

THE WARD SISTER — SOME ASPECTS OF HER ROLE AND FUNCTION

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OPSOMMING

Eerstelinie-bestuurder, klinikus, opvoeder, voorspraak en versorger van die pasiënt, professionele kollega en spanmaat van die dokter en ander lede van die gesondheidspan — dit omskryf die rol van die saalsuster.

First-line manager, clinician, educator, custodian and advocate of the patient, professional colleague and team partner to the doctor and other members of the health team describes the multidimensional role of the ward sister.

WARD SISTER THE KING-PIN

The fact that the ward sister is the king-pin in the nursing organisation of any hospital is highlighted when an analysis is made of the legal obligations of the hospital authority towards the patients it admits to the hospital and its subsidiary services, and of its social obligations to the community in general. An analysis of the role and functions of all other categories of hospital personnel further serves to highlight the central and crucial nature of the post of ward sister.

Stevens (1976), a noted authority on nursing administration in the U.S.A. refers to the head nurse (the ward sister) as a first-line manager. She says "First-line management is the critical linkpin in the nursing organisation; if it fails, all higher level planning becomes meaningless. If the nursing department's objectives never filter down to the patient care level, then planning is futile. The first-line manager works at the juncture where administrative plans are converted into action".^{12,3}

The phrase "where administrative plans are converted into action" provides the key to any analysis of the role and functions, the overall responsibility, status and measure of accountability of the ward sister within the hospital organisation. Mills (1952), Louw (1952) and Barnes (1956), all eminent hospital administrators with many years of experience in hospital management and in dealing with indemnity claims brought by patients which were settled either by the courts or by "out of court settlement", all maintained that from a threefold point of view — administrative, educational and professional care — the ward sister occupies the most crucial post in the hospital system.^{1,2,3,4,5,6,7}

SIGNIFICANT LINE-FUNCTION POST

The ward sister occupies a line-function post. It is a professional managerial post, which, because of the

specialised nature of its area of control and because of the peculiar natures of the functions of a hospital and the demands of professional registration, has dimensions not ordinarily associated with first-line management posts in an administrative set-up.

To understand the importance of this first-line managerial post it is necessary to review briefly the role of a hospital *vis-à-vis* the patient and the doctor. Mills⁹ adumbrated that a hospital, whether it is a private or a public institution, is established to provide care for persons with health problems who need the attention of some categories of health care personnel, and who need the specialised equipment and facilities available for such care. This is its primary function. It has the secondary function of providing educational facilities and opportunities to a large number and variety of health service personnel. It also has a tertiary function to provide opportunities for health research.

In establishing such a centre and in offering its services to the public it enters into a contractual arrangement with the persons who make use of its services. This is an unwritten contract, but because an offer is made and it is accepted, a "silent" contractual relationship exists. In effect it means that whilst recognising that the patient's own condition and his conscious actions may affect the outcome of his treatment and care it will do all in its power to ensure his right under the common law that he is entitled to the safety of his person, his name and such of his property as was unavoidably taken into custody for him on admission to the hospital or any of its services.^{9,2,1} Barnes and Louw elaborated further on this. They pointed out that the hospital authority has a duty to ensure that **competent, conscientious, well-supervised** persons are involved in providing the service offered, and that such persons have a **duty to take care** within all the nuances of the concept "taking care". It also means that equipment and facilities are adequate to

meet the needs of the patients in respect of the type of services offered, that these are kept in good working order, that no harm can result from their use or contact with the patient, that no unlawful act is permitted within its area of jurisdiction which can harm the safety of the patient's person, name or property, i.e. could breach the contract the hospital authority has with the patient.^{1,6,7} Mills, Louw and Barnes all also emphasised that in offering its facilities to medical practitioners whether as its own employees (to fulfill a staff function) or as private medical practitioners permitted to use the facilities of the hospital for their patients, the hospital authority in fact provides an offer to the medical practitioner to ensure that all those conditions, which are not the individual medical acts of the doctor for his patient, but which are complementary to that of the "medical act" will be attended to in accordance with the care principle. Customary practice, the magnitude of the "complementary acts", the lack of administrative jurisdiction, the lack of knowledge of the medical practitioner about the correct performance of the complementary acts and his sheer physical inability to check all activities by others concerned with or impinging on the care and treatment of his patient have led to this.^{1,5,6,9}

