The work of the nursing officer

Anthony J. Carr, SRN, NDNCert, QN, FHA, FRSH,

SUMMARY: this survey gives a profile of a nursing officer's day. How he/she spent the time and who they spent it with. It adds new knowledge to how the nursing officer works, time spent on tasks, and what a nursing officer thinks of some aspects of his/her work. It is hoped that the results of the survey may provide sufficient information to allow nursing officers to consider their present work and make any necessary changes thought necessary.

LIKE most authorities, Newcastle Area health Authority has for some years had a description in writing of the work of a nursing officer. The present local arrangements identify the position as one of:

(a) Supervisor — to oversee, direct, or check with authority the work of others and issue instructions and/or advice,

(b) Programming of policy — to implement and/or carry out a particular policy through a defined system,

(c) Allocation — to have authority to assign staff on a day-to-day basis to a particular nursing section for a specific period of time.

The criteria for a nursing officer post is also agreed and the responsibilities of a nursing officer are described in writing. Particular emphasis is placed on the following aspects:

(a) Managerial responsibilities which include: regular visiting of wards and departments; authority to take action to maintain high standards in wards; exercising reasonable discipline among the staff through the agreed system; using the grievance procedure correctly,

(b) Training student and pupil nurses.

(c) Assessment of nurses in training. In patient care areas it is expected that nursing officers will qualify and register with the GNC as assessors and conduct assessments in the ward situation when required.

(d) Meetings of staff. The nursing officer is responsible for arranging a formal meeting of all sisters/charge nurses once a month and attending a senior nursing officers' meeting during the month. Responsibilities for passing on information are also explained.

(e) Implementing area and divisional policy. The routes through which policy is established are identified including custom and practice, and the nursing officer's role in relation to policy is defined.

(f) The nursing officer plays a part in identifying potential junior staff in conjunction with his/her senior nursing officer.

(g) Counselling staff.

(h) Staff appraisal.

(i) Control of drugs.

Both (h) and (i) duties are covered in writing in policy statements on each ward, department and clinic centre.

(j) Appointment of staff. The immediate supervisor of any post is a member of the local interviewing committee and has a right of veto over choice of candidate. Therefore, a nursing officer can veto the appointment of a charge nurse. There is a right of appeal to a higher authority by the chairman of the appointing committee which in this case would be the senior nursing officer.

Survey of the work

Several months ago the question was asked 'but what does a nursing officer *do* all day?' Dissatisfaction with some of the information mentioned above, set the Area Nursing Officer wondering how a nursing officer could describe accurately his/her work on a day-to-day basis. Eventually, a daily diary sheet and separate questionnaire were submitted to a small steering committee of 12 nursing officers.

The design of the forms was subsequently changed, and the questionnaire redesigned. All nursing officers in the Area were then invited to participate on a voluntary basis through representatives of the steering committee. The overwhelming majority wished to take part except for almost the whole of one General division who declined.

Procedure

Eight days and nights were to be covered by the survey, from Sunday, October 17, 1976, at 8 pm to 8.30 am Monday, October 25, 1976. In this way two Sundays and one Saturday were covered. This allowed weekend work to be compared with weekday work. Those agreeing to take part included nursing officers from General, Psychiatry, Midwifery, and Community Nursing Divisions.

A daily recorded work sheet logged all activities, apart from those of a personal nature to the individual nursing officer. This recording included such things as brief telephone calls. Columns 1 to 13 on the daily recording sheet solicited the following information: recorded time of activity (1-2); job number for that day (3); brief description of activity undertaken (5); number and grade of staff involved (6); an evaluation of the activity in terms of the activity related to the work of a nursing officer (7-11); reasons why some other person should undertake the activity (12); grade that should do the work (13).

A list of suitable abbreviations was attached so that the amount of writing could be reduced. A different code number was issued to each nursing officer and only this number was used on the diary sheets.

