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# UNIT 3 STAFFING AND PLANNING

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## 3.0 OBJECTIVES

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After going **through** this **unit**, you should be able to:

- define **staffing and type of staffing**;
- discuss **why** staffing is **essential** in nursing service;
- states purposes of staffing;
- explain the various factors influence the staffing;
- describe **the** advantages and disadvantages of various **type of staffing**; **and**
- **calculate** the staff required for hospital **based** on **INC norms**.

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## 3.1 INTRODUCTION

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Staffing is the backbone of the **administration** because the quality of worker and **their performance** will **determine** the **degree** of **the** goal of the **nursing department**. Staffing is the whole **personnel** function of bringing in and **training** the staff **and maintaining favourable** condition of work or it may be **said** as the **management** function of employing and developing human resources for carrying out various **managerial activities** of **an organization**.

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## 3.2 DEFINITION

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Staffing is defined as filling, **and keeping** filled position in **the organization** structure through identifying work force requirements, in the people **available, recruiting**, selecting placing, promoting, appraising **planning** the **careers compensating** and **training** or otherwise developing both candidates **and current job holders** to accomplish their **task** effectively **and** efficiently.

Staffing is **the** systematic approach to **the problem** of selecting, training, **motivating** and retaining professional **personal** in any organization. **Staffing** fix **nursing services** is the process of assigning competent people to fill the roles **designed** for the **organizational structure** through recruitment selection and **development** of personnel. Staffing follows **the structure, goals and standards** of **the organisation served**.

### 3.3 IMPORTANCE AND PURPOSES OF STAFFING

It is important to recognize that **staffing** is a crucial **function** of managers and one that determines the success or failure of an enterprise. The standard of patient care in hospital depends on the numbers and training and education of nursing personnel working in the organization. The nurse managers should fill the positions in their organization and keep them filled with qualified people in order to:

- give comprehensive nursing care.
- ensure adequate staff requirement.
- meet patient care standard.
- prevent over staffing.
- ensure optimal utilization of existing staff.
- support professional and personal needs of the nursing.
- fill up post for regular vacancies for creation of new job.

#### Purposes

**Staffing** is an important responsibility of every manager at every level. The purposes of **staffing** in nursing service are to:

- place right person for right job.
- carry forward the structure and goals of the organization.
- ensure job specification are clear and in writing.
- plan for **retiring**, retaining, recruiting, training.
- identify the type and amount of nursing care to be given.
- **determine** and predict which type of nursing **personnel** are required for nursing care.

### 3.4 PROCESS OF STAFFING PATTERN

Figure 3.1 shows the process of **staffing** which includes identify workforce, people available, recruiting, optimum utilization of personnel. Other aspects of **staffing** include evaluation, in-service education, training, promotion and compensation.

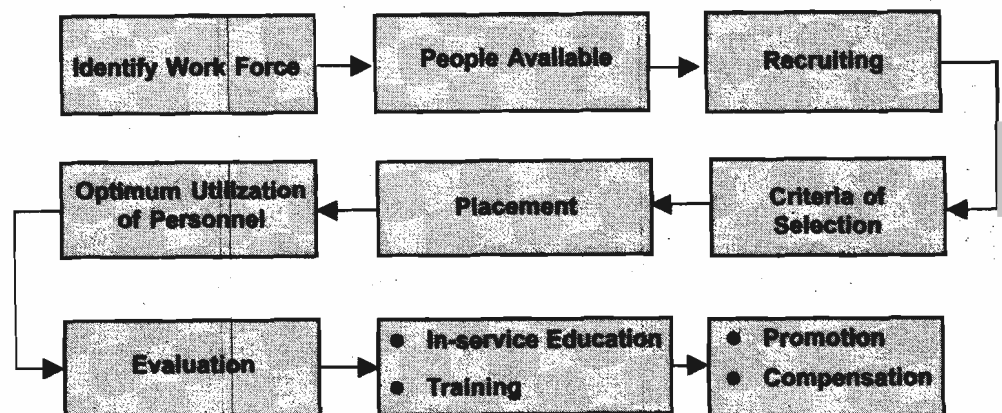


Fig. 3.1: Process of staffing

## 3.5 FACTORS AFFECTING STAFFING PATTERN AND STEPS FOR PLANNING

We shall now discuss the factors affecting staffing pattern and steps for planning **staffing** which are essential requisites for every **hospital/organisation** to workout its own need based staffing.

### Patient

- Level, complexity, and duration of care need.
- Types of patient served: there condition, illnesses, age groups, and other specific selective factors.
- Numbers of patients and fluctuation in numbers.
- Socio-economic factor influencing health need.
- Patient expectation for care.

