

HISTORICAL DEVELOPMENT OF THE WARD NURSE POSITION IN THE CZECH REPUBLIC

Eva Marková¹, Sylva Bártlová²

¹Charles University, 1st Faculty of Medicine, Institute of Nursing Theory and Practice, Praha, Czech Republic

²University of South Bohemia, Faculty of Health and Social Studies, Department of Nursing and Midwifery, České Budějovice, Czech Republic

Submitted: 2013-04-26

Accepted: 2013-06-10

Published online: 2013-06-28

Abstract

Ward nurse represents the basic level of managers in a healthcare organisation. The ward nurse position has changed in the past in relation to the development of the nursing sector, nursing care itself and the management of work teams and human resources. Relevant information on the ward nurse position can be obtained from historical sources. This overview article summarises information about ward nurse's work activities from studies carried out from the 1970s up to the present.

We found that the ward nurse position was established due to the need to organise the operation in wards and coordinate activities of e.g. health professionals in patient care. In some periods there has been a tendency to merging the ward nurse and head nurse positions. In the past as well as today, a healthcare facility defines the ward nurse's job description. Cooperation and teamwork play an important role in their work, but it is also a source of potential conflicts. The research showed that the activities of ward nurse are quite extensive and often include activities that are not necessarily related to their responsibilities. Their activities have been extended from a person originally responsible for economic and administrative run of the care unit towards a manager responsible for organising the work, management of work teams and human resources.

Key words: *ward nurse; work activities; management in nursing*

INTRODUCTION

Manager nurses usually work at three levels of management, i.e. top management, mid-level management and lower management (frontline management). Ward nurses at all levels of nursing management play an important role in strategic planning, arranging, organising, implementing and improving the quality of nursing care; they manage and lead nursing teams. Ward nurse leads a nursing team within a nursing unit. At this level of management, the value of human, financial and material resources

is increased. The ward nurse's activities mainly include operational management, which includes actions resulting from daily activities at a nursing unit: short-term plans, on-job training of new nurses, providing daily motivation, administrative activities, etc.

Merging the ward and head nurse functions

In the past, the function of ward nurse was often merged with that of head nurse, especially in smaller healthcare centres (Podolská 1973, p. 15). After 1989 the function of head nurse and

ward nurse was merged in some mental hospitals (Bohnice, Dobřany) for instance. The function of ward nurse was formed in the past so that “each medical unit had a worker who was responsible for the organisational and mainly the material and economic operation of the medical unit” (Podolská 1973, p. 15). The job position of “inventory nurse” described best her activities (Podolská 1973, p. 15) which included economic and administrative actions, “the organisational and in particular material and economic operation of the workplace” (Dolenská 1979, p. 58). In addition, she was also responsible for nurses and auxiliary healthcare staff and she participated in their management with the head nurse. This responsibility was a kind of extension of the above mentioned economic and administrative activities. Bašná (1969) monitored job descriptions of ward nurses and divided them into mentoring the staff including education and training, organisational activities (e.g. organisation of work, deployment of nurses, planning shifts, ensuring smooth running of the department) and administrative and economic activities. Generally, there were no established ward nurse’s responsibilities and therefore every healthcare centre defined the ward nurses’ job description according to clinic heads’ (chief consultants’) or head nurses’ ideas and according to the needs and possibilities of each ward. The development of medicine, new specialised clinical fields, increasing requirements for diagnostic and therapeutic procedures, emancipation of nursing care and patients’ needs posed new and higher demands for economic, technical, administrative and personnel management of medical services. This trend also influenced the position of the ward nurse. She was supposed to manage and coordinate nursing services so that “they meet medical demands as well as the growing requirements for individual, planned and comprehensive nursing care for patients” (Podolská 1973, p. 15). In the 1970s, nursing care was divided into the “passive” and “active” care; the active nursing care meant a systematic search for the patients’ needs and their subsequent saturation by providing comprehensive nursing care. Emphasis was also put on team work, which is still the basic requirement of providing healthcare services.

