. On some wards, learners were estimated to do more teaching than the trained nurses. In the study as a whole, the clinical teacher did not emerge as a dominant teacher, but on a ward with a heavy work load she appeared to do more teaching in one day than other trained members did in one week.

Job teaching* was similar on all wards but there was more teaching of theory both about the work that was being done and unrelated to the work on the high ranked ward of each pair (see page 205 of the thesis).

On two out of the three high ranked wards, there was more teaching by trained members of staff than by the untrained.

Awareness of the patient as an individual with feelings (for example, the patient's reaction to illness) varied between wards, and the overall percentage of this type of learning opportunity** was relatively low (5.2 per cent of 524 activities). However, most of the learners on one low ranked ward demonstrated awareness of the patient's feelings at some stage, and one explanation for the difference in the learners' perception seemed to be that the sister operated a system of 'total patient care' in which learners did all the care for a patient. Learners in this ward preferred this system and felt that they knew more about their patients.

The percentages of learning opportunities** which came to light on one high and one low ranked ward were remarkably low. Compared with the other four wards, a much lower percentage of basic activities was felt to be important for education (see table 62 Appendix B6.4). On these two wards (Irena and Heaton) a rigid routine and system of task allocation appeared to limit the learners' powers of discovery and contributed to an automatic job performance, particularly during routine work.

On all wards, basic nursing activities were more routine than the technical activities. More of the latter type of task were individually allocated.

* 'The transmission of knowledge or skills related to a job currently being done, from someone identified as a teacher to a learner'.

** 'Situations in which learners become aware through sight, hearing or other senses, of experiences which contribute to their education. They can be distinguished from teaching situations by the absence of identifiable teacher'.

It is argued 'that the teaching and learning that occurred in each ward was a function of the ward sister – in other wards, her actions directly affected the teaching and learning' (page 274 of the thesis). Tables 53 and 54, Appendix B6.4, demonstrate that the sisters directly or indirectly controlled a majority of the learners' activities, and highlighted the variations in teaching or learning that resulted from their intervention.

Three types of leadership style of sisters were identified (derived from those identified by White and Lippitt, 1972). The autocratic leader gave instructions about the work using rules, a more rigid routine and set tasks and companions. The democratic leader gave learners more choice in the work that they did – inviting rather than commanding – but specified that the trained should work with the untrained. The *laissez-faire* leader prescribed the care patients needed but left learners to organise the work. Table 62, Appendix B6.4, shows that learners on the two wards where the sister was a democratic leader (Charlotte and Neville) were estimated to have spent more time being taught by the trained staff.

Three types of sister orientation were identified according to the way the sister spent her time, and the order of priorities was: doctor, patient and administration (see table 56, Appendix B6.4 page 102).

Two types of teaching role were identified according to the way the sister fulfilled her teaching role. These were an active or a passive role (see Appendix B6.3). Her teaching activities extended beyond the actual teaching the sister did.

Sisters were observed to spend between 0 and 4.9 per cent of their time teaching, but interviews with learners revealed that covert teaching was equal to, or more than, the overt teaching, and ranged from 1.3 to 8.4 per cent. Therefore, the time sisters spent teaching ranged from 1.3 to 13.3 per cent (see table 59, Appendix B6.4 page 102).

Only one sister (on the ward which was highest ranked in stage one) was estimated to have spent more time teaching learners than in administration or in 'rounds or talking to doctors'.
This sister was the only one to be observed fulfilling all dimensions of an active teaching role.
For a detailed description of the learning environment on each of the six wards observed, see page 307 of the thesis.

CONCLUSIONS

It was concluded that the sister is the key person who controls the learning environment. An ideal learning environment is seen as one in which the educational needs of learners are met: it is created by the sister and other trained nurses working in the ward. It is anti-hierarchical and the most important features are teamwork, negotiation, good communication, and availability of trained nurses during work and when the work is done. The sister is democratic, patient oriented and fulfills an active teaching role. She makes a conscious effort to make teaching a reality.

The research uncovered aspects of the ward environment which appear to be inconsistent with learning. It seems that a system which has traditionally developed to get the work done, produces an environment which is the antithesis of a learning environment. A system of task allocation, in which tasks are allocated to workers according to a place in the hierarchy, takes trained nurses away from learners who are most in need of help, and routine work contributes to an automatic job performance which stifles a spirit of enquiry.

The results suggest that the type of work during which teaching and learning take place is technical rather than basic. Nurses in the study – even junior nurses – found repetitive basic nursing easy to do. They felt fully competent doing the majority of basic tasks and did not feel that the physical performance of such work was important for their education, but they recognised that it was important for the patient. However, educationists argue that

important pre-conditions to learning are a spirit of enquiry and that learners must be prepared for learning before they enter 'learning situations'. In the light of the findings there appears to be an urgent need for nurse educationists and policy-makers to decide how or if the performance of routine basic work satisfied the learning needs of student and pupil nurses doing such work. How far does the learners' perception of such work prepare them for discovery? What are they expected to learn? What do they learn? The sister creates and controls the learning environment, but no systematic training for the teaching role is given by any of the state agencies – DHSS, NHS or GNC. It is suggested that the sister can no longer be neglected, for she is the key to change. It is through her that progress in education and nursing practice can be made, and it is right that she should be trained for this task and should be rewarded for the extra effort that she must expend.

COMMENTS

The foregoing account is a selective summary of an extensive and detailed report on an enquiry into the ward learning environment in two general hospitals from one AHA.

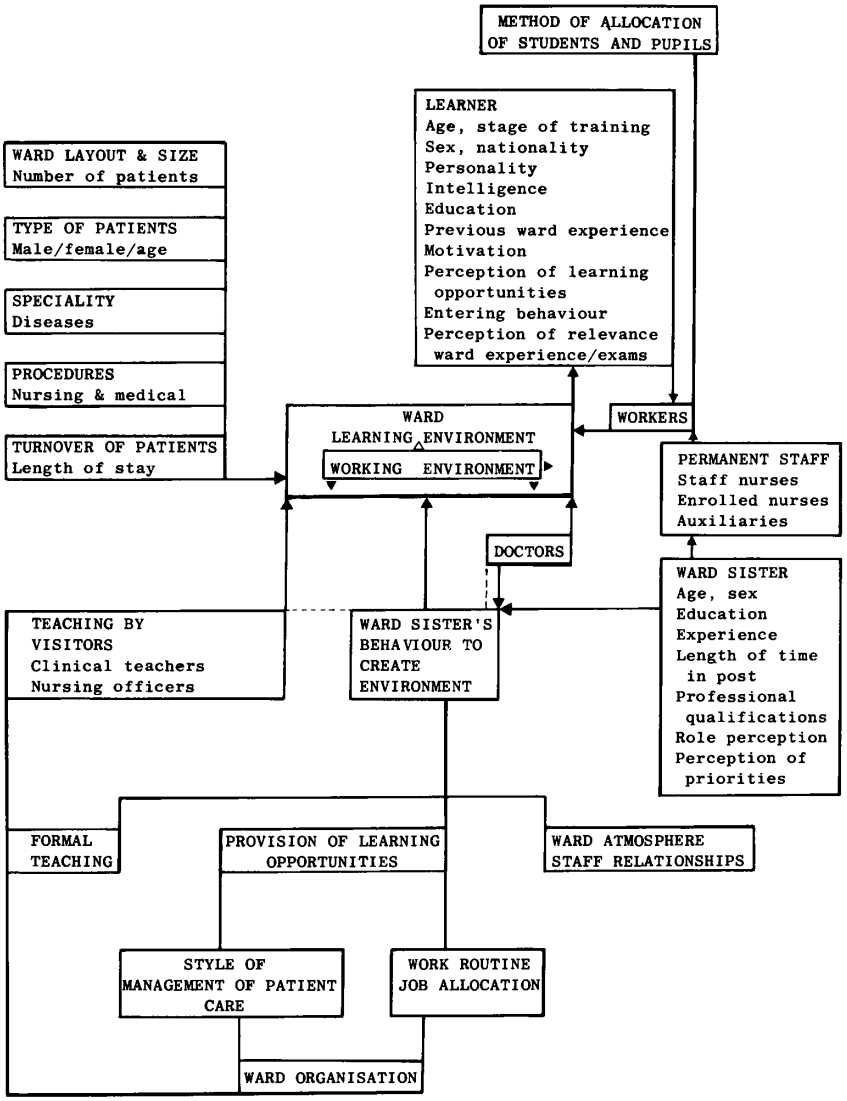
The thesis is divided into three parts. Part I consists of an introduction, a brief statement on the system of nurse training, a review of the literature relating to nurse education since 1919, and a discussion on theory relevant to the social order in the hospital ward. Parts II and III describe the methods and results of the first and second stages of the research respectively. As the author pointed out, a number of work studies (Goddard 1963, Ministry of Health 1968, Scottish Home and Health Department 1969) which have shown that sisters spent little time on teaching, did not take into account teaching which may not be observable to an outsider – what has been termed 'teaching by example'.

One of the important contributions of this study lies in its attempt to overcome this by observation of activities undertaken by the ward sisters and other qualified staff and interviews with learners about a sample of these activities soon after.

It is important to remember that the reported findings and conclusions should be seen within the limits of this study as set out in the Methodology and Sample sections.

APPENDIX B6.1

Figure 1 Characteristics of a learning environment*



* Reproduced from page 160 of the thesis.

APPENDIX B6.2

Characteristics of an 'ideal' learning environment

The comments that learners made on what was 'good' and 'not so good' for learning, implicitly or explicitly identified the needs of individual learners, and demonstrated ways in which perceived needs were met or left unsatisfied.

Characteristics of an ideal learning environment which are within the control of the ward sister fell under three main groups of ward sister activity, and it is hoped that these findings will be of some assistance to the ward sister who wishes to create a learning environment.

Provision of a ward atmosphere which is conducive to learning.
Formal teaching.
Provision of learning opportunities.

Provision of a ward atmosphere which is conducive to learning

The sister and trained nurses need to
show an interest in the learner when she starts on the ward
ensure good learner/staff relationships
be approachable, available, pleasant yet strict
promote good staff/patient relationships and quality of care
give support and help to learners generally
invite questions and give answers
help and encourage the learner in her work
work as a team.

The keynote of a ward atmosphere which is conducive to learning is 'teamwork' for such a term includes comradeship and mutual assistance, and precludes the segregation of the permanent staff from the learners.

Formal teaching

Formal teaching on the ward includes all those activities in which skills and knowledge are transmitted to a learner from someone who can be identified as a teacher. The teaching described by learners could be divided into two types – 'non-job teaching' (discussion of the patient's diagnosis, treatment and needs outside the immediacy of the routine) and 'job instruction' (instruction as to some detail of the job currently being done).

The characteristics of formal teaching on an ideal ward are
that all trained nurses on the ward teach regularly
'outsiders' teach regularly (doctors, clinical teachers)
senior students teach
trained staff assess learners
non-job teaching comprises lectures and discussions about patients
there is a programme of job-instruction
sister maintains good communication with staff and learners
trained nurses teach during the drug round
trained nurses teach 'by example'
sister initiates teaching.

The two essential features of teaching on the ideal ward are that there is a variety of teachers and that teaching is a frequent occurrence and is included in ward routine. The point to be borne in mind is that it is the sister who determines the place of teaching in the rank order of priorities and ensures that it is carried out.

Provision of learning opportunities

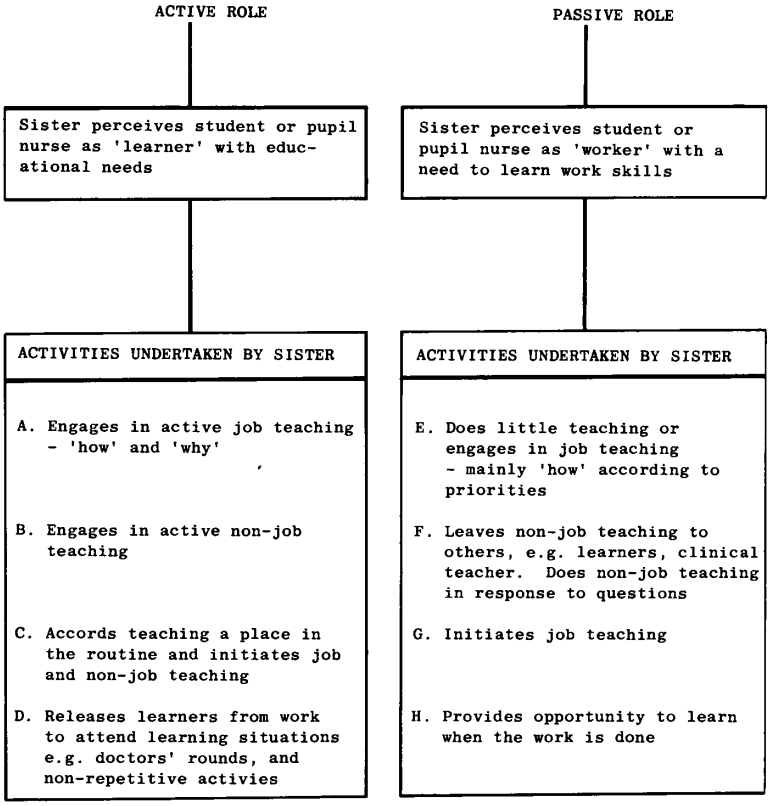
The sister is the manager in the ward and through the ward organisation is able to provide learning opportunities for the learners.

Characteristics of the learning opportunities provided through the ward organisation are
everybody works
sister and trained nurses give learners the opportunity to watch or perform new procedures
sister accords teaching and learning activities a place in the routine
sister allows learners to go on doctors' rounds

sister gives learners the opportunity to read case notes and text books
sister gives learners responsibility.
The ward sister controls the permanent trained nurses and auxiliaries, and learners who work on the ward, and she is able to create a learning environment by giving learners work which satisfies individual learning needs. Of key importance is the way the sister allocates the work. Traditionally, work in hospital wards has been allocated on a hierarchical basis with learners doing the bulk of the routine work whilst trained nurses do more technical tasks. Learners in the first stage of this study did not feel that this type of work allocation was good for learning.

APPENDIX B6.3

Figure 2 The sister's teaching role*



* Reproduced from page 298 of the thesis.

APPENDIX B6.4

Table 53: Percentage of activities initiated by various means on six wards (reproduced from page 276 of the thesis)

Ward	Neville M.Med.	Irena F.Med.	Elizabeth F.Surg.	Charlotte F.Surg.	Naomi F.Orth.	Heaton M.Orth.
No of activities	94	95	77	86	80	92
			percentage			
Initiated by sister by directive or request	10.6	29.5	7.8	38.4	25.0	19.5
General instructions or routine under sister's control	40.4	40.0	49.4	31.4	47.5	64.1
Initiated by junior sister, staff nurse or SEN	11.7	12.6	11.7	18.6	15.0	9.8
Learner informant initiated own participation	20.2	3.2	7.8	4.7	6.3	0
Initiated by other learners and untrained staff, or patients	4.3	13.7	10.4	3.5	5.0	6.5
Clinical teacher or doctor	5.3	0	11.7	1.2	0	0
Other	7.4	1.1	1.3	2.3	1.3	0

Note: For percentage of activities which resulted in teaching or learning, see table 54. Table excludes lone learner activities.

Table 54 Percentage of activities initiated under each head which resulted in teaching or learning (reproduced from page 277 of the thesis)

Ward	Neville M. Med	Irena F. Med	Elizabeth F. Surg	Charlotte F. Surg	Naomi F. Orth	Heaton M. Orth
No of activities	94	95	77	86	80	92
Initiated by sister by directive or request n =	10	28	6	33	20	18
Percentage resulting in teaching or learning	70.0	39.3	100	90.9	60.0	88.9
General instructions or routine under sister's control n =	38	38	38	27	38	59
Percentage resulting in teaching or learning	44.7	28.9	68.4	44.4	36.8	44.1
Initiated by junior sister, staff nurse or SEN n =	11	12	9	16	12	9
Percentage resulting in teaching or learning	91.0	50.0	44.4	50.0	50.0	44.4
Learner informant initiated own participation n =	19	3	6	4	5	0
Percentage resulting in teaching or learning	84.2	100.0	66.7	75.0	100.0	–
Initiated by other learners and untrained staff, or patient n =	4	13	8	3	4	6
Percentage resulting in teaching or learning	75.0	38.5	62.5	66.7	25.0	83
Clinical teacher or doctor n =	5	0	9	1	0	0
Percentage resulting in teaching or learning	80.0	–	77.8	100.0	–	–

Note: The size of some sub-samples is small since the percentage of activities initiated by various means differed from ward to ward (see table 53).

Table 56 Senior sisters activities during five mornings (9 am to 12 noon) and five afternoons (2 pm to 4 pm) – 10 minute activity sampling (reproduced from page 289 of the thesis)

Categories adapted from Inman (1975 page 107)						
Ward	Neville M. Med.	Irena F. Med.	Elizabeth F.Surg./	Charlotte F. Surg.	Naomi F. Orth	Heaton M. Orth
Sister activity						
N =	142	150	150	143	146	139
			percentage			
Rounds or talking to doctors	21.8	16.0	24.7	11.9	10.3	7.2
Working on Kardex, files, case notes or office work	14.1	18.7	12.0	9.8	19.9	24.5
Medicine round	8.5	3.3	3.3	0	1.4	2.2
Instructions or other talk to nurses and other staff	27.5	22.0	23.3	22.4	18.5	18.0
Talking to patients	5.6	8.0	13.3	10.5	8.2	10.1
Assisting patients	4.9	12.7	12.7	17.5	28.8	15.8
Talking on telephone	0	1.3	1.3	4.9	6.2	2.9
Talking to visitors	5.6	4.7	0.6	8.4	2.7	5.8
Other (meal break, unit meeting, off ward)	12.0	13.3	8.7	14.7	4.1	13.7
Orientation	Doctor	Doctor	Doctor	Patient	Patient	Admin

Table 59 Overt and covert teaching by sisters on six wards during five mornings and five afternoons. (Data source – 10 minute activity sampling and interviews with learners about observed activities) (reproduced from page 300 of the thesis)

Ward	Neville M. Med.	Irena F. Med.	Elizabeth F. Surg.	Charlotte F. Surg.	Naomi F. Orth	Heaton M. Orth
N =	142	150	150	143	146	139
Time spent N =	19	25	12	35	36	12
by sister			percentage			
with learners	13.4	16.7	8.0	24.5	24.7	8.6
Sister/learner activities not investigated by learner interview	4.2	4.7	2.7	2.1	5.4	1.4
Sister/learner activities investigated but no teaching found	2.1	10.7	1.3	4.9	10.9	0
Teaching by others in sister's presence	4.9	0	0	4.2	0	1.4
Overt teaching by sister	0	0	2.0	4.9	3.4	1.4
Covert teaching by sister	2.1	1.3	2.0	8.4	4.8	4.3
Overt and covert teaching by sister	2.1	1.3	4.0	13.3	8.2	5.7
Time spent teaching and in teaching situations	7.0	1.3	4.0	17.5	8.2	7.1

Table 62 Teaching and learning on wards managed by sisters with different styles of leadership, orientation and teaching roles (reproduced from page 309 of the thesis)

Ward	Charlotte F. Surg.	Elizabeth F. Surg.	Neville M. Med.	Irena F. Med.	Heaton M. Orth.	Naomi F. Orth.
Rating	High	Low	High	Low	High	Low
Style of leadership	Democratic	Laissez-faire	Democratic	Autocratic	Autocratic	Autocratic
Orientation	Patient	Doctor	Doctor	Doctor	Admin	Patient
Teaching role	Active	Passively inclined	Passively inclined	Passive	Actively inclined	Passively inclined
Estimated time spent by learners in teaching situation with trained staff	18.0%	10.5%	20.7%	5.5%	6.9%	8.6%
Estimated time spent by learners in teaching situations with untrained staff	5.7%	10.3%	11.6%	19.1%	30.0%	3.0%
Total estimated time spent by learners in teaching situations	23.7%	20.8%	32.3%	24.6%	36.9%	11.6%
N =	35	31	33	47	48	63
Basic activities felt to be important for education	62.9%	58.1%	57.6%	21.3%	29.2%	41.3%
N =	40	45	41	38	24	24
Technical activities felt to be important for education	92.5%	82.2%	87.8%	71.1%	91.7%	79.2%

B7 Ward Learning Climate and Student Nurse Response*

Helen D Orton
CNAA Sheffield City Polytechnic thesis (MPhil) September 1979
(174 pages)

AIM To carry out an exploratory investigation into student nurse learning on the ward and the related role of the ward sister.
The main objective was to discover whether 'ward learning climate' exists as a reality for student nurses and, if so, whether it determines student nurse satisfaction.
Sponsor: Department of Health Studies, Sheffield City Polytechnic, in collaboration with Sheffield Area Health Authority Southern District (Teaching)
Duration: 4 years.
Location: Sheffield

METHOD *Pilot study*
It was not practicable to carry out a full pilot study since all student nurses in

* This summary was contributed by the author

the area were potential respondents. Instead, a small pilot questionnaire was given to 20 nurses enrolled on a clinical teacher course. Also, the original items were discussed with a number of senior nursing personnel. After minor alterations the questionnaire emerged in its final form.

The main study

Interviews with nursing practitioners in a wide range of spheres over a period of one year.

Questionnaire divided into three sections, using a Likert-type response scale. Three questions were formulated as a result of the interviews; each section of the questionnaire being designed to provide answers to one question:

Section A: What are the general attitudes of the student nurse to nursing and how do they compare with the attitudes of ward sisters, tutors and clinical teachers?

Section B: What happens on particular wards and can a ward be said to have a learning climate which differentiates it from other wards?

Section C: How is student nurse satisfaction related to attitudes and to a particular ward experience?

(The questionnaire is discussed in chapter 3 and reproduced in full in Appendix B of the thesis.)

SAMPLE

The main study

Hospitals: 2 general and 1 children's hospital.

Wards: 30 wards were chosen for study from amongst those widely used for the allocation of student nurses. They consisted of medical, surgical, children's, ENT and neurological wards (chapter 3 of the thesis discusses the selection of the sample, the selection of the study wards and access to respondents).

Nursing staff: 395 respondents comprising:

student nurses
(3 year SRN only) N = 324
ward sisters N = 44
tutors N = 13
clinical teachers N = 14

The response rate for each group varied between 98.5 per cent and 100 per cent.

FINDINGS

The most important findings of this research project are those concerning ward learning climate (chapter 4 of the thesis outlines the circumstances in which a ward learning climate can be said to exist).

Computer analyses of the data enabled the large number of questionnaire items to be reduced to small groups which scaled effectively. Attention thus became concentrated on a small number of underlying dimensions by which ward learning climate might be identified, eg team spirit.

Two extreme groups, each comprising three wards, were used as the main focus for analysis since only they met the essential criteria for the existence of climate. These criteria, discussed in chapter 4 of the thesis, are:

discrimination between wards
consensus amongst respondents

For descriptive purposes, one extreme group of wards was labelled 'high student orientation' (HSO), and the opposite 'low student orientation' (LSO). These labels are indicative of the ward sister's attitudes and behaviour in relation to the student nurses passing through her ward.

The analyses revealed two short scales, plus individual items, which effectively distinguished between the learning climates of the two extreme types of ward.

The ward sister's recognition of student nurse needs (scale B1)

This four-item scale enquired into whether:

A team spirit existed in the ward.

The ward sister attached importance to students' needs.
The ward sister regarded students as learners rather than workers.
The ward sister was concerned about students' thoughts and feelings.
The results showed a very high level of consensus in response to the HSO* items; 82–89.5 per cent of the students strongly agreed (SA/A)**. For LSO† students consensus was lower, 59–66 per cent disagreed or strongly disagreed (D/SO)‡. The difference between the responses of the two groups was significant, (X^2 $p < .001$) on each item.

The ward sister's commitment to teaching (scale B2)
The three items comprising this scale investigated whether:
The ward sister devoted much time to teaching students.
The ward sister had a teaching programme.
The ward report was used for teaching purposes.
Again, there was a high level of consensus by student nurses – this time in both groups. The range for HSO students was 68 – 89.5 per cent SA/A and for LSO 81–100 per cent D/SD on each item ($p < .001$).

Additional items
Six further items which effectively discriminated between the two extreme types of ward enquired into whether:
The ward duty rota was planned to give students wide experience.
The ward sister usually consulted her staff before making decisions.
Students were kept busy for the sake of appearing occupied.
Procedures on this ward differed from those taught in the school.
Ward sister explained to sub-ordinates instructions coming from a higher level.
A student in difficulty would go to the sister.
Consensus for HSO students varied from 55–76 per cent SA/A and for LSO from 65–78 per cent D/SD ($p < .05$ to $p < 001$)

Open-ended questions
Student nurses were asked 'what did you like best about this ward?' and 'what did you like least about this ward?'. The resulting comments discriminated amongst the two extreme groups of wards in a manner entirely consistent with differences revealed by statistical analysis of the item responses. On HSO wards, 'the ward sister filled in every possible opportunity for teaching' and 'every nurse was made to feel an important member of a team'; on LSO wards, 'the ward sisters never taught anyone' and 'you had to learn by finding out for yourself'.

Characteristics of HSO and LSO wards
The hallmark of an HSO ward was the combination of team work, consultation and the ward sister's awareness of the needs of subordinates. The students saw their own physical and emotional needs amply met and also those of the patients. The ward sister had a teaching programme, herself devoting an appreciable amount of time to teaching, and ward report was used as an important occasion for learning.
In contrast, LSO wards presented the opposite picture. Team work, consultation and the ward sister's awareness of needs, were either absent or deficient. Teaching was given low priority and many potential learning opportunities were denied to students.

Ward sister self-reports – attitudes and priorities
In their responses to items concerning attitudes, ward sisters revealed differences which were remarkably consistent with the differences between HSO and LSO sisters as described by student nurses. That is to say, the evidence suggested that the HSO sisters were more likely to provide a structured environment in which the needs of all subordinates, including students and patients, would be met.

* HSO high student orientation wards: three wards and 38 respondents
** SA/A strongly agree and agree responses grouped together. Undecided responses have been omitted.
† LSO low student orientation wards: three wards and 27 respondents
‡ D/SO disagree and strongly disagree responses grouped together.

Sisters were asked to allocate their own priorities in both the 'real' and the 'ideal' situation. They were asked to assign 100 units of time between various categories: direct patient care, teaching students, doctors, clerical duties and 'others'. Analysis of the results yielded evidence of differences between HSO and LSO sisters in both the 'real' and the 'ideal' situation in all categories. Most significantly, HSO sisters admitted to spending more of their time teaching students than did their LSO counterparts (16 per cent as opposed to 10.8 per cent) and would, ideally, like to devote 27.5 per cent of their time to this activity as compared to 17.5 per cent for LSO sisters (see Appendix B.7 page 107). These self-reports by ward sisters provided independent confirmation of ward profiles resulting from student responses and comments.

Ward learning climate and student nurse satisfaction
Section C of the questionnaire was reduced to one scale, plus additional single items, which differentiated between HSO and LSO wards.
Student nurse satisfaction with ward experience (scale C1)
This three-item scale investigated whether:
The ward was felt (by students) to have been a good one for student learning.
The student was happy with her experience on that ward.
It was a happy ward for both patients and students.
The striking feature of these results was the very high level of consensus amongst students on HSO wards (87–100 per cent SA/A). The level of consensus for LSO students was much lower (41–67 per cent D/SD) and the difference between both groups was significant on each item ($p < .001$).

Four additional items illustrated the theme of *student nurse satisfaction with the ward sister's teaching role* and centred on whether:
The student knew whether the sister was pleased with her progress.
There was too little teaching.
The ward sister was too busy to teach students.
The student felt she was treated as an individual.
In addition to significant differences between HSO and LSO student responses on all items ($p < .001$), the results of responses to the second item showed a very marked dichotomy: 96 per cent of LSO students agreed that 'there was too little teaching', while 87 per cent of HSO students were limited in disagreement with this statement.

The link between satisfaction and ward learning climate
Analysis of items already described, indicated that HSO wards were associated with high levels of student nurse satisfaction and LSO wards with low levels of satisfaction.
Given the fact of random allocation of students to wards there was no other convincing interpretation of the findings than the explanation that ward learning climate determined satisfaction.

The central importance of the ward sister role
The various analyses, separate scales, independent sources and freely-offered comments, confirmed the centrality of the ward sister's role for students. Ward learning climate was, without doubt, focused on the sister and on her alone.

The therapeutic value of HSO wards
The findings supported the view that the needs of both students and patients are better catered for in HSO wards. The literature suggested that patients' anxieties and tension are lessened where staff are happy and work as a team.

CONCLUSIONS

Chapter 6 restates the findings and draws conclusions from them.

Ward learning climate is a psychological reality for student nurses (and for other staff and patients).

It is possible to describe and measure various dimensions of climate (ie team work, consultation and ward sister awareness of the needs of subordinates)

and to differentiate between two extreme types of climate, namely high student orientation (HSO) and low student orientation (LSO).

The identification of crucial elements of HSO climates has given rise to the possibility of encouraging appropriate attitudes and behaviour and, conversely, of discouraging inappropriate ones.

Students undoubtedly stand to gain considerably from improvements in ward climate. There are indications that patients, too, will benefit from an HSO type of climate.

COMMENTS

Two theoretical perspectives were used for the theoretical framework of this study. First, that of nursing education and, second, that of organisational psychology.