### Staffing

- Number and mix of Nursing Personnel.
- Hours and rotation Policies.
- Job descriptions and role **functions** personnel policies.
- Education and experiences levels of personnel.
- Competitive market for staff in community.
- The work ethic of staff members.

### Environmental

- Physical layout of institution and patient unit.
- No. of patients beds.
- Facilities and services offered.
- Equipment and supplies available.
- Supportive services **from** other department and agencies.

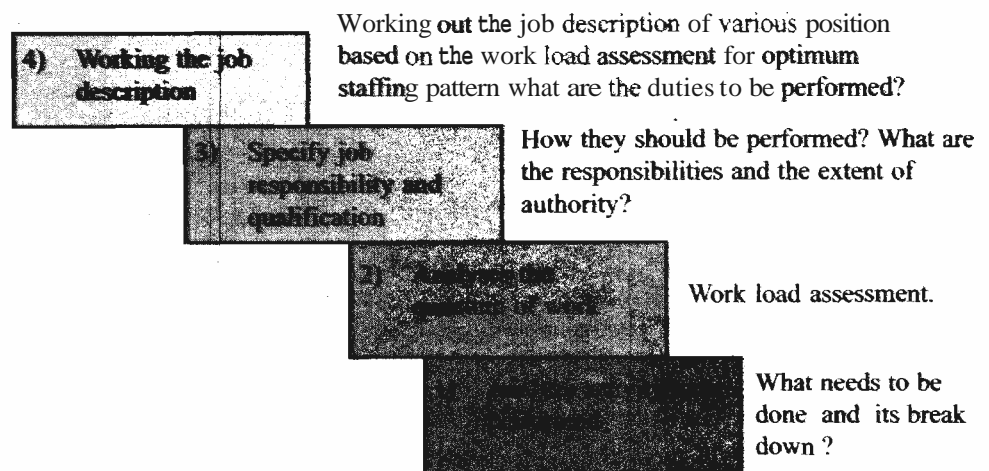
### Nursing and Institutional Objectives

- Levels and **type** of care.
- Selective care assignment pattern.
- Services educational and others that institutional desire to give personnel.
- Nursing administration supportive services.

### Budget

- Personnel budget.
- Budget for equipment and supplies.
- Budget for **staff** development
- Expenditure towards co-curricular activities.

## Steps for Planning



### 3.6 TIME AND WORK SCHEDULE AND WEEKLY TIME PLANNING

Let us now discuss the time and work scheduling with a sample for weekly time planning about which each nurse manager must be familiar with in order to make best use of the available manpower.

#### Definition of Time Scheduling

Time Scheduling is defined as advance determination of pattern of on and off duty hours for worker in a particular section or division for regulation of activities and for avoiding omissions. It is one of the important aspect of the staffing. It can be further defined as assembling and reading of worker needed to perform the mission of organisation.

#### Principles of Time Planning and Patients Assignment

- Consider the busy days and less busy days and hours of minimum work and maximum work.
- Equal distribution of tasks for all personnels is important
- Consider the qualification and experience of personnel while assigning duties.
- Plan the time off and duty hours in such a way as to have enough personnel.
- Check the complete schedule for error, omitted names, promised holidays etc improper mix of personnel.
- Time must be planned.
- Do not overload the students and non-professional workers.
- Assignments of patients and duties need not be changed frequently than is absolutely essential.
- Secure approval of proposed schedule from nursing administrator.
- Notify staff member of assigned duty for several weeks in advance.
- Modify and update the schedule daily to bring staff members.
- Review and analyse the schedule on regular basis to identify staffing problems that necessitate scheduling changes.

#### Purposes of Time Planning

- To determine with precision the number of each type of worker required for specific number of patients.

- To provide adequate nursing care 24 hours of each day.
- To promote job satisfaction for each staff
- To provide best possible professional experience.

### Work Schedule

The work schedule outlines the basic duties of the various personnel. These are usually written in order of sequence of work, as far as possible.

### Types of Schedules

**Centralised scheduling:** Work schedules are developed at the top levels of management for the entire work force. In this actual scheduling is done by nursing office or the smaller unit may make up their own schedule. This is best type for departmental scheduling. The central control of the staff remains with department.

#### *Advantages:*

- Treats employees fairly and impartially.
- Enables preparation of schedule.
- Aids cost management and time management.
- Relieves ward sister incharge from many time consuming duties.
- Promotes less frequent special request for changes in work schedule.
- Distribute staff in a balanced manner.
- Ability to handle unforeseen circumstances more easily.
- Provides over all pictures of staffing.