Where the medical practitioner performs a "staff function" in a hospital, i.e. he is not a medical superintendent or assistant medical superintendent but a medical officer, registrar or intern charged with specific aspects of providing medical care for patients, he is not in the line of managerial authority. His authority is professional in nature. Hence he is not in charge of a ward, department or unit. He cares for patients in different parts of the hospital. **The first-line manager, the ward sister, is in charge of the ward.**^{1,2,3,4,5,11} She is the officer-in-charge where the direct patient-care action takes place and represents the hospital authority at the point. **All her duties, functions and power derive from this fact.**^{1,2,3,4,5,11}

PRIMARY DUTY OF WARD SISTERS TO PROTECT THE PATIENT

All ward, departmental or unit sisters have the responsibility to ensure that the conduct of the business of providing health care to the patient is such that the risk of being sued for some aspect of breach of contract is minimised for the hospital authority, its employees and for the medical practitioner or other health personnel in attendance. The fundamental reason is not the protection of the professional, economic or institutional interests of all the parties concerned, but **the fundamental safety and wellbeing of the patient. This is the essence of the authority vested in the first-line manager, the ward sister.** Breach of contract cases arise, among other issues, from alleged negligence or wilful acts of omission or commission by the servants of the hospital authority (i.e. by **any** of its personnel) or it may arise through the effects of faulty equipment or environment. It must be emphasised that the importance of the role and functions of the ward sister arise from this primary duty, as the agent of the hospital authority to protect the interests of the patient. This concept of protection of the patient is also inherent in her role and function as a registered nurse. It lies at the very core of professional

practice and professional accountability. This places a dual responsibility on the ward sister, i.e. of linemanager and that of professional person.

The importance of this aspect can be carried a step further. Barnes highlighted the importance of the role of the ward sister by pointing out that in his view the basis for hospital liability appears to lie in the law of negligence or fault in the sense that either an employee of the institution, or the environment or the equipment deviated from recognised safe standards, or professionally safe standards, and that such a breach of standards has been the proximate cause of the injuries to the plaintiff. The ward sister has a bounden duty, arising out of her professional registration as a nurse and out of the nature of her professional managerial post, **to take anticipatory action to avoid any such deviation.** His view was that medical practitioners who refused to acknowledge this were wilfully obtuse.¹ The ward sister in his view has the primary responsibility and authority to take preventive action against possible risk to the patient. Failure to do so exposes her to disciplinary action at the hands of her employing authority and at the hands of the nurses' registration authority, whilst also exposing herself to legal action by the patient.

DUTY OF WARD SISTER AS TEAM LEADER TO TEACH

Barnes, Mills and Louw also state that the hospital authority as the master has to accept responsibility for those acts and omissions of all its employees that occur whilst on duty, or that occur as a result of the absence from duty when the employee should have been there, the concept of "culpa" depending on the circumstances of the particular case. Risk to the patient can be reduced by teaching personnel how to carry out their various responsibilities. It is therefore incumbent on the ward sister to teach personnel, particularly personnel new to her ward, how to carry out their functions, what particular risk situations exist and what their obligations in this regard are. Teaching, apart from patient-teaching to help the patient to cope with his health problem, is therefore inherent in the role of the ward sister. They take the matter further. They state quite unequivocally that as the hospital authority offers training to a variety of health service personnel it has a silent (or even written) contract with such persons to provide the education it offered. The ward sister's responsibility to teach student nurses (or other categories of learners within her ward) is therefore a major one, namely, her duty to her employer to ensure that its contracts are honoured, and her duty as registered nurse to the neophyte in her profession who must be adequately prepared for professional practice. Barnes and Mills both emphasised that all professional registered persons might be held liable for failure to teach (or instruct) and supervise properly those for whom they are responsible. They may be held individually liable for failure to exercise reasonable care in assigning duties to subordinates, assessing level of knowledge and skill and supervising employees within their department or area of responsibility.^{2,3,9} This responsibility is not only an administrative but also a professional one. All this enhances the status, role and responsibility of the ward sister.