Job description

The 1970s witnessed an effort to deal with the work specialisation, i.e. the job description, job content and the scope of competence of the ward nurse. Huťková (1970) focused in her paper on the description of competencies that the ward nurse should have. It was not easy to choose a good ward nurse from a team of nurses. Theoretical knowledge and practical skills of a nurse do not guarantee that they will perform the ward nurse’s function in a high quality. The period before the Velvet Revolution stressed the ethics of a socialist worker and the position of ward nurse was no exception to this rule. The ethics of socialist worker required a wide moral profile of their personality, the whole person, respectable in their humanity, with a sense of responsibility, with good interpersonal relationships, with good attitude to work, honest, devoted, unselfish and altruistic, with honesty and sincerity, with the necessary sociability, team spirit, complete correspondence between what they say and how they act. These characteristics should provide an example to motivate other people and they should be the best method of promotion. The age threshold was also an important question in the past. The ward nurse was not supposed to be very young. This was because she had more work experience, character integrity, ability to lead often fairly young team of nurses (Huťková 1970, p. 642). In-depth knowledge of the problem areas of the given ward and the nature of the work including the diagnostic composition of patients were to facilitate the choice of the best candidate for ward nurse. This is debatable, since the fact that in the past the head nurse was a staff nurse at the same department, which they later led, can be a source of frustration for her. Nurses make it clear that now as a new ward nurse she wants them to do something that she herself did not always perform properly as their fellow worker. The prerequisite was, the same as it is now, a certain length of experience as a staff nurse. The then requirement for the ward nurse position was their ideological maturity. They should have a cultured, educated, skilled and politically mature personality. Professional development was also emphasised – an enthusiastic interest in self-education was assumed (i.e. following professional journals, such as *Zdravotnická pracovnice* (Healthcare

Worker) or *Zdravotnické noviny* (Healthcare Journal), participating in the ward workshops and medical centre workshops organised within postgraduate study) (Huřková 1970, p. 642).

The ward nurse was responsible, together with the head nurse, for the care unit. The job description included cooperation with the head nurse, but also with the ward doctor. The same as today, positive relationship between the doctor and the ward nurse also guaranteed “trouble-free discussion and cooperation” (Huřková 1970, p. 641). Ward nurse was obliged to attend medical ward rounds, which were for them an important source of information on the course of the patient’s disease, their current health and the doctor’s diagnostic and therapeutic plans. During the rounds, she was supposed to follow the doctor’s directions very carefully, which she then organised (e.g. blood for transfusion) (Huřková 1970). A survey by Podolská (1973), which was focused on the work and time analysis of the ward nurse work, was to answer the following questions:

1. Is the need for a ward nurse at the care unit justified?
2. What activities do ward nurses currently perform?
3. Which tasks should ward nurses preferably perform? (Podolská 1973).

A survey was conducted using the “Snapshot” observation method and it was performed at 12 internal-medicine nursing units, 12 surgical nursing units and 10 obstetrical and gynaecological nursing units in type I and II hospitals for 7 days. Results of the survey gave an overview of the distribution of work tasks and of the differences between the ward nurses’ work at each ward. They have shown that the ward nurses do not spend enough time providing direct nursing care and specialised healthcare work (monitoring and educating nurses, examination, treatment, ward rounds, employing patients and their education). They were distracted from these activities by basic healthcare activities (patient’s washing, admission and discharge of patients, cleaning, handling food and laundry), errands and partly also recording activities (records of patient care, organisational documentation, keeping records). The survey results also indicated

that some of the less skilled activities could be carried out by another person. They also showed that the ward nurse job description was still unclear which was reflected in their work activities. Ward nurses were expected to perform organisational, managerial and planning activities, i.e. activities that should take up a significant portion of their working hours so that she could specifically determine the scope and content of nursing care for each patient. In fact, there were large differences between ward nurses; some of them did perform these activities while others did not, or in some cases organisational or planning activities prevailed. Podolská’s survey (1973) showed that the largest portion of organisational activities was reported from internal-medicine wards, surgical wards and the least portion was at gynaecological wards. The survey demonstrated that at gynaecological wards, the ward nurses pay more attention to inventory, material supplies and cleaning products (Podolská 1973, p. 17). It is apparent that the ward nurse did not delegate tasks to auxiliary healthcare workers. Podolská (1973) reported that ward nurses spent approximately one quarter of their skilled work time going about these activities. There were also differences between departments, which were probably related to the ward character and doctors’ habits. Ward nurses at surgical wards participated in ward rounds more frequently, but not every day. Ward nurses from internal-medicine wards spent the most time taking part in ward rounds. Ward nurses from gynaecological departments took part in ward rounds once to twice a week at the most. They were usually not present at a ward round for the whole time of its duration. However, the survey did not specify whether they were withdrawn or whether they left by themselves.

