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Duties and Responsibilities of Staff Nurse- A Study

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Abstract: ***Nursing has come a very, very long way in the past century. However, some of the challenges highlighted by nurse leaders in the late 1800's to early 1900's, still face the profession a century later even though their exact nature might be somewhat different. Throughout the history of nursing, most of the challenges can be linked to the gender and class barriers faced by women in society and the ever-present economic demands of the healthcare industry.The Staff Nurse is the first level professional Nurse in the hospital set up. Therefore by appearance and by word she will be professional at all time. Taking a walk*** *through the history of nursing****, the shortage of nurses appears to have been a problem from the time when the value of trained nurses in hospitals and the community was recognized. From the mid-1800's, when scientific developments in Western medicine increasingly led to successful treatment, hospitals changed from places where the sick and destitute were cared for to institutions where the ill were admitted for treatment. The time was ripe when Florence Nightingale*** *introduced formal training of nurses****, and since then, it appears that the demand for qualified nurses increased exponentially. The objective of obtaining state registration for nurses was the priority issue for nurse activists from the 1880's. At the Chicago World's Fair, British nurses introduced the nurse leaders from all over the world to the idea of state registration for nurses as well as the issue of standards for nurse training schools, which would satisfy a requirement to introduce registration. The struggle for state registration was at the time also the main driving force behind the establishment of nursing organizations in various countries.***
Keywords: Staff Nurse, Hospital Stress, Tolerance Adjustment, Florence Nightigale. Demand, Shipt System.

I. INTRODUCTION

The Staff Nurse is the first level professional Nurse in the hospital set up. Therefore by appearance and by word she will be professional at all time.

She will be skilled nurse, giving expert bed side care to patient and executing special technical duties in the special areas like operation theatres, intensive care unit, highly dependent unit etc. She also acts as 'de facto' sister as and when situation arises in the ward or department.

II. DUTIES & RESPONSIBILITIES IN RELATED TO PATIENT CARE

A. She will assess the needs of the patients in the ward and make nursing care plan for all patients consulting with ward sister.
B. She will give direct patient care (bed making, changing of bed sheets, mouth care, back care, bed bathing, hair wash, changing of position etc) and allotted care to her by the ward sister.
C. She will fulfill all basic needs (hygienic need, nutritional need etc) of the patients.
D. She will provide comfort to the patient and maintain safety of the patient.
E. She will take over the charge from duty nurse of previous shift, regarding patients (bed to bed), instrument supplies, drugs etc. and handed over the same to the next shift.

1) To lay out the trolley according to operation list.
2) To prepare the trolley of anesthesia.
3) To check Oxygen, Carbon dioxide, Nitrous Oxide, emergency drugs, crush trolley etc & keep them ready at hand.
4) To carry out the instruction of O.T. Sister when necessary.
5) To assist the Surgeon and Anesthetic in operation theatre.
6) To count all instruments and mops before closing the wounds.
7) To monitor the condition and take care of patient during operation, and post operatively in recovery room.
8) To act as O.T. Sister in her absence.
9) To fumigate the O.T. room periodically.

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III. DUTIES & RESPONSIBILITIES RELATED TO MCH CARE

She will be responsible -To provide antenatal, intra-natal, post natal care as taught in nursing curriculum.

A. Labour Room Management

1) To carbolise the labour room daily.
2) To autoclave necessary instruments gloves, linen, equipments, etc. of the unit.
3) To keep ready the confinement trolley & episiotomy tray, forceps tray etc.
4) To keep ready emergency drugs, fluids, equipments, Boyle's apparatus and other necessary gadgets.
5) To keep ready the baby resuscitation table, warmer, 02, pre warmed linens etc. for resuscitation of the new born.
6) To check all electrical points are in working condition.
7) To assess the progress of labour by using pantograph.
8) To assist the doctors in any procedure the labour room.
9) To supervise the students and ancillary staffs.
10) To conduct normal delivery and provide care to the new born. XI. To resuscitate newborn if needed.
11) To repair episiotomy wounds accordance the laid down policy of the hospital.
12) To carry out the duties as instructed by the unit in-charge.
13) To follow the waste management protocol.
14) To maintain Log book properly.

