

Philosophy of Staffing

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Definition

Staffing is a selection, training, motivating and retaining of a personnel in the organization.



Get
Right People
for the right Job !

Definition

Staffing is a process of planning, employing and developing human resources at different levels of an organization.



**Get
Right People
for the right Job !**

Staffing includes

- 1. Planning***
- 2. Recruitment***
- 3. Selection***
- 4. Placement***
- 5. Training and development***
- 6. Remuneration***
- 7. Performance appraisal***
- 8. Promotion***
- 9. Transfer***



Objectives of Staffing


1. To ensure *maximum utilization of human resources.*
2. To *discover and obtain competent personnel.*
3. To ensure the *continuity and growth of organization.*
4. To improve *job satisfaction.*
5. To be able to meet *crisis situations.*
6. To deliver *good quality of care.*

Functions in staffing


1. Identifying the **type and amount of service needed** by organization.
2. Determining the **personnel categories that have the knowledge and skill** to perform needed service measures.
3. **Predicting the number of personnel** in each job category that will be needed to meet anticipated service demands.

Functions in staffing

4. **Obtaining, budgeted positions** for the number in each job category needed to service for the expected types and number of clients.
5. **Recruiting personnel** to fill available positions.
6. **Selecting and appointing personnel** from suitable applicants.
7. **Orienting personnel to fulfil assigned responsibilities.**
8. **Assigning responsibilities** for client services to available personnel



Nurse Administrators Believe That It Is Possible To Match Employee's Knowledge And Skills To Patient Care Needs In A Manner That Optimizes Job Satisfaction And Care Quality.




Nurse administrators believe that the technical and humanistic care needs of critically ill patients are so complex that all aspects of that care should be provided by professional nurses.

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Nurse administrators believe that the health teaching and rehabilitation needs of chronically ill patients should be provided by professional and technical nurses.







patient assessment, *work quantification* and *job analysis* should be used to determine the *number of personnel* in each category to be assigned to care for patients of each type



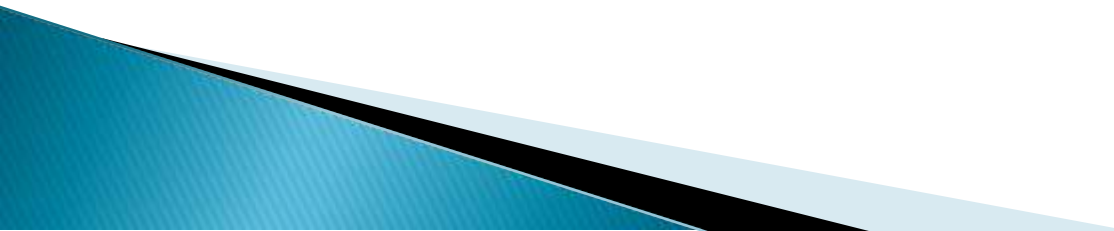


Nurse administrator believe that a master staffing plan and policies to implement the plan in all units should be developed centrally by the nursing heads and staff of the hospital.





staffing plan should be administered at the unit level by the head nurse, so that selected plan details, *such as shift-start time, number of staff assigned on holidays, and number of employees* assigned to each shift can be modified to accommodate the unit workload and workflow



Philosophy of Staffing in Nursing

The nurse administrator believes that:

- 1. The **knowledge and skill** of the staff can adequately fulfill the needs of the patient and thereby ensure both job satisfaction and quality care.*
- 2. Only **professionally trained nurses** can provide a high quality of patient care and handle critically ill patients by providing both technical and intrapersonal skills.*

Philosophy of Staffing in Nursing

The nurse administrator believes that:

- 5. All sorts of **nursing-related plans**, e.g. master rotation plan, duty roster, etc., should be done only by **nursing heads**.*
- 6. A staffing plan should be **delegated** to each unit-level head nurse so that the activities of each ward and **details of each shift are planned well**.*

The main objectives of man power planning

- ❖ *Ensuring maximum utilization of the personnel*
- ❖ *Assessing future requirements of the organization*
- ❖ *Determining the recruitment sources.*
- ❖ *Anticipating from past records, i.e. resignations, simple discharge, dismissal and retirements.*
- ❖ *Determining training requirements for management's development and organizational development*

Steps of manpower planning

- ✓ ***Scrutiny of present personnel strength.***
- ✓ ***Anticipation of man power needs.***
- ✓ ***Investigation of turnover of personnel***
- ✓ ***Planning job requirements and job descriptions***