The responsibilities of ward nurses also included proper administration of drugs from their original packages, application of injections, checking entries in medical records and daily reports. They were responsible for proper performance of various procedures and dressings. They did not perform them by themselves, but they supervised and checked them, providing assistance where necessary. Ward nurse took much responsibility for the patients’ washing and their tidy looks. She usually started her shifts at 6 a.m. so that

she could actively participate in the morning washing and she was also to guarantee that patients would not be woken up too early. Early start of her morning shift allowed her to be present at verbal handover of the night shift. She also had available a written form of the verbal handover. This allowed her to be aware of the situation at the department and of the patients' problems they had during the night. Ward nurse participated in professional nursing activities. Podolská's survey (1973) reports that this takes one third of the working time.

The basic healthcare activities include washing of the patient, assistance with the use of bedpans, urinals and vomit bowls, admission and discharge of patients (without administrative actions), tidying away tools, instruments and syringes, tidying the rooms and bedside tables, cleaning the dispensary, handling meals and linen, and errands outside the ward.

Professional nursing work included examination (mostly at internal-medicine wards), nursing (dressings, treatment of bedsores, oxygen administration, treatment of nipples, weighing patients, rinsing the female genitals, storing drugs, tools, etc.), ward rounds, preparing medications and injections, etc. Podolská (1973 p. 19) believed that these activities depend not so much on the decision of the ward nurse, but also on the character of each department and on the doctors' requirements. It seems that the work of ward nurse also included less skilled activities (tidying away equipment, tidying rooms, preparing dressing materials). In fact these activities clearly belong to the responsibilities of nursing auxiliaries. Ward nurses paid almost no attention to occupation of the patients and healthcare education, says Podolská (1973, p. 18) in the study on nurses' activities. The question is whether this should be the responsibility of the ward nurse. An interested fact highlighted by the survey was that activities which were classified as discussions with patients were recorded to a lesser extent (Podolská 1973, p. 19). It was interesting because ward nurses were also involved in direct nursing care of the patient. Does this mean that they did not communicate with them? Podolská (1973, p. 19) concludes that they did not talk to them, and even that they "do not know the

patients". Communication with families and relatives was only recorded in the survey to a small extent. The ward nurse contact with relatives was more significant at surgical wards (Podolská 1973, p. 19). The author believes that it should be the ward nurse's duty to provide information on how to care for the sick at home, his/her lifestyle and daily routines.

Her duties also included supervision of aesthetic way of serving meals. It was also her obvious responsibility to ensure that immobile patients were fed by nurses. Cooperation of the ward nurse with a dietitian and a central kitchen was required, as well as checking and overseeing the specification of menus, diets and supplements. Podolská (1973, p. 20) notes here that if ward nurses want to motivate nurses to become independent, they should e.g. allow them to specify the diets by themselves and only check the results. Activities related to patient meals were represented about equally at the surgical, internal-medicine and obstetrical and gynaecological departments (Podolská 1973, p. 19). The ward nurse should not participate in delivering meals, preparing dishes, tidying away crockery and cutlery and distribution of meals. Instead, she should prepare, weigh and distribute special diets, feed seriously diseased patients, feed patients using gastric tube, monitor their appetite, volume of food intake and the patients' responses to meals (Podolská 1973, p 19).

Ward nurse was responsible for sufficient stock of laundry and for its storage and maintenance. The survey showed that "ward nurses spent disproportionately much time handling laundry" (Podolská 1973, p. 19). Here again, it should be appropriate to delegate this activity to healthcare assistants, or other staff. Looking from the perspective of management and effective work organisation, counting and transport of hospital laundry appears to be wasted time.