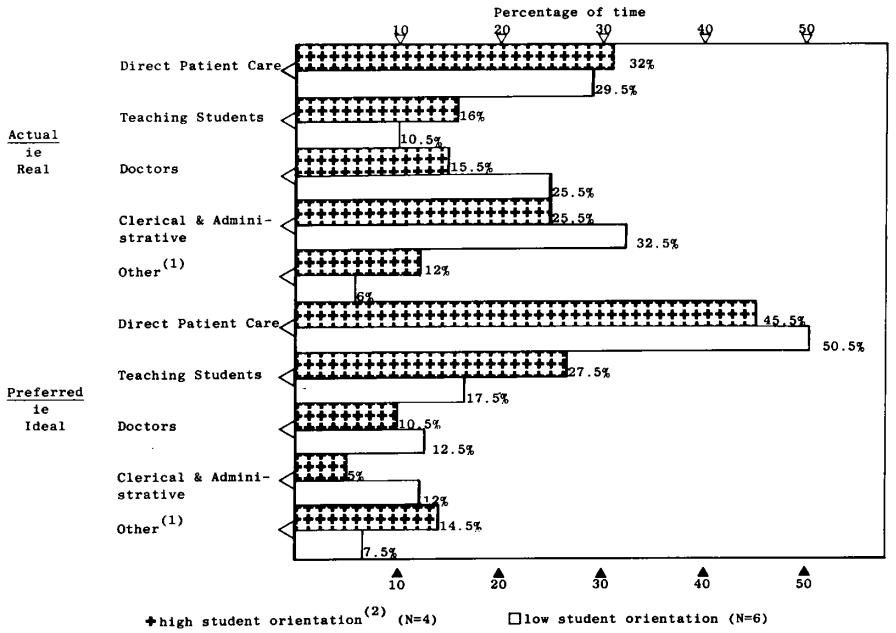
Nursing education literature expressed the need for more factual information concerning the student nurse on the ward and her relationship with the ward sister. Organisational psychology appeared to offer a lead in filling this gap through the concept of organisational climate.

The findings of the study are important in terms of the light they shed on certain precise aspects of the ward sister role. They accord with other recent research (eg Fretwell 1978 and Ogier 1980, see pages 89 and 108) which provide corroborating evidence of the crucial nature of the ward sister's role.

The main limitation of the study is its emphasis on the two extreme groups of wards (high student orientation and low student orientation) with little information on the middle ranges. (It may be the case that agreement concerning climate is forthcoming only at the extremes.)

APPENDIX B7

Table 4.9 of the thesis Ward Sister's Allocation of Priorities. Own Reports (actual and preferred)



(1) 'Other' included 'talking to patients and their relatives', liaison with other departments and the community.

(2) See Appendix D for discussion regarding the number of sisters on different wards. (3 LSO and 1 HSO had 2 sisters each, and the other 2 HSO had 1 sister each)

B8 A Study of the Leadership Style and Verbal Interactions of Ward Sisters with Nurse Learners*

Margaret E Ogier
University of London thesis (PhD) January 1980
(435 pages)

AIM To develop a grounded substantive theory that would account for the leadership style and verbal interactions of ward sisters with nurse learners. Nurse learners appear consistently to identify some ward sisters as helpful or 'good' to learn with, while others seem to have an inhibitory effect upon them. The study was planned to try to identify attributes or aspects of different sisters that nurse learners thought beneficial.
Sponsor: DHSS
Duration: 1976–1979
Location: Department of Occupational Psychology, Birkbeck College, University of London.

METHOD *Pilot study*
The pilot study was conducted to develop and test the methods of data collection. It was divided into two main areas.
1 The development of categories of learning opportunities for analysis of verbal interactions recorded in the wards; and the development of the Learners Perception of Ward Climate (LPWC) questionnaire. Both were carried out by group testing with the schools of nursing of the hospitals involved in the study.
2 Testing the methods of data collection within a hospital.

The main study
Ward sisters were given Fleishman's (1969) Leadership Opinion Questionnaire (LOQ). It measures the sisters' leadership style, that is, the extent to which the sister is likely to have two-way communication, mutual trust, respect and warmth with her subordinates (consideration score), and the extent to which she is likely to define and structure her own role and those of her subordinates toward goal attainment (structure score).
The Learners Perception of Ward Climate (LPWC) was given to nurse learners. This questionnaire was designed to identify which sisters were regarded as 'ideal' or were seen in a favourable light by nurse learners. It was developed from information obtained from a survey of 335 nurse learners conducted by the author in 1974. This survey indicated that certain factors within the wards appeared to be important to nurse learners. They were: sisters' approachability and willingness to answer questions, the fair allocation of nursing experiences and the attitudes of the medical and tutorial staff. (This survey is reported on pages 411 to 435 of the thesis.)

Recording
The verbal interactions of the ward sisters were recorded while they were on duty in the wards with the aid of a radio microphone and UHER tape recorder.
The data collection was carried out in two stages. The development of grounded substantive theory as described by Glaser and Strauss (1967), requires data to be collected and analysed. During analysis conceptual categories will emerge. Further evidence is then collected to substantiate categories, or, if necessary, to develop further categories. As the categories develop so relationships develop between them. The relationships can form the basis of hypotheses which can be tested. In turn the relationships

* This summary was contributed by the author.

between the categories lead to the generation of the core of an emergent theory.
Details of the method of study are described in chapter 3 of the thesis. The development of the measuring instruments and the procedures for analysing the sisters' verbal interactions are described in chapter 4.

SAMPLE *Pilot study*
Development of categories of learning opportunities:
178 trained nurses (48 sisters and 130 staff nurses).
193 nurse learners at different stages of training.
Development of Learners Perception of Ward Climate:
60 nurse learners (40 third year students and 20 learners at different stages of training).
Testing the method of data collection:
Hospitals: 1 400-bedded general hospital.
Wards: 7 wards: (two surgical, two medical and three special).
Nursing staff: 7 out of 11 sisters. All of the sisters were approached, but two declined to participate and the wards of two other sisters were closing down for repairs. 83 nurse learners from the above wards.
The nurse learners were following one of seven different training schemes (for instance SRN, RNM, SEN) and had been in training from eight weeks to four years. The majority were following the three year general SRN training (see chapter 4, pages 117–120 of the thesis).
Recording: 4 report sessions (two on week days and two at the week-end) were recorded. (The report was given to the shift of nurses coming on duty.)

The main study
Stage one: August–November 1977.
Hospitals: 1 400-bedded general hospital (the same as in the pilot study).
Wards: 6 wards: two surgical, one medical and three special.
Nursing staff: 6 of the 7 sisters who participated in the pilot study (one sister from a medical ward had left the hospital).
44 nurse learners.
Recording: 4 sisters (one medical, two surgical and one special) were each recorded for one week (5 days) while they were on duty.
2 special ward sisters were recorded for two days. The recordings resulted in approximately 200 hours of audio tape for analysis (see chapter 5 of the thesis).

Stage two: March–April 1978.
Hospitals: 2 1000-bedded general hospitals.
Wards: 8 medical and eight surgical wards.
Nursing staff: 16 sisters
86 nurse learners
As in the pilot study the nurse learners were at various stages of training and following one of seven training schemes. The majority were following the three year SRN training (see chapter 7 of the thesis).
Hospitals selection: The researcher was familiar with the hospitals chosen for the study (she had worked in both), and had contacts in them.

FINDINGS *A Summary and comparison of the data collected about four sisters* (chapter 5 of the thesis)
The aim of the study was to try to identify attributes of the sister that appeared to be beneficial to nurse learners. Analysis of LPWC questionnaire completed for the four sisters who were recorded for one week revealed that two of the sisters were more highly rated by nurse learners. They were considered by nurse learners as closely similar to the 'ideal' sister profile.
The audio tapes were analysed for:
Time spent interacting with various groups of people (nurse learners, staff nurses, doctors, patients, others).
Detailed analysis of sister/nurse learner interactions for the following.
Direction
Content
Form of speech

Report session
Independent rating of approachability and nurse learner orientation by a psychologist
Rating of speech style by six psychologists
Some of the main findings for the four sisters who were recorded for one week are in Appendix B8, page 111). The following list summarises the main differences between the two highly rated sisters and the two less highly rated sisters.
Highly rated sisters spend less time on duty in verbal interaction than the less highly rated sisters.
Highly rated sisters spend more of their interacting time interacting with nurse learners than the less highly rated sisters.
Highly rated sisters spend less of their interacting time interacting with their staff nurses than the less highly rated sisters.
Highly rated sisters during their nurse learner interactions spend an equal amount of time talking about theoretical and practical matters, while the ratio of theory to practical speech for less highly rated sisters is one to three.
Highly rated sisters ask nurse learners fewer questions than do the less highly rated sisters.
Highly rated sisters give more instructions to the nurse learners than the less highly rated sisters.
Highly rated sisters are present at five or four of the possible five midday report sessions, while less highly rated sisters are present at only two.

A further difference between the two categories was found in the consideration scores (see page 108) on the LOQ which the sisters completed during the period of audio recording. Highly rated sisters scored significantly higher on consideration than less highly rated sisters (see pages 111–112).
While the two highly rated sisters were similar in many ways and were identified by nurse learners as closely resembling the 'ideal' sister profile, they had different styles of conducting their communications.
Sister B in charge of a medical ward gave the impression of having time to consider the points of view of others. Sister H in charge of a surgical ward appeared 'directive' in manner in that while speaking she would tolerate no inattentiveness or interruption. However, she gave clear indications when the other person could contribute to the communication and that the communication would be welcomed. (Further details are in chapter 5 of the thesis).

Extension of the study: different leadership styles for different types of wards (chapter 7 of the thesis)
The difference between the two highly rated sisters lead to the extension of the questionnaire part of the study to eight sisters in charge of medical wards and eight sisters in charge of surgical wards. This was in order to try to identify a different leadership style between the two sorts of ward sisters. (Main study, stage two sample.)
There appears to be a definite difference in leadership style as measured by the LOQ, sisters in charge of surgical wards having a higher structure score than sisters in charge of medical wards. Sisters in charge of surgical wards played a more active role in directing group activities through planning and communicating information.

The development of categories and the emergence of the core of a theory (chapter 6 of the thesis)
From the data collected and analysed the following core of an emergent theory developed. Ward sisters who have a leadership style that is approachable, orientated to the nurse learner and sufficiently directive for the nature of the work, will have a pattern of verbal interaction with nurse learners that is perceived by nurse learners to be favourable towards them.

CONCLUSIONS It appears possible to identify characteristics of ward sisters, especially in their verbal interaction pattern, which are regarded as helpful by nurse learners.

No attempt was made to measure the amount of learning that had taken place in a ward as there were too many intervening variables. However, where communications are such that nurse learners appear to be able to approach the sister, the likelihood of more learning taking place is increased.

The study has provided a core of theory related to ward sisters' leadership and their verbal interactions which can be used as a nucleus for further research. It is also possible to use the study to develop training schemes to assist ward sisters with interpersonal skills. (Further details are in chapter 8 of the thesis.)

COMMENTS

The work of a ward sister is varied and highly complex and has numerous influences upon a nurse learner in the ward. When planning the study it was decided that a method of research was required that would accommodate a multitude of variables and yet lead towards a result that would have practical implications.

The development of a grounded theory enables the researcher to use a rich and varied source of data without the fear of having to put important data to one side in order to test an established theory. Only six sisters were studied in detail, and non-verbal interactions were not taken into account. However, the study has barely tapped the data source and even at this early stage it is possible to imagine it producing results which will help ward sisters improve their interpersonal skills.

APPENDIX B8

	Sisters			
	Highly Rated		Less Highly Rated	
Type of data	B*	H*	C*	G*
**Time on duty in minutes during 5 days of recording	2130	2655	2430	2610
**Time accounted for (sister recorded or activities known about)	1898	2430	2271	2382
†Total time on duty spent on verbal interaction in minutes	1096	1452	1733	1776
†Percentage of time on duty in verbal interaction	51	55	71	68
‡Verbal interactions with different groups as a percentage of total verbal interaction				
Nurse learners	40	50	23	34
Staff nurses	9	6	23	30
Doctors	26	15	16	9
Patients	10	8	22	13
Others	15	21	16	15

* B: medical ward; H: surgical ward; C: special ward; G: special surgical ward.
** Derived from Table 97 of the thesis.
† Derived from Table 98 of the thesis.
‡ Derived from Table 99 of the thesis.

	Sisters			
	Highly Rated		Less Highly Rated	
Type of data	B	H	C	G
Sister-nurse learners verbal interactions	percentage			
*Direction				
Sister initiated	32	27	15	24
Nurse learner initiated	4	11	4	3
**Content				
Sister initiated				
Theory	14	11	3	5
Ward climate	2	1	1	1
Learning accounts	1	0	0	0
Practical	13	13	11	18
Etc	3	2	0	0
Nurse learner initiated				
Theory	1	3	0	1
Ward climate	0	0	0	1
Learning accounts	0	0	0	0
Practical	2	6	4	1
Etc	1	2	0	0

* Derived from Table 100 of the thesis.
** Derived from Table 101 of the thesis.

	Sisters			
	Highly Rated		Less Highly Rated	
Type of data	B	H	C	G
Type of Speech	number of occurrences*			
Sister initiated				
Questions	25	19	46	59
Information	72	45	74	35
Instructions	25	46	12	20
Others	5	3	0	2
Nurse learner initiated				
Questions	20	24	21	17
Information	22	31	25	11
Instruction	5	4	1	3
Others	3	2	0	1

* Derived from Table 102 of the thesis during the time accounted for; see table 97 of the thesis.

	Sisters			
	Highly Rated		Less Highly Rated	
LOQ	B	H	C	G
Consideration	60	58	50	49
Structured	50	50	50	50

The raw scores obtained by the four sisters. Maximum score for both = 80.
Derived from Table 103 of the thesis.

Studies and Reports Relating to the Role of the Nurse with Particular Reference to Ward Sisters and their Job and Professional Attitudes

C1 The Reluctant Profession: Some Aspects of Nursing and Professional Responsibility

A Lancaster
International Nursing Review vol 14 no 6 November/December 1967
Pages 25–32

AIM To survey the attitudes of Scottish nurses toward some aspects of nursing and professional responsibility.

METHOD Interviews.

SAMPLE Two hundred and six nurses 'on the job' (131 from a rural area, 75 from an urban area).
The sample included staff nurses and *ward sisters* in hospitals, domiciliary nurses and public health nurses in the community, in approximately equal numbers, randomly selected within each category. (The overall response rate was 73 per cent.)

FINDINGS AND CONCLUSIONS (These are not specified separately for ward sisters.)

On education
Forty-nine per cent of hospital nurses and 35 per cent of community nurses said that the present entry standards for training were too low.
Fifty-two per cent of hospital nurses and 74 per cent of community nurses were in favour of university education for some nurses.

On qualities in nursing
Asked to state which qualities were important in nursing (other than education and training which were not considered the most important), the following were mentioned:
'Interest in people and a desire to help them; kindness; compassion (mentioned by 57 per cent of respondents); sense of humour, stability, able to take criticism (35 per cent); sympathy, understanding, sensitivity, gentleness (24 per cent); patience, ability to listen (18 per cent); adaptability, able to "turn one's hand to anything" (16 per cent); tact, good personal relationships (15 per cent); sense of responsibility, reliable, conscientious (15 per cent)' (page 27 of the article).

On self expression
When asked whether they thought nurses had sufficient opportunity to express their personal opinions on matters of nursing policy, 69 per cent of the respondents said that nurses did not make use of the opportunities which were available. There was no general agreement on the reason for this.
Fifty-one per cent of all nurses interviewed were members of a professional nursing organisation. The highest percentage of membership was among public health nurses, ward sisters and nurses from higher social class backgrounds.

'One of the frequently expressed criticisms of professional nursing organisations was that they were not "encouraging" bodies (page 28 of the article). Respondents were asked who they thought were best qualified to judge standards of nursing care, doctors, nurses or the patients themselves. Thirty-nine per cent said patients, 36 per cent said nurses, seven per cent said doctors.
Forty-seven per cent of the respondents said that there were circumstances in which a nurse should not carry out the instructions of a doctor; 42 per cent said that they had never been faced with such decisions in practice and did not know how they would act. Only 11 per cent said that a doctor's orders should always be obeyed, and of these a significantly higher percentage were over 40 years of age.

Nearly all the nurses who were interviewed showed a more lively interest in education than had been expected (those in remote areas no less than those in large city hospitals).

It is emphasised that this kind of enquiry has obvious limitations and that only a small part of the findings has been quoted in the article*. 'The sample of nurses interviewed was comparatively small and, as in the case of all such surveys, we do not know how far the expressed opinions of the respondents represent their real opinions – they possibly do not know this themselves' (page 29 of the article).

C2 Who Wants to Be a Manager?

H J Deller, S C Haywood and F W Turner
The Nursing Times vol 65 no 2 January 9th 1969
Occasional papers
Pages 5–7

AIM To explore problems related to the assessment of the administrative and technical inclinations of nurses (a pilot study).

METHOD All participants completed a self-administered questionnaire and then underwent a 30 minute interview with pre-arranged questions.

SAMPLE All (59) sisters and staff nurses employed by the York A Group Hospital Management Committee who were under 40 at the time of the survey (male nurses were excluded).

FINDINGS AND CONCLUSIONS (These are not specified separately for ward sisters.)
The author's questions 'were intended to discriminate between the administrative and technical bent of the nurse' (page 5 of the article). In the interviews, two other distinct orientations were discerned, those of caring and occupation (the first being the most pronounced).

Nurses more oriented to administration were less likely to be oriented to the technical aspects of nursing.

Those nurses who were oriented to the technical aspects of their work were also more likely to be concerned with the idea of caring for the patient.

The administrative orientation showed a negative relation to the degree of caring. That is, the 'high administration' group was relatively likely to have low scores in caring. They were more likely to believe that the most important attribute of a sister was the ability to get the work done, rather than kindness to the patients or technical competence. (Though it is noted 'that caring is general in the whole sample attitude; the difference is one of degree of emphasis' (page 6 of the article).

* The article is based on an MSc thesis by the author (University of Edinburgh).

The 'high administration' group had a more sympathetic attitude to the medical profession than the 'low administration' one. The high group was more likely to include sisters than staff nurses, seemed more likely to be promotion oriented and highly committed to their job and was more likely to come from the larger hospitals.

It is emphasised that these findings had to be qualified by the limitations of a pilot survey and that this paper only outlines some of the more interesting questions that it posed.

C3 What Do Nurses Think of the Salmon Report?

S C Haywood, H J Deller and F W Turner
The Nursing Times May 14th 1970
Occasional papers
Pages 65–66

AIM To investigate what nurses think of the Salmon Report. This study is a part of a larger project aiming to investigate the attitudes of nurses and some other paramedical occupational groups to career prospects.
(There is a reference to a pilot study, 'Who wants to be a Manager?' which is summarised on pages 114–115.)

METHOD Self-administered questionnaire and a second questionnaire completed by an interviewer.

SAMPLE Three hundred and fifty-six SRNs, including ward sisters (it is not stated how many).
The sample is supposed to be representative of teaching/non-teaching, urban/rural, and different size hospitals, and is limited to acute hospitals in the north east of England.

FINDINGS AND CONCLUSIONS (These are not specified separately for ward sisters.)
It seems that a large minority of nurses either know very little or nothing at all about the Salmon Report. The informed majority have doubts about it, but there is a clear minority in favour of it. The nurses were classified according to their responses into 'pro-Salmon' 'anti-Salmon' and 'unsure'.
The balance of opinion is against the Salmon Report's proposals with a large percentage undecided. The interpretation is not conclusive. This awaits further analysis of the material.

C4 Problems of Newly Appointed Ward Staff

Stanley Oliver
British Hospital Journal and Social Services Review vol 80 no 4200 October 17th 1970
Pages 2055–2056

AIM To identify the problems of newly appointed ward staff (ward sisters and third year students).

METHOD *Preparatory work*: an interview with an experienced ward sister and a third year student, using a questionnaire in both cases. (These are described in the text.)
Main study: questionnaires which were given to newly appointed sisters and charge nurses at a first-line management course (the same questionnaires used in the preparatory work).

SAMPLE *Preparatory work:* one ward sister and one third year student nurse from a large hospital near the author's home.
Main study: 20 sisters and charge nurses on a first-line management course. Eleven were newly appointed general ward sisters and nine were from 'special' wards such as psychiatrics, mentally subnormal children.

FINDINGS AND CONCLUSIONS When asked to write down the percentage of time a ward sister would be able to devote to patients, the arithmetic mean average for the 20 course members was 50 per cent. Sixty-five per cent estimated the time spent with patients to be at least twice the figure of 25 per cent quoted by the experienced ward sister; only 20 per cent were anywhere near this figure (range 15/35 per cent).
The subjects of this study were also asked to rank in order of importance (from 1 to 10) some listed problems encountered by a newly appointed ward sister and a student or pupil nurse. Correlation graphs were then drawn of the course members' answers against the answers given by the experienced ward sister and the third year student. Rank coefficients of correlations were calculated for each course member.

Excluding the nine sisters from special wards the group coefficient for 'understanding a student or pupil nurse's problems' came to +0.74, indicating fairly good understanding and probably because they had all been student nurses recently.

The group coefficient for 'understanding a newly appointed ward sister's problems' came to +0.44. This could be because they had been appointed only recently and were, therefore, not fully aware of all the problems involved.

It is emphasised that the size and nature of the sample and the questionable accuracy of the rankings given by the experienced ward sister and student nurse, means that the findings should be seen as mere indications awaiting further research.

C5 The Attitudes of Nurses Towards the Salmon Structure

T Wall and G Hespe
The Nursing Times July 6th 1972
Occasional papers
Pages 105–108

AIM To investigate nurses' attitudes towards the Salmon structure. This study is a part of a larger research project into nurses' participation in decision-making to which no other reference is made.

METHOD Interview and discussion with each nurse (one to two hours).

SAMPLE One hundred and twenty-two nurses from a number of different hospitals. It includes 39 charge nurses. The authors state that they do not know if the sample is representative of all hospitals. Therefore, it is not certain whether the results apply to all hospitals.

FINDINGS AND CONCLUSIONS (These are not specified separately for ward sisters. There is some differentiation between junior and senior nurses, the latter presumably ward sisters.)

Two problems associated with the implementation of the Salmon structure were identified.
The early stages of the change to the new structure is a time of considerable anxiety for many nurses.
There exists a generally unfavourable attitude towards Salmon, particularly among more senior personnel.

The underlying reasons according to the authors' analysis are:
A lack of understanding of the Salmon structure.
A lack of an open and supportive managerial climate.
The authors suggest some possible remedies for these problems.

C6 Report of the Committee on Nursing

Professor Asa Briggs (Chairman)
HMSO 1972
(327 pages)

AIM The Committee, appointed in March 1970, had the following terms of reference:
'To review the role of the nurse and the midwife in the hospital and the community and the education and training required for that role, so that the best use is made of available manpower to meet present needs and the needs of an integrated health service' (page 1 of the Report).

METHOD From the start the Committee decided:
'To set up a small research team of our own to initiate and supervise necessary research enquiries and to produce research papers.'
'To commission a number of research surveys from other bodies.'

'The following original research projects were undertaken for the Committee.
A postal survey followed by an interview survey to collect the opinions of nurses and midwives on various aspects of their work and some other information.
A survey of qualified nurses and midwives not currently employed by the National Health Service as nurses and midwives.
A survey of expenditure on nurse recruitment.
A survey of the opinions and experience of overseas nurses (this survey was carried out with the assistance of the Committee but was not directly commissioned by it).
A survey of current training arrangements for nursing auxiliaries and nursing assistants.
A survey of non-statutory post-basic clinical nursing courses.' (page 220 of the Report).

In addition the Committee received some interim reports of on-going research sponsored by the DHSS as, for example, a study of the enrolled nurse in the local authority nursing services carried out by the Queen's Institute of District Nursing (Hockey, 1972).

The Committee's research programme is discussed in appendix I of the Report. Detailed descriptions of the nurses' attitude surveys can also be found in two reports published by Social and Community Planning and Research in 1971 (see bibliography page 167).

SAMPLE Postal and personal interview surveys, hospital nurses' samples only.
The postal survey.
Hospitals: 100 groups selected at random.
Nursing and midwifery staff: Representative random sample (one in six) of 7,557 hospital nurses (79 per cent response rate). The sister/staff nurse grade constituted 28 per cent of the hospital sample.
The personal interview survey.
Hospitals: 40 groups selected at random from the list of 100 which took part in the postal survey.
Nursing and midwifery staff: 1282 hospital nurses (representing 87 per cent response rate) selected at random from each of the grade categories. The number of sisters/staff nurses was 190. For further details see tables A.1 and A.2, Appendix I of the Report.

The individuals and bodies who submitted evidence to the Committee, and the visits which were made by the Committee and its research staff are listed in Appendix II and III of the Report respectively.

FINDINGS AND CONCLUSIONS

(Only those directly or indirectly related to ward sisters in general hospitals have been extracted. The numbering system is the same as that in the Report.)

Urgent problems: Long term trends (chapter I of the Report)

The background to the work of the Committee

2 It is the last phrase in the statement of the terms of reference ('an integrated Health Service') which distinguishes our enquiry from that of our predecessors.

3 Since nurses and midwives constitute the largest group of National Health Service staff the success of integration policies will depend substantially on their effective education and deployment.

7 Just when the conception of an integrated National Health Service unifying hospital and community services was beginning to take shape, doubts were being widely expressed as to whether the nursing and midwifery staffing needs of a developing service could be met during the first critical decade of change.

More profound doubts were being expressed also about the adequacy and suitability within this context of nurse and midwife education and the training upon which the future of the profession was rightly felt to rest. In this connection we noted the sombre words at the beginning of annual report of the Rcn for 1971 that 'all is not well with nursing'.

8 Throughout the course of our enquiry, we have remained aware of a strong sense of urgency, expressed by nurses and midwives about the need to review the situation. 'It is the considered opinion of the Association', we were told, for example, by the Association of Nurse Administrators, 'that the time is overdue for a radical review of the nursing situation'.

Management and care

54 At present, there is still a good deal of 'crisis management', with those placed in key positions responding urgently and as best as they can to day-to-day problems rather than planning far enough ahead. Nor is there enough recognition, amongst doctors as well as nurses and midwives, that good management starts within the health team itself. Just as every qualified nurse or midwife should be in some sense an educator, so every qualified nurse and midwife must be in some sense a manager.

56 Among the points made to us by the National Nursing Staff Committee, we note that half the one hundred thousand full and part-time registered hospital nurses in the National Health Service are ward sisters and upwards, and where they have been given the opportunity of following management courses they have often been able to tackle practical problems within their own experience and range of responsibilities with immediate and practical results, analysing situations, defining objectives, and assessing the results of change.

60 We are in full agreement with the Salmon Committee in pressing for increased participation by nurses and midwives in decision making processes, and we welcome the genuine improvements which have been brought about in practice as the Salmon Report has been put into operation.

Organisation, communication and morale

65 In general, our survey of opinions of nurses and midwives at present employed or in course of training revealed that a very high proportion of them, whatever the strains to which they are subjected, find great satisfaction in their profession. Only three per cent of the people questioned felt that there were other types of work which they would find more satisfying. Moreover only three per cent of the hospital nurses and midwives and one per cent of the community nurses and midwives we approached thought they would be working outside the profession in two years' time. Of qualified female nurses and midwives who had left the profession only twenty-five per cent said that they would be unlikely to return, and their reasons tended to

be personal rather than associated with dissatisfaction with nursing or midwifery as such.

70 However, responses to a number of statements concerning some of the chief determinants of morale point to the importance of better and more thoughtful communications within the profession and of freer and wider ranging communication between nurses and midwives and others. Although the concept of autocratic hierarchy which has been so powerful in the modern history of nursing and midwifery is being challenged by the implementation of the Salmon proposals, which in many important respects are designed to remedy the failings we recognise, it remains strong and pervasive.

Archaic styles of leadership can create particular difficulties when the profession includes, as it does in hospitals, equally large groups of young nurses and midwives under twenty-five and nurses and midwives over forty-five. There is room for different approaches to group relationships, but it should be obvious that senior nurses and midwives should not issue reprimands in public, that ward sisters should discuss their reports with students and that all reports on individual nurses and midwives should be written with the greatest possible care. Career advice is essential. We hope that in the light of our Report more attention will be paid throughout the profession to teamwork (which includes leadership of the right kind) instead of formal hierarchy and to function instead of to status.

Nurses, midwives and the public: Images and realities (chapter II of the Report)

The voices of nurses

107(b) Turning carefully and critically from our questionnaires to the unsolicited letters sent to us and bearing in mind that many, perhaps most, could be expected to come from people with criticisms to offer, we found some of the same points made more strongly. The letters dwell mainly on the extent of 'non-nursing duties' ('sheer drudgery') and the inadequacy of both personal and organisational relationships. The single greatest cause of complaint was the attitudes and behaviour of nurses themselves (there were fifty critics, including twenty nurses in post, ten former nurses, six doctors, three relatives of nurses and six others).

107(c) We noted, for example, the comments and criticisms of student nurses that 'nursing procedures' had to be undertaken 'without adequate demonstration and supervision'. 'Sisters and staff nurses are too busy to do more than distribute cursory directions with minimal teaching of procedure. The more conscientious and idealistic the student nurse is, the more likely she is to be troubled by this lack of teaching.'

107(d) From the other side a nurse administrator concerned with the allocation of student nurses wrote that she found that 'some sisters are threatened by a knowledgeable student, or the one who uses initiative which is appreciated in an emergency only'.

109 Relevant criticisms, justifiable or not, often focus attention on critical relationships at work. Almost all direct attention to the key role of the ward sister. 'Any senior nurse who has worked on a particular ward or department for some time, and has confidence in her own technical ability, can break slightly from the traditional inflexibility of nursing and mould her own work among both patients and juniors, with initiative, discretion and sensitivity. The ward or departmental sister is the key person there: her powers vary according to the administrative policy of the hospital; they are likely to be greater in matters concerning patients than in matters concerning the nursing staff. Her own personality is important in creating the atmosphere most conducive to happier nurses and patients . . . The sister often has considerable control over the off-duty, she can rarely dictate the hours of the shifts worked, but often arranges the weekly off-duty schedule and can deal sympathetically or not, with requests for special off-duty . . . Most important of all, she has the power to affect the morale of the whole ward, more even than it is affected by the nature of disease cared for in that ward. Her own behaviour in a crisis determines the confidence that the nurses have, not only in her, but in the knowledge that were something unexpected to occur while they were treating a patient she would support them; such confidence generated to the junior nurses is easily felt by patients as well.