As she cannot perform all nursing care, administrative and educational functions by herself, she has to assign many functions to subordinate personnel. Her professional knowledge, skill and judgement must be such that she is enabled to create a safe milieu for patient care and to ensure safe, personalised care for all patients in her charge. She therefore has the duty to ensure safe nursing care by carefully considered patient-centred assignments, meticulous teaching and guidance of all subordinates, carefully prepared scientifically accurate nursing care plans, conscientious and thorough supervision of all nursing care, meticulous recording of all observations, treatment, care and patient reactions and utmost confidentiality concerning patient problems, treatment and care. Above all she is the advocate in every respect for patient welfare.

These duties impose upon her the right to insist that she should be provided with the means to ensure that all nursing personnel are fully conversant with the use of all equipment, supplies and pharmaceutical products, that they are fully alert to any possible malfunction and to the dangers inherent in the use of such supplies.

By the very nature of her dual role as registered nurse and line-manager she is entrusted with decision-making powers that directly affect the life and wellbeing of patients and the professional welfare of her colleagues, students and subordinates. For the exercise of knowledge and skill in this regard, she, and she alone, as registered person and as team-leader, is held responsible. Failure to teach and to supervise personnel not only endangers patient care, but also undermines the practice of his colleagues, her subordinates as well as her own professional status and rights. By the simple act of registration as a nurse, grave obligations have been placed on her and this together with her managerial function of ward sister demands that the trust the public has placed in her by registering her as a professional person and by appointing her to an exacting position of trust is not misplaced. She therefore has a duty to take care, to function as a responsible practitioner, to anticipate harm that may come to a patient and to take action to ward this off. Whilst she has to take risks to provide safe patient care, she has to do so from a position of knowledge, skill and careful exercise of professional judgement. Murchison *et al* hold that "because nursing is an essential link in the chain of health care, the nurse has to act in the event of a breakdown in patient care, wherever that breakdown occurs."^{8,6,5} They state further that "if a nurse is responsible for the care of a patient or a group of patients, she has a duty to intervene if the quality of care given by the other health personnel falls short of meeting the patients needs"^{8,6,6}, and further that she has a "duty to refer the problem to one who has the authority to intervene."^{8,6,6} Murchison *et al* in fact support the concept of members of the South African Nursing Council who consistently have believed that the very essence of professional nursing practice is to foresee harm to the patient and to eliminate the risk.^{8,74,10}

THE WARD SISTER AND PRODUCTION OF "THE DESIRED PRODUCT"

Stevens discusses this concept as follows: "The primary responsibility of the first-line manager is the

production of the desired product ... In nursing the products are desired patient health outcomes and desired patient states during the course of illness, injury or health-related adjustment ... The first-line manager works close to the actual steps of production, being responsible for turning out the desired product through effective use of personnel, materials and systems ... She works where the action is, that is at the junctures between administration and creation of the desired product. She knows which products are desired ... she discovers the means appropriate for production of the desired product."^{12,3} All authors on this subject agree that her function is to ensure that the policies, practices and objectives of the hospital authority are carried out within her area of jurisdiction. For this she is *the* authority in her area. Stevens and others believe that the ward sister role is also "the management position with the greatest responsibility for the day-to-day co-ordination with all other departments and divisions that relate directly or indirectly with the patient".^{12,10} Within this **administrative** position "she has the freedom to use her staff in any way that is most appropriate to producing the kind of nursing that is her objective ... She can determine methods of staff assignment, set criteria for performance and educate and indoctrinate her staff to her concept of nursing ... She has the right to determine and regulate those systems that control the day-to-day delivery of nursing care in the unit ... Only she can decide the systems for implementing physicians' orders and, most important, she can establish a system for evolving and implementing nursing care orders."^{12,11} Stevens' viewpoint totally supports the viewpoints of Barnes, Mills, Louw and of numerous nurse authors, and is in full agreement with the author's knowledge derived from discussions with lawyers and from evidence deduced from numerous cases for indemnity either settled out of court or settled by court decision.