There were also many errands at the department of internal medicine. Podolská (1973, p. 19) proposed a solution using central services.

The ward nurse was also to watch over the observance of protective and therapeutic regimen, pleasant surroundings, peace and plenty of sleep and rest for the patient.

She was responsible for the storage of drugs and their labelling, alphabetical order in the storage cabinet, shelf life and looked after replenishing drugs in the ward. Together with the physician responsible for the state the dispensary, she was to perform inspections. She would fill up medicine cabinets. She oversaw the locking of medicine cabinets and the ban on patients' access to rooms where drugs were stored.

Together with the head nurse she bore responsibility for on-job training of newcomers from medical schools. She would devote her time to them during the initial period. She collaborated with the professional practice teacher and was involved in teaching medical school students. For the sake of clarity, she would keep a list of medical school students practicing in her ward with short working characteristics. Together with the head nurse, she attended meetings of medical schools, if her ward was a training station. The job description of the ward nurse included planning of workshops and individual study. Not every ward nurse, however, was engaged in these activities. (Podolská 1973).

Ward nurses were responsible for the schedule of duties of nurses and auxiliary healthcare staff. She was to make sure that forms were clearly and properly completed. She also made sure that overtime work of nurses was compensated for within due time (within one month). It was within her powers to shorten the morning shift to one of the nurses at the time of the midday rest. She would report exchange of the nurses' shifts to the head nurse. She looked after grooming of her nurses and nursing assistants. She was responsible for checking cleanness of uniforms, caps and she was to ensure that healthcare workers had appropriate shoes. She had the right to ban wearing jewellery and excessively long nails (Huťková 1970).

She monitored the work of auxiliary healthcare workers. Here she should focus on the level of cleaning, proper disinfection of floors, cleaning equipment and protective gloves. She would prescribe dilution and application of disinfection products. She would oversee the sterilisation and disinfection of cartridges, tools, syringes, needles and baby bottles. Regarding the auxiliary healthcare workers, she checked economical use of cleaning products and detergents (Huťková 1970).

Along with the head nurse she draw up a work schedule for nurses and nursing auxiliaries. The work schedule included day and night work schedule, schedule of tasks for each day of the week (e.g. Monday – cleaning of the dressing change room, Tuesday – counting and sorting laundry, etc.). Auxiliary health workers would have a schedule of morning and afternoon cleaning, also weekly, monthly schedule and great cleaning. She made sure that occupational health and safety rules for all staff were adhered to. She kept copies of healthcare staff duties.

The ward nurse organised referral of patients to other departments. She oversaw suitable warm clothing for patients who were transferred out of the department, particularly via outdoor area of the hospital.

She participated in briefings with the head nurse. Her duty was to transfer tasks and information to regular meetings with her nurses. If necessary, she had the right to call a meeting of nurses outside the plan of departmental meetings. She was to keep a diary to take MoMs with the head nurse, but also an inspection activities log where she was to enter the workers' strong and weak points. She could interfere with her comments on the salary adjustment for workers. Good and proper control activities should lead to the improvement of patient care (Huťková 1970). The ward nurse should have enough time available for checking the team members at work. Previously, the inspection activities were within the competence of the head nurse (Podolská 1973, p. 17). Inspection activities for patient washing that "was performed by nurses or nursing assistants was inadequate on the part of ward nurses" (Podolská 1973, p. 18).

She would oversee the implementation of education (health education) of the patients and was supposed to participate in it actively.

She saw to it that nurses and nursing assistants economised with dressing material and consumables.

Her responsibilities also included checking medical documentation and medical records (Huťková 1970). Before the patient was discharged or medical records stored to the archives, she saw to it that it included laboratory results and surgical findings. The range of activities associated with the documentation was higher in the case of

internal medicine nurses. It was probably due to the wide variety of laboratory and other tests.

Ward nurses took over the tasks of other staff (nurse – measuring body temperature, entering records, lower-level healthcare workers – completing simple request forms, recording physiological functions; administrative staff – daily patient status report, requests for technical services, archive management). She kept records of scheduled patients when the department had no administrative worker and when it had a patient scheduling system (Podolská 1973, pp. 19–20). She registered the number of hospitalised patients, making the records every day. She arranged repairs, including filing request forms.