'A ward sister needs to be perceptive to notice the nurse under stress, or the

nurse who is disturbed by an event or a particular patient. In dictating her own priorities, she can affect the welfare of both patients and staff; should tired nurses go for their tea breaks or tidy the sluice? Is she content if the patients are comfortable or must they look neatly arranged? Are the most ill patients in a position where not only can the nurses see them easily, but so too can young, newly arrived patients? It is the ward sister who must always be available to patients, their relatives and the nurses for advice and reassurance in all problems; then she alone can combine the roles of all members of the medical team to present a clear pattern of treatment and progress that they can all understand. She should attempt to know each patient's family so that from her explanations and reassurance they are able to appear less anxious. Fear of the unknown is probably the greatest fear of patients, relatives and nurses, and the ward sister is in the best position to dispel those fears. The respect which all sisters should command should not be the awesome respect of a sub-ordinate, but a respect based upon the ward sister's competence and skill in nursing and management.'

Nursing and midwifery teams

124 The majority of nurses and midwives favoured a system of patient allocation (over half regarded patient allocation as more efficient; 65 per cent thought it better for the teaching of nurses; and 71 per cent thought it best for the comfort of the patient). Yet in acute hospitals 61 per cent of the work is allocated by tasks.

126 Most patients still fall in the area of 'intermediate care', which covers a very wide range of dependency on nurses and midwives. Within this group, we see scope for ward sisters to deploy their staff imaginatively, matching skills to needs. In order to achieve this objective ward sisters must think of themselves (and be thought of) as leaders of nursing or midwifery teams rather than as supervisors of individuals carrying out set tasks.

128 The key figure in the ward team is, and will always continue to be, the ward sister. In recent years, ward sisters have come under increasing pressure both on their time and on their reserves of energy and character. We have examined work study evidence that in a not untypical day, the vast majority of a ward sister's activities may each last for less than a minute; the pattern is one of frequent interruption and multiple responsibilities, often for minute details. We regard it as imperative to find some ways of relieving the burdens on ward sisters, and freeing them from day-to-day minutiae so that they can devote their attention to the overall planning of care in their ward, with more time to exercise their clinical and teaching skills. They will need help, encouragement and support in this new role.

130 We believe the answer to the problems of pressures on ward sisters and frustration among staff nurses can only be found in developing the concept of the team within the ward itself. The art of matching nursing and midwifery skills to patient needs would be the hallmark of the competence of the ward or midwifery sister or of the staff nurse or midwife to whom she or he had delegated this responsibility. In situations where the work load in the ward does not vary greatly, where the types of illness and the degrees of patient dependency are similar from day to day, and where the quality and numbers of nursing and midwifery staff do not fluctuate, the division of the ward team into groups might be the regular method of nursing the patients in that ward. Where, however, there are marked changes in these features from day to day, even from hour to hour, there should be no rigid allocation of patients to fixed groups of nurses or midwives within the ward team as a whole.

131 The activities of the groups of nurses or midwives mentioned above should be co-ordinated by the senior nurse or midwife in each group. In certain circumstances, depending on the degree of responsibility, we recommend that this nurse or midwife should be designated as senior staff nurse (or midwife). He or she would have recognised responsibility for the team. The ward sister's role in this context would be to formulate policy and set objectives for the senior staff nurse, who would be free to plan detailed implementation and to co-ordinate the pattern of her or his work within the ward sister's overall policy. This particular post might be suitable for a nurse or midwife working part-time. The team she or he would co-ordinate would include a range of skills provided by herself or himself, other Registered

nurses or midwives and Certificated nurses (see chapter IV) and support from aides.

133 Although the number of nurses or midwives in a ward affect the work that can be done, the principles of patient orientation always apply. The concept of teamwork is unaffected however few nurses or midwives there are on a ward provided they constitute a balanced team. To be successful in practice this approach presupposes that:

(a) there must be maximum co-operation and maximum delegation within the team to draw out the full potentialities of each individual nurse or midwife; seniors must work with juniors and take the opportunity to teach; ward sisters must evolve ward policies, set objectives and monitor progress, leaving matters of detailed implementation to whoever is leading the team;

(b) other members of the health team, particularly doctors, must learn to accept the consequences of delegated authority, which may mean that a relatively junior nurse or midwife is the right point of contact.

134 With the introduction of such a system, we believe that ward sisters would be freer to exercise the full range of their skills at the proper level, staff nurses would have a fuller and more satisfying role with better preparation for future higher posts, and patients would benefit from more continuous and better integrated care. Discrepancies between expectation and reality in the nursing and midwifery professions would be greatly reduced.

Nurses and midwives in training (chapter III of the Report)

Attitudes to aspects of education

207 Most trainees to whom we have talked approve of the practical element in their training. We were frequently told that nurses must train among people needing nursing skills and not in a classroom. Yet we were also told and told often that the needs of the labour force take precedence over training needs and that after a few weeks of introductory work trainees are frequently despatched to wards which seem to them to have been chosen at random.

208 Another complaint is that there is little relationship between work in the ward and work in the nursing school; procedures advocated by a tutor seem to some trainees to take much longer and to be less practicable than those followed in the wards. As a result, trainee nurses may develop two standards – one for the benefit of tutors and examiners, the other for patients.

209 In our survey we asked more generally for the views of recently trained and trainee nurses and midwives on the quality of teaching with which they are provided.

210 The responses show that there is a fairly large body of opinion which is not satisfied with the amount or quality of instruction on the wards from staff nurses and sisters. Either because there is no time (the point of view of many sisters involved in such training) or because they cannot be bothered (the point of view of some people in training) there appears to be a tendency to give inadequate practical guidance and to demonstrate the quickest rather than the correct way of doing things.

Educational process and organisation in the future (chapter IV of the Report)

The learning environment: teachers

381 Within the new system we regard the following points as fundamental.

381(c) an acknowledgement of the wide-spread responsibility for teaching by all trained staff in clinical situations;

381(d) greater opportunities for teaching in the clinical situation with encouragement and opportunities being given to ward sisters, family health sisters, family clinical sisters and midwives to participate to a fuller extent in teaching without leaving their posts;

384 Extending a concept which is basic to this Report, we recommend that in each College of Nursing and Midwifery the teaching staff under the direction of the Principal should consider themselves and be considered by others as a teaching team. The team would include both teachers, ie staff employed either part-time or full-time (eg clinical tutors, lecturers etc), and staff for whom teaching would be one function among others (eg ward and midwifery sisters, nursing officers etc).

Nursing and midwifery resources and their utilisation (chapter V of the Report)

Wastage and turnover

422 How serious are turnover rates among trained staff? Comparisons between nursing and a selected number of other occupations show that the length of service of nurses and midwives is not greatly different from that of all manual and non-manual workers and of welfare workers and teachers. However, such global comparisons which aggregate different age groups and grades are of very limited use. Figures from our own research show that the most important variations are between grades. The nursing and midwifery work force has a stable core of sisters, enrolled nurses and older staff nurses and midwives. But there is higher wastage among trainees, and turnover among younger staff nurses and midwives and auxiliaries. Other relevant conclusions from our research are that about 71 per cent of sisters, 47 per cent of staff nurses and 63 per cent of enrolled nurses in a given 12-month period had been in continuous service with their present hospital or hospital group since before 1968.

Future policies and planning machinery

480 Reductions in the length of stay have significantly increased dependency levels and the workload of nurses and midwives. Together with the increasing complexity of medicine, reduced length of stay has meant much greater pressure on ward staff.

This increase in pressure has in general been a much more significant change for nurses and midwives so far than any in technology, yet there has been no growth in the personnel function comparable with that in private industry where technological changes have created similar problems. Greater numbers of specialists are now making demands on the patient in a shorter period of time. All these demands have to be co-ordinated by the ward sister and by ward staff. The number of movements in and out of a male medical ward in a London teaching hospital, as set out below, illustrate the pressures which impinge on the ward on a random day: the staff included doctors, medical students, physiotherapists etc. Nearly all consulted the ward sister as they came in:

Table 44 Analysis of movements other than ward staff but excluding visitors to patients (reproduced from page 147 of the Report)

	Male medical – one day's statistics					
Time of day	Moved in	Moved out	Average on ward	Min. on ward	Max. on ward	Total movements
0943–1000	11	8	5.1	3	7	19
1000–1100	28	25	4.9	2	8	53
1100–1200	16	19	5.5	3	8	35
1200–1300	13	15	3.5	1	6	28
1300–1400	9	8	2.4	1	5	17
1400–1500	16	16	2.4	2	3	32
1500–1600	28	23	7.4	4	13	51
1600–1645	8	15	1.0	–	2	23

Source: University College Hospital.

481 The feeling of pressure is reinforced by the physical strain of the work. In addition there is the emotional strain involved in direct personal contact with anxious patients, including those with terminal illness.

482 There are still vital problems and dilemmas in the allocation of manpower at ward level. There is a clash of priorities between establishing a firm shift system in which duties are known some time ahead and responding flexibly to changing workloads.

From this point of view the traditional ward is too small a unit to which to allocate staff. The workload fluctuates between wards as well as within wards. Solutions are not likely to be found unless the ward sister in dealing with the day-to-day needs of the patient is sufficiently freed from other demands on her or his time to deal effectively with both personnel manage-

ment and manpower planning at the ward level. The senior nurse or midwife who leads a nursing or midwifery team at the working level has a unique and heavy responsibility, as we pointed out in chapter II, for seeing that the patient's needs are met. She or he should be able to look to higher levels of nursing management for support in this area. She or he must be able to plan her or his own use of resources in a way which allows the nursing manager at the next higher level to co-ordinate manpower allocation and needs over a wider area and over a longer period of time.

Opportunities, career structure and conditions of work (chapter VI of the Report)

Attitudes towards promotion

526 Our postal survey showed that large numbers of nurses and midwives are not expecting – or looking for – promotion during the next two years, though there are marked differences in response by grade. (See table 45).

Table 45 Prospects in two years' time as seen by hospital nurses and midwives* (reproduced from page 160 of the Report)

	Sisters		Staff nurses		Enrolled nurses		Assistant and auxiliary nurses		Midwives†	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Base:	905	147	508	585	763	481	529	1028	346	105
	percentage									
The same job	60	67	22	56	62	78	72	81	28	64
Similar job in another hospital	9	9	13	8	11	4	3	2	11	4
Higher grade in a hospital	14	–	31	7	8	2	7	3	28	5
Local authority nursing	1	4	6	4	1	1	–	–	8	2
Another nursing job	5	4	13	7	8	3	4	2	15	6
A job outside nursing	2	1	4	1	2	1	4	2	3	2
No job at all	9	12	9	14	6	7	5	5	4	16
Don't know	2	3	2	2	2	2	6	5	3	2

Source: Postal survey.
* Columns may not sum to 100 due to rounding.
† Includes pupil midwives.

529 We also asked all nurses and midwives to state how good they considered promotion prospects to be for their colleagues at their level. Half the hospital nurses and midwives rated prospects as being 'not very good'. Senior nurses and midwives were more optimistic than other grades, but about a third thought their prospects 'not very good'.

Current structures

530 There remains much misunderstanding, even in knowledgeable circles, of certain aspects of the Salmon structure, and of the consequences of its implementation. For example, it is often said that following the Salmon Report the number of administrative posts in nursing and midwifery has increased, that the scope for clinical career advancement has been reduced, and that the best nurses and midwives are being drawn away from the ward situation thereby lowering standards of patient care. In fact, statistics collected in relation to the Salmon pilot schemes reveal that in almost all cases there are now more ward sisters, charge nurses and staff nurses in proportion to nurse and midwife administrators (ie nursing officer and above) than there were before.

541 The organisation of work at ward and field level and the respective responsibilities of senior staff nurses and ward sisters have also been discussed in

detail in chapter II. Coordination of the nurses working in the ward and responsibility for setting work objectives will be exercised by all ward sisters. Ward sisters will also have a clinical teaching function and they will all need to liaise closely with the teaching staff.

Yet ward sisters are not a homogenous group. Some will bear a heavier degree of responsibility than others, and there will also be differences in knowledge and experience. Ward sisters of higher clinical skills, often in specialised fields, may already exercise advisory functions to other nurses and members of other professions, and this kind of development should be encouraged. As integration proceeds, the 'consultancy' function, as we call it, should extend beyond the boundaries of the hospital. Similarly, some ward sisters will and should have and exercise clinical teaching skills to an above-average extent. Some ward sisters will play an active part in the important and growing field of clinical research.

542 In our view, recognition should be accorded to exceptional abilities and multiple responsibilities, and we recommend that some ward sisters, by virtue of proven expertise linked with other functions of the kind described, should be accorded increased status and reward within the line structure. This increased status and reward should be secured either by an extension of the existing concept of the role of the nursing officer, or by appropriate recognition of special services within the ward sister grade.

RECOMMENDATIONS

(Only those which may be directly or indirectly relevant to the role of ward sisters in general hospitals were extracted from pages 212–217 of the Report. The numbers in brackets refer to the relevant paragraphs in the Report.)

Education

17 Courses should be planned on a modular basis and should include experience in general and psychiatric nursing of the various age groups in both hospital and community. A defined amount of night duty should be part of the student's curriculum for its educational value only. No un-Certificated nursing student should be left in charge of a ward at night and there must be proper support at night and at week-ends in the clinical learning situation by teachers and senior staff (267; 270–284).

32 There should be improved continuity and co-ordination of education in classroom and service, with greater involvement of teachers in the service setting and the use of, for example, clinically expert ward sisters and their community equivalents in Colleges (353–354; 356–358; 391).

Organisation of nursing and midwifery work and career structures

65 Improved liaison between hospital and community services should be vigorously pursued (546; 551–552).

66 Ward organisation should, like the organisation of field work in the community, be, where possible, 'patient' rather than 'task' orientated (122–124; 133).

67 Co-operative teamwork and maximum delegation should be fostered at ward and field levels, and senior staff nurse posts should be created (127–134).

68 Differences in degrees of responsibility and expertise among ward sisters and their counterparts in community nursing and midwifery should be recognised by increased status and reward (541–542; 548).

COMMENTS

This report has made an extensive use of research findings to substantiate and illustrate its conclusions and recommendations. The findings were drawn from studies carried out by the Committee's own research team, commissioned attitude surveys (on a representative national sample of hospital and community nurses) and other relevant research reports. However, the report does not include the full details of the methodology used to achieve these findings; and only a small part of the findings quoted in it are specified separately for ward sisters.

C7 The Role of the Nurse

E R Anderson
The Study of Nursing Care project Reports series 2 no 1
Royal College of Nursing 1973
(135 pages)

AIM To investigate the views of patients, nurses and doctors on the role of the nurse.
This study is one of twelve undertaken as part of the research project 'The Study of Nursing Care'. 'The main objective of this project was to develop techniques of measuring the effectiveness of nursing care in general hospitals.'
Sponsor: DHSS
Location: RCN

METHOD *Pilot studies*
Two were carried out to test the methods of data collection. (For a detailed account of the development of the research instruments, pre-testing and pilot studies, see Anderson (1972).)
The main study
Questionnaires were used either in a structured interview or completed by the respondents themselves. There were three different questionnaires, one for each group of respondents (patients, nurses, doctors) each containing a common core (ranking ten nursing activities in order of importance) and other parts with agree/disagree questions, sentence-completion devices (open-ended and multiple-choice), and a place for additional comments.
(Copies of the questionnaires are in Appendix A and B of the study. The development of the patient satisfaction questionnaire is outlined in Appendix A).

SAMPLE *Pilot studies*
One training RHB Hospital (370 beds); five wards were visited; 45 patients and 22 nurses completed the survey.
One teaching hospital (850 beds); 19 volunteers were interviewed.
The main study
Hospitals: 3 hospitals varying in size (120, 500 and 700 beds). One in a large city and 2 in outlying districts. All included training schools. (The size, location, type of training, willingness to participate and limitations of time and resources affected the choice of hospital used.)
Wards: 18 medical and surgical wards were visited.
Nursing staff: 81 nurses (only 40 were interviewed) consisting of: 21 ward sisters, 13 staff nurses, 42 students and five pupils and SENs (77 per cent response rate).
Patients: 156 patients (77 males and 79 females) were interviewed (87 per cent response rate).

FINDINGS *Satisfaction with care* (chapter 3 of the study)
Two-thirds of all the patients interviewed (104/156) were highly satisfied with their nursing care.

Ranking of nursing activity (chapter 4 of the study)
Patients emphasised the technical aspects of the nurse's work and placed administrative tasks last.
Nurses ranked basic care, talking to the patients and the giving of medicine and treatment in the first three positions, with small variations for each hospital. Ward reports were relatively important to them, and clerical/reception duties were consistently placed last.
Doctors ranked the giving of medicine and treatment as the most important nursing activities, and clerical duties as the least important.
The main difference between average ranking by nurses and average ranking by patients was concerned with reporting and receiving reports. It was fifth place for nurses and ninth for patients.
There are three differences between the doctors' ranking and nurses' and

patients' rankings. Doctors ranked basic care lower (fifth) than did nurses (first) and patients (second). The doctors placed attending on consultants much higher (fourth) than did nurses (ninth), and nurses rated the report higher (fifth) than did doctors (eighth) or patients (ninth).
Ward sisters rated attending consultants higher (fifth) than did other staff (ninth), and basic care and vital signs lower. Although they spent as much as 50 per cent of their time on clerical/reception duties, they considered them the least important.
No relationship was found, either negative or positive, between the ranking of nursing activities by nurses and patients and satisfaction with care (an unexpected finding).

Images of the nurse (chapter 5 of the study)
(Findings from agree/disagree questions).
There was a positive relationship between the image of the nurse and satisfaction with care. Seventy-six per cent of the total patient sample had a high positive image of the nurse.
Forty-two per cent of the patients felt that not enough time was spent talking to them and answering their questions.
Nineteen per cent of the patients indicated that the nurse spends too much time away from them.

The following findings are mostly from indirect or projective techniques of questioning, eg sentence-completion.
General expectations of the role of the nurse (chapter 6 of the study)
Both patients' and nurses' expectations of the nurse agreed that she should be kind, understanding, patient, sympathetic, cheerful and available to the patient.
In addition, the nurses felt she was expected to show confidence and be observant, and the patients stressed that she must also be courteous.
Both patients and nurses tended to lay more stress on emotional support than on technical care.
Doctors stressed technical competence, wanting the nurse to be efficient and reliable. Medical specialists were more technically oriented than surgeons.

Specific expectations of the nursing staff (chapter 7 of the study)
The ward sister's role
Patients' perception of the ward sister's role stressed personal qualities of kindness, humanity and concern for her patients. One-third of the patients mentioned her technical competence and one-third her managerial role.
Nurses felt that the ward sister should be well organised, conscientious, considerate, consistent, happy and interested in her work.
Doctors considered the ward sister's position to be very important in the hospital nursing structure. In addition to technical competence and the giving of emotional support to the patient, 60 per cent of the doctors saw her as requiring managerial skills.

The patient's role (chapter 8 of the study)
The majority of nurses liked the patient who was co-operative, cheerful and appreciative. The few nurses who preferred an independent patient were ward sisters while more student nurses preferred passive patients.

Nurses' views of the hospital, the doctor and the visitor (chapter 9 of the study)
Forty-six per cent of the nurses had a negative attitude to their expectations of the hospital. Overall, students were the most positive and staff nurses the most negative, with variations for each hospital.
Thirty per cent of the nurses expressed negative comments about their expectations of the doctors, (this percentage increased with the size of the hospital). Again, the students were most positive, but the staff nurses and ward sisters were clearly divided into positive and negative comments.
Thirty-two per cent of the nurses made negative comments about visitors. Again, the students were most positive and other staff were negative by comparison.

Nurses' views of motivation and orientation in nursing practice (chapter 10 of the study)
Reasons for becoming a nurse. Over half (53 per cent) of the nurses chose nursing as a career for the opportunity it gives of working with people and helping them. Thirty per cent chose it for the personal satisfaction it gives them.
Satisfaction in nursing practice. Fifty-one per cent of the nurses mentioned satisfaction derived from being with patients; 54 per cent mentioned self-oriented satisfaction; 36 per cent mentioned satisfaction with the general atmosphere of nursing. As for the work satisfaction, the biggest single factor seemed to be satisfaction with the completion of task (41 per cent). The next most significant was making patients comfortable and happy (15 per cent).
Problems in nursing. Shortage of staff was the primary concern of nurses in the small and medium-sized hospitals, but in the large teaching hospitals they were more concerned with problems of education, specialisation, administration and communication.
Nurses' future plans. Seventy-one per cent planned to continue in nursing, but only 25 per cent of them hoped to be doing full-time hospital nursing five years from the time of the survey. When broken down into grades of staff, only 45 per cent of the ward sisters planned to remain in nursing (the lowest number in comparison with other grades).

The role of the nurse in communications and interpersonal relations (chapter 11 of the study)
About half of the nurses (51 per cent) felt that they could get to know the patient a little and 46 per cent felt they got to know them well.
Among patients, however, 12 per cent felt it was impossible for the nurse to know her patients, 41 per cent felt the nurse knew them a little, and the same percentage felt that she could get to know them well.
Ninteen per cent of the patients denied that anything upset them while in hospital. Sixty-six per cent of the patients related many of their upsets to emotional causes, and 24 per cent to physical discomforts.*
The nurses primarily felt that patients were upset by emotional situations (93 per cent). Eighteen per cent mentioned physical discomforts.
All the nurses felt patients should consult someone if they were worried, but 15 per cent of the patients felt they should keep worries to themselves.

Some medical views about nursing today (chapter 12 of the study)
Eighty per cent of the doctors felt that nursing is a profession because the nurse is dedicated to her work rather than it being associated with 'high' qualifications or very specialised knowledge.
Twenty-four per cent of the doctors thought that the training of nurses should be essentially practical; the rest thought it should combine practice with theory.
Many foreign and young doctors (21 per cent) were unfamiliar with the Salmon structure, and most of the others disapproved of it because they felt it takes the ward sister out of nursing and lays too much stress on administration (ten per cent basically approved, 69 per cent basically disapproved and 21 per cent were unfamiliar with the structure or gave unclear answers).
The majority of doctors felt the shortage of nurses was caused by poor pay and living conditions.
One-third (33 per cent) of the doctors felt that nurse/doctor relationships could be improved if both groups made an effort to work as a team. Fourteen per cent saw the need for the doctor to change, while 28 per cent saw the need for the nurse to change. Twenty-five per cent saw no problems in the relationship. Seventy-five per cent of the doctors who saw a need for the doctor to change were medical specialists, and 76 per cent of those who looked for a change in the nurse were surgeons.
All but one doctor felt it was essential that a nurse (the ward sister or her deputy) should accompany the doctor on a ward round (to facilitate the exchange of information, teaching and assisting the doctor).

* Whenever the various percentages reported add up to more than 100 per cent this is due to multiple responses.

Sixty-six per cent of the doctors expressed ambivalent feelings about men in nursing, while 34 per cent expressed unqualified approval.

The expanded role of the nurse (chapter 13 of the study)
Sixty per cent of the doctors included nurses in a research role.
Seventy-three per cent of the doctors saw the nurse as being capable of making some decisions about the patient's activity, diet and medication (this was less true in the small hospital in the sample).
Ninety per cent of the doctors felt that a nurse should be able to measure blood pressure and encourage patients to discuss their worries on her own initiative. In addition, over 50 per cent of the doctors felt the following activities could be initiated by the nurse without their orders: dress wounds arising from injuries; teach diabetic self-care; give psycho-social advice to the obese and the geriatric patient; give aperients.
Forty-nine per cent of the doctors felt that administering local anaesthetics and ordering X-rays should only be carried out by medical staff.
Twelve per cent of the doctors felt the nurse could initiate a large number of activities on a list presented to them and over half of them were from the registrar group.

CONCLUSIONS (The heading of the last chapter is Conclusions and Suggestions and the following is a brief summary of the main conclusion.)

In response to direct questioning about the level of satisfaction with nursing care received, patients studied appeared to be mostly satisfied with their experience.

The sentence-completion technique used demonstrates that the nurse's concern with the patient's deepest feelings about his experience in hospital is well grounded and that patients have problems and complaints which are frequently not voiced.

The hypothesis that patient satisfaction would be high where there was agreement between their expectations and those of the nurses was not borne out by the data.

Patients and nurses agreed about the importance of emotional support, but doctors attached less importance to it than nurses.

Sentence-completion about the role of the patient yielded a sharp difference between the patients' and nurses' views of what constitutes a good patient.

Doctors emphasised the importance of the ward sister's managerial qualities, but also expressed highly critical views of changes brought about by Salmon.

Doctors are most concerned with the technical aspects of the nurse's work; the nurses, too, considered it to be of primary importance. However, they differed in two major areas: basic care and assisting the doctor.

COMMENTS This study investigated role views of patients, nurses and doctors using direct and indirect methods of questioning. The findings are described and analysed in chapter 3–13 of the study and are accompanied by outlines of the questions asked, and the relevant literature.

The findings are numerous and some bring out conflicting roles and conflicting views in certain areas. However, the sample used was one of 'convenience' and is not claimed to be representative of a particular population. Also, the number of respondents in each group was small (there were only 21 ward sisters), which suggests that the findings should be approached with caution.

C8 Styles of Leadership Among Nurses

R Hughes
The Nursing Times August 22nd 1974
Occasional papers
pages 57–59

AIM To investigate nurses' attitudes towards various types of supervision.
This study formed part of a larger-scale survey of attitudes and opinions of all the staff of the London Hospital Group carried out in the Group in 1972 (no reference is made for other past or possible future publications).

METHOD Survey questionnaire based on previous research followed by discussions with groups of staff.

SAMPLE All the staff in the London Hospital Group.
No further details are given.

FINDINGS AND CONCLUSIONS (These are not specified separately for ward sisters.)
The results showed that a surprisingly large number (over a third) of nurses in the survey expressed a wish for participation in the decisions their supervisors make at work.
However, most nurses felt that they were not given the opportunity for this degree of involvement. These findings have implications for nurses' morale and their intentions for future employment. The author states that the survey results were very much the same for all grades of nursing staff and for nurses in different work situations.

C9 The Ward Sisters' Awareness of a Recently Introduced Change in Nursing Practice and their Opinions of the Role of the Nurse Teacher in Implementing such a Change

Janet E M Kershaw
Manchester University (MSc-taught) January 1978
(113 pages)

AIM 'This study was designed to examine the opinions of the ward sister in relation to the difficulties a nurse teacher may encounter should she wish to support change in practice in the ward area' (page 2 of the thesis).

METHOD *Pilot study*
To test the tools of data collection.

The main study
Two tools were developed to collect the information necessary to test the hypotheses presented in this study as a result of the literature search (these five hypotheses are specified in the findings section).
A questionnaire (55 items) designed to:
Assess the ward sisters' opinions of the nurse teachers' role in the clinical area, and collect information relating to the ward sisters' involvement in their own continuing education, their knowledge of a pressure sore assessment tool, and their own ideas for improving relationships between education and service divisions in the future.
A list of 15 statements collected from the nursing press which the respondents agreed to rank on a five points scale (from strongly agree to strongly

disagree) was included at the end of the questionnaire. This tool aimed to assess the ward sisters' views relating to the planning of care in the ward, their own continuing education and their relationship with the school of nursing.

SAMPLE

Pilot study

Hospitals: One general hospital within the Greater Manchester area, which is training staff for the Register and the Roll (hospital A).

Nursing staff: 13 sisters working on medical or surgical wards who have learners allocated to them and who were on duty during the week of the study (4.4.76.–11.4.76.). Seven of these sisters were interviewed and the rest completed questionnaires. The overall response rate was 13 out of 17.

The main study

Hospitals: 2 general hospitals within the Greater Manchester area, which is training staff for the Register and the Roll (hospitals B and C).

Nursing staff: 54 sisters (34 from hospital B and 20 from C) working on medical or surgical wards who have learners allocated to them and who were on duty during the survey period (hospital B: 9.5.76.–22.5.76.; hospital C: 16.5.76.–29.5.76.).

The response rates were 71 per cent for hospital B and 46.5 per cent for hospital C.

FINDINGS

The responses to each item of the questionnaire are presented both in numerical form for the total respondents (67)* and for each hospital individually (A, B and C respectively). Percentages of the total response are also given where this is thought to be of value. The responses to the list of statements are presented in similar form and the total respondents were 54 (hospitals B and C only). All these results can be found in chapter 4 of the thesis.

The discussion of the questionnaire findings is presented under six headings (chapter 5 of the thesis). The first describes the ward sisters which took part in the study and the other five correspond to the five hypotheses presented by this study.

Description of the ward sisters

Fifty-four per cent of the sisters (6, 19 and 11 in hospitals A, B and C respectively) registered from 1970 onward; 51 per cent (10, 14 and 10) had trained in the hospitals they were working in and 37 per cent (4, 14 and 7) had worked at other jobs besides nursing.

One-third of the sisters (9, 8 and 5 in hospitals A, B and C respectively) possessed a second nursing qualification; 16.5 per cent (4, 5 and 2) had two; and a further 18 per cent (7 and 5 in hospitals B and C respectively) had participated in courses run by the Joint Board of Clinical Studies or for the Nursery Nursing Examination Board. Only 33 per cent (6, 7 and 9 in hospitals A, B and C respectively) had plans to undertake another course of study in the future.

Thirty-three per cent of the sisters (4, 12 and 7 in hospitals A, B and C respectively) had been in post between three months and two years; 31 per cent (5, 12 and 4) between two and five years; 18.5 per cent (2, 7 and 3) between five and ten years; and 15 per cent (2, 2 and 5) more than 10 years. Fifty-two per cent (6, 8 and 11) had spent three months to two years in their present post, 25 per cent (4, 11 and 2) two to five years, 12 per cent (3, 2 and 3) five to ten years and 3.5 per cent more than 10 years. Fifty-seven per cent (9, 19 and 10) never worked on other wards in their hospitals.

Ward sisters perceive nurse teachers primarily as classroom educators (hypothesis 1)

Ward sisters perceive a lack of supportive teaching by nurse teachers in the clinical area (hypothesis 2)

All ward sisters in the study had either student or pupil nurses working on

* The total number of respondents includes samples from the main study (54) and pilot study (13).

their ward during the data collection period. Ninety-two per cent of the sisters stated that the number of learners on the ward during the period under study was 'the same' as usual.