Fig. 1. Nursing officer: job activity return

```
IN CONFIDENCE                    NURSING OFFICER : JOB ACTIVITY RETURN
DAY NO.:_____   CODE NO::_____
```

Time From - To (1)	Minutes (2)	Job No. (3)	Not to be used (4)	Describe briefly every activity undertaken. (5)	No. and Grade of Staff involved. (6)	Importance of Activity Low 1 2 3 4 5 High (7)(8)(9)(10)(11)	Activity that should be undertaken by someone else. Give reason(s). (12)	Grade that should do activity. (13)
		1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						

After the exercise was finished, the nursing officer was invited to review the last week's work sheets and reply to a questionnaire. The questionnaire listed 16 questions, covering:

(i) the statistical data of number of wards/departments managed and staff, including specialties, the present rating of the job of a nursing officer, and length of time in post,

(ii) up to six various satisfactory and unsatisfactory aspects of the work were requested, together with the types of decision made, the responsibilities associated with the job and the areas of clinical involvement, and the work undertaken for which there was no authority defined,

(iii) their experience on acting down/up was also requested.

The response of nursing officers to columns 12 and 13 were so few that these were not collated.

Results

The data was analysed individually by hand and not by computer. The advantage of knowing intimately the working day of each nursing officer far outweighed the disadvantage of being knee deep in paper and running down continually the batteries of the calculator.

1. Response

Of the 48 nursing officers receiving invitations to take part in the exercise, 39 completed their work sheets and questionnaires. The response rate is shown below:

	In Post	Response	% Response
...ing	19	18	94.73
Psychiatry	13	6	46.15
Midwifery	8	8	100.00
Community	8	7	87.50
	48	39	81.25

All nursing divisions, apart from Psychiatry, gave a good response, the overall figure being 81.25%.

It should be stressed that the following data relates only to eight days in a year and if the same exercise was carried out at another time it might present differently.

2. Age of a nursing officer

The overall average age of the nursing officers was 44.97 years. The age range was between 31-59 years. The average ages for all nursing officers in the four specialities were remarkably similar:

Psychiatry	42.16 years
Community	44.57 years
Midwifery	45.62 years
General	45.82 years

The time spent as a nursing officer averaged 3 years 9 months. Most of the hospitals had had nursing officers for about six years and Community for five years. The General nursing officers were on average overall longest in post at 4 years 3 months, with Community at 3 years 11 months, Midwifery 3 years, and Psychiatry 2 years 10 months.

3. Days off

The community staff normally take each Saturday and Sunday off. The hospital service showed that on the two Sundays surveyed, 10 staff (31.25%) were on duty on one Sunday and 12 staff (37.5%) another Sunday. Over all the week the duty rotas showed that Monday had most nursing officers on duty. This number dropped progressively until Friday when those on duty rose then dropped for the weekend. The figures were:

	Sunday	Monday	Tuesday	Wednesday
On duty	10 (31%)	29 (91%)	28 (88%)	27 (84%)
Off duty	22 (69%)	3 (9%)	4 (12%)	5 (16%)

	Thursday	Friday	Saturday	Sunday
On duty	24 (75%)	26 (81%)	16 (50%)	12 (38%)
Off duty	8 (25%)	6 (19%)	16 (50%)	20 (62%)

Table 1 Jobs shown under separate time intervals

	Minutes									TOTAL
	0-3 (%)	4-5 (%)	6-10 (%)	11-15 (%)	16-20 (%)	21-30 (%)	31-45 (%)	46-60 (%)	1hr + (%)	
General NO jobs	977 (26.1)	621 (16.59)	714 (19.07)	511 (13.65)	260 (6.94)	327 (8.73)	156 (4.16)	91 (2.43)	86 (2.29)	3743
Midwifery NO jobs	206 (15.67)	170 (12.93)	276 (21.0)	190 (14.45)	144 (10.95)	149 (11.33)	87 (6.62)	45 (3.42)	47 (3.57)	1314
Community NO jobs	288 (22.96)	297 (23.68)	253 (20.17)	153 (12.2)	69 (5.5)	84 (6.69)	34 (2.71)	36 (2.87)	40 (3.18)	1254
Psychiatry NO jobs	131 (16.9)	124 (16.0)	112 (14.45)	137 (17.6)	68 (8.77)	86 (11.09)	47 (6.06)	25 (3.22)	45 (5.80)	775
OVERALL AVERAGE	1602 (22.6)	1212 (17.1)	1355 (19.12)	991 (13.98)	541 (7.63)	646 (9.11)	324 (4.57)	197 (2.78)	218 (3.07)	7086