THE WARD SISTER *VIS-A-VIS* THE MEDICAL PRACTITIONER

The position of the ward sister *vis-à-vis* the medical practitioner attending a patient in hospital is not always understood clearly. In the first instance **the registered nurse (or any nurse) is not the servant of the doctor**, i.e. she is not his employee, and does not stand under his control. Apart from her position as employee of the hospital authority and accountable to it, she is a registered nurse practitioner entirely responsible for her own acts and omissions to the registration authority, the South African Nursing Council. Where she accepts an order or direction for treatment for a patient from a doctor, she does not do so as his professional subordinate. She does so as a professional member of the health team, charged by virtue of her registration, and her employment with certain responsibilities for patient care. She, as custodian of the patient, acts on behalf of the patient and the hospital authority, and in doing so has a **joint responsibility with the doctor** for ensuring the safe patient care. **In other words the patient is her patient, as much as he is the patient of the doctor.** The doctor retains responsibility for the orders he has entrusted to someone else (note, not delegated), but he has the duty to ensure that such orders, prescriptions or

directions are in relation to the qualifications and experience of the person to whom he entrusts the task. Whilst he is entitled to accept that such persons will carry out the tasks in accordance with approved standards of practice, and whilst he has a duty to ensure that such orders are written explicitly and legibly, he has the right to assume that the registered nurse in charge of the ward is professionally knowledgeable, competent and trustworthy. He has the right to assume that if she does not know or understand she will ask for further clarification or professional assistance in order that a joint plan of action may be devised to remedy the situation. In terms of the "silent contract" between him and the hospital offering the services he has the right to expect that all necessary observations will be made and that these will be recorded accurately, and that any untoward change in the condition of his patient will be reported promptly to him. Where a life-threatening situation intervenes he has the right to expect that the ward sister will do all in her power to stave off disaster until he can reach his patient. Because the ward sister is a registered nurse, he as a registered medical practitioner has the right to expect that she will act responsibly and will be accountable for her actions. He also has the right to expect that the ward sister will not supersede him in any way as far as the treatment of his patient is concerned and that she will not administer treatment or medications to his patient without due consultation except in emergency. This is simply a matter of the ethics of professional practice.

The ward sister in accepting an order, prescription or direction from the doctor accepts full responsibility for how this is carried out. She has to exercise the care that all registered members of her profession, or of the medical profession would exercise in carrying out such orders. The fact that the doctor has no real ability to control or direct the activities of the personnel who carry out these prescriptions, directions or orders, is a very vital factor in the importance of the role of the ward sister and of her status within the health team.

Another vital issue in this ward sister — or registered nurse — doctor relationship is that both in her registered nurse capacity and in her capacity as the front-line manager representing the hospital authority with a duty to protect the patient, the ward sister has a duty not to follow the doctor's orders blindly. She has her own responsibility for the safety and protection of the patient. She has a duty to query wrong orders, or illegal orders, and has a duty to refuse to implement these. She has a duty to record why she has refused to carry out the order, bearing in mind that failure to execute a legitimate order can lead to the hospital authority being held liable if it is contended that such failure is the proximate cause of injury or death. Her responsibility to act with knowledge, to exercise clear judgement, and to be professionally as well as administratively correct is therefore of the utmost importance and most certainly enhances her status within the health team and in the administrative hierarchy. It is a bounden duty of the ward sister to notify the hospital authority if in her professional judgement the attending doctor is not caring properly for the patient. She has a duty to challenge the doctor in such instances, to query prescriptions and medicines that appear incomplete or wrong. This is a