Seventy-nine per cent (13, 22 and 18 in hospitals A, B and C respectively) of the ward sisters said they had a tutor who visited their ward area and 94 per cent (50) of these sisters claimed that the tutor came 'less than monthly'.

The reasons for these visits (total of 53) were said to be as follows. Teaching six per cent (3 sisters in hospital A), counselling 36 per cent (4, 8 and 7 in hospitals A, B and C respectively), examining 28 per cent (1, 10 and 4), social, other and non-specified (5, 1 and 10).

Fifty-four per cent (4, 18 and 14 in hospitals A, B and C respectively) of the sisters had a clinical teacher attached to their ward. About half (19) of these sisters said that the clinical teacher came at least weekly, a third (11) at least two or three times a month and four sisters said she came less than monthly.

Thirty (out of 36) sisters thought the clinical teachers came to teach learners allocated to their wards. Ten of those clinical teachers allocated their own workload and a further ten worked it out with the ward sister. Other, school of nursing and non-specified accounted for 1, 5 and 10 sisters' responses.

When asked who would they contact if they had a problem concerning a student in their ward, 94 per cent (50) of the sisters said they would contact the personal tutor.

Overall, the sisters' answers to the questions regarding the tutors and the clinical teachers showed that the sisters perceived a lack of supportive teaching by the nurse teachers in the clinical area, and their comments and qualifying remarks demonstrated a much more positive attitude towards the clinical teachers than those about the tutors.

*Ward sisters show a lack of awareness of changing ideas of giving care as illustrated by their lack of knowledge of the Norton pressure sore assessment tool** (hypothesis 3)

The majority (66 per cent) of ward sisters in the study showed a lack of awareness of changing ideas of giving care as illustrated by their lack of knowledge of the Norton pressure sore assessment tool, and most of those who were aware of it did not seem to understand the rationale behind its use. (Only two sisters were using the tool.)

That this lack of awareness is related to the ward sister's lack of involvement in her own continuing education (hypothesis 4)

Here the author examined the ward sister's use of a few facilities thought to be most readily available to her. These facilities were selected from a list compiled by Cooper and Hornback (1973) when writing on continuing education for nurses in the USA. These are as follows.

Expertise and knowledge of other professional nurses One place where knowledge and expertise can be said to be available is the school of nursing. When asked 'when did you last visit the school?' 76 per cent (51) of the ward sisters said they visited the school within the last month; 12 of the sisters to teach students and 27 for their own education.

Advisory committee Four sisters visited the school of nursing to attend a meeting of the procedure committee or nursing practice committee. Thirty-six sisters felt that a tutor wishing to introduce a new way of giving care in their ward should communicate with the procedure committee before implementing it in their ward area.

Financial assistance and time off in lieu All the three hospitals had some facilities for helping sisters who apply for finance and/or study leave to attend courses or, more rarely, conferences. However, only 20 sisters were aware what facilities were available. Several sisters reported problems attending courses despite these arrangements and despite the fact that 53 of them said the hospital administration had encouraged them to attend.

The Open University This was mentioned by one of the sisters in hospital C.

Libraries All the sisters in the study had access to the school of nursing library, but 13 were unaware of this facility and only 48 were aware that the nursing journals were available there.

* An example of the tool, along with discussion and relevant factors about its use was published in the *Nursing Mirror*, February 1975 and the *Nursing Times*, February 1976.

Professional associations and groups Only 14 of the 37 Royal College of Nursing members had ever been to a meeting and only 6 of the total respondents (67 sisters) had been to any professional or union meeting within the previous six months.
Courses in colleges of further education Several colleges within easy reach of the Greater Manchester area provide Diploma in Nursing courses and 27 of the sisters have studied for Part I and occasionally Part II.
Inservice courses All three hospitals now have a department of inservice education. Eighty-one per cent (55) of the sisters had attended inservice courses; 92.5 per cent (62) also attended some of the study days and lectures arranged by this department (28 per cent always went and 57 per cent said they sometimes went). Fifteen of the sisters felt the subjects offered (by the inservice education departments) were always relevant; 32 said they sometimes were; 15 said subjects seldom were; and 3 said they were never relevant to their work. The topics offered which sisters found most or least interesting are shown in table II of the thesis, page 66.
Nursing Journals These were available inside the hospital to all the sisters in the study, but only 71.5 per cent (48) of the sisters said they were aware of this facility. Seventy-eight per cent (52) bought nursing journals themselves; 41 bought them weekly (the Nursing Times was the most popular journal). When asked 'which articles interest you most?' (first, second and third choices), 58 sisters selected articles on specific medical and surgical conditions and 58 articles on nursing care. Twenty-eight found the letters page, the editorials and the short features of interest, 18 the occasional papers and conference reports, 11 the advertisement pages and 27 did not specify. (The numbers quoted above include the three choices in each case; the total number of possible responses was 67 × 3. For further details see table III page 68 of the thesis.)
Many (more than half) of the ward sisters in this study are shown as having a limited interest in their own education, but 26 (38.5 per cent) appeared to be more committed: they have a second nursing qualification, read professional journals weekly, were aware of facilities available to them both inside the hospital and for attending courses outside, and were members of a professional organisation or trade union. Of these 26, 17 were aware of a pressure sore assessment tool and two of them were using it.

Ward sisters would accept the nurse teacher playing an increased role in changing patterns of nursing care at the ward level in the future (hypothesis 5)
Twenty-seven (40 per cent) of ward sisters said their relationships with the school of nursing were average. Nineteen (28.5 per cent) saw them as good or very good and 17 (25 per cent) as poor.
Only three sisters would discuss a new idea on giving care with a member of the teaching staff, but 51 would expect a nurse tutor wishing to introduce a new idea in nursing practice (for example, Norton's pressure sore assessment tool) to discuss it with them or with another important member of staff – a consultant or nursing officer – before the tutor taught it on the ward. Forty sisters would also want to discuss any new idea with the medical and nursing staff before they allowed the tutor to support the nurses in implementing this changing method of care in their ward. Table IV of the thesis (page 71) illustrates the various ways the ward sisters perceived the nurse teacher introducing Norton's tool into the ward.
When asked as to how would they like to see the relationships between the school and the ward (over methods of giving care) developing in the future, the majority of ward sisters (35, 3 and 6 for first, second and third choice respectively) saw the clinical teacher as coordinator between the ward and the school to teach learners about their specialties, and 9, 9 and 10 sisters welcomed tutors coming to teach in ward areas; 7, 13, and 3 sisters going to the school to teach learners about their specialities, and 9, 9 and 10 sisters receiving more help with teaching methods from the school. The rest of the suggestions related either to the school staff and sisters spending some time in each others' areas, or were not specified.

Analysis and Discussion of the opinion statements (chapter 6 of the thesis)
First, the opinions expressed were sorted and graphed to give a representative diagram of the degree of agreement or disagreement expressed by 47

respondents towards the statements made. For example, 'The ward sister is responsible for teaching methods of care to students', 'the clinical teacher is part of the ward team'. For further details see table VI, page 76 of the thesis.
Second the opinions were scored (score of 'five' for the most favourable response and 'one' for the least favourable). The individual scores were compared and those sisters' questionnaires whose ranking lay along the median (scores two, three and four), as well as the questionnaires of sisters at the extremes (scores one and five) were examined further.
Finally, the selected variables (from the questionnaire – length of service as a ward sister, frequency of visits by the clinical teacher and tutor, relationships with the school of nursing) were analysed against the opinion statements using Fisher's Exact Probability Test. The opinion statements, the variables selected, the results of the significance testing of each variable against each opinion statement (altogether 15 variables × 15 opinion statements), and the in-depth examination of some sisters' questionnaires (see above) are described in detail in the text of the thesis.
Few variables selected were found to be significantly associated with the opinions the ward sisters held ($p < .1$ as established by Fisher's Exact Probability Test). Most of these opinions related to the clinical teacher and the school of nursing.

The following is a summary of the main findings.
Clinical teachers were seen consistently as members of the ward staff (which is contrary to their job appointment and contract). Those who saw them as ward staff were sisters in post for less than two years, sisters who had frequent contact with the school of nursing, sisters who belonged to professional organisations or trade unions, and sisters who were planning to study for further professional qualification.
Only sisters working in their training hospital were more likely to see them correctly as a member of the school team (and this perhaps explains the misunderstanding of the others).

Sisters who were working in their training hospital or who had recently been appointed (in post less than two years) were more ready to accept that nurse teachers could use the ward to try out new ideas.

Sisters who had least contact with the clinical teachers saw themselves as being responsible for teaching methods of care to learners.

Sisters who agreed that the school of nursing was 'out of touch' with the wards were those who had 'poor' relationships with the school and the staff and those who were aware of the functioning of the inservice department.

Sisters who agreed that the school of nursing was uninvolved with the giving of care on wards were sisters whose relationships with the school were 'poor', sisters who attended inservice courses and those who knew of the pressure sore assessment tool.

Those sisters who were aware of Norton's tool were also the only ones who agreed that even an experienced ward sister may need help from the school.

All other variables showed no significant difference when analysed against the opinions expressed. The relatively large number of variables × opinions (15 × 15) and small numbers of subjects (47), may partly explain the small numbers of significant results.

CONCLUSIONS

The following points were extracted from chapter 7 of the thesis, entitled Conclusions and Recommendations.

'The nurse teacher is still perceived as a classroom educator and many learners still received no supportive teaching from the school whilst they were working in the clinical area' (page 89 of the thesis). This situation still exists 'despite the published research of Lancaster (1972) Birch (1974) and Bendall (1975) and the much discussed Report on the Committee of Nursing

(1972) . . . In many respects the situation is the same as when Revans first documented The Dichotomy in 1964' (page 89 of the thesis).

In order to enable tutors to teach in the clinical area 'there must not only be an increase in their number, but time tabling must be more relaxed' (page 90 of the thesis).

'Tutors are still visiting the ward to conduct General Nursing Council assessments. This was not the intention of the Council who expected sisters to complete the art of examining in-service training courses, and to then register as assessors. Assessing is a time consuming task and one which, if relinquished by the tutors, would make time available for ward teaching' (page 90 of the thesis). 'But in order to produce assessors, hospitals must have access to recognised courses and must motivate their sisters to both attend and then register' (page 91 of the thesis).

Fifty-five of the sisters in the study already attended inservice training courses, but only 26 of these were defined as being committed to their own self-learning. Hospitals should encourage nurses at all levels to attend inservice courses, use libraries, journals, research reports and their patients and colleagues as sources of nursing knowledge.
It is stressed (following Cooper and Hornback (1974) and Taylor (1975)) that all those involved in teaching (in the various inservice courses) must cooperate to find ways of fostering a 'self-learning' approach in those they teach.

'Members of the profession must publish their experience of using new ideas of giving care in the journal which ward sisters read, and in ways they found attractive. Only 22 of the sisters were aware of a pressure sore assessment tool, although 52 bought the Nursing Times or Nursing Mirror regularly' (page 91 of the thesis).

'Contrary to the findings of Dodd (1973) many sisters in the study are perceived as being receptive to the tutors visiting their wards to teach. Although they preferred the clinical teacher as a co-ordinator between the "idealism" of the School and the "realism" of the ward, they would much rather the tutor came to the ward than they went to teach in the School' (page 92 of the thesis).

Sisters who would be most receptive to change were identified using a questionnaire and attitude scale. These sisters were those whose attitude rating fell along the median and who were identified by the questionnaire as having positive commitment to self-learning, good relationships with the school and good perceptions of the nurse teacher. These sisters would form the caucus of the group through which the change in practice would be implemented.
'Without change in practice at the ward level, the nurse teacher will be unable to assist the learner to apply, for example, a pressure sore assessment tool in the ward area. The learner must see her most important role model, defined by Lelean (1973) as the ward sister, placing value on the tool by using it in the ward. Only when the sister is seen to apply the tool will the learner come to value it herself and use it to give care to her patients' (page 94 of the thesis).

'Only by good relationships and complete co-ordination of teaching between the ward, the School, the nursing administration and the in-service educators, can the nurse teacher be accepted in the ward area when she comes to provide supportive teaching for learners wishing to implement a change in practice' (page 95 of the thesis).

COMMENTS This study described the opinions of 67 ward sisters from three general hospitals in the Manchester area, as obtained by a questionnaire and an attitude scale. The review of the literature was undertaken under a number of relevant headings: relationships between the school of nursing and the wards; inservice and continuing education; the use of a pressure sore tool;

changing patterns of nursing care, and change in practice. The five main hypotheses tested and the selected variables which were analysed against the opinion statements were suggested by the literature review. These and the tools of data collection, the sample and the analysis of the results were described in detail in the text of the thesis. As emphasised by the author 'it is necessary to note (Treece and Treece 1972) that data (presented in this study) is only valid within the clearly defined limits of the study' (page 89), and that because of the sample limitation 'the findings would be of a greater value if they could be validated by a larger, more representative sample elsewhere' (page 96 of the thesis).

The present study concentrated on the problem researched from the ward sister's point of view only (because of the time limits imposed on it).
It is recommended that the problem from the point of view of nurse teachers and nurse administrators should also be examined, as suggested by the literature review.

C10 The Charge Nurse: Job Attitudes and Occupational Stability

Sally J Redfern
University of Aston thesis (PhD) May 1979
(505 pages)

AIM To investigate the relationship between the CNs'* attitudes and perceptions of their jobs to their satisfactoriness in the job and withdrawal from it.
Sponsor: DHSS
Duration: 1974–1978
Location: Department of Applied Psychology, University of Aston.

METHOD *Pilot study*
To examine the feasibility of carrying out this investigation with CNs during their work time and to test the methods of data collection. The pilot work was carried out during July 1975. Questionnaires were given to CNs and unstructured interviews were held with 17 of them and with seven nursing officers.
The following scales were included:
Global Satisfaction Index (Lyons, 1971)
Job Descriptive Index (Smith et al, 1969)
Job-related Tension Index (Lyons, 1971)
Role Clarity Index (Lyons, 1971)
Need for Clarity Index (Lyons, 1971)
Co-ordination Index (Georgopoulos and Mann, 1962, Lyons, 1968)
Communication (Georgopoulos & Mann, 1962, Price, 1972)
Propensity to Leave Index (Lyons, 1971)
Information about age, marital status, educational qualifications and work experience was also included.
Details of the pilot study's findings are not given here. It is suggested that the stated aims of the pilot study were achieved and that the results and the comments of the CNs led to considerable modifications of the main study's design. Problems related to the use of some of the above scales are discussed in the text.

The main study
'The theoretical basis for the main study has its origins in the Theory of Work Adjustment developed by the research team from the University of Minnesota (Lofquist & Dawis, 1969)' (page 98 of the thesis). 'Elements of the Theory of Work Adjustment, perceived role stress theory, and items which

* Both sisters (female) and charge nurses (male) are referred to as CNs.

emerged as important from the pilot studies, have been incorporated into a descriptive "model" (figure 7 reproduced in Appendix C10.1 page 145). This is merely a diagram which summarises and clarifies the variables involved and illustrates some of the expected relationships between them' (page 99 of the thesis).
Data collection was by means of attitude scales, questionnaires, individual semi-structured interviews (lasting about one hour) and personnel records. Table 9 from the thesis, which is reproduced below, provides a summary of all the measures used.

Table 9 of thesis: Summary of the measures

Variable	Instrument
Occupational needs	Minnesota Importance Questionnaire (MIQ)
Organisational rewards	Need for Clarity Index
	Minnesota Organisational Reinforcer Pattern (ORP)
	British 'ORP'
Global satisfaction	Global Satisfaction Index
Intrinsic satisfaction	Minnesota Satisfaction Questionnaire (MSQ)
Extrinsic satisfaction	
General satisfaction	
Perceived role pressures:	
Job related tension	Job Related Tension Index
Role clarity	Role Clarity Index
Role conflict	Role Conflict Scale
Role ambiguity	Role Ambiguity Scale
Performance	Minnesota Satisfactoriness Scale (MSS)
Conformity	
Dependability	
Personal adjustment	
General satisfactoriness	
Withdrawal:	Frequency of absence spells ('past' and 'current')
Absence	Propensity to Leave Index
Propensity to leave	Count and follow-up of leavers by letter
Termination	
Other job perceptions:	Semi-structured questionnaire and interview schedule
Organisational support	
The job itself	
Career & personal development	
Other organisational provisions	
Biographical information	From questionnaire and personal records

The scales which were adopted from previous work have been described in some detail in the literature review. Questions and items included in addition to these scales are described in the methodology section (chapter 3 of the thesis).

SAMPLE *Pilot study*
Hospitals: 1 district general hospital in the West Midlands, which was similar to the hospitals in the main study.

Nursing staff: 23 CNs and seven nursing officers (NOs) who worked in the general nursing division.

The main study

Hospitals: 2 general hospitals which were drawn from six 'client selected' health districts in the West Midlands region.

Nursing staff: 134 CNs (37 and 97 from hospitals A and B respectively. The response rate was 88 per cent for both hospitals).

15 NOs (five and ten from hospitals A and B respectively).

24 NOs (four came from hospital A, 15 from the health district containing hospital B, and five from another health district).

All the CNs were employed in the general nursing division (excluding geriatric) and the 15 NOs were those immediately senior to them.

The 24 NOs (all working in the general nursing division) were those who responded to the request to help develop the British version of the Minnesota Organizational Reinforcer Pattern (ORP). For further details see chapter 3 of the thesis.

FINDINGS

These are of descriptive results (chapters 4 and 9 of the thesis) only.

Descriptive results (chapter 4 of the thesis)

The sample characteristics

Differences between the hospitals were examined on each variable measured (these are summarised in tables 33 and 34, page 140 of the thesis). Of the 17 comparisons, only five were significantly different. These were the year qualified as SRN, nationality, marital status, number of children and number of breaks in nursing. The findings from the two samples were therefore examined together as well as separately. Unless otherwise specified, the following figures refer to the total sample – 134 CNs.

Over half (52 per cent) of the CNs were aged 20 to 29 years. The number of male CNs was 8 (6 per cent) and most of them were aged 50 to 54 years.

Fifty-one per cent of the CNs had no professional qualifications other than SRN, 33 per cent had one additional qualification, 12 per cent had 2 and 4 per cent had 3 or more.

The CNs' mean length of service (in current post) was 2.8 years (s = 3.1) and their median tenure was 20 months. Most (76 per cent) of the CNs worked a full-time, 40-hour week.

Forty-two per cent of the CNs had had full-time jobs before starting to train as nurses (this did not include being cadet nurses); 17 per cent of these CNs had done nursing-related jobs. Fifty-eight per cent had been in clerical/secretarial or shop assistant jobs.

Most (62 per cent) of the CNs were married (or cohabiting, widowed, divorced, separated). Thirty-five per cent had one or more children.

Seventy-two per cent of the CNs had had no breaks in their nursing careers; 28 per cent had taken at least one break and the primary reason for the break(s) was pregnancy. The main reasons for returning to nursing after a break were: 'to make use of their nursing training (81 per cent), able to leave the family (62 per cent), wanted a stimulating job (57 per cent), needed the money (43 per cent), and they wanted independence (41 per cent)' (page 144 of the thesis).

Nearly two-thirds of the spouses of the 83 married CNs came from managerial and professional occupations compared with 17 per cent from non-manual and 19 per cent from manual occupations. Travelling to work was relatively easy for 90 per cent of the CNs.

The CNs' sample characteristics were summarised by drawing a profile of the 'average' CN. Bearing in mind the considerable variations between individuals working in this post, 'the "average" CN was about 29 years old, female and British. She qualified in 1970 having obtained about 4 "O" levels at school, and had given the hospital approximately 20 months' service in her present post. She probably had not had a full-time job between leaving school and starting her nurse training.

'She was married to a managerial or professional worker and if she worked in hospital B, she had no children nor had she had any breaks in her nursing career. However, if she worked in hospital A, she was more likely to have one or more children and to have had breaks in her career. She was a senior CN working full-time on a day duty, and had no professional qualifications

other than state registration. She lived less than 5 miles away from the hospital and found travelling to work relatively easy' (pages 146–147 of the thesis).

Wastage and absence in two hospitals over four years

The wastage rates ranged (over the four years) from 13–28 per cent in hospital A and 23–36 per cent in hospital B. The difference between the hospitals was not significant. They 'fell between 1974 and 1976 in both hospitals (the difference between 1974 and 1976 was significant) but increased slightly in 1977, a trend which apparently followed the economic recession and depressed job market' (page 157 of the thesis).

The 'crude' wastage rates calculated in this study were complemented by stability rates which took account of length of service. The stability rates did not fall below 63 per cent (the range was 68–88 per cent in hospital A and 63–74 per cent in hospital B), even though the wastage rates in both hospitals fluctuated considerably over the years.

'Roughly half of the number of spells taken by the CNs in each hospital per year were of one day's duration, and short-term absence (1, 2 and 3 day spells) accounted for over 70% of the total number of spells' (page 163 of the thesis).

Absence in CNs who left their job in the 18 months following the questionnaire was compared with the number of spells taken by a 'matched' sample of CNs who stayed in their jobs. (These results are detailed in chapter 8 of the thesis, page 323). It was found that the CNs who left hospital A had taken significantly more absence spells than those who had not left, but this difference was not significant in hospital B. National and regional (West Midlands) manpower statistics were collected for 1971–1976 to obtain a picture of the extent of staff mobility within each grade (nursing staff at ward level). These data are presented in tables and figures in the Manpower Picture section of the thesis (page 5). Some of these tables and figures similar to data collected in other studies reviewed are reproduced in Appendix C10.2 (pages 145–147). Comparisons of wastage and absence rates were also made between five general hospitals in the West Midlands. These comparisons were restricted to one year only, 1974, and have been detailed in the same section (page 5 of the thesis).

Job satisfaction

The findings about the CNs' job satisfaction were described under the following headings: Global satisfaction, Intrinsic satisfaction, Extrinsic satisfaction and General satisfaction. These headings correspond to the scales used to obtain the information.

Global satisfaction The majority of CNs in both hospitals thought their hospital was a good place to work. The proportion of CNs in hospital B who thought so was significantly greater than that in hospital A.

Intrinsic satisfaction The items which elicited the highest satisfaction (range 98–66 per cent) were: 'social service', 'security', 'ability utilisation', 'achievement', 'variety' and 'responsibility'. The proportion of dissatisfied responses was small (the highest 11 per cent) and was related to 'creativity', 'independence', 'activity' and 'responsibility'. Overall the proportion of satisfied responses was greater in hospital B than in hospital A but not significantly so. The score distributions had a marked 'ceiling effect' on all the items on the intrinsic scale and were positively inclined towards the satisfied. This suggested that the scale was not sensitive enough to elicit different degrees of satisfaction.

Extrinsic satisfaction The greatest number of CNs (range 66–43 per cent) were satisfied with 'supervision – technical' (competence of the NO in making decisions), followed by 'supervision – human relations' (how NO handles staff), 'compensation' (pay), and 'advancement'. The highest proportion of dissatisfied responses (for the combined sample) was 21 per cent and related to 'hospital policies and practices', followed by 'supervision – human relations', 'recognition' and 'compensation'. The proportion of dissatisfied responses to each item was higher in hospital A than in hospital B, but none of these differences were statistically significant. The largest proportion of expressed dissatisfaction was in hospital A where a third (32

per cent) of the CNs were dissatisfied with the hospital practices and policies.
General satisfaction 'The general satisfaction scale consisted of all the items in the intrinsic and extrinsic scales and two additional items, "working conditions" and "co-workers"' (page 171 of the thesis). Over half of the CNs (hospital A 51 per cent, B 64 per cent) were satisfied with their working conditions compared with 27 per cent in hospital A and 18 per cent in hospital B who were not satisfied. Over 70 per cent in both hospitals were satisfied with the relationships with their colleagues and the differences between the hospitals were not significant on either of these items.
Comparisons between the two hospitals on the three indices of satisfaction (intrinsic, extrinsic and general satisfaction) demonstrated only two significant differences. Both were related to the global satisfaction index and indicated that satisfaction was lower in hospital A than in hospital B. 'In general, however, the results suggest that the CNs were satisfied with their jobs irrespective of the hospital they worked in' (page 178 of the thesis).

Occupational needs
The items which emerged as highly important occupational needs for the total sample of CNs were 'achievement' 'ability utilisation' and 'social service' (mean scores ≥ 1.5). 'Responsibility', 'working conditions', 'autonomy' and 'creativity' were considered as 'moderately important' (mean scores between 1.0 and 1.5), while 'authority' and 'social status' elicited mean scores of below 0.03 which indicated that on average, the CNs did not consider them as important to their ideal jobs. Six of the valued items given above belonged to the intrinsic satisfaction scale and one, 'working conditions', to the extrinsic scale. This demonstrated that it was, on the whole, the intrinsic items which were the most important (and satisfying) occupational needs for the CNs, except in the cases of 'working conditions' and 'creativity' which elicited a relatively large proportion of dissatisfied responses (21 per cent and 11 per cent respectively), suggesting a discrepancy between what was ideal and their actual experience.
The mean score profiles for each hospital were similar except for two items, 'ability utilisation' and 'moral values' which were significantly higher in hospital B than hospital A.

Perceived role stress
This section describes the results which emerged from the four perceived role stress scales, the job related tension index, perceived role clarity and perceived role conflict and ambiguity.
'The items within each index which concerned the CNs to the greatest extent were:
The work load being so heavy that the quality of work suffered (tension);
The work load was too heavy (tension);
Insufficient manpower (conflict);
Working with groups which operate differently (conflict);
Having to bend rules (conflict);
The scope and responsibilities of the job were unclear (tension);
Information to do the job was unavailable (tension);
Uncertain of colleagues' expectations of them (tension);
Unclear how nursing officer evaluates their performance (tension);' (pages 204–205 of the thesis).
Comparison between hospital A and B of the role stress scores showed that a significantly larger proportion of the CNs in hospital B were clear about the limits of their authority in their present job than those in hospital A. (This relates to one item within the role clarity index.) There were no other significant differences.

Satisfactoriness
The Minnesota Satisfactoriness Scales (5 scales) were completed by the nursing officer on behalf of the CNs. Nearly three-quarters (72 per cent) of the CNs were said to be average on satisfactoriness, 25 per cent were above the average and only 3 per cent below. There was a greater proportion of low and a smaller proportion of high scores in hospital A than in hospital B, but the differences were not statistically significant.

Propensity to leave

'About 60 per cent or more of the CNs said that they would prefer to stay in their hospital, would return if they left temporarily, and were unlikely to leave in the next 12 months . . . Approximately 40 per cent of the CNs were uncertain of their plans or were intending to leave' (page 213 of the thesis). (Significantly more CNs preferring to stay in hospital A and more 'uncertains' at hospital B.)

The main reasons for 'staying' at their hospital were grouped into 'job commitment' and 'home commitment', while the main reasons for leaving were 'unavoidable', for promotion or wider experience, and 'dissatisfaction'.

'During the 18 months following questionnaire administration 36 (28 per cent) CNs left their hospitals and they gave the following reasons: pregnancy (6), leaving the area (5), retirement (11), further training/experience (9), promotion (1), dissatisfaction/need a change (6), asked to resign (1), not known (7). (These categories are not mutually exclusive, eg some of them were pregnant, may have been unhappy in their jobs and so decided to move or start a family)' (pages 214–215 of the thesis).

The two 'withdrawal' variables (propensity to leave and absence) were cross-tabulated with several biographical variables (age, length of service, nationality, marital status, number of children, shift, travelling to work) and with the response to the question: Would you choose nursing again? In addition, the relationships between age and tenure and job satisfaction and withdrawal were examined with correlational analysis. These analyses produced the following significant results: 'a greater proportion of young (under 30) CNs were likely to leave and more older (40 years and over) were likely to stay; more single than married CNs and more without than with children were potentially mobile than expected; and most of those who were unsure about or would not have chosen nursing again were in the "uncertain and intending leavers" group' . . . 'Age correlated positively and significantly with extrinsic and general satisfaction ($p < .05$) and negatively with propensity to leave ($p < .01$), and tenure correlated significantly and negatively only with propensity to leave ($p < .05$)' (pages 226–227 of the thesis).

An interpretation of the CNs accounts of their jobs (chapter 9 of the thesis) 'This chapter contains a summary of the findings (illustrated by anecdotal accounts) which emerged from individual discussions with the CNs along with some background information derived from the structured, self-completed questionnaires (details of the raw data are presented in Appendix 14 of the thesis)' (page 337 of the thesis):

Organisational support

Salmon in practice

More than half (56 per cent) of the CNs were not or only slightly satisfied with Salmon structure. 'In general most of the CNs were critical about "Salmon" and found the constraints imposed on them by the system extremely frustrating' (page 342 of the thesis).

The relationship between nursing management support and CN job attitudes, perceptions and behaviour

Questionnaire responses on how the CNs perceived cooperation from nursing management (focusing on the NO as the principal 'significant other' in the CNs 'role-set') were correlated with the following scales scores: job satisfaction, perceived role pressures, satisfactoriness and propensity to leave.

Contact* with the NO correlated positively with all the satisfaction measures – role clarity, performance, dependability and general satisfactoriness, and negatively with job-related tension, role ambiguity and propensity to leave. Also, feed-back from the NO on the CN's performance correlated positively with job satisfaction and negatively with both ambiguity measures and with

* Mainly face to face contact, but also telephone and written contact.

propensity to leave. All the above correlation co-efficients were significantly greater than 0 but none was greater than .28.

The amount of perceived contact with nurse administration correlated positively only with global, extrinsic and general satisfaction and the correlation coefficients obtained were lower than the above. Sixty-five per cent of the CNs indicated that they had a lot of contact with their NOs while 72 per cent said that they had little contact with senior nursing administrators above NOs. Forty-two per cent of the CNs thought that the nursing administrative staff, in total, cooperated very well with them in their work, but 16 per cent thought that they did not cooperate well. 'One CN pinpointed a common problem, that ward-based nurses do not understand the role of the nurse administrator and so cannot appreciate their problems . . .' (page 350 of the thesis).