IV. DUTIES & RESPONSIBILITIES RELATED TO CRITICAL CARE UNIT (I.C.U./Burn Unit/ H.D.U./ S.N.C.U. unit)

1) To maintain the prepared standard protocol of asepsis strictly.
2) To maintain the hand washing protocol, dress protocol as prescribed.
3) To autoclave and disinfect necessary articles, instruments, linen, gadgets, equipments, etc. and keep ready for use.
4) To check all electrical points, pipe line 02, in built suckers for proper working condition.
5) To communicate with concerned person for proper maintenance of unit.
6) To carry out the instructions of the sister-in-charge as allocated by her.
7) To prepare the drugs, crash trolley, etc. properly.
8) To check Oxygen, Carbon dioxide, Nitrous Oxide etc. for proper use.
9) To check monitor, ventilator, all life saving gadgets for proper working condition.
10) To provide special care to the patient guided by the Medical Officer e.g. endo-trachial suctions.
11) To fumigate the department periodically.
12) To keep records of all the procedures of the patient neatly.

V. RESPONSIBILITY IN RELATION TO WARD ADMINISTRATION

1) She will ensure to make the ward clean and tidy including bed.
2) She will keep all articles well arranged and maintain the inventory.
3) She will take the report, make bed to bed round at the time of changing of the shift of the unit.
4) She will orient the new patient with ward.
5) She will help the ward sister for supervision of work of Group D allotted in the ward for maintenance of cleanliness and sanitation.
6) She will make list of patients belongings and keep in safe custody, according to laid down policy of the hospital.
7) She will keep a sub stock of drugs, linen and other supplies for ward maintenance.
8) She will maintain poisonous drugs registered.
9) She will sterilized all articles; maintain all equipments, gadgets, electrical connections Sight, fan etc.
10) She will indent drugs, diet, and other supplies if necessary.
11) She will vigilant to protect the patient from injury or accident by providing side rail.
12) She will write report of each shift and sign the report after checking properly.
13) She will assist the ward sister in orientation programme of new staff and students.
14) She will make round with doctors and senior nursing officers.

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15) She will help ward sister in indenting and checking of drugs, supplies and maintaining inventories.
16) She will be deputed for the ward sister during her absent.
17) She will keep herself up to date with nursing knowledge by taking part in -service education programme.

VI. RESPONSIBILITY REGARDING TEACHING OF STUDENTS

1) She will assign patient to student nurse keeping in mind the level of knowledge of the student, the learning objective and need of the patients.
2) She will provide direct supervision over patient care by the Students in her ward.
3) She will teach, supervise and guide nursing procedure performed by student Nurses.
4) She will guide and help the students in giving health education to the patient of her ward.
5) She will participate in clinical teaching programme of the students nurse.
6) She will assist and participate in any in-service education programme.

Persistent Nursing Issues and Challenges We Still Can't Solve

Nursing has come a very, very long way in the past century. However, some of the challenges highlighted by nurse leaders in the late 1800's to early 1900's, still face the profession a century later even though their exact nature might be somewhat different.

Throughout the history of nursing, most of the challenges can be linked to the gender and class barriers faced by women in society and the ever-present economic demands of the healthcare industry.

A. Shortage of Nurses

The shortage of nurses is a global issue discussed on an almost daily basis in reports from across the world, but this is not a new problem. Throughout the past century the recruitment and retention of nurses have not kept up with the ever-increasing demands placed on health care**;** the growing need for specialized services; as well as population growth, including the aging population leading to more patients with chronic diseases. Added to these factors have been the persistent economic challenges in the healthcare industry and the growing number of other career opportunities for women.

"…the shortage of nurses appears to have been a problem from the time when the value of trained nurses in hospitals and the community was recognized."