Podolská's study (1973) showed that complaints of ward nurses about the lack of time (because their work involves technical, organisational, supervisory, but also less skilled jobs and tasks) are to some extent justified. The survey did not prove the claim that the activities of ward nurses mainly include tasks related to the organisation and material support of the ward, as was traditionally argued. However, it was clearly evident that a nursing team must be headed by a person with overall responsibility for the quality of nursing care and that the need for ward nurses is substantiated. The results showed that the ward nurse at the time of the survey, i.e. in the first half of the 70s of the last century, was engaged in the following actions in that order (Podolská 1973, p. 20):

1. basic healthcare tasks (patient washing, admission and discharge of patients without administration, cleaning out tools, instruments, syringes, room and bedside table cleaning, cleaning of pharmacy, food and meal handling, laundry handling, errands outside the ward);
2. professional healthcare jobs (examination, treatment, ward round, preparing medications, injections, etc., other professional healthcare jobs, keeping patients occupied, educational activities);
3. work with documentation (patient documentation, organisational documentation, record keeping, reporting);
4. staff interviews (interviews with patients, interviews with staff, talks with relatives);
5. organisational and management activities (management, planning, organisational and economic activity, inspection, study of directives and literature, appointments, meetings, training).

Podolská (1973) also indicated that in the future it will be necessary to address technical and organisational problems within the care unit to provide the ward nurse with enough time for direct nursing care, which is essential for establishing contact with the patient, and also for the processing of information about patients and their needs and requirements for care services. This information should serve as a basis for planning comprehensive nursing care. Ward nurses ought to have more time to oversee nursing activities and the relevant personnel, in terms of organisation, checking and education. Ward nurses should also have more time for the implementation of special, most skilled actions, “which are relevant to the tasks of the team, and are also important as educational measures” (Podolská 1973, p. 20).

The position of ward nurse was determined by organisational guidelines of the National Institute of Health in accordance with Article 10, paragraph 5 of binding measure No. 46/1975 of the Ministry of Health Journal of the Czech Socialist Republic, which defined the ward nurse as a worker involved in managing the work of middle and lower health workers and assistants (Directive No. 46/1975). The activities of the ward nurse expanded from the original work of a person responsible for financial and administrative operation of the care unit to a manager who is also in charge of organising the work of mid-level healthcare staff.

Dolenská (1979) conducted a survey to determine the current state of preparation or on-job training of paediatric nurses for the position of ward nurse in relation to the length of experience, qualifications and age. She also proposed a method of preparing nurses for the ward nurse position in accordance with the then all-society program, which had to meet the requirements of the binding resolutions of the Party (Communist) and Government. The survey was conducted at nursing units of paediatric wards in five regions of the Czech Socialist Republic (Central Bohemia including Prague, North Bohemia, North

Moravia, South Moravia). At that time, there were 205 ward nurses at paediatric wards in the Czech regions. Dolenská processed 115 questionnaires and conducted 38 interviews with ward nurses. Most of the surveyed nurses were in the age groups of 25–35 years and 35–45 years. The author of the survey stated that they were nurses who grew up and were shaped professionally and socially in a socialist society, in a unified healthcare system. She evaluated this as a positive factor in terms of relationship to study and the ability to accept new things (Dolenská 1979). Today, we would probably disagree with this part. No systematic research of the ward nurse position was conducted in the following years. The aim of further surveys was nursing care management (Kvášová 1976). Štěpánková et al. (1983) dealt with cooperation between the ward and head nurses. Interest in this issue was understandable since the effective running of management levels determined the coordination of their work, but also their interpersonal links and relationships.