Other members of the CN's role-set

Nurse teachers: Fifty-nine per cent of the CNs claimed to have had very little contact with nurse teachers, 14 per cent had a moderate amount and 27 per cent a lot of contact. Those CNs who did see the teachers were generally happy with their links with the School and found the presence of the clinical teacher of help in their ward work. However, 'it was not unusual to find that the CNs did not see teaching as part of their role, and criticised the teachers for failing to demonstrate correct procedures to the learners' (page 353 of the thesis).

Doctors: Ninety per cent of the CNs said they had a lot of contact with medical staff. The relationship with medical staff was usually seen as being quite good. Complaints about doctors centred around the following issues: lack of team work and mutual support, the excessive amount of time taken up to accompany doctors on ward rounds, coping with inexperienced housemen, dealing with verbal drug prescribing and the problem of bed availability.

Paramedical staff: About half the CNs spent a lot of time with paramedical staff while the rest claimed to spend a moderate amount (about 30 per cent) or very little (about 20 per cent). Generally, cooperation with the paramedical staff was regarded as adequate, although there was not much evidence of interdependence team work, particularly with the medical social worker.

Hospital administrators: 'Perceived contact with the hospital administrators was minimal in both hospitals with over 90 per cent of the sample indicating that they had almost none or very little' (page 359 of the thesis). Complaints were made about the lack of communication channels between CNs and hospital administrators, that their role was not understood and that they were not consulted about plans and decisions which affected them directly.

Ancillary staff: Seventy per cent of the CNs claimed to have had a lot of contact with ancillary staff. 'Although services provided by the ancillary staff were generally considered to be adequate, difficulties were experienced with the porters, the domestic and kitchen staff at times' (page 360 of the thesis).

Ward clerks: Most of the wards in hospital B and only two wards in hospital A employed ward clerks (from 9 am–12 pm). They were strongly appreciated and regarded as essential to the smooth running of the wards. 'Interestingly none of the CNs in hospital A, who did not enjoy the services of a ward clerk expressed the need for one . . .' (page 362 of the thesis).

Careers and personal development

Careers with Salmon

'Most (77 per cent) of the CNs agreed that the "Salmon" structure provides nurses with good career prospects, but only if a career in administration was desired' (page 322 of the thesis). Administration, teaching, community work or research were seen as the conventional avenues of advancement. Most of the available NO posts were regarded as administrative, and the majority of the CNs claimed not to be interested in being promoted to these posts because they did not want to lose their close patient contact which they regarded as the most satisfactory part of their work. 'The need was expressed in the present study for the introduction of a clinical "ladder" alongside the administrative hierarchy, which would give the clinical nurse financial

recognition and perhaps the prospect of progressing to a clinical nurse consultant' (page 363 of the thesis).

Performance appraisal
Seventy-four per cent of the CNs were aware that their performance was being appraised by their NOs. This appraisal system is very similar to that used for the student and pupil nurses. However, 'over half (54 per cent) the sample maintained that they had minimal feedback from their nursing officers, and a third (32 per cent) would have welcomed more guidance on their progress' (page 365 of the thesis).

Course secondment
It was generally felt, in both hospitals, that it was policy to second CNs on to first-line management courses, although 48 per cent in hospital B and 19 per cent in hospital A had very little opportunity to go on courses. The difference between the hospitals was statistically significant $p < .01$. The management course was seen as likely to be most useful to junior CNs and staff nurses, although some CNs expressed doubts about deriving any benefit from it or their ability to implement change in their work as a result of it.
A greater proportion of CNs in both hospitals saw very little opportunity for secondment on to any course which was not a management course, and this included study days, lectures, conferences (32 per cent in hospital A and 63 per cent in hospital B, $p<.01$). However, opportunities to attend specialist courses (for example, ENT, Stoma Care) were considered, with a few exceptions, to be reasonably good. The same applied to nurse assessment courses.

Future plans
'Although 69 per cent of all the CNs indicated that their immediate plans were "to continue as I am" only 36 per cent intended to stay put or had no plans for the longer term. Of the 64 per cent who had longer term plans, 46 per cent intended to continue in nursing by taking further training, taking another CN's post elsewhere, seeking promotion as a nursing officer, or nursing abroad. The remaining 18 per cent planned to leave nursing because they were near retirement age or were intending to become pregnant' (page 371 of the thesis).
Asked 'if they would choose nursing given the opportunity to turn the clock back, 75 per cent (97) of the CNs said they would, 10 per cent (13) said they would not and 15 per cent (25) were not sure' (page 372 of the thesis).

The job itself
Fifty-one per cent of the CNs felt that they had a large amount of time for direct patient care, 30 per cent a moderate amount and 19 per cent very little, and 41 per cent would have welcomed more time.
Time for teaching learners was apparently more difficult to fit into the working day (or night) especially in hospital A. Fifty-one per cent said they had very little time, 32 per cent a moderate amount and 16 per cent a lot of time for teaching in hospital A, compared with 27 per cent, 45 per cent and 28 per cent respectively in hospital B. The difference between the hospitals was statistically significant ($p < .05$).
'The administrative workload, clerical duties, telephone calls, organizing and co-ordinating staff, numerous doctors' rounds, too few nurses and patient turnover were considered to be responsible for the insufficient time available for direct nursing care and teaching' (page 376 of the thesis). 'The most popular times for teaching were during the afternoon report session, during visiting hours and when working with learners on nursing procedures' (page 378 of the thesis).
Two-thirds (67 per cent) of CNs in hospital B were satisfied with the staffing level in their wards compared with only one-third in hospital A, a difference which was significant ($p < .01$). Asked about the level of patient care provided by their hospital, 31 per cent expressed dissatisfaction, 39 per cent satisfaction and 30 per cent great satisfaction.
The CNs' individual accounts about the 'job itself' pointed to a conflict

experienced by many of them 'between the perceived need to practice what they had been trained to do (and regarded as the most important part of the job – nursing the patient) and the requirement to fulfil a managing role;'.
Modelling on Pembrey (1978), the following observation was put forward: 'It does seem that most CNs can be classified into either "practical nurses" where the difference between their job and that of other nurses working in the clinical area is very small, or "managers", where that difference is large and the CN regards herself as an organiser, co-ordinator and supervisor. Most of the CNs in this study appeared in the first category, but some were "managers" and a few combined both' (page 377 of the thesis).

Other organisational provisions
Asked to comment on the various facilities provided by the hospital for the welfare of the staff (for example, health care, residential, canteen, nursery, social and personnel services), 40 per cent expressed dissatisfaction, 53 per cent satisfaction and the rest (7 per cent) expressed great satisfaction.
The health care facilities in both hospitals were considered, on the whole, to be quite good, although the provision of only 9 am to 5 pm facilities when the hospitals ran a 24-hour nursing service was widely criticised in both hospitals.
In hospital A the staff facilities which came in for most criticism were residential accommodation and the canteen service, while the lack of a nursery at hospital B was considered to be short-sighted since it would enable many nurses with young children to return to work.

Concluding this chapter on the CNs' account of their job, the author makes the following points:

(i) 'Although the writer has attempted to provide a balanced picture between positive and negative perceptions, there is a greater emphasis on negative ones. It is much easier to recall aspects of the job which lead to frustration than to emphasize the good points.

(ii) 'Secondly, the opinions and perceptions documented here were those of one group of workers in a complex organisation. No attempt was made to see how they compared with the perceptions of the other members of the CNs' role-set and,

(iii) 'Finally, these were subjective perceptions which demonstrated to what extent a sense of well-being existed in CNs employed in two hospitals. Generalizations cannot be made to CNs doing similar jobs in similar organisations, nor can these findings be assumed to be "true" without further research which is methodologically rigorous' (pages 381–382 of the thesis).

CONCLUSIONS

The following account summarised the conclusions and recommendations which are drawn from the results of the study (empirical conclusions). For discussion of some theoretical and methodological implications and suggestions for further research see section 10.2 of the thesis.

Occupational needs and their correlates
'The findings suggested that, on the whole, the CNs' occupational needs were provided by the job, although there was some discrepancy between what they considered important and what was provided on the following items: "ability utilization", "pay", "creativity", "responsibility", "working conditions",' (page 383 of the thesis).
The results of relating the above items to the various measures of satisfaction suggested that if the needs-rewards discrepancy was reduced (that is, by increasing the rewards), and if the nursing officer was competent to train staff, then dissatisfaction would decrease.
Examination of the relationship between the needs-rewards discrepancy variables and intending stayers and leavers indicated that if CNs were able to make greater use of their own abilities, and if they were allowed some influence over those hospital policies and practices which affect them, then their propensity to leave would decrease.

Satisfaction and pressures
The level of job satisfaction was high and the CNs derived greatest satisfac-

tion from items intrinsic to their work such as 'social service', 'ability utilisation'. They were relatively dissatisfied with environmental factors such as hospital policies and practices and pay.

The findings which emerged from the role pressure measures showed that perceived conflict and job-related tension were relatively high with respect to work load and organisational aspects of the work such as having to work with people who worked differently, or receiving incompatible requests from various people.

The perceived ambiguity from the job was, on the whole, low. Role ambiguity experienced by CNs related to uncertainty about the limits of authority and responsibilities of their job, and their colleagues' expectations of them.

Withdrawal from the job

High role clarity and short tenure were found to be related to high extrinsic job satisfaction. At the same time, high satisfaction combined with relatively low role clarity was associated with the likelihood of staying in the job. Low satisfaction with high role clarity produced the opposite. The positive relationship of role clarity to both satisfaction and propensity to leave is tentatively explained in terms of challenge and job tenure (that is, it may be that high role clarity, which is necessary for job satisfaction in the first few years, becomes restrictive and reduces challenge after a few years in the job).

'Those who were planning to leave nursing [see page 140] intended to have children and probably return later on. There was some evidence that changing jobs every few years was seen by the CNs as the only option open to them if they wanted to progress in their careers but did not want promotion which took them from the patient . . . Since the median tenure on the job was only 20 months, the conclusion is that there exists a strong "mobility culture" in CNs in order to gain more experience on their chosen occupation rather than to leave nursing altogether' (page 394 of the thesis). The leavers were significantly higher on job-related tension, role conflict and propensity to leave, but the difference between the groups (leavers and stayers) was not significant for intrinsic satisfaction. 'This supports the conclusion that the CNs were committed to nursing but some left because they were disenchanted with their specific working environment' (page 395 of the thesis).

Differences between the hospitals

Comparisons (on the various aspects of the CNs' perceptions studied) were made between the hospitals and, on the whole, the differences observed were not statistically significant. The differences which were found to be statistically significant suggested 'that the CNs in hospital A had less confidence in their management and felt they did not receive sufficient organisational support' (page 399 of the thesis).

COMMENTS

The foregoing account is a selective and condensed summary of a massive PhD thesis. The first chapter outlines the background to the present study and attempts to draw a national and regional (West Midlands) nursing manpower picture at ward level and the incidence of withdrawal (wastage and absence) in staff nurses (SNs) and CNs (see Appendix C10.2). The literature review (chapter 2 of the thesis) concentrates on two theoretical areas – job satisfaction and role stress – and the theoretical framework adopted by this study is outlined in a descriptive 'model' (see figure 7 from the thesis which is reproduced here in Appendix C10.1). Chapter 3 of the thesis describes the methodology.

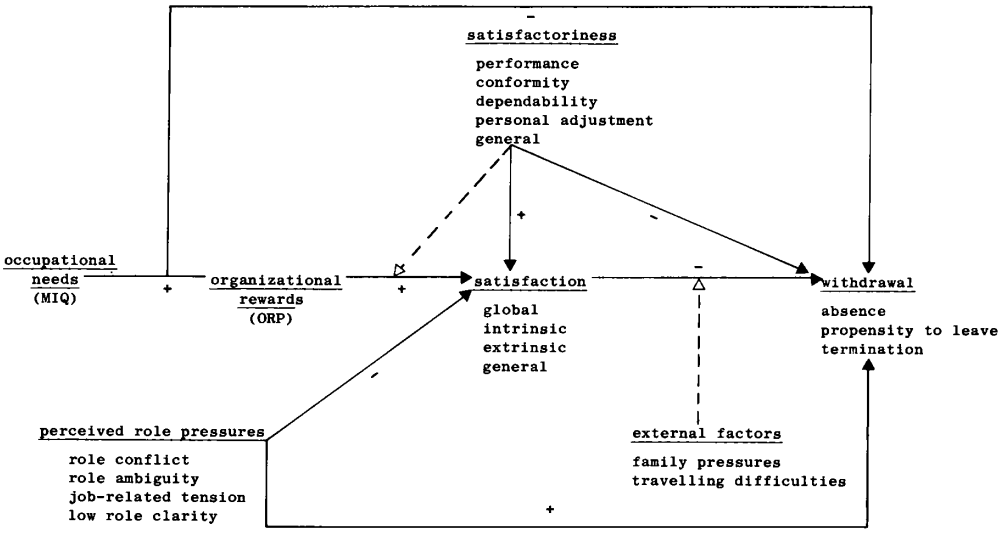
The methods employed by this study were partly heavily structured and theoretically based (attitude scales and self-completed questionnaire), and partly open-ended (semi-structured interviews). The bulk of the thesis is devoted to the results, some of which are descriptive (chapters 4 and 9), and others which involved correlational and comparative analysis (chapters 5–8).

The results should be seen within the limitations of this study as stated by the author in the conclusions chapter. '. . . the sample was small, it was not selected in a way which ensured that it was representative of the population, and the data were collected at one time period. Therefore, the results cannot

be generalised to all general hospital CNs, and it is not known how the feelings of those CNs who did participate varied over time' (page 403 of the thesis).

APPENDIX C10.1

Figure 7 of the thesis: Diagram of the principal variables and their hypothesised relationships.



APPENDIX C10.2

National and regional nurse manpower picture

Table 1 of the thesis: Numbers (whole time equivalents) of nursing staff of different grades employed in all non-psychiatric hospitals in England and Wales, 1971–1976 (figures refer to 31st March each year)

	1971	1972	1973	1974	1975	1976*
Charge nurse	21897	20660	18609	15022	29237	30182
Staff nurse	27201	28432	27753	26942	27860	32476
Enrolled nurse	25944	28400	29521	30700	32594	37218
Student nurse**	38851	39808	41632	42942	44545	48900
Pupil nurse	18082	19306	20719	19314	18783	20414
Nursing auxiliary/ assistant	45001	48578	50383	52418	57382	56210

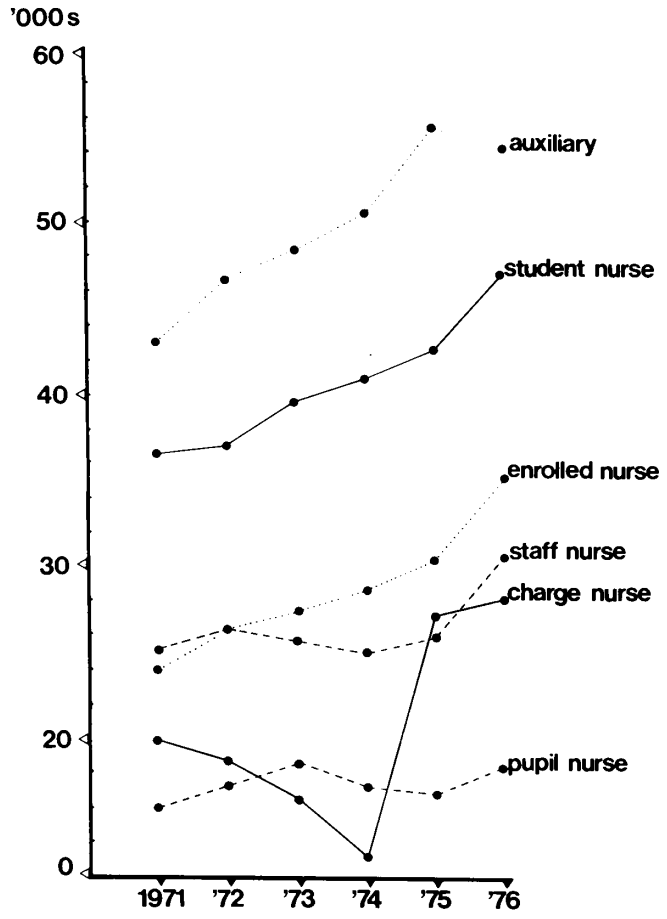
* 1976 figures refer to 30th September.
** pre and post-registration students.
Source: DHSS Statistics and Research Division and Welsh Office.

Table 2 of the thesis: Numbers (whole time equivalents) of nursing staff of different grades employed in all hospitals in the West Midlands Region* 1971–1976 (figures refer to 31st March each year except September 1976)

	1971	1972	1973	1974	1975	1976
Charge nurse	2772	2570	1816	1970	3698	4173
Staff nurse	2072	2196	2158	2200	2463	3141
Enrolled nurse	3415	3615	3728	4011	4389	4838
Student nurse**	2931	3265	3513	3999	4587	4922
Pupil nurse	1927	2016	2203	2021	1980	2566
Nursing auxiliary/ assistant	5747	6620	6628	7458	7972	8185

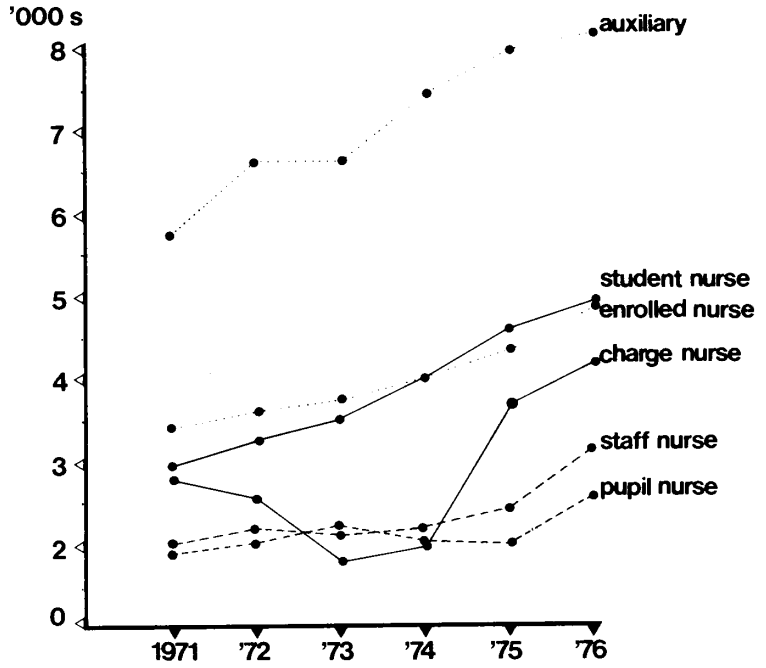
* Birmingham Regional Hospital Board before 1974.
** pre and post-registration students.
Source: DHSS Statistics and Research Division.
Note: The national and regional nurse manpower statistics show roughly similar patterns. However, they are not directly comparable, since table 2 includes nurses in psychiatric as well as non-psychiatric hospitals.

Figure 1* Whole time equivalents of nursing staff of different grades employed in all non-psychiatric hospitals in England and Wales, 1971–1976.



* Reproduced from page 7 of the thesis.

Figure 2* Whole time equivalents of nursing staff of different grades employed in all hospitals in the West Midlands Region, 1971–1976.



* Reproduced from page 11 of the thesis.

Studies Relating to Identifying Ward Sisters' Management Training Needs and Evaluating First-line Management Courses

D1 First-line Management

Margaret D Green
The Nursing Times vol 63 February 3rd 1967
pages 150–151

AIM 'Two experimental courses in first-line administration have been held in the Royal College of Nursing. The object was to assess how the student could be given an appreciation of the basic principles of administration in four weeks' (page 150 of the article). The article contains a short description of the course objective and its content.

METHOD On the last afternoon of the course the students gave their opinions of its value. To help the evaluation, an attitude test (used by R W Revans 1964) was given at the beginning and end of each course. (No further details about method or analysis of data are given.)

SAMPLE Forty students: 20 in each course (out of 200 applicants). Of the 40 students, three had suggested attending the course themselves; the other 37 had been asked to attend by their matron or chief male nurse (there are no further details except about sex and marital status). It can be deduced from the conclusion that most of the course members were ward sisters or charge nurses.

FINDINGS AND CONCLUSIONS The attitude test showed that a significant change of attitude did appear to take place (no numerical data are given).

The students on both courses said the course had made them think.

The practical clinical teaching sessions were especially valued. Group work was enjoyed and so were the sessions on the legal aspects of administration.

There were requests for more tutorials and opportunity for discussions, but less time for practical work.

There were also requests for follow-up discussions and study days.

The author concludes that 'from these experimental courses it appears that it is possible to give a broad appreciation of the basic principles of administration and to help the ward sister or charge nurse to recognise their own needs, in a four-week course' (page 151 of the article). It is thought that a preliminary interview with the course member and a more varied group (from different types of hospital) will be of a greater advantage. It is also stated that 'the true value of these courses, to the individual and to the service, cannot be assessed until those participating have further time in their present post' (page 151 of the article).

D2 Diagnosing Management Training Needs

D Williams
The Hospital March 1967
pages 100–102

AIM To 'diagnose' management training needs.

METHOD Job analysis questionnaires given at the start of the training process. They consist of a series of five or more questions (depending on the group concerned) organised under the main headings of:
Supervision exercised over others.
Supervision received.
General responsibilities – planning.
General responsibilities – controlling.
Extra-departmental communications and contacts.
Non-managerial job features.
(Examples of some of the questions are given in the text.)

SAMPLE Thirty-five questionnaires completed by first and middle level managers in the hospital service (ward sisters, hospital secretaries and others) during their attendance at multi-disciplinary management courses organised by the Welsh Hospital Staff Committee in conjunction with the Board of Management Studies, University College, Cardiff. (No further details of method and sample are given.)

FINDINGS AND CONCLUSIONS (These are specified separately for ward sisters.)
The findings are offered in the most tentative way and suggest the following:

That hospital 'managers' do not describe their job in managerial terms.

That management in the hospital service is an unconscious, residual process, carried out within, and confined by, powerful 'professional' attitudes and constraints.

That inter-professional communication in hospital is inadequate and permeated with suspicion.

That management training courses must be multi-disciplinary and be pointed at all levels of management, or left well alone.

D3 A First-line Management Course

S C Haywood and F W Turner
The Nursing Times August 4th 1967
pages 1038–1039

AIM To evaluate an experimental first-line management course.

METHOD Pre and post-course questionnaires attempting to measure the course members' attitudes to management.
(No further details are given.)

SAMPLE Twelve nurses, of which four were staff nurses and eight sisters.
(42 nurses applied, only 12 were accepted.)

FINDINGS AND CONCLUSIONS There is a discussion about how successful the course has been from the point of view of the students and the staff, but there is no separate discussion of the ward sisters' experience.

D4 The Administrative Contribution of the Nursing Sister

Derek Williams
Public Administration vol 47 autumn 1969
pages 307–325

AIM To identify the management training needs of sisters in a teaching hospital. This is one of a number of studies aimed at identifying the training needs of managers in a number of different organisations and the design of training programmes to meet the needs. This article describes some of the first results of the hospital study.
Sponsor: Grant from the Department of Employment and Productivity.
Duration: 3 years.

METHOD Information was collected by means of seminar discussions with groups of sisters, interviews with nurses, administrators and others, questionnaires, periods of 'activity analysis' through diary-keeping and continuous observation.

SAMPLE Hospitals: 1 teaching hospital in Wales (the Cardiff Royal Infirmary).
Nursing staff: 8 sisters (this is the only number specified and it is sisters who kept a full record of their activity for two weeks and were observed for shorter periods of time).
(There are no further details about the method and sample.)

FINDINGS AND CONCLUSIONS *Analysis of perceived situations*
'The sister's job was viewed differently in different parts of the hospital.
'The sister herself was "patient-oriented" and suspicious of managerial innovations (suspicious too of the word "management" itself).
'She had difficulty in distinguishing between the nursing and non-nursing parts of her job' (page 314 of the article).

Analysis of actual activity
Subject of the activity. The following table summarises the main findings of the classification of the ward sister's activity according to 'subject', using the job description B8 in the Salmon Report (see appendix A1.2 page 39).

Subject of activity: percentage of total time recorded*

Functions	Activity analysis by: Diary-keeping	Continuous Observation
Professional:		
Preparing reports for and receiving reports from the night nurses, and so on	14.0	10.5
Assisting medical staff, reporting condition of patients to medical staff, and so on	20.0	23.5
Maintaining personal contacts with patients	17.5	18.0
Total Professional	81.0	75.5
Total Administrative	15.5	19.5
Total Personnel	–	0.5
Unclassified	3.0	4.5

* These findings were extracted from table I in the appendix of the article. It quotes only activities within each of the three main functions which exceeded ten per cent of the total time recorded. Teaching of student and pupil nurses amounted to 4.0 per cent and 6.5 per cent respectively.

Other classifications (by the initiating of activity, the type of contacts and the direction of interaction, the medium of activity and the location of the activity). The following table lists the main findings. They are extracted from tables II–VI in the appendix of the article.

Type, direction, media and location of activity percentage of total recorded time

	Activity analysis by:	
Activities	Diary-keeping	Continuous Observation
'Pre-set' activity, ie activity that is a predictable and permanent part of the sister's work programme	25.0	17.5
'Peer' communication (ie with colleagues of the same rank)	–	1.0
Interaction with superordinates	0.5	0.5
Interaction with nursing subordinates	10.0	11.5
Interaction with doctors	35.0	34.0
Interaction with patients	20.0	21.5
Verbal communication	43.5	41.6
Written communication	25.5	33.5
Time spent in her own office	38.0	45.0
Time spent in her own ward	56.0	53.0

The management and training needs of sisters

These needs are identified by examining the above research findings together with questions about the possible consequences of implementing the Salmon Report and other changes which occur in the system. They are:
The need to reduce the level of 'incongruence' between the various perceptions of the sister's role, encourage the examination of some basic assumptions about nursing and management and develop understanding of the sisters' position in the overall organisation of the hospital.
The need to increase the sister's competence within the areas in which she has genuine discretion, bearing in mind the various constraints on her activity.
The need to take account of the changing environment and role of the sisters.

The training experiments

Guided by these needs, the research workers suggested training courses followed by multi-disciplinary seminars in the hospitals. A detailed account of the design and results of these first courses and seminars appears in Williams et al (1969) summarised on page 152.

CONCLUSIONS

'Training has, in some way, to be related to increasing hospital efficiency.
'Reliable criteria of efficiency are hard to find; administrative and clinical issues are inter-related.
'It may be necessary to fall back on social criteria of effectiveness (eg "adaptability" or "identity").
'It may be better to train some or all hospital members in general, social rather than specific managerial skills ("organisation learning" rather than "management training")' (page 324 of the article).

COMMENTS

This paper offers an interesting analysis of the role of the ward sister and her management training needs. It draws together recent ideas about organisations and training in the hospital service, management theories and research findings.
However, the investigation was carried out only in one teaching hospital in Wales and the research data reported makes it impossible to determine the reliability and validity of the results, and thus limits the possible interpretation and use of the research findings.

D5 Management Courses for Senior Nursing Staff

D Williams and M C Message
International Nursing Review vol 16 no 4 1969
pages 329–337

AIM To evaluate the effectiveness of first-line management and training programmes.
The training programme: a two-phase training programme was devised in which full-time courses for ward sisters of two weeks duration were followed by multi-disciplinary seminars in their hospitals. The aim of the 'phase I' courses was to help sisters improve their understanding of the hospital and its environment and to introduce them to certain management theories and techniques. The aim of 'phase II' seminars was to help sisters to capitalise on their clearer understanding of their roles and the problems associated with them through discussion with members of other professions (the members of the sisters' role set). Mistakes were made in the first course and attempts made to correct them in later courses. The changes introduced in later courses were concerned with the policy of selection of course members (a preference for newly appointed sisters), and content and length of the course (longer and more practical). The multi-disciplinary seminars were re-organised as working parties which would have tangible goals to pursue and problems to solve.

METHOD 'Evaluatory discussions' between the various groups of people concerned with the course, course tutors, course members.
(There are no other details.)

SAMPLE Fifteen sisters attended the 'phase I' first course and all were from one group of teaching hospitals.
(There is no further specification of 'later courses' and their sample.)

FINDINGS AND CONCLUSIONS This study was guided by one basic assumption, that management training has been based on a thorough analysis of the needs and problems of those to be trained. At the time of writing, analyses of the training activities and their evaluation were still developing and it was difficult to draw firm conclusions from the exploratory activities described here. Moreover, these activities were confined to one level of nursing management in one group of teaching hospitals.

The following are 'clear' to the authors.
The need for further studies of:
attitudes and activity of nurses at various levels;
ways of measuring the non-clinical effectiveness of ward and departmental teams;
training follow-up and evaluation.

That all hospitals will have different needs and that there must be enough flexibility in the design of training programmes for local considerations to be taken into account.

That no matter how carefully the first training programmes are planned, they will be imperfect. There is, therefore, a need for a continuous relationship between those who research and those who train in order to try to achieve a gradual increase in the relevance and effectiveness of training.

* The results of the study of the sisters' activity analysis are reported in Williams (1969) summarised on page 149.

D6 An Evaluation of Ten First-line Management Courses: Academic Year 1969–1970

J D C Geddes
Leeds Area Health Authority unpublished report September 1971

AIM To evaluate first-line management courses.

METHOD Administering pre and post-course questionnaires.

SAMPLE One hundred and seventy three course members from 10 courses conducted at 5 centres (the first and fourth courses at each centre in the academic year 1969–1970). The course members were staff nurses or ward sisters/charge nurses who had been in post for not more than two years. (The clinical field represented and their distribution is given on page 2 of the report.) The number of matched pre-post course questionnaires was 164 (94.8 per cent). The course is of four weeks duration and is regarded as a full-time block release course.

FINDINGS AND CONCLUSIONS (These are not specified separately for ward sisters.)
The analysis of the pre-post course responses is presented for each question in the text. Commenting on the findings the author pointed to a lack of communication with prospective course members, a surprising degree of ignorance relating to the Salmon Report and an improvement in performance (knowledge of management techniques, Salmon etc) after the course.