Taking a walk through the history of nursing**,** the shortage of nurses appears to have been a problem from the time when the value of trained nurses in hospitals and the community was recognized. From the mid-1800's, when scientific developments in Western medicine increasingly led to successful treatment, hospitals changed from places where the sick and destitute were cared for to institutions where the ill were admitted for treatment. The time was ripe when Florence Nightingale introduced formal training of nurses, and since then, it appears that the demand for qualified nurses increased exponentially.

Hospital training schools for nurses mushroomed and students were used as the main workforce.

Apprenticeship–type training programs of varying length and quality developed, with actual teaching often taking place in the students' off duty time, just before examinations, or not at all. The need for students to fill staffing gaps is why hospital and nursing administrators put up strong resistance against nursing education being placed within systems of higher education.

B. Inadequate Conditions of Service for Nurses

Recruitment and retention in the nursing profession have always been linked to nurses' working conditions long hours, heavy workloads, low salaries compared to other professions and a lack of recognition of their essential contribution.

While fair hours of work have been standardized to a large extent, nurses are increasingly called on to work mandatory overtime due to staff shortages and economic restraints. Nurses across the world are also still struggling for salaries which match their qualifications, skills, and contributions to health services.

As far back as 1922, in her **book** A Short history of nursing from the earliest times to the present day Lavinia Dock wrote: "The hours of work both in nursing schools and in private nursing are often too long, and many nurses have not yet as full opportunities as they should have for wholesome recreation and self-improvement."

She went on to say: "Graduate nurses in all branches of nursing need to have fair remuneration for their services in order that they may maintain their health and efficiency and provide for the future."

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C. The Role of Nurses vs. Doctors

Today, nurses are mostly recognized as professional practitioners with their unique role within the health care team.

However, opposition to regulatory advances such as those for extended roles of nurses and their right to prescribe within the scope of their advanced training still comes mainly from groups within the medical profession. Wherever nurses were **campaigning for state registration** in the early 1900's resistance also came primarily from the medical profession. "Resist any undue interference with nurses' duties by medical men; the latter seemed in some cases desirous of making nurses machines for carrying out instructions," commented Lavinia Dock during the Nursing Section of the Congress of Women in England in 1899. Also from her book, she wrote: "While most progressive medical men recognise the newer developments in nursing there are others who are somewhat jealous of what they consider the encroachments of nursing on medicine and who insist on going back to the old discarded system of autocratic authority on the one hand and humble subservience on the other."

D. How and Where Nurses Should be Educated

Only over the last few decades has professional nursing education been firmly placed within the system of higher education in most countries in the world. On the basis of solid research, demonstrating the value of highly qualified nurses in reducing patient complications and deaths, government authorities are accepting that courses for professional nurses should be at least four years, preferably at the baccalaureate level. However, there is still some resistance to this development mainly from hospital authorities, and in some countries, there has been a proliferation in training lower categories of nurses.

Nurse leaders have advocated for a highly educated nursing workforce starting from the time that formal training for nurses were established. Florence Nightingale believed that nursing education should be separated from service and the nursing school she established was based on this principle. However, as more hospital schools opened and the students became a cheap workforce, the nature and quality of nurse training deteriorated rapidly into a type of apprenticeship training with little attention given to actual education. This pattern became established throughout the world. In 1893, Chicago hosted the Columbian Exposition and it was the first major exposition in which women played a prominent role. Integral to the fair was a series of Congresses that provided an international platform for discussion of social issues. The Congress on Hospitals, Dispensaries, and Nursing, a section of the International Congress of Charities, Correction, and Philanthropy, particularly focused on health care issues. Nursing leaders from Europe and North America participated. (Image via: Wikipedia). The need for higher education for nurses was raised as early as 1893 at the global meeting of nurses at the Chicago World Fair in 1893. The nurse leaders argued for educated nurses rather than the apprentice-type training in hospitals. At the 1899 Congress of Women, Bedford Fenwick strongly opposed training which lasted only two years, "Three years is quite short enough" she said. This visionary leader also suggested that "the practical skill required might, in the future, demand a further extension of training in special branches of nursing."

At this meeting, it was also discussed that the age limit of 23 for entry into nursing was too high, as this shortened the women's' career and, after all, women are seen as perfectly able to be mothers at 18.