duty inherent in her status as a registered nurse and in her status as the representative of the hospital authority, for herein lies the safety of the patient. However, a grave responsibility rests on her not to defame the doctor, nor to raise doubts in the patient as to the competence of the doctor. Any querying of his professional acts must be done in private, and any report made to higher authority must be made in private and with proper professional responsibility. As professional colleagues there must be mutual trust and respect for the registered status of the other. Observance of this, if done correctly, does not preclude querying professional acts and omissions, but it must be emphasised that this right can only be exercised in relation to the protection of the patient, or in relation to the teaching of personnel whose actions will affect patient care.

For the sake of the patient whose interests are central to doctor, registered nurse and hospital authority, the ward sister has a duty to be loyal to the medical practitioner as he has a duty to be loyal to her. Disregard for each other's role and function, professional undermining by one or the other could lead to disciplinary action of the guilty person. This is essential in the interest of the patient and in the interest of the hospital authority and the community.

RELATIONSHIP *VIS-A-VIS* SUPPLEMENTARY HEALTH SERVICE PERSONNEL

Many categories of supplementary health service personnel now serve in hospitals. The ward sister must remember that she may only take an order, prescription or direction for patient care from a registered medical practitioner or a registered dentist as the case may be. Whilst she works with supplementary health personnel and does her share of the treatment and care as it moves up and down the health care continuum she is debarred by regulations governing her professional practice from accepting treatment or care orders from such personnel. This may well cause problems with some categories of health service personnel who also "treat" patients, but they have to learn to accept the autonomy of the registered nurse in charge of the ward.

VITAL ROLE OF THE WARD SISTER IN RESPECT OF CERTAIN RECORDS

Ward sisters are responsible for maintaining records of ward equipment and supplies, duty schedules of personnel, work assignments, patient property (in some centres), potential harmful medicines, patient's health (medical) records dealing with health history, nurses' observations, nursing care plans, treatment and care, medical observations, treatment and care, and treatment by supplementary health service personnel. Whilst a lot of this recording will be done by other categories of personnel, the ward sister in her dual role of registered professional nurse and managerial representative of the hospital authority, who is the custodian and advocate of the patient, at this point has the fundamental duty to ensure that all those who undertake observations, prescribe for the patient, and/or who carry out treatment and care record their actions and sign (not initial) their name. Accurate, meticulous, legible recording is essential for quality patient care. It is also the essence of

accountability for all health professionals, for all types of medical and nursing records serve the interests of the individual patient and facilitate his total care and treatment.

Modern methods of planning and providing patient care and of determining standards of care require complete up-to-date and reliable records. It must be stressed that such records are not only essential for safe patient care as they reflect the total health care picture and the outcomes of treatment and care. They are also essential for the future health care of the patient and for medical and nursing research. They are of crucial importance from a legal point of view when the care of a particular patient is the subject of litigation. As a management issue on behalf of the hospital authority and as a professional issue as custodian and advocate of the patient the ward sister has the right to request all concerned with the treatment and care of a patient to provide accurate, legible and duly dated records of their treatment and care. Where a doctor declines to co-operate she has to record this on the patient's records and must inform the hospital superintendent who will then discuss the matter with the doctor concerned. A responsible and cordial doctor-nurse team-mate situation should obviate such unpleasant action. Wisdom and tactful handling of all who work with patients are essential ingredients for effective patient care by the team. The team-co-ordinator, the ward sister, has to cultivate these attributes in large measure.