In their survey, Marková and Eislerová (2000) looked into what are the prevailing activities carried out by ward nurses. The survey revealed that more than half of her working hours were activities associated with direct or indirect nursing care (72%) while less time is devoted to management activities. Jarošová et al. (2002) conducted a questionnaire survey of healthcare organisations in the Ostrava Region, the aim of which was to determine the age group of nurse managers, qualifications, their dominant inherent and acquired personality traits, the prevailing management style and the influence of the profession on their health. They approached a total of 151 respondents, of whom 80 were managers at various levels of management and 71 were employees who provided their feedback to rate the personality traits of their superiors. The need to control the others appeared in almost all nurses from top management, while at the other two management levels it was only reported by a third of the respondents. The need to influence others was reported by almost all managers at all levels of management. When choosing the type of personality, the respondents mostly ranked themselves among sanguine types (80%). Most of them put emphasis on intellectual skills; they relied on their

own knowledge and experience, preferred human management skills and democratic management style. They all reported the need for at least partial economic education for their activities. The most frequently occurring stressors in the workplace ranked: time pressure, lack of nurses, monotonous work and confrontation with death. Almost all managers indicated that work affects their private life. Healthcare professionals (especially nurses) assessed personality features of superior nurse-managers of all levels. The survey confirmed that as teamwork prevails in the healthcare work properties of managers suitable for this job are preferred, i.e. credibility, authority, motivational skills, constructive criticism, organisational and communication skills.

Common features of the ward nurse in international studies

Focusing on the recent period, we are presenting an international study performed within the Leonardo da Vinci Project (2002–04). The project was coordinated from Paris, and other pilot sites were Lisbon, Barcelona, Marseille, Paris, Brussels, Szeged and Sofia. From each of the pilot sites, time images of ward nurse's working day were acquired in two standard wards according to a uniform methodology. In addition, conflict situations were monitored. The output was a description of the ward nurse position and a design of training courses that would eliminate the most common conflict situations. Based on the analyses and comparison of the collected findings within this project carried out in several European countries (Portugal, Spain, France, Belgium, the Czech Republic, Hungary and Bulgaria), several common features of the ward nurse role were described:

- *The area of ward nurse's operation is rich and comprehensive.* During her working day, ward nurse encounters approximately 20 to 40 different people. Many of these encounters are challenging and have an impact on patient care. They affect the working environment, coordination of activities, respecting the quality of procedures, etc.
- *The work of ward nurse is not continuous.* Ward nurses are very often forced to interrupt their activities. Based on observations, it can be said that their

activity is interrupted every 10 minutes on average, including interruptions due to phone calls. In some cases, the interruption of their activity occurs every 4-5 minutes on average, or they perform several actions at a time.

- *There are a lot of requirements directed to head nurse.* In most cases, members of nursing teams of wards require a response immediately or within a very short time. These requirements are based on the assumption that the head nurse will be able to quickly switch from an emotional position (impairment of a patient's health, a conflict with a staff nurse) to an organisational position that is quieter (management of supplies, etc.).
- *Ward nurse has to face unexpected situations* so that activities can be coordinated, but also to remedy any negligence, loss or omissions. The solutions to these issues are available, but the irregularity of their occurrence can be a problem. Such situations may cause considerable mental fatigue. The position of ward nurse is perceived as stressful and burdensome (Leonardo da Vinci 2002–04).

Current research

Kotrba's research (2010) is a comprehensive study of the structure of managerial and working activities performed by head nurses and ward nurses in hospitals in the Czech Republic. This study showed that the ward nurse performed administrative activities, professional nursing care, managerial activities and other activities. Ward nurses' competence included personnel and management activities such as planning, organising, healthcare personnel management and supervision. The questionnaire survey was focused on the estimated time consumption of the ward nurses' working time. Ward nurses devoted most of their time to the organisation of work at the ward (25%), supervisory activities (25%), inspections (23%), meetings (12%), solutions to conflicts (8%) and personnel management activities (7%). Regarding ward nurses' work, management activities (178 minutes/day, on average) prevailed over professional activities (124 minutes/day, on average). Most ward nurses considered administrative activities important, but did

not wish to devote more time to them (82%). Nursing activities involved mainly covering for other healthcare staff at the ward and, for the ward nurses at operating theatres, assisting during surgical procedures. Ward nurses (95%) did not mind doing professional nursing activities. The estimated time spent doing other and non-professional nursing activities was relatively high (83 min/day). Ward nurses manifested negative correlations between the following variables: the estimated volume of administrative activities performed and the estimated volume of the professional activities performed (-0.2675). The more administrative activities ward nurses performed the less time they could devote to professional nursing care. The more professional nursing activities ward nurses do the less time they could spare for management activities (negative correlation between variables: the estimated professional nursing care and the estimated management activity -0.2910). The research also showed that 25% of ward nurses would like to achieve the position of head nurse in university and municipal hospitals (Kotrba 2010).