E. Professional Recognition Through Licensure and Registration

The issue of state registration or licensure for nurses has been resolved in most parts of the world although there are still countries where the **International Council of Nurses** (ICN) are assisting local nursing organizations and governments to establish an effective regulation of the profession. This body also has a formal regulatory network which monitors and advises on nursing management globally. The purpose of registration has always been to protect the public from those who were untrained or had minimal training, as well as to provide nurses who had proper formal training with a form of recognition.

The objective of obtaining state registration for nurses was the priority issue for nurse activists from the 1880's. At the Chicago World's Fair, British nurses introduced the nurse leaders from all over the world to the idea of state registration for nurses as well as the issue of standards for nurse training schools, which would satisfy a requirement to introduce registration.

The struggle for state registration was at the time also the main driving force behind the establishment of nursing organizations in various countries. State registration was also one of the main topics of discussion at the 1899 Congress. In her paper on "The professional training and status of nurses," Mrs. Neill from New Zealand stressed the need for a final examination by a Central Board after three years training with the certificate being registered on their books. "The value of the hospital certificate is now very low. Certificates and badges are sometimes given by hospital authorities without any examination … even after a brief hospital residence." Miss **MH Watkins** of South Africa presented a paper on how state registration was achieved in South Africa in 1891.

In the discussion, it was pointed out that the battle for registration was closely tied to that of voting rights for women, where social barriers to allowing women their own voice had to be overcome.

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F. Nursing Advocacy in the Health of Communities

"Nurses A Voice to Lead" was this year's ICN theme for nurses' day. All nurses, wherever they find themselves, were encouraged to take an active role in achieving the United Nations Sustainable Development Goals.

Nurses are the largest group of healthcare professionals, serving even in the most remote areas. Because nurses are the health care workers most closely involved with patients, their families, and communities, they have intimate knowledge of the underlying causes of ill-health. Using their voice in activism and innovation they can bring real change to the health of communities.

"Nurses are the largest group of healthcare professionals, serving even in the most remote areas."

History shows us that this is not a new call on nurses and, though the language used is old-fashioned, the following might as well have been written today.

During discussion time at the 1899 Woman's Congress, Lavinia Dock said the following: "There is a call coming for nurses, who, besides professional ability, shall have such wider enthusiasms and capacities as will fit them to help in the wider world-interests concerned with the preservation of health and happiness."

In her 1922 book, she pointed out that although expert workers were now being trained to deal with the problems of poverty and other social ills "nurses are still in the truest sense social workers, constantly battling with adverse social conditions and needing all the social knowledge and insight they can find to carry out their own social function of healing broken bodies and fighting disease.

We need a whole army of energetic and courageous nurses with the spirit of the old pioneers, but with better preparation than theirs, to open up new fields and to challenge the difficult and complicated problems of our own day.

VII. CONCLUSION

1) Wards should have staffing levels and skill mix based on patient dependency, not on numbers of beds. Nurses need time to provide the care their patients need.

2) We need strong clinical leadership on wards. Free ward sisters from management tasks and allow them to lead clinical care by giving them clerical and housekeeping support. They become ward sisters because of their clinical and leadership skills, but do not have the time to use them or share them.

3) Nurses should be managed by nurses, not by general managers. Trust chief nurses should manage their nursing workforce directly.

4) We need nursing degree courses that ensure graduates feel confident to practise. Clever people can make good nurses!

5) We need to reintroduce second-level nurses (SENs). HCSWs give nursing care, so why not put nursing into the title, standardize training and regulate the role?

6) All newly qualified nurses must have a compulsory preceptorship programme to help them adapt to their new role. Qualifying is only the beginning of becoming a nurse.

7) All nurses must have protected time for training to ensure they stay up to date.

8) We need a robust system of re-registration that ensures nurses are competent to continue in practice. There needs to be a fair and effective way of dealing with those who do not meet professional standards.