#### *Disadvantages:*

- Eliminates personnel contact.
- Does not address individual ability knowledge level and interests.
- Unable to cater to needs of particular unit.

**Decentralized staffing:** Work schedule is accomplished at the middle level and lower level. Head nurse or unit manager plans time schedule for personnel at the unit level. Unit manager has the authority and the responsibility to secure adequate personnel for the unit. It is based on sharing and requires efficient time management in a congruent and continuous manner so as to improve the accountability flow from the point of service upward to administrative level.

#### *Advantages:*

- Prepares individualized schedule.
- Head nurses is accountable for staffing decision.
- Enables greater control of activities.
- Rapid schedule adjustment based on changing needs.

#### *Disadvantages:*

- Time consuming.
- Difficult for head nurse to be objective.
- Prone to under staff or over staff.
- May invite excessive special p

- **Cyclical Scheduling:** It involves centralised Planning and development of schedule pattern, where by work days and time off are regularly repeated on a four, six, seven and week basis.
  - **Advantages :**
    - Promotes team spirit by maintaining constant composition of primary work group.
    - Promotes continuity of the care by minimizes the floating personnel.
    - Provides fair and just treatment to patients and staff.
    - Caters to fluctuation in patient care needs and staff changes caused by illness, holidays and vacation.
  - **Disadvantages:**
    - Sufficient number of qualified staff are needed to assure success.

**Sample for Weekly Time Planning**

| NAME | APPT   | MON  | TUE  | WED  | THU  | FRI  | SAT  | SUN  |
|------|--------|------|------|------|------|------|------|------|
| A    | W/S    | 7-3  | 7-3  | 3-11 | 11-7 | 7-3  | 7-3  | off  |
| B    | SN     | 7-3  | off  | 11-7 | 11-7 | 3-11 | 3-11 | 3-7  |
| C    | SN     | 7-3  | 7-3  | 11-7 | 11-7 | 3-11 | off  | 3-11 |
| D    | SN     | 3-11 | 3-11 | off  | 7-3  | 11-7 | 11-7 | 11-7 |
| E    | SN     | 3-11 | 3-11 | 7-3  | 7-3  | off  | 11-7 | 11-7 |
| F    | SN     | 11-7 | 11-7 | 3-11 | 3-11 | 7-3  | 7-3  | off  |
| G    | SN     | off  | 11-7 | 3-11 | 3-11 | 7-3  | 7-3  | 7-3  |
| H    | SN (R) | 11-7 | 7-3  | 7-3  | off  | 11-7 | 3-11 | 3-11 |

|         |      |      |     |     |      |     |   |
|---------|------|------|-----|-----|------|-----|---|
| Day     | 2 +1 | 2 +1 | 2   | 2   | 2 +1 | 2+1 | 2 |
| Evening | 2    | 2    | 2+1 | 2   | 2    | 2   | 2 |
| Night   | 2    | 2    | 2   | 2+1 | 2    | 2   | 2 |

W/S= Ward Sister Incharge SN= Staff Nurse (R)= Reliever

Reliever -1

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### 3.7 DETERMINING NURSING STAFF IN HOSPITAL

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Let us now learn the various determining factors for deciding the number of nurses required to man the nursing services in a hospital.

**Dependent factor are:**

- Number of patient
- Nurse patient ratio
- Type of patients
- Dependency needs of patients
- Patient care methods i.e. patient assignment, functional assignment or combination of both.

**An Example how to compute the time available**

Days in a year : 365

Days off weekly : 52

Earned leave : 30

Casual leave : 12 days Non working days

Public holidays : 18

Sick leave : 10

Total working days :  $365 - 122 = 243$  days

1 Nurse for : 243 days per year

20 Nurse works for :  $243 \times 20 = 4860$

To compute the number of nurses available per day, divide 4860 days by number of days in a year  $4860 \div 365 = 13.29$ . Rounded off to 13

If 13 nurses, each work on 8 hours/day, may be assigned as follows:

Day Shift : 6

Evening Shift : 4

Night shift : 3

A schedule is always flexible according to need, feasibility and policy

**Check Your Progress**

1) Define the following:

a) Staffing

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b) Time scheduling

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c) Cyclical Scheduling

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- 2) Mark True/False for the following statements:
- a) Staffing is a process of adverting and adopting a person on job. (T/F)
  - b) Staffing pattern indicates a schematic mathematical calculation to assign staffing. (T/F)
  - c) Cyclical scheduling caters to fluctuation in patient care needs and staff changes caused by illness, holidays and vacation. (T/F)
  - d) Staffing supports professional and personal needs of the nursing. (T/F)
  - e) Staffing does not required the right number of each type of worker for specific number of patients. (T/F)
- 3) Write four purposes of staffing.
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- .....
- .....
- .....