D7 A Study of Hospital Management Training in Its Organisational Context

An evaluation of first-line management training courses for ward sisters in the Manchester region.
Julia Davis
Centre for Business Research in association with Manchester Business School University of Manchester 1972
(190 pages)

AIM 'To evaluate the first-line management training courses (for newly appointed ward sisters) in the Manchester region within the organisational context of the hospital in order to compare the training needs of this group of staff with the way in which they are prepared for their management role' (page 11 of the study).

The background to the study: this research was undertaken at a time of change and development – the introduction and implementation of the Salmon Report. The field work began at the time that the Manchester Regional Hospital Board (MRHB) training department was modifying its courses in order to take into account the recommendations of the 1968 Report of National Nursing Staff Committee (NNSC). The courses took place at two staff colleges in the region, were of three weeks duration, and there were 20–28 members on each course – only rarely was one hospital represented by more than one course member. During the period of the research the speed of implementation of the Salmon Report increased.
Duration: 1968–1970 (the 'field work')
Sponsor: DHSS (under the supervision of Tom Lupton of Manchester Business School).
Location: Manchester Regional Hospital Board area

METHOD *Pilot stage*

A number of case studies were undertaken in order to obtain data on the hospital structure and the sister's pattern of activity. The sister's activities were observed and recorded on a form described by Lupton and Homes (1965). The findings were classified into areas of activity and used to produce a number of diagrams of the ward sister's role set (these diagrams are reproduced in Appendix D7 pages 157–158.

Data collection on content and objectives of first-line management courses in MRHB. These data form the background on which the author based the pre and post-course questionnaires.

The main study

Pre and post-course questionnaires. They were answered before the course and a week after the course.

Interviews. These were carried out with each course member in their ward setting, three months after the course. During the same visit, interviews were undertaken with her immediate superior, the consultant on the ward, and the matron of the hospital, and, if in post, the chief nursing officer. The minimum interviewing period of each sister was half an hour, but most interviews took considerably longer.

SAMPLE *Pilot stage*

Observations were conducted during one week in four different wards of two general hospitals and during shorter periods on six wards in two large psychiatric hospitals.

Attendance at two, three week first-line management courses, run by technical colleges with very different approaches in their interpretation of course objectives.

The main study

Courses which were evaluated: four first-line management courses run at staff colleges between December 1969 and March 1970 in the MRHB area.

Hospitals visited: altogether 50 hospitals drawn from 25 hospital groups (32 were visited once, 13 twice and 6 more than twice). Details of representation of 'Salmon type' groups on the sample are given on page 29 of the study.

Total number of questionnaires received: 93 pre-course and 84 post-course.

Number of course members interviewed: 88 ward sisters/charge nurses. Information on course members (type of ward) is given on page 29 of the study.

Number of other hospital personnel interviewed.

Chief nursing officers 8
Matrons, PNO*, chief male nurses, acting matrons 43
Deputy/assistant matrons 13
Superintendents (night theatre midwifery) 13
Nursing officers 6
Senior sisters, senior charge nurses 32
Consultants 22

Further details on the method and sample are given in the text of the study and copies of the questionnaires are reproduced in an appendix.

FINDINGS The following is a condensed account of the research findings extracted from the author's summary of the main body of her report (Appendix III pages 176–179 of the study).

The information included here is partly taken from an analysis of the questionnaire responses and partly from the post-course interviews. The findings are divided into the following areas:

Pre-course preparation

There was no selection for courses and all newly appointed ward sisters attended a first-line management course.

There was lack of preparation for the courses which was linked to the lack of clarity in expectations on the part of the nominators. This lack of preparation had two results. Firstly, the expectations of the course member about

* Principal nursing officers.

the course were very diffuse and they arrived on the course inadequately prepared for receiving information which would be useful to them. Secondly, and most important, the course was not seen as being linked to ward or hospital problems, or as having any immediate relevance to their prime objective of better patient care.

Expectations of nominators and course members

The large majority of nominators (usually the matrons) had a general feeling that courses were a beneficial educational experience even if they were of little practical use.

Those nominators who had positive expectations of a course (only a minority of cases), linked them to the training needs which they could perceive in the sister's role, ie the need to teach the young newly appointed ward sister how to manage her ward and how to cope and participate in the organisational changes which were taking place.

These expectations of the nominators were congruent with the course objectives, but they did not always coincide with those of course members, and, given the way in which the training was organised, it was often difficult to achieve these objectives.

The ward sisters' expectations were often less explicit than those of the matrons. They varied considerably and the largest number related to educational needs (36 per cent), and experience in the day-to-day management of the ward (23 per cent). About 14 per cent saw the course as related to specialist skills in human relations and 12 per cent to changes occurring in the profession and/or the system (Salmon Report and innovation).

The course objectives

The course objectives were derived largely from the NNSC Report. Broadly the courses aimed at giving the sister information and teaching her techniques which she could use to make changes in the way she runs a ward. They also aimed at encouraging the sister to have a broader view of her work and to take a more active part in the organisational changes which were occurring.

Additional factors which explain the difficulties in achieving the stated course objectives were the physical distance of the course members from their organisational realities (the hospitals), and the gap between the lecturers, who lacked hospital experience and relied on conceptual teaching, and the course members whose previous training had been largely of a practical nature. The latter problem was reinforced by the fact that the value systems of the two groups differed and the industrial concepts of profit and economic use of resources were seen by course members to be irrelevant to their professional system of values. These factors made it more difficult to ensure that the course was seen to be relevant to the realities of the ward situation and increased problems of transference of knowledge to behavioural change (eg one of the course objectives was to develop problem-solving skills but there was little indication that this had improved as a result of the course).

Post-course situation

The ward sister's colleagues knew little about the course she had attended and expected her to return to her previous pattern of work.

In the ward situation itself there were restrictive circumstances. The way in which a senior sister viewed the suggestions of her subordinate greatly influenced the effectiveness of the course. Many senior sisters resented attempts made by junior sisters to introduce changes in the established pattern of activity; other sisters took a less restricted view but did not positively encourage their juniors to make changes. When changes were introduced as a result of the junior sister's course, the senior sister often did not involve herself in their implementation and, after a short time, they disappeared.

Especially effective was the situation where the course member's immediate superior had actively encouraged her junior to attend the course and welcomed use of the information gained on the course. This was very rare.

A minority of members felt that the course itself had been irrelevant to their needs, either because they saw their role in purely clinical terms or because

they felt that management concepts developed in industry were not relevant to their work.
These findings are illustrated in tables and discussed in great detail in the text of the study (chapters 3–6).

CONCLUSIONS

These 'are based on comparing the role of the ward sister and the relationship between the courses and the hospital' (page 16 of the study). In doing so the author has taken into account the analysis of the relevant literature and her own research findings.

'Courses at the moment concentrate on changing an individual in an organisation which makes it difficult for individual personnel at a junior level to initiate changes' (page 136 of the study).

The courses are run outside the hospitals and do not involve senior staff who nominate course members.

'The courses are often the only change agent operating in the hospital and as such no preparation or reinforcement is available to the returning sister' (page 16 of the study).

The post-course situation is often positively discouraging.
'In the complex hospital situation there are many pressures which encourage her to return to her pre-course behaviour pattern. These pressures are reinforced by defence mechanisms against change inherent in the system' (page 137 of the study).

'The courses challenge some of the basic assumptions of the organisational structure and question the patient-orientated value system of the nurse. Many sisters cannot combine these conflicting views with their activity pattern and on return to their hospitals dismiss the course as being unrelated to the realities of ward life' (page 16 of the study).

These factors largely explain the ineffectiveness of present courses. In looking at the role of management training for ward sisters, the author has attempted to indicate the importance of fitting the courses to the needs of the organisation. This view of management courses takes as a criterion of effectiveness the relevance of the courses to the present situation and the changes occurring in it.

RECOMMENDATIONS

The findings of this research and other research into management education indicates that there is a need to re-examine the objectives of management training and to achieve these objectives by adopting new strategy.

Three areas of training needs have been identified. They are:
'An induction need of newly appointed sisters to match the individual to the organisational role with its complexities and potential conflict areas.'
A training need arising out of the present organisational change and development ('preparing the staff employed to participate in changes which are occurring': page 142 of the study). These training needs could be met more adequately and effectively by running the courses at group level and involving senior staff of the hospital and the college lecturers in designing the courses. The overall supervision could be undertaken by the RHB.
A need to prepare individuals for their next role in the system. This could be adequately met by a smaller number of courses run for the whole region.

It is suggested that management training (in general) is likely to be more effective under the following conditions:
'If it is linked to present organisational structure and this structure is used to reinforce training so that change comes from inside the organisation' (page 154 of the study).
If it is linked to future developments planned in the organisation and is seen as part of the general process of change.
If resources will concentrate more on 'organisational rather than individual learning' (page 15 of the study).

COMMENTS The first part of this study contains an analysis of the structure of the hospital organisation and its effect on the role of the ward sister. This analysis is based on reviewing the relevant research literature and on the data collected from the author's case studies which were carried out in the MRHB area. From this analysis questions are asked about the training needs of the organisation and possible ways of meeting them.

The main body of the report deals with a detailed analysis of the research findings; the final part brings everything together as conclusions and recommendations.

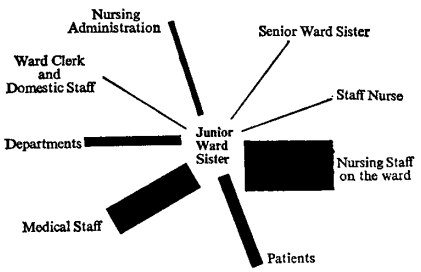
The study also contains a detailed description of the methods used to achieve the research findings and some discussion of the methodological problems involved. No doubt, these may be of use to others attempting similar tasks.

Although some of the author's conclusions and recommendations discuss 'ward sister' and 'management training' in general, it is important to remember, however, that the research findings are based only on data collected from the Manchester Regional Hospital Board area. It is also important to remember that the study was undertaken between 1968–1970, which was the initial period of introduction and implementation of the Salmon Report recommendations.

APPENDIX D7

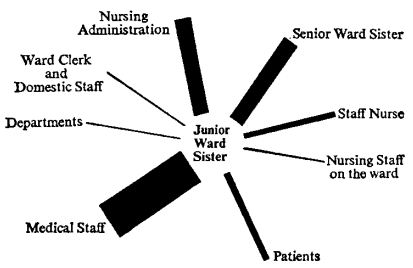
The role-set of the ward sister (extracted from appendix I of the study).
The findings from the observations were classified into areas of activities and used to produce the following diagrams.
The pattern of communication of the ward sister with her role-set is defined in diagram 1 (this diagram is similar to that produced by Derek Williams in The Role-Set in Training, Journal of Management Studies 1969).
Diagrams 2 and 3 are an attempt to produce a model of the effective role-set of the sister taking into account factors which influence her perception of the importance of individuals in the role-set.

Role set as defined by time spent communicating with each group **Diagram 1**



The width of line indicates proportion of time spent.

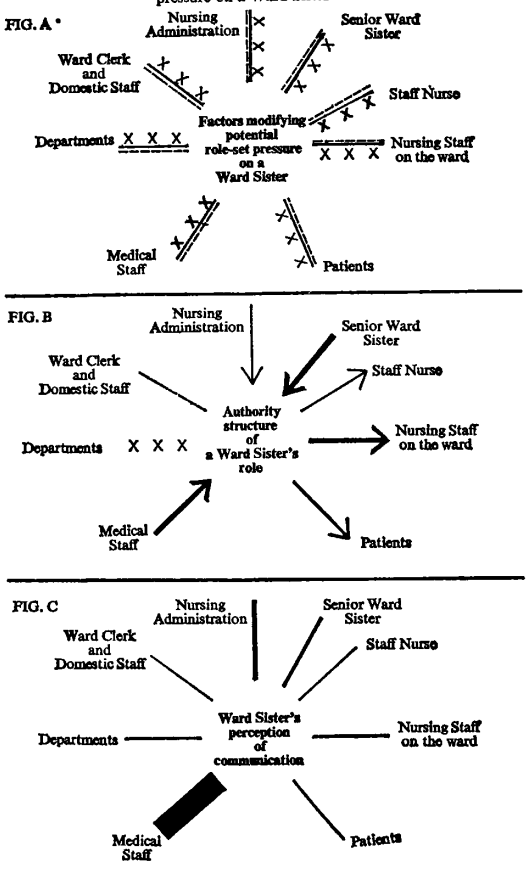
The effective role set of a Ward Sister **Diagram 2**



Width of the line indicates the ward sister's perception of the importance of the relationship.

Variables modifying potential role set pressure on a Ward Sister

Diagram 3



Key to diagram No. 3

A. Factors modifying potential role set of ward sister
Dark lines indicate positive influences increasing the effectiveness of a group within the role-set
Light lines indicate negative influences descreasing the effectiveness of a group within the role-set

——— Direct fact to face communication
——— Impersonal communication
- - - - Few people involved
- - - - Many people involved
XXX Permanent personnel
XXX Transitory personnel

B. Authority structure of a ward sister's role
Thickness of line indicates the ward sister's perception of the importance of the authority

→ Direction of authority
——— Direct control
- - - - Indirect control
XXX Service relationships

C. Ward sister's perception of communication

——— Thick lines indicate communication perceived as being important
——— Thin lines indicate communication perceived as being of less importance

As well as providing the author with information on the structure of the sister's role-set and some of the problems involved in measuring it, these case studies provided her with valuable materials for the analysis of the structure of the hospital as an organisation and its effect on role determination. However, her model of the role-set of a sister is, of necessity, a composite one and would vary greatly according to individual circumstances.

D8 Learning Together – 1

M C Schurr
The Nursing Times vol 69 November 22nd 1973
pages 1582–1584

AIM To evaluate a first-line management course.
The evaluation is reported in this article and in another one by White (1973), Learning Together – 2, (summarised on page 160). It deals with what the author, who was involved in the organisation of the course, calls internal validation, 'that is assessment of whether the course was successful in teaching what was intended' (page 1582 of the article).

METHOD A questionnaire with three main sections concerning:
1 Knowledge of management concepts and principles.
2 A description of the functions of certain professional bodies with a significant contribution in nursing.
3 The respondents assessment of their own knowledge on a seven-point scale.
The questionnaire was compiled with the assistance of a report of the Leeds Regional Hospital Board (Geddes 1971, summarised on page 153). The questionnaire was administered before and after the course.
(For further details see the text of the article.)

A critical evaluation of a sample of the teaching sessions using an X-Y scale for rating the response from students. (This is illustrated in the text of the article.)

The expressed opinions of the course members, with particular reference to the programme, given at the end of the course and their comments in reports of the field work undertaken on the job (project work).

The expressed opinions of the teachers.

SAMPLE Fifteen course members from the United Sheffield Hospitals, all of whom were likely to be promoted to a sister's post within six months or had been appointed sister within the previous six months. (Emphasis was placed on the importance of the nurses themselves wanting to attend the course.)

FINDINGS AND CONCLUSIONS (These are not specified separately for ward sisters.)
This paper contains description of the course under the following headings: objectives; teaching methods; the role of the tutor. The findings are related to each of the instruments used, described in the Method section.

The number of questions attempted in section 1 rose after the course from 94 to 113 out of a total of 120.
The number of comments in section 2 showing an understanding of these functions rose after the course from 17 to 48. The number of points lost from unattempted answers fell from 29 to 5.

The result of the critical evaluation is reported in table 2, (page 1584 of the article).

Expressed opinions of the course members and teachers were enthusiastic overall. 'It was agreed that the course had been enjoyed and had been of value' (page 1584 of the article).

The author concludes that there were 'two major results from the venture. First, the fact that a course of this nature had been arranged, had a great effect within the hospitals themselves. . . . Second, it enabled those of us who participated to look, not only at our organisation, but at ourselves' (page 1584 of the article).

D9 Learning Together – 2

Don White
The Nursing Times vol 69 November 29th 1973
pages 1623–1625

AIM To evaluate a first-line management course in order to see whether or not it met management learning needs and whether it resulted in improved performance on the job. (This is referred to as 'external evaluation' and forms the second aspect of the evaluation, see Schurr (1973), summarised on page 159).

METHOD Pre and post-course interviews of the students and their bosses (the questions are enclosed in an appendix and the procedure is described in the article).

SAMPLE Seven ward sisters and staff nurses (half of the total course membership, selected by random sample) and their seven immediate superiors (usually nursing officers).

FINDINGS AND CONCLUSIONS The author summarises the main features of the evaluation and elaborates on what he considers to be some of the most significant findings. On the basis of his interviews and observations he judged that:

The course itself was of high quality and met its own internal objectives (set out in Learning Together 1, page 159).

Although the similarity in background and experience of the course members was found to be useful, there would be greater advantage in having a broader unit of that kind of membership from different types of hospital from the same district.
A wider mixture of teachers (to include management teachers from the further education sector) is also suggested.

The course content fairly reflected the perceived needs of the participants and their immediate superiors for improved managerial performance. However, looking to the future as well as the present it is suggested that nursing managers need to be 'more numerate to manage by measurement (for example, patient dependency, monitoring nursing care against standards and so on) and this implies at least an appreciation of the use of quantitative techniques, while the active development of cost consciousness is an equally important aim' (page 1624 of the article).

The majority of ward sisters were probably managing better than before. The most noticeable improvements included: better induction and training of staff, better communication with other health workers, a more analytical approach to problems and improved self-confidence, all which 'undoubtedly makes for improved patient care and were noticeable to the course members and their superiors alike' (page 1623 of the article).

The nursing officers (who were generally the immediate superiors of course members) have a key role in influencing the likely success or failure of the training course, and the author suggests a number of steps to be taken in order to involve them more closely with the total learning process, of which the course itself is only a part.

It seems desirable for experiments of this kind to be encouraged in order to explore further the advantages and disadvantages of this sort of first-line management training.

D10 Management Training – Where Now? (1)

Wyn G Davies
Nursing Mirror vol 141 July 10th 1975
pages 63–64

AIM To evaluate first-line management training.

METHOD This is not described. There is some indication of various sources of information and of the questions asked, mostly by implication from the description of the findings. No details of the courses evaluated are given. The author states that 'this is a small survey and needs further verification' (page 64 of the article).

SAMPLE 134 nurses.
(No further specifications are given except that later in the text it is mentioned that 32 nursing officers were questioned.)
Sponsor: DHSS
Duration: Two years

FINDINGS AND CONCLUSIONS (These are not specified separately for ward sisters.)
Ninety-six per cent of the nurses saw the content of the course recommended by the National Nursing Staff Committee (in their report 'The Management Development of Senior Nursing Staff in the Hospital Service') as relevant to their work.

However, 37 per cent of the sample did not apply what they learned, giving their main reasons for not doing so as:
Not knowing how to go about implementation.
Lack of on-the-job guidance.
Unresolved problems of inter-disciplinary and boss-subordinate relationships.

Some 68 per cent of the nurses underwent a post-course interview with senior nurses; of those, 75 per cent felt the course achieved little or nothing. There was little evidence of any systematic follow-up. In spite of this, 46 per cent of the nurses (from which sample?) stated they had introduced some changes as a direct consequence of their training.

In an attempt to investigate the complaints made by a number of nurses that they were unclear as to their authority, 32 nursing officers were asked to indicate who had the authority within their hospital to take 60 different decisions involving nursing care. Fifty per cent of the decisions were attributed to three or more grades, and the nursing officers were not unanimous in their perception of who was responsible.

Conclusions
The form of the courses and the range and number of subjects covered within the time provided, resulted in the emphasis being placed on teaching rather than learning. For this reason, the author recommends spreading the courses over a longer period and making greater use of work-based exercises and projects.

The role of the senior nurses in assisting their juniors to put new knowledge and skills into practice is of critical importance. Many senior nurses need help in understanding how to follow up management courses and how to continue training on the job.

It is suggested that an initial step in developing nurse-managers would be to ensure that their roles are appropriately and clearly defined.

Wide variations in the content and quality of the various courses were found and it is suggested that there is an urgent need to develop a scheme of management training which has national currency and is effectively monitored.

The author's following article 'Management Training – Where Now? (2)' Nursing Mirror, volume 141 July 17th 1975, pages 68 to 69, described the proposed training scheme developed in Gwent College of Higher Education.

D11 Partnership in Management Development – 1

Don White and Angela Frawley
The Nursing Times vol 71 August 14th 1975
Occasional papers
pages 81–84

AIM To evaluate a first-line management course for ward sisters and charge nurses held at the United Manchester Hospitals.
This paper deals with the 'third level' of the evaluation (ie job behaviour) while the J W Charlton (1975) paper, summarised on pages 163–164, deals with the first 'two levels' of the evaluation (ie the reactions of the course members and the extent of their learning, compared with the desired reactions and the intended learning).
Details about the course objectives and content are given in Charleton's article.

METHOD Discussions between the evaluator and course members and, separately, with all their nursing officers, two months before and three months after the course. These general discussions were accompanied by short, individual questionnaires on salient points.
Pre-course and post-course interviews with course members and their nursing officers. Questions were similar to those used in the Sheffield study, Schurr and White (1973).
Experimental training assessment forms which were completed by the course members and their nursing officers at their pre-course briefing conferences and then used by them as a basis of a sister/nursing officer discussion in preparation for the course.
Identical forms were completed in the same way, some weeks after the course, and were also used by each sister and her nursing officer to help follow-up the training and to facilitate any plans for beneficial action. The original idea for this form came from Wessex Region, but it was also used experimentally in the Sheffield and Oxford Regions. (Illustration and further details of this technique are given in the text of the paper.)

SAMPLE Eleven ward sisters (half of the course membership selected by random sample) and their 11 nursing officers were interviewed. The other instruments were presumably used with all the course members and their nursing officers (ie 22). The course members were from the United Manchester Hospitals.
(There are no further details of the sample in this paper. Some further details about the course membership are given in Charleton's paper.)

FINDINGS AND CONCLUSIONS Details of the analysed results derived from the evaluation techniques are not given. Instead, the authors chose to focus attention on the broad effect of using the training assessment forms. This was the major innovation as far as the evaluation methodology was concerned. Advantages derived from the use of the form by sisters and their nursing officers are listed in the text of the paper, together with improvements in various areas of job behaviour drawn from comparisons of pre- and post-performance ratings. However, the authors emphasise that the assessment form technique is still new and needs

further refining and that 'too much precision must not be claimed for this technique' (page 84 of the paper). The general opinion of the course members was that the benefits of this particular course were greater than normally expected from previous courses of this type.
Corroboration was obtained from the sample interviews after the training and the action plans implemented by the trainees and reported at their post-course conference.

The main emphasis of this evaluation was not so much on measuring the effects of the course, but on exploring the extent to which the active involvement of the trainee's immediate superiors could be secured, and assessing the impact of that involvement on the effectiveness of this particular form of management training*.
'Bearing this in mind the evidence seems to support two broad conclusions; firstly, that the evaluation techniques used, particularly the performance assessment form, do encourage a high degree of detailed, constructive support by nursing officers of their sisters' management training; secondly, that where this is achieved, it makes a power of difference to the effectiveness of the training in terms of improved performance on the job, which is where it matters' (page 84 of the paper).

D12 Partnership in Management Development – 2

Joan W Charleton
The Nursing Times vol 71 August 21st 1975
Occasional papers
pages 85–88

AIM To evaluate a first-line management course for ward sisters and charge nurses in the United Manchester Hospitals.
This is the second of two papers: the first was concerned with the evaluation process and the involvement of the nursing officer, see White and Frawley (1975), summarised on pages 162–163. This paper focuses on the course itself and the action which followed.
The major part of this paper describes the development of the course evaluated (in November 1973) and various aspects of it, under the following headings: course membership, course objectives and content, preparation and programme, tutorial staff and training methods.
(For further details see the text of the paper.)

METHOD The assessment of how far the course has achieved its stated aims was attempted by the tutorial staff. The information was collected from the following sources.
Pre- and post-course questionnaires on general knowledge of professional topics and management concepts. (Examples of questions and evidence of improvement in performance are cited in the text of the paper.)
Assessment of projects (related to staff management) carried out by the course members during the course.
Discussions about the implementation of Action Plans and other achievements which were the result of ideas born during the management course. This happened during a follow-up study day held five months after the course.

SAMPLE Twenty-two ward sisters and charge nurses from hospitals in the new Manchester area health authority and who attended the non-residential course.

* Miss Charleton's experiment of enlisting the help of a nursing officer as an assistant course tutor is reported in J W Charleton's Developing the Role of the Nursing Officer. Nursing Times, 25th July 1974, page 1171.

FINDINGS AND CONCLUSIONS

As in the first paper, details of results obtained from the instruments described are not given. Instead, examples are given of three questions with percentages of correct responses of pre- and post-course answers; and there is a description of a selection of actions undertaken by the sisters following the course.
Conclusions are drawn from these findings and from those reported in the first paper. They are:
Improvement in a student's performance following management training will depend largely on the degree of support she receives from her immediate superior. The interest and enthusiasm of the nursing officers who participated in this course made a great deal of difference to the range of new ideas introduced by the students, and to the degree of improvements and performance as revealed through the assessment forms.*

A great deal of talent is revealed during first-line management courses and it is obvious that this is not always being tapped at work; too many staff function well below their potential. Hence the need for managers at all levels to become more involved in the development and training of their staff. It is also important to give this process enough time and resources.

The method used for evaluating this course highlighted the fact that the training needs of one grade of staff (in this case the nursing officer) may be identified through the training of others and that recognising and meeting these needs is crucial to the overall improvement of performance in an organisation.

D13 1 On-the-Spot Training
2 Curing Nurses' Prejudice
3 Management De-mystified
4 Changes for the Better

Angela M Frawley
1 Health and Social Service Journal September 24th 1976 page 1710.
2 Health and Social Service Journal October 1st 1976 page 1758.
3 Health and Social Service Journal October 8th 1976 page 1811.
4 Health and Social Service Journal October 15th 1976 page 1858.

AIM

To review management development systems at first-line/middle level as they exist; what they ought to be like in the future; what steps should be taken to change them.
In the first article the author describes how Wessex took a re-look at first-line management; there is a description of the 'usual' course membership, the location of the courses, their objectives and contents, and the existing system (or model) of first-line training.

Article two reviews five years' experience of running the course, and describes its main problems, the longer term plans for designing a new course, and some experiences with the new approaches tried (like game playing and problem solving).

The third article describes the process of making a model for management which will cover various training needs. It includes the following steps.
Devising a questionnaire for identifying training needs (ITN) using as a common managerial framework Objectives for Management Development at First-Line Level, an appendix to the DHSS policy document, Management Education in the Reorganised NHS. (For further details see text of the

* The involvement of a nursing officer as assistant course tutor is described in Charleton (1974).

article.) The questionnaire to be filled in by first-line managers in discussion with their middle managers.
Producing a working document which took note of the differing professional emphases that emerged from the use of the Objectives paper, and which asked the middle manager the following question for each item: 'What would you like your first-line manager to be able to do within his managerial area?'
Holding six seminars for middle managers, of which three were for nursing groups and three for other groups; 90 per cent of the ITN questionnaires distributed were returned. The sample consisted of 40 Nursing and 40 others of first-line level from each of the three districts involved in the pilot scheme, giving a total sample of 240.
(No further details are given.)
The working document was cut down to include only skills and knowledge and the attitudes paper was made optional. (Further details of the result of this process are described in the text.) The author concludes that 'in general the ITN process was as useful as the results themselves'.

Article four describes the 'evaluation' of the first-line management course.

METHOD

Pre and post-course assessment forms made up of the competences, skills, knowledge and attitudes required of a manager at first-line level. This form was completed by course members and their bosses, after a full discussion, eight weeks before the course and 12 weeks after.
The results of these assessments were to be cross-checked by carrying out in-depth interviews with 50 per cent of the course members and their bosses, both before and after the course. (Copies of the assessment form and interview schedule are not included in the article but some questions asked are mentioned in the text.)

SAMPLE

There is no mention of 'the course membership' and it is assumed that the sample is the same as the one given above.

FINDINGS AND CONCLUSIONS

(These are not specified separately for ward sister.)
'The total pre-course assessment indicated that on average there were few perceived managerial training needs at all except in the areas of training techniques, method study techniques and interaction of new ideas.'

'Training need areas which emerged from the post-course rating ranked skills somewhat lower in decision making and problem solving; knowledge of the behavioural sciences; communication; effective use of resources; organisation of work and deployment of staff.'

'The interview information received after the course gave many more specific examples of changes in behaviour in comparison with specific training needs quoted before the course eg analytical and systematic approach to problems, more adaptability in different situations etc' (article four).

The information collected from the ITN questionnaire and the evaluation of the basic management workshop was gathered together. In the light of this and the original policy decision concerning long term objectives, it became clear that it was necessary to maintain the improved system by a do-it-yourself form of management training which would also be a developmental process for senior/middle managers in local organisations. (For further details of this and future plans see text of articles.)

Part III: Bibliography

The bibliography is divided into two main sections, the second of which is sub-divided under five headings.

1 Reports, books and articles reviewed.
2 Reports, books and articles (since 1967) identified but not reviewed. This section contains references to:

a) Research studies which include ward sisters in their samples and are thought to have findings which are directly or indirectly relevant to the ward sister's role.
b) On-going research studies.
c) Literature reviews.
d) Official reports.
e) Non-research studies (since 1967) ie, articles and books which were found to be relevant to the topic at hand but are not research studies according to the project's definition.

Entries on 2a–c are accompanied by abstracts* and references to summaries and reviews in readily available materials.

The references are listed within each section in alphabetical order.