The position of ward nurse can be found in medical as well as care facilities. At present, the content of the job is defined by the employer, so the work descriptions often differ in various medical and care centres. Generally, she is in charge of the organisation of the nursing team. She is responsible for the day-to-day operation of the health/care unit. Ward nurse encourages her nurses to provide quality services. In some facilities, she performs reporting of the provided care for health insurance companies. The work of ward nurses also includes scheduling of working hours (duties) of the nurses responsible to her, although in some healthcare facilities we see that working time is scheduled by the head nurse.

Ward nurse organises differentiated provision of nursing care for each patient based on their health and she is responsible for all nursing care in nursing care units. In her activities she follows methodological procedures established by the manager for nursing care. She is appointed by the manager for nursing care on the basis of a tender. Proposals for candidates to tender are submitted by the head nurse. Ward nurse organises and manages nursing

activities throughout the ward in the interest of achieving its quality and efficiency. She is responsible for medicines (including narcotic substances), healthcare material and equipment in the ward, adherence to hygienic and epidemiological regulations, operating procedures, occupational safety and health rules and other regulations governing the activities in the area of nursing care. She also maintains prescribed reporting document (reporting the number of patients, special diets, the management of medical supplies, drugs and narcotics). Ward nurse organises the distribution of duties, drawing up the required statements (records of hours worked) and checking the use of working time. She coordinates the activities of workers of non-medical healthcare jobs with nursing focus. She is also involved in personnel work, in particular the recruitment and discharge of employees engaged in the relevant workplace and in their evaluation (Organisational and operational rules of the Motol University Hospital 2012).

Ward nurse is a position from which the level and quality of nursing care is directly influenced. Certain complexity of this position follows from the following specific features. Ward nurse leads and directs other nursing and supporting healthcare staff, but she is often also directly involved in nursing care. In clinical practice, she is considered as a kind of “mediator” between doctors and other workers. She is often exposed to random, rapidly evolving situations which she must address effectively in a short time. She must be able to choose what the priority is in the critical moment. Sometimes, at some point she must deal with several issues at once. She is involved in the management of relatively small working groups, which entails a tendency to more familiar relationships and links.

The work of the ward nurse is focused on leading working groups, managing human resources and organising in the field of nursing care. This is an area for which she is and has been inadequately prepared during her training. Today, the situation has obviously changed in this respect. In addition to specialisation in the area of organisation

and management of nursing care there are a number of different courses in management.

CONCLUSION

The ward nurse position has changed in the past in relation to the development of the nursing sector, nursing care and management of work teams and human resources. Professional literature presents surveys dealing with the positions of ward nurses, mainly in the 1970s. At that time, theoretical basis of the nurse positions was formed including the concept of nursing as a scientific discipline and implementation of nursing care based on the monitoring of patients' needs. Systematic approach to management was also emphasised. These studies were mainly focused on the workload and performance of activities of the ward nurses and head nurses. They were mostly a combination of theoretical and practical studies and sought to find solutions to the issues of the position of head nurses in the organisational structure of healthcare facilities, their education, performance and work contents. To study the research targets and to collect empirical material, the employed methods usually included „snapshot“ observation, time records, identification of the attitudes and opinions using questionnaires and controlled interviews. The studies showed that the ward nurse performed activities which did not correspond to her work description and which could be performed by personnel with different qualifications. An overview study (Štěpánková et al. 1983) stated that no professional healthcare activities, monitoring the patients' health, elements of their activation, healthcare education, etc. were presented in any of the papers (1969–83). Since the second half of the 1970s, the professional's' attention has shifted from the performance and workload of ward nurses to the monitoring of her managerial activities, links and relationships between management levels. Today, the ward nurses are expected to primarily manage and lead their subordinates, and therefore they will less directly participate in the implementation of professional nursing care.