SPECIAL STATUS OF WARD SISTER IN OBSERVANCE OF STATUTORY LAWS IN THE WARD SITUATION

Apart from her responsibilities relating to the legal rights of the patient for the protection of his person, his name and his property, the ward sister has a special duty to ensure that all the statutory laws relating to professional practice, the provision of health care, the control of scheduled medicines, the notification of births, deaths, the safeguarding of human tissue against misuse, the prevention, notification and treatment of notifiable diseases, the care of the mentally ill and of prisoners are meticulously observed in the ward situation. Such grave responsibilities which not only protect her patients but the community lend further status to her role and functions. This fact is frequently overlooked.

VITAL COLLATERAL RELATIONSHIPS

Most of the activities of a hospital make some contact with the patient or his needs in the ward unit. Every activity of every worker in the hospital complex contributes in some measure, either directly or indirectly to patient care. The logistics of the complex undertaking of providing patient care demand a network of important lateral relationships that have to be maintained and coordinated by the ward sister. This is a demanding task for the mass of multidimensional activities performed by the multidisciplinary hospital team, though performed by "prudent" persons all of whom have a duty to take care (*diligens pater familias* principle), have to be watched over at the point of patient contact or use. This is the task of the ward sister.

WARD SISTER A CHANGE AGENT

Within the parameters of the hospital policy, the functions of the firstline manager and clinical educator and of statutory laws and professional ethics, the ward sister has to implement change in relation to contemporary developments in the hospital care situation, medical treatment modalities, scientific knowledge and technology. It is in the ward unit that new developments in medical science have to be translated into safe patient care. Social pressures demand new ways of providing patient care and of controlling the quality of care. Changing social attitudes demand changing relationships among the members of the health team and among the health team and the patient and the community. The increasing dilution of the ranks of registered nursing personnel with assistant nurses demands new approaches in planning patient care, in assigning responsibility and in ensuring effective supervision.

THE WARD SISTER VIS-A-VIS THE ZONAL MATRON

It is an interesting fact that although the zonal matron holds a position senior to that of the ward sister in the hospital hierarchy she has neither the professional accountability for patient care nor the legal standing in regard to patient care as is the case with the ward sister. Professionally speaking the job of the ward sister is far more important and has far more significance in patient care provision and management than that of the zonal matron. This arises from the fact that the ward sister has been placed in charge of the patients at that point. **She** is the custodian and advocate of the patient. She may receive advice on how to act, she may be criticised for her actions, her work may be supervised, but unless she is performing a criminal act, or through mental disturbance is wilfully harming a patient, or is wilfully neglecting a patient or placing a patient at risk, the way she provides the personal care for the patient is her concern, i.e. not how she administers the ward, **but how she provides patient care.** Firstly, as a registered professional nurse she is personally accountable for her acts and omissions. She must exercise her own judgement and accept her own responsibilities. Secondly, as a registered person only she can decide what order, direction or prescription she should accept from the medical practitioner. No one may interfere with this. It is her personal professional responsibility. Thirdly, as custodian and advocate of the patient she has the duty to advise supplementary health personnel whether a patient is able to receive treatment and has the duty to protect the patient against those who do not wish to understand the patient's position at any given moment. For such action she is personally accountable. The zonal matron is a middle-management supervisor whose task it is to improve the administrative function, but who has no jurisdiction over the professional acts or omissions of registered personnel, although she may institute measures to improve the quality of practice.

THE WARD SISTER AS ROLE MODEL — THE PEARL WITHOUT PRICE

The ward sister who is professionally knowledgeable, up-to-date and competent, who is administratively adept, who projects the true role model image of a first-line manager and professional registered nurse, and who is a worthy and devoted preceptor to the student body and her subordinates, who is a loyal colleague of the doctor and of other members of the health team, who knows her own worth to the community, who serves the hospital authority with diligence and loyalty and who above all truly fulfills her role as custodian and advocate of the patient, is a pearl without price in the hospital service and indeed in the whole health service.

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