Steps of staffing

Determine the number and types of personnel needed



Recruitment



Interview



Selection



Assign personnel



Induction and orientation

Objectives of staffing in nursing

- 1. Provide an all professional nurse staff in critical care units, operating rooms, labour and emergency room*
- 2. Provide sufficient staff to permit a 1:1 nurse-patient ratio for each shift in every critical care unit*
- 3. Provide sufficient nursing staff in general, medical, surgical, obstetrics and gynaecology, paediatric and psychiatric units to permit a 1:5 nurse patient ratio on a day and afternoon shifts and 1:10 nurse-patient ratio on night shift.*

Objectives of staffing in nursing

- *Involve the heads of the nursing staffs and all nursing personnel in **designing the department's overall staffing program.***
- *Hold each head nurse **responsible for translating the department's master staffing plan to sequential eight weeks time schedules for personnel assigned to her/his unit.***
- *Inform each nursing employee that **requests for specific vacation or holiday time will be honoured within the limits imposed by patient care***

NORMS OF STAFFING

*Norms are standards that **guide, control, and regulate individuals and communities.** For planning nursing manpower we have to **follow some norms.** The nursing norms are recommended by various committees, such as; the Nursing Man Power Committee, the High-power Committee, Dr. Bajaj Committee, and the staff inspection committee, TNAI and INC.*

*The norms has been recommended taking into account the **workload projected** in the wards and the other areas of the hospital.*

Recommendations of S.I.U

- *The norm has been recommended taking into account the **workload projected** in the wards and the other areas of the hospital.*
- *The posts of nursing sisters and staff nurses have been **clubbed together for calculating** the staff entitlement for performing nursing care*

Recommendations of S.I.U

Out of the entitlement worked out on the basis of the norms, 30% posts may be sanctioned as nursing sister. This would further improve the existing ratio of 1 nursing sister to 3.5 staff nurses fixed by the government in settlement with the Delhi nurse union in may 1990.

Recommendations of S.I.U

- *The assistant nursing superintendent are recommended in the ratio of **1 ANS to every 4.5** nursing sisters. The ANS will perform the duty presently performed by nursing sisters and perform duty in shift also.*
- *The posts of Deputy Nursing Superintendent may continue at the level of **1 DNS per every 7.5 ANS***

Recommendations of S.I.U

- *There will be a post of **Nursing Superintendent** for every hospital having 250 or beds.*
- *There will be a post of **1 Chief Nursing Officer** for every hospital having 500 or more beds.*
- *It is recommended that 45% posts added for the area of 365 days working including **30% leave reserve.***

The Nurse-patient Ratio as per the norms of TNAI and INC

- 1. Chief Nursing Officer :1 per 500 beds**
- 2. Nursing Superintendent :1 per 400 beds or above**
- 3. D.NS. :1 per 300 beds and 1 additional for every 200 beds**
- 4. A.N.S. :1 for 100-150 beds or 3-4 wards**
- 5. Ward Sister :1 for 25-30 beds or one ward. 30% leave reserve**
- 6. Staff Nurse :1 for 3 beds in Teaching Hospital in general ward & 1 for 5 beds in Non-teaching Hospital +30% Leave reserve**
- 7. Extra Nursing staff to be provided for departmental research function.**
- 8. For OPD and Emergency :1 staff nurse for 100 patients (1 : 100) + 30% leave reserve**
- 9. For Intensive Care unit: (I.C.U.)- 1:1 or (1:3 for each shift) +30% leave reserve.**
- 10. It is suggested that for 250 bedded hospital there should be One Infection Control Nurse (ICN).**

The Nurse-patient Ratio as per the S.I.U. Norms

1. General Ward	1:6
2. Special Ward - (paediatrics, burns, neuro surgery, cardio thoracic, neuro medicine, nursing home, spinal injury, emergency wards attached to causality)	1:4
3. Nursery	1:2
4. I.C.U.	1:1(Nothing mentioned about the shifts)
5. Labour Room	1:1 per table
6. O.T.	Major - 1 :2 per table Minor - 1:1 per table

7. Casualty-

a. Casualty main attendance up to 100 patients per day thereafter

3 staff nurses for 24 hours, 1:1 per shift.

b. for every additional attendance of 35 patients

1:35

c. gynae/ obstetric attendance

3 staff nurses for 24 hours, 1:1/ shift

d. thereafter every additional attendance of 15 patients.

1:15

8. Injection room OPD

Attendance up to 100 patients per day 1 staff nurse

120-220 patients: 2 staff nurses

221-320 patients: 3 staff nurses

321-420 patients: 4 staff nurses

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