REFERENCES

1. Bašná M (1969). Pracovní náplně staničních a vrchních sester [Job description of ward and head nurses]. *Zdravotnická pracovnice*. 19/3: 133–135. ISSN 0862-5891 (Czech).
2. Dolenská E (1979). Příprava dětských sester pro funkci staniční sestry dětského lůžkového oddělení nemocnice s poliklinikou [Preparing paediatric nurses for the ward nurse position at paediatric wards of hospitals/clinics]. *Československé ošetřovatelství: supplementum časopisu Zdravotnická pracovnice*. 10/2: 58–64. ISSN 0862-5891 (Czech).
3. Hutková M (1970). Etika práce sestry – Pracovní náplň staniční sestry [Nursing ethics – head nurse job description]. *Zdravotnická pracovnice*. XX/12: 461–466. ISSN 0862-5891 (Czech).
4. Jarošová D, Lednický V, Knopová V (2002). Vlastnosti sester-manažerek ve zdravotnictví [Characteristics of nurse-managers in healthcare]. *Moderný medicínský manažment*. 9/3: 11–12. ISSN 1335-2326 (Czech).
5. Kotrba T (2010). Struktura pracovních a manažerských činností zdravotních sester v řídicích funkcích [The structure of work and managerial activities of nurses in managerial positions]. Brno, 172 pp. Thesis. Faculty of Business and Economics, MU (Czech).
6. Kvášová M (1976). K některým otázkám řízení aktivní ošetrovatelské péče [Selected issues of active nursing care management]. *Zdravotnická pracovnice*. 7/1: 16–19. ISSN 0862-5891 (Czech).
7. Leonardo da Vinci – Projets pilotes (2002–04). Recommandations pour la formation des adresses infirmiers en Europe. De l'élaboration d'un référentiel de compétences à la mise en œuvre d'actions de formation continue (Leonardo da Vinci – Pilot projects: Recommendations regarding the training of nursing managers in Europe. From drawing up skills guidelines to implementing continuing training actions), Assistance Publique – Hôpitaux de Paris/Commission européenne/Agence nationale Sokrates – Leonardo da Vinci France. ISBN 2-912248-44-2.
8. Marková E, Eislerová I (2000). Řídicí proces na úrovni staničních sester (Management process at the ward nurse level). In: Recenzovaný sborník příspěvků II. konference ošetrovatelství s mezinárodní účastí [Peer-reviewed conference bulletin from the 2nd Nursing Conference with international participation]. Velká Bystrice u Olomouce: 6.–7. 9. 2000. Olomouc: Palacký University, pp. 78–81 (Czech).
9. Organizační a provozní řád Fakultní nemocnice v Motole, Praha (2012) [Organisational and operation procedures of the University Hospital in Motol, Prague] (Czech).
10. Podolská M (1973). Studie činnosti staničních sester ošetrovacích jednotek nemocnice s poliklinikou I. –III. typu [Study of the activities of ward nurses at care units of hospitals/clinics, type I–III]. *Československé ošetrovatelství: supplementum časopisu Zdravotnická pracovnice*. 1/6: 15–22. ISSN 0862-5891 (Czech).
11. Směrnice č. 46/1975: jimiž se vydávají zásady pro organizaci ústavů národního zdraví. [Directive No. 46/1975: specifying the policies for organising clinics]. In: Sběrka zákonů [Collection of Acts]. Prague, 1982, 2 (Czech).
12. Štěpánková O, Dolenská E, Koudelková A (1983). Studie k dosavadnímu řešení funkce vrchní a staniční sestry [The study on the existing solutions of the head and ward nurse positions]. *Československé ošetrovatelství: supplementum časopisu Zdravotnická pracovnice*. 14/1: 15–21. ISSN 0862-5891 (Czech).

Contact:

Eva Marková, Charles University, 1st Faculty of Medicine, Institute of Nursing Theory and Practice, Vídeňská 800, pavilon A1, 140 59 Praha 4-Krč, Czech Republic
Email: eva.markova@lf1.cuni.cz