Table 2 Number of staff involved directly with the tasks of the nursing officer

	Persons involved									
Staff	Self (%)	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)	6-10 (%)	11-20 (%)	20 + (%)	TOTAL (%)
18 General	1094 (29.22)	1998 (53.36)	345 (9.21)	131 (3.49)	57 (1.52)	38 (1.01)	61 (1.62)	9 (0.24)	11 (0.29)	3744 (99.9)
8 Midwifery	419 (31.88)	649 (49.39)	130 (9.89)	55 (4.18)	36 (2.73)	4 (0.3)	17 (1.29)	4 (0.3)	—	1314 (99.9)
6 Psychiatry	222 (28.68)	370 (47.80)	62 (8.01)	30 (3.87)	21 (2.71)	12 (1.55)	47 (6.07)	8 (1.03)	2 (0.25)	714 (99.9)
7 Community	371 (29.58)	718 (57.25)	74 (5.9)	44 (3.5)	16 (1.27)	5 (0.39)	19 (1.51)	7 (0.55)	—	1254 (99.9)
Overall average	2106 (29.72)	3735 (52.7)	611 (8.62)	260 (3.66)	130 (1.83)	59 (0.83)	144 (2.03)	28 (0.39)	13 (0.18)	7086 (99.9)

Table 3 Value of jobs

	Low value 1 (%)	Average 2 (%)	Average 3 (%)	High value 4 (%)	High value 5 (%)	TOTAL (%)
General	99 (2.64)	110 (2.93)	472 (12.6)	928 (24.78)	2134 (56.99)	3743 (99.9)
Community	82 (6.53)	38 (3.03)	271 (21.61)	252 (20.09)	611 (48.72)	1254 (99.9)
Psychiatry	7 (0.9)	14 (1.8)	121 (15.61)	192 (24.77)	441 (56.9)	775 (99.9)
Midwifery	70 (5.32)	34 (2.58)	136 (10.35)	183 (13.92)	891 (67.8)	1314 (99.9)
Totals	258 (3.64)	196 (2.76)	1000 (14.11)	1555 (21.94)	4077 (57.53)	7086 (99.9%)

4. Staff management

There were a variety of patterns demonstrated by the number of staff managed both directly and indirectly by a nursing officer.

(a) **Direct:** the Community nursing officer revealed an average of 25.8 staff directly managed, Midwifery with 12, General 9.25, and Psychiatry 8.6.

(b) **Indirect:** the ratios showed significant differences. General nursing officers indirectly manage 55 staff giving a ratio of direct/indirect of 1 : 5.94. In General nursing the highest indirectly managed was 88 (medical wards), the lowest was Paediatrics 45. Midwifery averaged 17 and Psychiatry 20. The ratios of direct/indirect staff managed for Midwifery and Psychiatry were 1 : 1.41 and 1 : 2.32 respectively.

Night duty was excluded from these considerations because the number of staff was significantly higher and would have distorted the day duty figures. For night duty in the General division the average staffing was 9.5 directly managed staff and 128 indirect. Midwifery was seven direct and 43 indirect, giving ratios of direct/indirect of 1 : 13.4 and 1 : 6.14 respectively.

No night duty was recorded in Psychiatry.

5. Rating of job

All those taking part in the exercise were asked to assess their own work in relation to the role and function of a nursing officer and give an overall rating for the job.

The rating of the job overall was fairly high. A six-point scale was used from unsatisfactory (1) to satisfactory (6). The average rating was 4.57. The individual divisional variations being:

Community	4.0
Psychiatry	4.5
Midwifery	4.5
General	4.8

There were five (13%) nurses who valued the job at 'satisfactory', 19 (50%) who rated it as 'marked tendency to satisfactory', nine (24%) who indicated 'some tendency towards satisfactory', three (8%) 'some tendency towards unsatisfactory', two (5%) who placed their value at 'marked tendency to unsatisfactory'. None declared the post totally unsatisfactory. One did not give a rating because she had only been in post for three weeks.