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Edinburgh Churchill Livingstone
This book is based on research for an MSc thesis and deals with individual nurse/patient

interactions and the formation of therapeutic relationships. It also investigated factors influencing interaction and nurses' feelings about patients and their awareness of relationships. Four admission wards of a psychiatric hospital in Edinburgh were studied. On each ward every nurse was observed for approximately half a working week during 07.00–20.00 hours; in addition at least one evening period was spent on each ward observing night staff. Data for the study was obtained by observation of interactions, enquiries about interactions, interviews with nurses and interviews with patients. It was found that variables such as the patients' age, sex, social class, length of stay and nurses' sex and experience, can influence the frequency and duration of interactions. (AHS) (INR)
see also
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An investigation into problems of communication between nurses and patients in intensive therapy/care units
Manchester University thesis (MSc)
Nurse/patient communication was investigated in five intensive therapy/care units and considered in the context of factors that might be influential. Two hundred and thirty-two hours of observation of patients with an endotracheal tube in situ were analysed in terms of the amount and content of communication, and the verbal and non-verbal methods used by nurses and patients. Interviews with 112 nurses* from these units were subsequently recorded to discover their sources of satisfaction in intensive therapy/care nursing, and their views on nurse/patient communication. Twenty-two patients were interviewed about their experience of intensive care. The results are discussed and recommendations made. (Author) (INR)

AULD MG (1976)
How many nurses? A method of estimating the requisite nursing establishment of a hospital
Royal College of Nursing.
This is part of a University of Edinburgh thesis (MPhil) presented in 1974. The aim of the study was to find a formula for calculating staffing levels in hospitals. The author wanted to evolve a formula that would be suitable for all types of hospitals based upon patient dependency. Data was obtained by extended observation of the nurses' work in one maternity hospital. Nursing activity tables and patterns of patient care are shown (AHS) (INR)
For summary of the book see Clark and Hockey (1979) page 86.

AUSTIN R (1978)
Professionalism and the nature of nursing reward
Journal of Advanced Nursing Jan vol 3 no 1 pp 9–23
An examination of the relationships between the rewards of nursing and the work expectation of professional groups, which formed one aspect of the author's doctoral thesis. Data was drawn from a sample of 320 nurses (of all grades from third year students to a nursing officer) in a provincial hospital group during 1973–4. It was found that job satisfaction was very important to nurses and that this was not equated with a desire for extrinsic rewards, for example, money, status or power. This, the author feels, is contrary to the extrinsic work reward expectations being sought by the leaders of the nursing profession. (AHS) (INR)
For original report see AUSTIN R, Occupation and profession in the organisation of nursing work, University of Wales thesis (PhD) 1976.

BAKER D E (1978)
Attitudes of nurses to the care of the elderly
Manchester University thesis (PhD)
This study endeavours to contribute to the discussion on how nurses perceived their role. In other words, their attitudes to their work. Data was gathered by means of participant observation in two medical and five geriatric wards, all located within one general hospital. In each ward, the nurses* whose actions, interactions, and statements were studied, included a minority who were trained. Of the majority who were untrained, most of those in the medical wards and in the admission and assessment ward of the geriatric unit, were nurses in training, while most of those working in the other geriatric wards were untrained nursing auxiliaries. Different styles of nursing were identified, the most commonly observed being that defined as 'routine geriatric'. Nurses practising this style had a view of their patients as being less than fully responsible adults for whom the routine provision of a minimal level of physical care was seen as appropriate and even as inevitable, given the lack of status and resources in the wards in which many of these nurses worked. This style contrasted sharply with officially recommended policies, but received the implicit and

* Student nurses, staff nurses and sisters (RGC)

* Nurses studied included ward sisters and some of the findings refer to particular sisters' style of nursing and ward nurses' reactions to it. (RGC)

in some cases explicit approval of nursing management and medical staff. Cases where the 'routine geriatric' style was modified or challenged were identified and the associated factors investigated. The discussion of the settings within which the 'routine geriatric' style of nursing has been located, upheld, supplanted, challenged or modified leads to the conclusion that a radical reorientation of nursing itself is needed. The appropriateness of medically oriented priorities in the practice of nursing is questioned, and emphasis is laid upon individually-based, goal-oriented care, under nursing control, and based on patients' needs.
[Author abstract, edited] (INR)

BARR A (1967)
Measurement of nursing care (operational research unit publication no 9) Oxford Regional Hospital Board
This report is based upon research undertaken for a doctoral thesis. It deals with patient dependency and the subsequent measurement of nursing care in the Oxford Regional Hospital Board.
To establish levels of patient dependency, patients were classified into care groups, which were based upon earlier work carried out at the John Hopkins Hospital in the USA, using a nursing care form developed over a three year period. After 6000 hours of continuous patient observation and activity analysis, it was found that in an average six hour period a nurse spent ten minutes in direct patient care for the self care group; 22 minutes per patient for the intermediate group and 44 minutes for patients in the intensive care group. (AHS) (INR)
For summary see Wilson-Barnett (1978) page 35.

BENDALL E (1971)
The learning process of student nurses
Nursing Times
28 Oct vol 67 no 43 Occasional Papers pp 169–172
4 Nov vol 67 no 44 Occasional Papers pp 173–175
The author undertook research into the variables affecting learning in order to find the most efficient pattern. The following variables were considered: the order of theory and practice; the time interval in between; and the educational level of students. The study covered 32 teaching schools, mostly in teaching hospitals, and was divided into three phases: 'postal survey on the relationship of theory and practice; testing of instruments for measuring students' learning; and tests to measure learning. The results showed that learning the theory first and an interval of less than six months between theory and practice in the concerned area is most desirable. Students who receive only the theory about some clinical areas, but have no practice in these, learn little. This may be one of the reasons for so many failures in the final examinations. Some form of 'sandwich' of theory and practice is likely to help learning. Theory should therefore be centred on a group of students who are at various stages of training but are working in the area involved. Further projects to confirm these findings are advisable. (HA) (INR)
The sample included ward sisters, and some of the findings relate the sisters' opinions about the students' problems. (RGC)

BENDALL E R D (1975)
So you passed, nurse. An exploration of some of the assumptions on which written examinations are based
Royal College of Nursing
Aim = author felt nursing education should mean training to care and exams should test this ability, but all too often exams and nursing education do not do this.
Sample = 321 nurses in training in 19 hospitals = 8 per cent of total population of hospitals concerned which was approximately 4000 subjects.
Methodology = pilot study to establish activities to be tested.
Main study used two questionnaires: one obtained personal data about trainees, the other forced choice. With observation*. (INR)
For summary see Clark and Hockey (1979) page 133.

BIRCH J A (1975)
To nurse or not to nurse: an investigation into the causes of withdrawal during nurse training
Royal College of Nursing
John Birch, in this study, has asked what changes there are in the level of motivation among learners as training progresses and what part the hospital, as an educational environment, plays in the modification of learners' attitudes, aspirations and persistence in training. He has made use of a range of standard tests to describe the intellectual and personality characteristics of entrants to both pupil and student programmes and to explore the differences, if any, between those who complete training and those who drop out. Extensive use has also been made of the interview method. While there are some interesting differences, it has to be concluded that leavers are not all that different from stayers save that they could be described as more vulnerable. (Jillian MacGuire) (INR)
Ward sisters are mentioned in connection with rating of nurse learners' performance and

* The observation carried out in medical and surgical wards during the pilot stage provided data on the amount of teaching in the wards. (RGC)

some findings relate to sisters' teaching function. (RGC)
For summary see Clark and Hockey (1979) page 123.

BLENKINSOP D and NELSON E G (1972)
Changing the system. A study of organization change in a hospital nursing service London Bookstall Publications
This contains a brief study of the changes to be made on the Durham Group following the Salmon Report. The study first looked at the hospital as a whole and at the relationship of nurse function with other services. The principal subject of these services was the patient and a subsidiary, but a very important subject was the nurse in training. Thirty ward sisters and senior nurses were also interviewed at length. Findings are presented and discussed in context. (INR).

CARSE M S (1976)
A repertory grid study of changes in nurses' perceptions of ward personnel overtime
Queens University of Belfast thesis (MSc)
The average or consensus grid of experienced and senior nurses* was compared with that of student psychiatric nurses in their first month of training. The students were retested five months later and the results confirmed the anticipated change. The findings were viewed in terms of cognitive complexity and the degree of anxiety and satisfaction about role fulfilment, which were also measured. (SMS) (INR)
A paper on the project was given at British Psychological Society, Social Psychology Section Annual Conference, University of Durham, 23–25 September 1977. (Symposium on 'The Psychology of Nursing'.)

CHEADLE J (1971)
Three weeks in the life of a psychiatric charge nurse
Nursing Mirror 22 Oct vol 133 no 17 pp 39–42
A study of the work of charge nurses at St Wulstan's Hospital, Malvern, is reported. A feature of this hospital is that all ward staff go to the unit workshop with their patients.
The study was carried out on a long-stay unit with 20 female and 39 male patients. All three charge nurses were observed over three weeks. A list of 44 activities was drawn up; this is reproduced as an appendix showing the percentage of time spent on each activity. The results of the study are discussed under the headings: time spent dealing with patients or their affairs both as individuals and in groups; amount of conversation according to clinical state; and the role of the workshop. Among the conclusions are that charge nurses spent 17.3 per cent of their time on general supervision; they spend over a third of their time with individual patients, but those patients able to take the initiative or with troublesome delusions, take a bigger share than the others; social conversation between staff was much in evidence and was indicative of a harmonious rather than inattentive staff; and there was contact with nursing officers for 5.1 per cent and with doctors for 4.9 per cent of the time. Nurses spend the biggest part of their time sitting in the workshops with patients from their wards. This means they do not carry out many clinical nursing procedures, as all these are done in a central clinic. But it does make the patient's living environment look and smell less like a hospital and puts the accent on the psychiatric context of nursing. (HA) (INR)

* The sample included ward sisters/charge nurses and some findings are separately specified for them. (RGC)

CONTINUING CARE PROJECT (1979)
Organising aftercare. An examination of ways in which aftercare arrangements for elderly hospital patients could be improved in order to ensure their fullest recovery and maintain their independence
National Corporation for the Care of Old People
As part of its programme to improve aftercare of the elderly discharged from hospital the Continuing Care Project, funded by the National Corporation for the Care of Old People, carried out a national survey into arrangement for aftercare. The objectives of the survey were: to find out whether the lack of adequate arrangements for aftercare was a national problem; to compare procedures in geriatric and general hospitals; and to identify areas of good practice.
A letter was sent to a one in three (685) sample of hospital administrators of hospitals likely to cater for the elderly. Upon analysis in June 1978 166 (24 per cent) replies were received. Fifty replies were from general acute hospitals, 55 from geriatric units and 61 from specialist units. The replies indicated that few structured systems for identifying the aftercare needs of the elderly existed in general hospitals and that systems in geriatric units showed a multidisciplinary team approach. Other issues discussed in the report are hospital general practice communication, hospital/patient/family communications and team work. In the discussion of the nursing team it was felt that the ward sister's role in this area was crucial to successful aftercare. (AHS) (INR)

CORMACK D (1975)
The work of the psychiatric ward sister/charge nurse
Nursing Mirror 24 July vol 141 no 4 p 57
This study examines the role of the psychiatric nurse from 3 viewpoints: the prescribed role, defined as those nursing functions which writers of professional literature suggested

the nurse ought to be performing; the actual role, defined as those functions which the psychiatric nurse was observed to be performing; the perceived role, as seen by the psychiatric patient.
In examining the prescribed role, 150 texts were consulted mainly of British and American origin and dated between 1960 and 1973. Data for determining actual role were collected by continuously observing 12 charge nurses in a number of acute or short-term admission wards for a total of 168 hours. Fourteen charge nurses were observed in 10 wards of four Scottish psychiatric hospitals. The perceived role as seen by the patient was obtained by inviting patients in half the ten wards visited to participate in the completion of a questionnaire and take part in a semi-structured interview. Ninety-six did so, results are presented and it was concluded that what the nurses were observed to be doing, while not complying with the very narrow definitions of therapy used by the writers of professional literature, may be a valuable form of unsystematic and unrecognised therapy. (Margaret Scott Wright) (INR)

CORMACK D (1976)
Psychiatric nursing observed: a descriptive study of the work of the charge nurse in acute admission wards of psychiatric hospitals
Royal College of Nursing
This book is based on a thesis by the author entitled: The nurse's role in psychiatric institutions (1975). (INR)

DODD A P (1973)
Towards an understanding of nursing
London University thesis (PhD)
This project was concerned with exploring the hospital context as a learning environment for nurses in training. Two polar types of general nurse training school were selected for comparison. Five research tools were used as complementary instruments in a multifaceted approach, aimed to give a balanced assessment of the objective and subjective aspects of each context. The original research design was extended to include three renal units to test emergent hypotheses. The conclusion reached was that neither hospital context constituted a learning environment for trainees. Within the hospital structure the learner was not free to learn, nor the teacher free to teach. (Author) (INR)
The study's sample included trainees, trained nursing staff, nurse tutors and doctors. The ward sisters completed questionnaires and were interviewed. The findings obtained relate to sisters' (and others) interpretations of their (and each other's) roles. (RGC)

FAUTREL F (1971)
Training for ward management
Nursing Mirror 19 Nov vol 133 no 21 pp 33–37
At St Bernard's Hospital, Southall, Middlesex, ten third-year student nurses completed a project in which they took charge of a ward for two separate days at intervals of up to seven days. A form was used by the nurses and by ward sisters to assess performance in ten areas of ward management. The student nurses had help and guidance from ward sisters, nearly all of whom were cooperative in supporting the project. On each day the student nurse took the ward report from the sister on the opposite shift and attempted all the jobs done by the ward sister. Results on the nurses' own assessments improved in all areas on the second day except for 'giving written reports'; they needed only about half the amount of assistance from the ward sister on the second day compared with the first.
The ward sisters' assessment showed similar improvement on the second day, except for dealing with the nursing officer and 'taking verbal reports'. In view of the benefit gained from this project, a longer planned course of management training would be even more valuable. Each nurse's programme had to be worked out individually; the project took 21 days to prepare and involved about 50 members of the nursing staff, 14 domestic staff and several other professional and ancillary staff. (HA) (INR)

FOTTRELL E et al (1976)
Long-stay patients with long-stay drugs. A case for review; a cause for concern Lancet 10 Jan vol 1 no 7950 pp 81–82
This was a reassessment project on psychotropic medication for long-stay patients.
Two hundred long-stay patients were randomly selected from 243 patients in nine long-stay wards (eight male, one female). A two-stage study was used:
1 A consultant, ward doctor and sister examined the patients' notes and decided whether to change the medication.
2 All patients whose medication had been changed were reviewed after six months and the patients' mental state was rated as improved, unchanged and so on. The sister's opinion and knowledge of the patient weighed heavily in all stages. (L) (INR)

GRAY G I (1977)
Assessment of the nursing needs of the dying patient
Manchester University thesis (MSc-taught)
Within the framework of the nursing process the study examined the stage of assessment. The study was conducted in the clinical area of the terminally ill patient. A qualitative methodology using participant observation was used for the main study. Methods of assessment at first contact with the patient and as an ongoing process were studied by observing the behaviour of all grades of nursing staff. The

findings were analysed in terms of the following:
The first contact
with the patient
with the relatives/other significant people
information from the referral source
recording and communication.
Assessment as an ongoing process.
The recording and communication of the assessment.
The implications for nursing practice are discussed. (Author abstract) (INR)

GRAY J K (1974)
Nursing staffing in a teaching hospital: a study in measurement
Southampton University thesis (MPhil)
'This thesis reports the findings of a study of nurses' work in a London teaching hospital where the nursing administration took the view that they were facing a critical staffing situation. It contains a detailed analysis of the work of nursing, domestic and clerical staff. The data was collected using activity sampling on two general surgical wards, supplemented by an unstructured opinion survey.' Chapter six, which describes the work done by the trained nursing staff, discusses the scope of the sister's role and its evolution and provides detailed information on her work from continuous observation and activity sampling. (RGC)

HAMILTON SMITH S (1972)
Nil by mouth?
The Study of Nursing Care Project Reports series 1 no 1
Royal College of Nursing
This study looked at certain aspects of pre-operative fasting. Two hundred and nineteen nurses (and third-year students), and 58 anaesthetists from 31 wards in hospitals were interviewed. A separate schedule was used for nurses and anaesthetists. (INR)
For summary see Inman (1975) page 19 and Clark and Hockey (1979) page 37.

HAWTHORN P (1974)
Nurse – I want my Mummy
The Study of Nursing Care Project Reports series 1 no 3
Royal College of Nursing
The general aim of this study was to develop a tool for measuring the extent to which the emotional needs of paediatric patients were met by nurses. There were 24400 observations on nurses and 88000 on children in nine paediatric units. The study was based on observation with some use of questionnaires.* Based on the thesis (1973) called:
A study of some aspects of nursing care in nine paediatric units, with particular reference to the emotional needs of children. (INR)
For summary see Inman (1975) page 20 and Clark and Hockey (1979) page 54.

* A hundred and sixty-three nurses working in nine paediatric wards in seven different hospitals were observed. Ward sisters were interviewed and other nurses completed questionnaires. Findings refer to sisters' stated and actual behaviour. (RGC)

HAYWARD J (1975)
Information – A prescription against pain
The Study of Nursing Care Project Reports series 2 no 5
Royal College of Nursing
The aim was to develop a schedule of topic-centred information and test its efficacy in matched groups of patients. A hundred and thirty-four patients in the final analysis in two hospitals comprised the sample. It was based on an experimental design giving a group of patients pre-operative information and a control sample who just received a general chat. (AHS) (INR)
The ward sister's assessment of patients' progress was used as one of the research methods and the findings' section includes a discussion of their possible implications for the sister's role. (RGC)
For summary see Inman (1975) page 34 and Clark and Hockey (1979) page 82.

HEGARTY J (1975)
Passing on assessment skills to charge nurses
Nursing Mirror 4 Dec vol 141 no 23 pp 62–63
The assessment of mentally handicapped patients to discover their needs and potential is increasingly important. One solution may be to delegate much of the routine assessment to charge nurses who are familiar with the patients, have enough staff, and can make fullest use of the results of assessment. The first stage of the project at a 600-bed hospital aimed at providing both training and encouragement in the completion of PAC forms for charge nurses and training officers. The results were analysed. The training was a valuable experience for many, providing new insights into the patients and suggestions for staff training. (INR)

HOCKEY L (1976)
Women in nursing: A descriptive study
London Hodder and Stoughton
This study examined staffing of community and hospital nursing services by female nurses and looks at their capacities as nurses and as women. The study was undertaken in four Scottish hospital groups. Data were obtained by unstructured interview of all CNOs and PNOs and their equivalent in the community, and by structured interview of a 1:5 random sample of hospital nurses and a 1:3 random sample of community nurses. Subjects dealt with included job satisfaction, career patterns and those who return to nursing, hours of work, part-time nursing and attitudes to nursing auxiliaries. (RCNRS) (INR)
For review see British Medical Journal 2 Apr 1977 vol 1 no 6065 pp 894–895

For summary see Clark and Hockey (1979) page 97.

HOPE R M (1975)
A study of the factors influencing the career decisions of the newly qualified staff nurse and their implications for staff development
Bath University thesis (MSc)
Aim: 'The project examines the expectations and aspirations of the newly qualified nurse both within their working environment and also alternative role options.' (page 1)
Method: Interviews and questionnaires (included in an appendix).
Sample: Two acute hospitals located in the Oxford Area Health Authority (Teaching).
Nursing staff: A sample of nurses (11) who had taken their SRN finals in June 1975 and who at the time of the study had not yet received their examination results; the successful SRN finalists in November 1974 (28) – this group had some nine months' post-qualification experience; a group of sisters (10) who were undertaking their first job as a sister.
Findings: These are reported in three sections (one for each group). Sections I and II include (among others) findings relating to the aspirations of each group to become sisters and their perceptions of their role. Section III reports the findings from interviews with recently appointed sisters under the following headings: initial training; career development; problems experienced as staff nurses; criteria used for judging sisters; advice to newly qualified SRNs; and future career plans. (RGC)

HUNT J M (1974)
The teaching and practice of surgical dressings in three hospitals
The Study of Nursing Care Project Reports series 1 no 6
Royal College of Nursing
This book is based on the author's Master of Philosophy thesis and is a study to investigate the extent to which the procedures and practice of surgical dressings in the ward vary from those taught by tutors. The main objectives were to discover any deviations and how extensive they might be and whether they were likely to endanger the patient. A checklist of classroom procedures was developed and used, by observation, to follow any deviation from these in the ward. The study highlighted the complex techniques which the nurse is expected to learn and asks questions about the teaching and practical supervision of these techniques. (AHS) (INR)
The sample included three sisters, and observation of them provided data on their behaviour in relation to applying dressings and/or supervising this procedure. (RGC)
For summary see Inman (1975) page 73 and Clark and Hockey (1979) page 35.

JONES D C (1975)
Food for thought
The Study of Nursing Care Project Reports series 2 no 4
Royal College of Nursing
'Food for thought' describes the nutritional nursing care of unconscious patients admitted to 43 general wards in 12 hospitals. The author observed a total of 646 nasogastril feeds and examined their nutritional content and the method of administration.* The findings show disturbing discrepancies between recommended levels of nutrition and the actual content of nutrients given to unconscious patients. Some possible causes of these discrepancies are indicated and the book suggests a number of guidelines to nursing practice which would improve this aspect of care. (Preface) (INR)
For summary see Inman (1975) page 36 and Clark and Hockey (1979) page 35

KIRKWOOD L (1979)
The clinical teacher
Nursing Times 3 May vol 75 no 18 Occasional Papers pp 49–51
This paper is an attempt to indicate the present role of the clinical teacher. Questionnaires were sent to three groups of people – clinical teachers, ward sisters and tutors – asking them how they saw the role of the clinical teacher. Are clinical teachers fulfilling the role for which the position was created? Has the role of the clinical teacher met the need of providing for more consistent teaching in clinical areas or have clinical teachers been forced into a vacuum between education and service? It is apparent from the study that changes should be made in the role, and further study in the area is recommended. (Journal abstract) (INR)

LAMOND N (1974)
Becoming a nurse: The registered nurse's view of general nurse education
Royal College of Nursing
The aim of this study, which was based on sociological role theory, was to explore the training of student nurses by various registered nurse personnel, especially with reference to the role of the ward sister. Two training schools in Scotland were used for a pilot study to help construct an interview schedule as a research tool. The sample consisted of 124 registered nurse volunteers in a teaching hospital, which included teachers, administrators, ward sisters, surrogate sisters and staff nurses. The main hypothesis – that there would be disagreement on the role expectations of the ward sister with regard to student nurse education – was confirmed, and considerable disagreement between the ward sisters and col-

* Three hundred and twenty nurses were observed giving feeds: 24 sisters were interviewed; and nursing staff on 13 wards completed a questionnaire. Some of the findings refer to actions (relevant to the subject of enquiry) carried out by the sisters. (RGC)

lege personnel about the ward sisters' role was also noted. (MGB) (INR)
See also Master of Letters thesis of the same name.

LELEAN S R (1977)
The communication of instructions for nursing care in medical wards
University of Surrey thesis (PhD)
Although communication in hospitals is held by most writers to be important, little evidence exists concerning its effectiveness between doctors and nurses, or between ward sisters and nurses.
This study looked at the process of communicating instructions for patient care and attempted to identify factors which may affect the interpretation of instructions by nurses. The sample consisted of 396 nurses and 30 doctors working in general medical wards and schools of nursing in four district general hospitals in south-east England. Data collection was by means of a self-completed checklist and non-participant observation. These data were analysed by hand and results subjected to tests of statistical significance. Results are presented in relation to doctors' and nurses' interpretations of three instructions, 'Up and about', 'Up in chair', and 'Bedrest'. Observational studies carried out in medical wards were reported in which sisters' instructions for particular patients were compared with the observed care and the nurses' checklist categorisations of intended care for the same patients. On the basis of these data, it was possible to test a number of hypotheses relating to the interpretation of instructions. Findings are discussed in relation to the effectiveness of communication in the medical wards studied. It was concluded that doctors and nurses interpreted the three instructions differently and that the nurses' interpretations were affected significantly by patient diagnosis and age and by the nurse's grade. No attempt has been made to relate the findings to other situations but a number of areas are suggested for further study. (Author) (INR)

MACDONALD I (1978)
Assessment of mental handicap: The Leavesden Project
In JAQUES E Health services. Their nature and organisation, and the role of patients, doctors, nurses and the complementary professions pp 252–264 Heinemann
The project assumed that handicap has a particular level of capacity and that care-givers should allow the mentally handicapped to express their capacity whatever its level. The initiative for the research came from the staff of Leavesden Hospital and the three London boroughs where the research was undertaken. The results indicated that the mentally handicapped perceive their world in different ways and that consequently the work of staff can be organised in different ways. The primary objective was to develop an assessment procedure which would look at the capacity of the handicapped person and also at the level of opportunity offered by the staff. In the assessment form five stages from high to low dependency and five levels of opportunity were identified. The ward sister was accountable for the assessment which was made by staff in daily contact with the handicapped person. The staff using the assessment felt that it helped them to focus their observations and to question whether levels of capacity are compatible with the opportunities offered. (AHS) (INR)

MALIN N (1978)
Staff attitudes in mental handicap
Glasgow Scottish Society for the Mentally Handicapped
This report presented the findings of a larger study undertaken for a Masters degree and seeks to examine staff attitudes to mental handicap in a mental handicap hospital, an adult training centre and a special school in the west of Scotland. A period of 12 weeks was spent in each institution gathering data. In the hospital the nursing staff (day) consisted of two nursing officers, six ward sisters, one staff nurse, three enrolled nurses, six students, two graduates and 14 auxiliaries. When interviewed and asked what they thought the official goals of the hospital were the trained nurses said they thought the most important objectives were care (improvement of the quality of life), protection and training. The students felt that the most important aspect of hospital care was patient (custodial and basic nursing) care. In addition the students felt that they lacked a constructive role. The auxiliaries felt that the official goal of a hospital was to provide a homely environment that would offer the patients security and protection. (AHS) (INR)

MERCER G and MOULD C (1976)
An investigation into the level and character of labour turnover amongst trained nurses. (In 2 volumes)
University of Leeds Department of Sociology
This was a two-year research project funded by the Department of Health and Social Security and undertaken by the Department of Sociology, University of Leeds. It investigated turnover among qualified nurses in a selection of district general hospitals in Yorkshire. The sample included enrolled nurses, staff nurses, charge nurses or ward sisters. All full-time staff in these grades in post on 1 May 1975 were sampled. In addition, part-time staff of these grades were included from three (randomly selected) of the nine districts. Data collection drew upon four sources: self-administered questionnaires; personal interviews; hospital records; and informal contact and observation. A response rate of 69.4 per

cent was achieved, although the rates were conspicuously lower amongst part-time staff. The data was analysed to give measures for the average length of time in current post; crude separation and accession rates; instability and survival rates; and force of separation. Over 37 per cent of the respondents had been in post for less than one year, 80 per cent less than five years and six per cent had more than ten years' service. Ward sisters and enrolled nurses appeared to be more settled in their employment – the former with an average of four years' service, while enrolled nurses had an average of three to four years. (AHS) (INR)
Also reported in MERCER G and LONG A, The turnover of labour in nursing, part one and part two, Health Services Manpower Reviews 1977 Aug vol 3 no 3 pp 8–13, and 1977 Nov vol 3 no 4 pp 6–10

MINISTRY OF HEALTH, CENTRAL ORGANISATION AND METHODS UNIT (1968)
Nursing work in general hospital wards
Ministry of Health
The purpose of this research was to carry out a detailed study of work in a range of acute medical and surgical wards in order to devise a method of estimating staffing requirements. Two methods of classifying patients were used: the sister's assessment and the BARR dependency grouping. These were then compared with the amount of care given. Two typical 400–500 bed hospitals were used and the observation study lasted nine months with periods of 14 consecutive days in each ward. Both classification methods were found to be unreliable and nurse/patient ratios were considered to be preferable. (INR)
For summary see Wilson-Barnet (1978) page 77.

MORTON-WILLIAMS J and BERTHOUD R (1971)
Nurses attitude survey: Report on postal survey
Social and Community Planning Research unpublished report
Aim: To collect factual information about the work of nurses in hospital and the local authority service, to augment that already available from the DHSS statistical records and previous research.
Research commissioned by the Briggs Committee.
Method: A mailed self-completed questionnaire.
Sample: Seven thousand, five hundred and fifty-seven hospital nurses (nearly three-quarter response rate) and 2047 local authority nurses (four-fifths response rate). The ward sister/charge nurse grade constituted 14 per cent of the hospital sample which was selected at random from 100 hospital groups.
Findings were reported under the following headings:
Structure of the nursing profession (type and size of hospital, grade of the nurse, whole-time and part-time nursing, characteristics and background of the sample, current living situation, community nurses' transport, membership of professional associations and trade unions).
Current working hours (hours of work during last working week, days of duty, shift working, night duty, the duty rota).
Opinions on nursing (general satisfaction with nursing as a career, work inappropriate to grade, factors affecting nurses' morale, amount of responsibility, factors affecting career prospects, local authority versus hospital nursing, systems of local authority patient allocation).
Nursing training (age of entering the profession, pre-nursing experience, basic training courses, post-qualification training, intentions for further training).
Past career (length of service, experience of hospital and community nursing, experience of other nursing jobs, jobs previous to nursing, non-nursing jobs during a gap in nursing, periods with no paid employment during a gap in nursing, experience as a midwife).
Future career (immediate intentions, nursing and marriage, predictions over two years). (RGC).