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### 3.8 LET US SUM UP

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Staffing assists us in seeing that the relationship between patient requirement and skills is reciprocal. It is now quite clear that staffing in a unit is not a matter of random or careless assignment of nursing personnel in units. It is planned, deliberate, careful selection of specific individual and the prediction of their effects on patient care. Staffing plan effects the achievement of stated goals and objectives of an institution. It is through the provision of the appropriate quantity and mixing of staff that nursing departments philosophy, goals and services are transferred from the administration to the reality.

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### 3.9 ANSWERS TO CHECK YOUR PROGRESS

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#### Check Your Progress

- 1) a) Staffing is the systematic approach to the problem of selecting, training, motivating and retaining professional personal in any organization.
  - b) Time Scheduling is defined as advance determination of pattern of on and off duty hours for worker in a particular section or division for regulation of activities and for avoiding omissions.
  - c) It involves centralised planning and development of schedule pattern, whereby work days and time off are regularly repeated on a four, six, seven and week basis.
- 2) a) True
- b) True
- c) True
- d) True
- e) False
- 3) a) To determine with precision the number of each type of worker required for specific number of patients.
- b) To provide adequate nursing care 24 hours of each day.
- c) To promote job satisfaction for each staff.
- d) To provide best possible professional experience.



**Staffing Norms Given by Indian Nursing Council Revised in 1986**

- 1) Nursing Superintendent : (One for minimum 150 beds)
- 2) Deputy Nursing Superintendent :
- 3) Assistant Nursing Superintendent : One (For Additional 50 beds one more A.N.S.)

**Nursing Staff for Wards, Special Units and OPD**

| S.No. | Wards                        | Staff Nurse                         | Head Nurse   | Departmental Sister           |
|-------|------------------------------|-------------------------------------|--------------|-------------------------------|
| 1)    | Medical                      | 1:3                                 | 1:25         | 1 for 3-4 wards               |
| 2)    | Orthopaedic                  | do                                  | do           | do                            |
| 3)    | Surgical                     | do                                  | do           | do                            |
| 4)    | Paediatric                   | do                                  | do           | do                            |
| 5)    | Gynaecology                  | do                                  | do           | do                            |
| 6)    | Maternity including New born | do                                  | do           | do                            |
| 7)    | ICU                          | 1:1                                 | 1 each shift | -                             |
| 8)    | Coronary unit                | do                                  | do           |                               |
| 9)    | Nephrology                   | do                                  | do           |                               |
| 10)   | Neurology and Neuro Surgeon  | do                                  | do           |                               |
| 11)   | ENT and Eye                  | do                                  | do           |                               |
| 12)   | Operation Theatre            | 3 for 24 Hrs./table                 | 1 each shift | 1 departmental ANS for 4-5 OT |
| 13)   | Casualty and Emergency       | 2-3 depending on the number of beds | 1 each shift | 1 for casualty and emergency  |

**Out Patient Department based on Actual observation**

| S.No. | Name of the Dept. |                                      |
|-------|-------------------|--------------------------------------|
| 1)    | Minor OT          | 1 staff nurse for every 13 patients  |
| 2)    | Injection room    | 1 staff nurse for every 86 patients  |
| 3)    | Surgical          | 1 staff nurse for every 120 patients |
| 4)    | Medical           | 1 staff nurse for every 140 patients |
| 5)    | Gynaecology       | 1 staff nurse for every 35 patients  |
| 6)    | Paediatric        | 1 staff nurse for every 85 patients  |
| 7)    | Orthopaedic       | 1 staff nurse for every 120 patients |
| 8)    | Dental            | 1 staff nurse for every 120 patients |
| 9)    | ENT               | 1 staff nurse for every 120 patients |
| 10)   | Eye               | 1 staff nurse for every 86 patients  |
| 11)   | Skin              | 1 staff nurse for every 100 patients |

Similarly, other out patients need to be staffed based on actual observation.

**Justification**

Need may vary from hospital to hospital depending on the size of the hospital and services rendered more staff than anticipated will be required.

Special attention is needed for supervision of patient in the evening and night shift. 30% leave reserve posts are suggested because the nurse gets restricted, 30 E.L., 12 C.L. 96 days off in a year. It has also been observed that on any working day 25% of the staff is off duty on casual leave etc. A nurse works for 240 days in year whereas hospital requires Nursing services for 365 days and for 24 Hrs. which means to do the work of One nurse  $1\frac{1}{3}$  nurse will be required i.e. 30% leave reserve is required.