6. Wards and departments managed

Twenty-eight (87.56%) of the hospital nursing officers controlled specific wards and/or departments. They averaged 4.73 units each. The variations between the divisions were:

Midwifery average	3.57
Psychiatry average	4.40
General average	5.42

The number of wards/departments controlled by nursing officers was wide-ranging:

Night duty

2 NOs had 14 wards/departments each
2 had 9 wards/Depts. each

Day duty

2 NOs had 8 wards/departments each
4 had 7 wards/depts. each
6 had 6 wards/depts. each
2 had 4 wards/depts. each
2 had 3 wards/depts. each
3 had 2 wards/depts. each
5 had 1 ward/dept. each

Those nursing officers managing one unit were either in control of a small hospital (2), or a major department (3).

7. Working day

Each nursing officer kept a minute-by-minute account of her daily activity for eight days. There was a tendency for some nursing officers to return slightly more forms per day at the beginning of the exercise than at the end. It was possible that not all the jobs undertaken were recorded or that the timed intervals were always precisely accurate, but the information given appeared accurate enough to show trends and allow an overall pattern to develop. For assessment of jobs on a time-span basis, certain time-intervals were established.

The time spent on jobs was divided into nine divisions: 0-3 minutes; 4-5; 6-10; 11-15; 16-20; 21-30; 31-45; 46-60; 1 hour + . Table 1 shows jobs under these time spans. It was found that over 22% of all jobs undertaken during the time of the survey had a time span of three minutes or less. This increased to 39% if the time was extended to five minutes, and nearly 59% were completed within 10 minutes. At 15 minutes 72% of tasks were completed and 80% within 20 minutes. At the half-hour limit nearly 90% of tasks were finished. Less than 3% of time was spent on tasks lasting over one hour. These periods were almost entirely due to meetings.

The major differences between the divisions were in the 0-5 minute period which showed a variation of 18% from Community 46.6% to Midwifery 28.6%. The differences gradually decline so that by the 0-30 minute period the range is reduced to 6%.

These results show that up to 66% of jobs undertaken by a nursing officer are completed within a time span of 10 minutes and over 80% of tasks are finished by General and Community nurses, and approximately 75% by others within 20 minutes. By the 30 minute cycle between 85% and 91% of jobs are completed. It was only by the addition of the meal breaks which were normally of longest duration that the figures in the short time span were not higher.

8. Number of staff involved with nursing officers

Those taking part in the exercise were asked to indicate the number of other staff they came into contact with as part of their daily work. Overall, 29.7% of jobs were carried out alone while a further 53% were involving one other person. This accounted for nearly 83% of all tasks. Of the remaining tasks, those involving two persons amounted to 8.6%. Those tasks involving between six to over 20 persons totalled less than 3% of all jobs. Dividing the results into divisions still showed very similar results (see Table 2). Nursing officers undertaking tasks alone showed only a 3.2% difference while working with one other person showed a difference of 9.45%, ie Community nursing 57.25%, Psychiatry 47.8%. All nursing officers apart from Psychiatry (84.5%) had reached over 91% of their tasks by the time two persons were involved.

The idea held by some medical colleagues that nursing officers spent long periods of time in meetings with lots of people was not revealed by these results.

Table 1 shows that work lasting longer than ¾ hour only absorbed less than 6% of time spent on work, while Table 2 shows that less than 3% of tasks involved over five people. These results show that the work of a nursing officer is carried out either alone or with one other person.

9. Value of job

Each nursing officer was asked to give a value to every job in relation to his/her function as a nursing officer. The evaluation was on a five-point scale from (1) low value, to (5) high value. Some nursing officers did not give a value to all jobs. In these cases the rating of a job of similar type on the same or adjacent sheets were used. Mealtimes were rated by the evaluator as (5) on each occasion. Table 3 shows the results in divisions and cumulative totals. On average 57.5% of jobs are rated at (5). If (4) and (5) results are added together, this covers 79.46% of all jobs and indicates that most jobs are relevant as far as nursing officers are concerned. 6.4% of jobs were valued at below average (1-2) and 14.11% of jobs at average (3).

This information together with the overall rating of the questionnaire does not indicate dissatisfaction with the job or the role that nursing officers play in the health service.

Next: The work of the nursing officer 2

Anthony Carr is Area Nursing Officer Newcastle AHA (Teaching)