MORTON-WILLIAMS J and BERTHOUD R (1971)
Nurse attitude survey: Report on personal interview survey
Social and Community Planning Research unpublished report
Aim: To ask the opinions of a representative sample of nurses on a number of topics of importance to their profession.
Research commissioned by the Briggs Committee.
Method: Interviews.
Sample: One thousand, two hundred and eighty-two hospital nurses and 373 local authority nurses (87 per cent response rate), selected at random from among the respondents to the postal survey. There were 190 nurses from the sister/staff nurse grade.
Findings were reported under the following headings:
Aspects of recruitment (choice of type of nursing, reasons for deciding on first hospital, geographical aspects of recruitment, number of job applications for present post, source of information on current post, the register versus the roll).
Journey to work.
Training programmes (auxiliaries and assistants, opinions on teachers, opinions on course content, reactions to two possible changes, student status).
Conditions of work (pay, arrangement of

working hours, priorities for improvement, allocation of duties).
Career prospects (desire for promotion, promotion and further training, attitudes to various career problems).
Nursing the patient (patient allocation versus task allocation, relationship between nurses and patients, attitude to various working problems).
Senior nurses (influence of nurses over non-nursing policies, and nursing policies).
Relationships between nurses (friendship, senior and junior nurses, 'Those were the days', graduations of responsibility, nurses and nursing establishment, relations with doctors, summary of relations between nurses).
Attitudes to community nursing (mutual respect, the possibility of transfer, advantages and disadvantages of community nursing).
Nursing, marriage and children (attitudes to married women at work, running a home and a job at the same time, working part-time, coming back to work after children).
Socio-economic comparisons.
Local authority nurses (training, changes in community nursing, helping to train students, combinations of roles, relationships with hospitals, relationships with general practitioners). (RGC)

MOULT A P et al (1978)
Patterns of ward organisation
Edinburgh University Nursing Research Unit
The main aims of the study were
'to describe existing patterns of ward work
to identify ward sister management activity
to compare and contrast outcomes relating to different ward organisation patterns' (page 5).
Sponsor: Leverhulme Trust Fund
Duration: 1974–1978
Method: Two sub-studies were carried out – one on the ward sister* and the second on patterns of ward organisation.
Following an exploratory stage and a pilot study, the method adopted for the main study on the patterns of ward work was an examination of the care given to each patient by each nurse. Data was obtained by means of observations, interviews, records and diary keeping on nurse/patient interactions; workload and patient dependency; staffing figures; ward design; hospital, unit and ward profiles; and ward routines.
Sample: Exploratory work in four wards; pilot study in two hospitals; main study in five hospitals, two from Scotland and three from England. A total of 50 wards were observed each one for one day. In a follow-up study eight of these wards were observed for a further one to three days.
Findings: The findings were presented under the following headings and were specified for the various grades of nurses (whenever relevant): patterns of work (chapter 4); nurses as pairs (chapter 5); continuity of care (chapter 6); nurse-patient communication (chapters 7 and 8); a sociological approach to the analysis of nursing work (chapter 9)*; findings from the follow-up study of eight wards (chapter 10); chapter 11 presents the concluding discussion and recommendations of this study, and the results of the ward sister's study are summarised in appendix 1. (RGC)

NORTH EAST THAMES REGIONAL HEALTH AUTHORITY (1978)
Draft report on a study of nursing care in four geriatric hospitals (report no 821)
North East Thames Regional Health Authority
As a result of concern expressed by nurses, a study of geriatric hospitals and wards was undertaken. The main aims were to investigate factors affecting nursing care and to develop dependency measures, and to determine and explain any differences in care given between the four hospitals. A hospital survey was carried out in three of the hospitals (within the North East Thames Regional Health Authority) in 1973/4 and similar data were obtained from a fourth hospital outside the region. In the three North East Thames hospitals, 12 wards were selected for study with six to eight patients from each ward being observed, and all patient care recorded during a 12-hour day shift. Also, on a different day, an activity analysis was carried out on all 12 wards. In the fourth hospital, patient and nursing information were collected simultaneously by activity analysis alone. The data collected show that an average of 70.4 per cent of the nurses' time in the four hospitals was spent in patient care activities. (AHS) (INR)

NORTH WEST THAMES REGIONAL HEALTH AUTHORITY (1975)
Patient-nurse dependency study, Barnet General Hospital
North West Thames Regional Health Authority
The objectives of the study were to apply and test the accuracy of the Rhys-Hearn methodology in a sample of wards at Barnet General Hospital, to examine staff utilisation, and to establish the number of nurse hours available per ward as a weekly average over one year. Five wards (of all types) were observed for seven consecutive days each between 07.30–21.00 hours. The time allotted to basic, skilled and technical care was estimated and bed occupancy compared to nurse hours. It was found that 37.6 per cent of nurses' time was spent on direct patient care whilst 42.8 per cent was spent on related work. (INR)
For summary see Wilson-Barnett (1978) page 28.

* For summaries see page 64 and page 70 respectively.

OXBY S and DAVIES E M (1975)
Ward appraisal system (Kings Fund Project Paper 11)
Kings Fund Centre
It presents a method by which ward activities can be assessed objectively by those within or without. The main aims of the research were to agree in detail the essential factors that make a well-run ward from which a high standard of patient care results. To develop a rating scale to measure these factors 500 ward activities were identified and then classified. (AHS) (INR)

PEARSON R J C (1967)
Outpatient nursing: sisters' views
Nursing Times 23 June vol 23 no 25 pp 834–835
Four outpatient sisters were asked in the course of a survey if there was any work done by nurses that could be undertaken by less well trained people. They were also asked to specify who in their departments did a number of routine jobs. The results showed that many clerical and reception tasks are still being carried out by nurses. A comparison of nurse staffing to workload (set out in a table in the text) showed considerable discrepancies between the different hospitals.
In the 14 hospitals served by these four sisters and ten others who did double duty (casualty and outpatients) there were no evening clinics in 12 and no Saturday morning clinics in five. Facilities such as a covered bus-stop at the entrance, a car-park, a receptionist, comfortable chairs, pictures, flowers, up-to-date magazines, refreshments, and lavatories varied from hospital to hospital, as did the procedures undertaken. (HA) (INR)

PEARSON R J C (1967)
Accident and emergency departments: sisters' views
Nursing Times 16 June vol 63 no 24 pp 796–798
Twenty-five sisters in charge of casualty departments were asked about staffing and facilities. Of these 11 were casualty sisters, four were outpatient sisters and ten had responsibility for both departments. Their hospitals varied widely in size and location. The survey covered such matters as availability of consultants, quality of casualty officers, medical off-duty cover, interest of the medical committee in the department, casualty theatres, and additional facilities such as an adequate resuscitation room, a recovery ward and observation beds. Results, shown in tables in the text, indicate that in many hospitals casualty departments are inadequately staffed in terms of quantity and experience and that facilities are at a very low level. (HA) (INR)

POMERANZ R (1973)
The lady apprentices
London Bell
This study was to evaluate an experiment in nurse education at St George's Hospital, London (a 2 + 1 course based on the Platt Committee recommendations). The aim was to measure the effect of the course on institutions and people directly involved, and to estimate the likely results of introducing it on a wider basis. Four sample groups were used: 1 – experiment = 58; 2 – control = 57; 3 – examination group (for comparison of results); 4 – a group of 150 entering SRN training between 1958–67. Students were interviewed* at 6 month intervals during training, with a postal survey at end of training. Author concludes that the experiment was a success. (AHS) (INR)
For summary see Clark and Hockey (1979) page 131.

SCOTTISH HOME AND HEALTH DEPARTMENT (1969)
Nursing workload per patient as a basis for staffing
(Scottish Health Service Studies no 9)
Edinburgh Scottish Home and Health Department
Report by the Work Study Department of the North-eastern Regional Hospital Board, Scotland, on the development of a formula for calculating the day duty nurse staffing requirements of a hospital ward. (Author) (INR)
For summary see Wilson-Barnett (1978) page 59.

SCOTTISH HOME AND HEALTH DEPARTMENT (1967)
Nurses' work in hospitals in the North-Eastern Region
(Scottish Health Service Studies no 3)
Edinburgh Scottish Home and Health Department
The aim of this study was to gather information on the workload of nurses throughout the region, in order to rationalise staffing throughout the region. A questionnaire, and observational techniques were used, together with an analysis of the architectural layout of wards and staffing problems. Observation was used to classify work by means of activity analysis. Fifty wards and departments were studied, and each ward or department was observed for seven days. (INR)
For summary see Wilson-Barnett (1978) page 57.

SHARPE D (1977)
The appointment of charge nurses in psychiatric hospitals

* Ward sisters were also interviewed and the findings section refers to their opinions of the experimental group nurses as staff nurses. (RGC)

Nursing Mirror 31 Mar vol 144 no 13 pp 57–58
This survey examines the methods of employing charge nurses. Data were obtained by a postal questionnaire to divisional nursing officers in 30 London psychiatric hospitals. The author concludes that the majority of appointments are to a grade within a division. (AHS) (INR)

SMITH E (1977)
Attitudes of student psychiatric nurses towards mental illness
Nursing Times 28 Jul vol 73 no 30 pp 1174–1175
This small research study duplicated a similar study carried out in the USA and was designed to determine student nurses' attitudes to mental illness. It used the Client Attitude Questionnaire which consists of 20 items to which a true/false/not sure response must be given; This is then scored from 20–60. Sixty-five student nurses participated, of both sexes, at all stages of training, in the Oxford Psychiatric Service. A comparative analysis of a similar, smaller group (29 students) in Bonn (Germany) was made. In addition a partial survey of nursing officers, charge nurses and sisters in Oxford was carried out. The UK group compared favourably with the USA group and gained 'middle of the road' scores. However the Bonn group showed obvious conservative attitudes. (AHS) (INR)

STEVENS M (1974)
Integration of the nursing services in Scunthorpe
Hull University of Hull
Questionnaires were completed by 170 nurses at 'sister' level working in the Scunthorpe district. These included home nursing sisters, domiciliary midwives, health visitors and hospital ward sisters. Findings on the opinions of these nurses were presented under the headings: knowledge of complementary fields; continuity of care; the social services; and health service reorganisation. Recommendations are made in relation to integration. (MLB) (INR)

STOCKWELL F (1972)
The unpopular patient
The Study of Nursing Care Project Reports series 1 no 2
Royal College of Nursing
This study in four wards of a hospital, was to determine whether there is a difference in the quality of nursing care given to popular and unpopular patients. Methods of study included rating and ranking techniques for identifying popular and unpopular patients, analysis of factors that might account for unpopularity, content analysis of nurses' expressed attitudes to patients, card sort technique for exploring the nurses' view of the patient's role, and a comparative study to gain further information about nurse/patient interaction. The main finding was that least attention was given to those mid-group bedfast patients who were neither particularly popular nor unpopular with the nursing staff. (MLB) (INR)
For summary see Inman (1975) page 26 and Clark and Hockey (1979) page 88.

TAYLOR L, FOSTER M C and BEEVERS D G (1979)
Divergent views of hospital staff on detecting and managing hypertension
British Medical Journal 17 Mar vol 1 no 6165 pp 715–716
A questionnaire about detecting and managing hypertension was answered by 76 out of 110 (69 per cent) doctors and 116 out of 195 (63 per cent) qualified nurses* in a large hospital. There was no general agreement on the method of taking diastolic blood pressures or on the level of hypertension requiring treatment. Most of the clinicians treated mild hypertension, although no proof exists that such treatment is beneficial. Almost everyone questioned agreed that measuring blood pressure in all patients attending hospital is important. Agreement should be reached, however, on which phase of diastolic blood pressure should be used. (Journal Abstract) (INR)

TOMAN J P (1977)
Health Services Management Training
Nursing Times 7 Jul vol 73 no 27 pp 1041–1043
This study was prompted by criticisms of management training for nurses. In particular the 'involvement with work' aspect was investigated. The research examined three main areas: organisation and philosophy of existing management education (by structured interview with all senior personnel in two AHAs); the courses (all first-line management courses in a college of technology serving two AHAs for 1974/5 were examined); the students (all intakes (197) for 1974/5 at the college were given a questionnaire regarding preparation for the course, methods of selection, support from parent organisations and level of involvement of superiors). The questionnaire itself was arranged in three sections: pre-course; the course; post-course. The author feels that both long-term and intermediate policies regarding these courses need re-evaluation, especially course orientation, the needs of the individual and project work. (AHS) (INR)

TOWELL D et al (1979)
Creating environments for social therapy
In TOWELL D and HARRIES C Innovation in patient care pp 39–60
Croom Helm
A report and discussion of two studies in the Hospital Innovation Project which try to improve the social environment of the hospital

* Forty-six were ward sisters or charge nurses, 37 staff nurses, 23 enrolled nurses and 10 nursing tutors. (RGC)

thereby increasing the therapeutic value of hospital experiences. The first, carried out in 1972–3, is an analysis of staff roles and an examination of the value of nurses' uniform on an admission ward. The second project arose from concern expressed by nursing staff on how they could be more helpful to the residents of a long-stay ward in 1975–6. This was done by discovering more about some previously unexplored aspects of the residents life and by taking a more counselling approach to care. (AHS) (INR)

WELLS T J (1980)
Problems in geriatric nursing care. A study of nurses' problems in care of old people in hospital
Edinburgh Churchill Livingstone
This book is based upon the author's doctoral thesis submitted to the University of Manchester in 1975. The research describes the care of old people in one teaching hospital and it examines current nursing practice and its constraints and seeks concepts relevant to the development of a potential model of care for geriatric nursing. At the start of the project all 13 wards in the hospital were included. This was reduced to four in the second year and to one in the third as the focus of the research became narrower. In addition, the first year of the research generated a number of substudies which dealt with space utilisation in wards, furniture and equipment, personalised clothing and the nurses' knowledge of, and attitudes to, geriatric care. The author concluded that whilst nurses in geriatric wards work hard and are well-meaning, they are failing to meet established goals. This is not because of lack of staff which nurses frequently cited as being at the root of the problems associated with geriatric nursing, but rather, the author feels, because of a lack of proper training, knowledge and goals concerning geriatric care. (AHS) (INR)
The nurse population studied included ward sisters. (RGC)

WRIGHT L (1974)
Bowel function in hospital patients
The Study of Nursing Care Project Reports series 1 no 4
Royal College of Nursing
The findings of this study relate to 666 patients in 43 medical wards of eight hospitals. The home bowel habits of the patients studied were found, by interview,* to be similar to those found in other studies, and were therefore probably representative of the general population. The incidence of worry or concern about bowel habit in hospitalised patients was then investigated and an attempt made to identify its various causes. Results show that in many patients, change in bowel habits occurs after admission, that many worry more in hospital than at home, and that some environmental and medical factors influence this. Although nursing policies were found to have only limited influence, it was felt that the nurse could do much to alleviate the patients' difficulties. (MGB) (INR)
For summary see Inman (1975) page 28 and Clark and Hockey (1979) page 39.

* Ward sisters were also interviewed to elicit information relating to environmental factors and policies. Findings refer to differences found between stated and actual policies.

WELSH HOSPITAL BOARD (1970)
An examination of the workload of nursing staff at the gynaecological ward of the H M Stanley Hospital, St Asaph
Welsh Hospital Board
The main objective of this study was to examine the work done by nurses with particular reference to the grade of nurse, and the amount of care given to various dependency categories. The methodology used included activity sampling (a self-recording system for night nurses) and patient classification by ward sisters. It was found that all nurses spent 35 per cent of their time in basic nursing care, 23.6 per cent in organisation and administration, 32.3 per cent in technical nursing care and 9.1 per cent in domestic tasks. The report recommends re-allocation of some clerical and domestic tasks.
For summary see Wilson-Barnett (1978) page 37.

WOODBINE A (1979)
A review of the problem
1 Factors contributing to the formation and exacerbation of pressure sores
2 A survey in Macclesfield
Nursing Times 28 June vol 75 no 25 pp 1087–1088
Nursing Times 5 July vol 75 no 26 pp 1128–1132
Part one is a literature review of the factors contributing to the development of pressure sores. The second article describes research in Macclesfield which examines the incidence and management of pressure sores. The first survey (A) investigates the incidence and distribution of pressure sores in 51 patients in male (14 per cent) and female (86 per cent) acute and geriatric wards. Forty-eight of the 51 patients had pressure sores; those patients most likely to develop them appeared to be female aged 70 or over with a vascular deficiency, followed by females with fractured neck of the femur aged 70 or over. Survey B consisted of a seven week study of admissions to the orthopaedic ward during three months in 1977. Of the 49 patients, 24 per cent (12) developed pressure sores. Seventy-five per cent of these were aged 78 or over and 14 per cent of the male patients developed sores as opposed to 32 per cent of the female patients.

Additionally ward sisters and nursing officers* were questioned about their preferences for medicants and aids for the prevention and treatment of pressure sores. (AHS) (INR)

*Ongoing** research studies*

The following abbreviations are used:
A: Address for correspondence
DR: Director of research
F: Funding
D: Duration of research
L: Location of research

BOWMAN M P
The management education and training needs of first-line Nursing Officers in the Gateshead Area Health Authority.
Newcastle upon Tyne University thesis (MEd) 1981
This thesis is based on a study of the management education and training needs of First-Line Officers in three hospitals, and in the community, within the Gateshead Area Health Authority. One of the main aims of the study was to clarify the nature of existing patterns of education and training concerned with personal development in managerial skills. The study surveys relevant research literature and samples First-Line Officers, Unit Nursing Officers, and all officers of Senior Nursing Management level and academic staff associated with the organisation and teaching of first-line management programmes which serviced the Gateshead Area Health Authority. The methods of data collection used were questionnaires, focused interviews, and informal interviews. The method of analysis was essentially qualitative, although some statistical procedures were also used. The job of the first-line nurse combines managerial tasks, ie planning, organising and monitoring, as well as clinical tasks, yet the education and training of student nurses does not normally include the knowledge and the skills needed to prepare nurses for their managerial role: this is highlighted in recent literature relating to the National Health Service as a whole, and nursing in particular. The principal function of the first-line officers throughout this study was seen as managerial in nature, their principal role being that of Nurse/Manager. The importance of staff development programmes, particularly in relation to career progression, in the education and training of the sample studied was also explored. (Author abstract-edited)

* Nineteen experienced ward sisters and seven nursing officers. (RGC)
** At August 1980.

DAVIES B
A repertory Grid Study of formal and informal aspects of student nurse training
A: Nursing Research Unit, 12 Buccleuch Place, Edinburgh EH8 9JT. Tel 031 667 1011 Ext 6289
F: DHSS Research Fellow to September 1976
D: 1973–1976
L: London School of Economics, Houghton Street, London WC2
A study of a controlled sample of students', charge nurses' and tutors' views of nurse training system. The sample involved the complete intake of one introductory block in a general, a psychiatric, and a children's hospital; tutors in the schools of nursing involved with these intakes; and charge nurses to whose wards the students were allocated.
Using the theoretical framework of personal construct theory and systems theory the method involved role repertory tests, situation resource grids (SRGs) and personal questionnaires. The design of study was based on the 'Recurrent Institutional Cycle Design' of Campbell and Stanley and developed to include other points of view of the institutional system. Cross-sectional comparisons between groups, longitudinal comparisons and a mixture of cross-sectional and longitudinal comparisons were possible using this design. Data collection and analysis has been completed and a list of categories created. (SMS) (INR)
A paper on the project was given at British Psychological Society, Social Psychology Section Annual Conference, University of Durham, 23–25 September (Symposium on 'The Psychology of Nursing').
Stage reached: Research completed but not written up.

EVERS H
The organisation of work in hospital wards
A: Department of Sociology, University of Warwick, Coventry CV4 7AL Tel 0203 24011 Ext 2080
DR: Director, Professor M Stacey
F: SSRC
D: 1978–1981
The research aims to develop a model of organisation of hospital wards which will identify those configurations of organisational and interpersonal variables associated with effectiveness, as reflected by objective measures of various outcomes of ward work, and by perceptions of patients and staff. Research design and methodology includes questionnaires of interviews with all staff concerned directly or indirectly with ward work; interviews with patients; non-participant observation; use of written records; self report diaries. Design not yet finalised. The sample is based on ten geriatric wards in the West Midlands. (Research design) (INR)

JONES D, CROSSLEY C M, HOLLAND and MATUS T
The role of the nursing officer
A: Department of Nursing Studies, Chelsea College, London University, Manresa Road, London SW3 6LX. Tel: 01 351 2488 Ext 159
DR: D Jones
D: September 1977–August 1980
The principal objectives of the research are: to identify and to describe the present personal and job characteristics of nursing officers in the hospital and community service; to examine the organisational framework within which nursing officers operate, with particular reference to working relationships and to the constraints and opportunities which the job affords; to consider whether some of the existing or developing types of role or of organisation appear better fitted than others to meet the present and future needs of the NHS and to provide greater job satisfaction to the nursing officers themselves; to examine the implications of the research findings for the development of the nursing officer's role and for any necessary training and preparation which may be implied.

The study is in two stages. The first comprises a survey of the views, personal details and job characteristics of more than 800 nursing officers from 25 districts in England and Wales. Of these about 660 completed questionnaires and a further 150 were interviewed by members of the research team. In addition, related interviews were held with 50 senior nursing officers and group discussions were held with divisional and district nursing officers in each of the 25 districts. In the same 25 districts, a sample of 764 sisters, health visitors and district nurses completed questionnaires on the subject of the nursing officer's role. The survey followed preliminary discussions and a pilot study in four districts outside the main sample. Fieldwork took place during the six months ending March 1979 and was followed by analysis of the data. A preliminary report of the findings is currently in preparation. During the second stage of the research, individual in-depth studies will be used to look at innovative developments of the nursing officer's role and to follow up and investigate more deeply some of the issues which have emerged. (Researcher-edited) (INR)
The role of the nursing officer: a short report of a survey and case studies, was published by the DHSS in 1981.

LATHLEAN J A
Ward sister training project: the evaluation of an experimental training ward scheme for ward sisters
A: Department of Nursing Studies, Chelsea College, London University, Manresa Road, London SW3 6LX. Tel 01 353 9720.
DR: C Cox
F: DHSS and King Edward's Hospital Fund for London: KF Coordinator Miss H O Allen
D: February 1979–January 1982
As a result of proposals put forward by King Edward's Hospital Fund for London, two experimental training wards have been set up, each run by a ward sister and a tutor (named the 'preceptors'). One of the wards is medical and situated in a teaching hospital. The aim of both wards is to train ward sisters (actual and prospective) by identifying those aspects of the ward sisters' role which would benefit from more formal training and to develop the appropriate methods. The objective of the research project is to undertake an independent assessment of the effectiveness of the training programme for ward sisters and also, if possible, an assessment of the ward sister role model on which the training is based. (Researcher-edited) (INR)

MARSON S N
Ward teaching skills – an investigation into the behavioural characteristics of effective ward teachers.
CNAA Sheffield City Polytechnic thesis (MPhil) 1981
This study of an exploration of the teaching/learning of nursing in the work environment. The research was designed to answer the following questions: (1) What routines and procedures are used for the induction, support and instruction of trainees in service area? (2) How do trained nurses and nurse learners perceive teaching/learning? (3) What experiences do trainees consider result in significant learning? (4) What factors in the work environment inhibit learning? (5) What behavioural characteristics identify the 'good teacher'? (6) How do trained nurses communicate with trainees? The attitudes and perceptions of ward sisters, student and pupil nurses were investigated by interviews. The datum concerning the characteristics of good teachers was developed into a questionnaire using a Lickert type scale. The questionnaire was completed by a further 96 trainee nurses and the results factor-analysed. A profile of the effective ward teacher was constructed from the factors identified in the analysis. Finally, trained nurse-trainee verbal communications were observed, categorised and analysed on four wards for a four week period. This was followed by a further study of six identified good teachers. Analysis of the data leads to the conclusion that 'on the job' teaching of nurse learners is a complex global act in which the role model presented to the learner is a powerful influence. Nurses perceived as effective teachers express, generally, an attitude of care and concern for the welfare of others and a commitment to the training of

nurse learners in particular. While it could not be said conclusively that effective teachers use a 'participative' mode of communication, this trend was noted in two identified good teachers. (Author abstract)

RUNCIMAN P J
Ward sisters' perceptions of problems in their work role
A: 13 Viewforth Gardens, Edinburgh EH10 4ET
F: Scottish Home and Health Department Training Fellowship
D: 1976–1977
L: Nursing Research Unit, University of Edinburgh
Aim: An exploratory, descriptive study to identify problems experienced by ward sisters in their work role and to examine the sisters' perceptions of their problems.
Methods:
Direct non-participant continuous observation of sisters – to identify content and pattern of activities; each sister observed for two mornings, two afternoons and two evenings.
Semi-structured interview – to identify problems and pressures experienced during each observed period and to explore the sisters' perceptions of those problems and pressures.
Semantic differential – to explore the meaning of self-concepts.
Questionnaire for sister and ward variables.
List of 25 problem statements – ranked and rated in terms of greatest to least worry. Each sister gave reasons for ranking and rating placements and comments were tape recorded.
Sample: All methods were tested with two sisters from a general medical and a general surgical ward in a city district general hospital.
Main study: Five sisters, two from general surgical and three from general medical wards in a rural district general hospital.
Findings: The following areas are explored: the relationship between activity patterns and problems; the interruption factors; clinical, managerial and teaching functions; role conflict and role learning; relationships with nursing officers; the concept of isolation; the sister as change agent; the inevitability of problems.
Edinburgh University thesis (MPhil)

Literature reviews

CHAPMAN C (1976)
The use of sociological theories and models in nursing
Journal of Advanced Nursing vol 1 no 2 pp 111–127
This paper reviews nursing (and the behaviour of nurses and patients) in the context of sociological theories and models. It contains, among others, a discussion on the ward sister's role illustrated with a 'communication network of a typical ward sister'. (RGC)

CLARK J M and HOCKEY L (1979)
Research for nursing. A guide for the enquiring nurse
Aylesbury HM and M Publishers
This book aimed to 'introduce nurses to research that is relevant to the practice, teaching and organisation of nursing'. It is divided into five parts: understanding research; studies relating to patient care; studies of nurses; nursing management and education; research and the future. The first part outlines the basic principles of a research approach and provides an overview of research design and methods and a glossary of research terms. Parts two, three and four each contain an introduction, description of a number of relevant research studies, and discussion of their possible implications. The last part refers to training for research, career possibilities and resources. (RGC)

CLARK M (1977)
Research in nurse education
Nursing Times 17 Feb vol 73 no 7 Occasional Papers pp 25–28
An extensive literature review of research in nurse education (AHS) (INR)

INMAN U (1975)
Towards a theory of Nursing Care
The Study of Nursing Care Project Reports: concluding monograph
Royal College of Nursing
This concluding report of a series of 12 examines and measures the effectiveness of nursing care by summarising and analysing the work done in the 12 studies. (AHS) (INR)

LELEAN S R (1980)
Research in nursing: an overview of DHSS initiatives in developing research in nursing. Parts 1 and 2.
Nursing Times
17 Jan vol 76 no 2 pp 5–8
24 Jan vol 76 no 3 pp 9–12
The Department of Health and Social Security has played a leading part in developing research in nursing in the National Health Service. Since 1973, the Nursing Research Liaison Group under the chairmanship of the Chief Nursing Officer, Phyllis Friend CBE, has systematically relieved the need for initiatives to help this development and for research relating to nursing education, practice and service.
Part one looks at some of the initiative relating to the education of nurses for research, dissemination of research findings and the establishment of research centres. Part two gives an overview of some of the research commissioned by the Nursing Research Liaison Group and examines briefly some of the problems encountered in developing research in nursing. (Journal abstract)

McFARLANE J K (1970)
The proper study of the nurse
The Study of Nursing Care Project Reports series 1: introduction
Royal College of Nursing
This is the first in a series of studies published by Rcn on the quality of nursing care. The book gives a summary of the existing state of knowledge on the quality of nursing care and an introduction to the individual studies which will be published in series. (Kathleen Raven) (INR)

McGUIRE J (1969)
Threshold to nursing: a review of the literature on recruitment to and withdrawal from nurse training programmes in the United Kingdom.
Occasional Papers on social administration no 30
G Bell and Sons
Contains abstracts of studies on recruitment and selection, training and withdrawal, experimental training schemes, sickness and absence, the qualified nurse, and the hospital environment. (MGB) (INR)

REDFERN S J (1978)
Absence and wastage in trained nurses: a selective review of the literature
Journal of Advanced Nursing May vol 3 pp 231–249
This article is based on a literature survey prepared for the Nursing Research Liaison Group of the DHSS and examines two types of withdrawal from work among British nurses. The two areas dealt with in the survey are absence and wastage. (AHS) (INR)

SHEAHAN J (1978)
Ward sister – manager, nurse or teacher?
Nursing Mirror 18 May pp 18–21
This paper is based on an essay by the author which questioned whether a ward sister is a manager, a nurse, or a teacher. In an attempt to answer these questions, each of the three elements is defined and discussed in turn by drawing on the relevant literature. (RGC)

WILSON-BARNETT J (1978)
A review of patient-nurse dependency studies
DHSS unpublished report
An extensive literature review on UK dependency studies, including published and unpublished works. (INR)

Official reports

CENTRAL HEALTH SERVICES COUNCIL (1968) Relieving nurses of non-nursing duties in general and maternity hospitals. Report of the sub-committee of the standing advisory committee. Chairwoman: Miss M I Farrer. HMSO

CENTRAL HEALTH SERVICES COUNCIL (1976) The organisation of the in-patient day. Report of the committee. HMSO

DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1977) Job evaluation: NHS nurses and midwives report. Job Evaluation Unit. DHSS

DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1974) Report of the committee of inquiry into pay and related conditions of service of nurses and midwives. Chairman: The Rt Hon The Earl of Halsbury. HMSO

DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1972) Management arrangement for the reorganised National Health Service. HMSO

NATIONAL BOARD FOR PRICES AND INCOMES (1968) Pay of nurses and midwives in the National Health Service: Report no 60. HMSO

NATIONAL NURSING STAFF COMMITTEE (1968) A report on management development of senior nursing staff in the hospital service. Department of Health and Social Security

NATIONAL NURSING STAFF COMMITTEE (1969) A report on the selection and appointment of senior nursing staff in the hospital service. Department of Health and Social Security

REPORT OF THE ROYAL COMMISSION ON THE NATIONAL HEALTH SERVICE (1979) Command 7615. HMSO

SCOTTISH HOME AND HEALTH DEPARTMENT (1975) Review of the senior nursing staff structure. Edinburgh Scottish Home and Health Department

Non-research studies

ALLEN H O (1982) The ward sister: role and preparation. Bailliere Tindall.

ARMFIELD J AND JENKIN B (1977) Developing health service managers. Nursing Times vol 73. Occasional Papers pp 133–136

BARNETT D E (1974) Ward Teaching. A simple and interesting five week programme. Nursing Times 4 July vol 70 pp 1046–1047

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