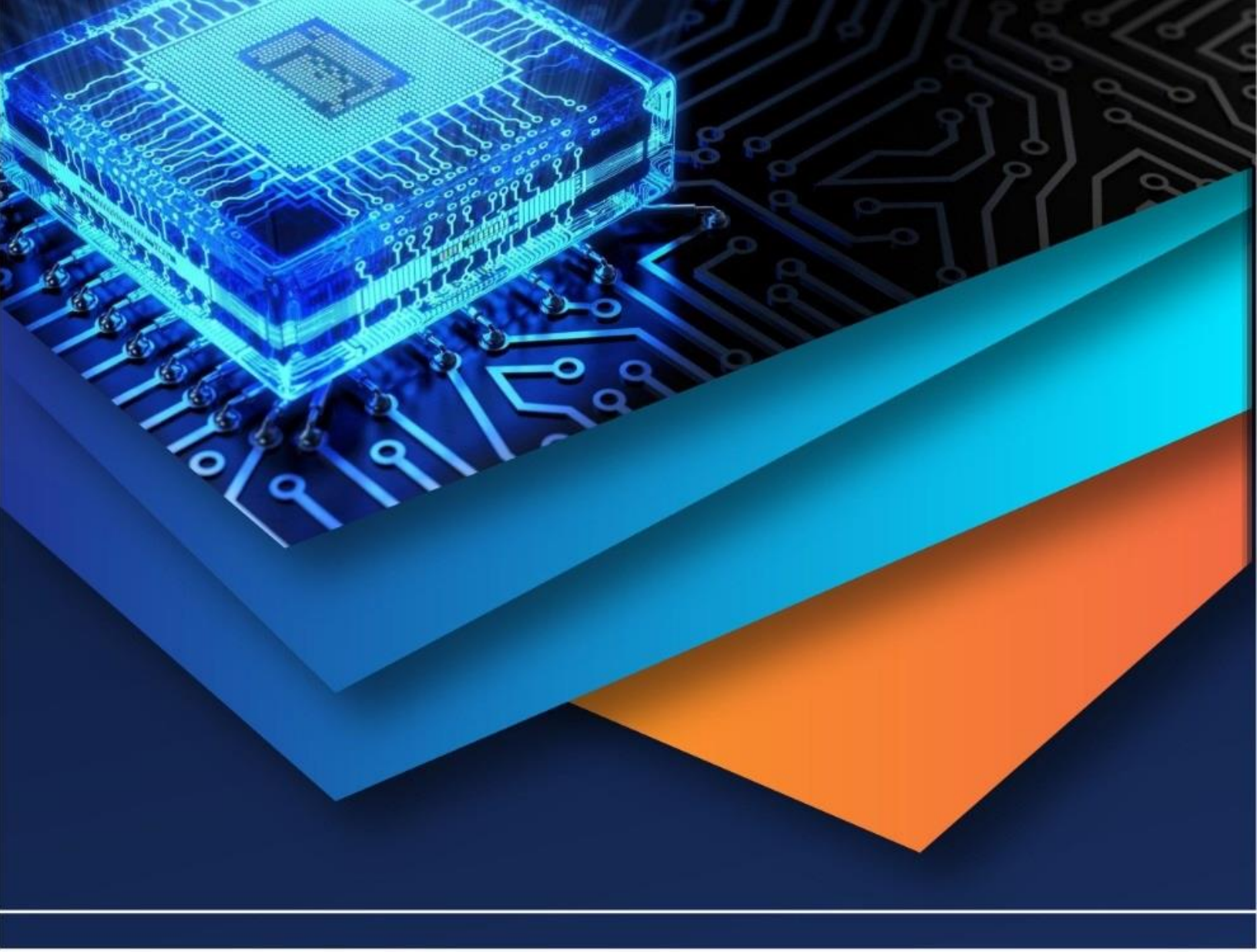
9) Nurses need a work environment that is well equipped and promotes patient dignity. Patient care should never be compromised by a lack of resources.

10) We need nurse leaders with influence and real power on trust and commissioning boards - and in the Department of Health. The nursing voice must be heard at a local and national level.

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