

A STUDY INTO WARD TRAFFIC

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OPSOMMING

Een van die saalsuster se probleme wat verband hou met die saalmilieu is verkeer in die saal.

'n Opname is gedoen by twee verskillende sale van die aantal persone wat die sale op een dag tussen 6h30 en 15h30 binnegekome en verlaat het. In dié tyd het 691 persone die eerste saal binnegekome en 661 die saal verlaat. Die totale vir die tweede saal was 509 en 489 respektiewelik.

Daar is tot die gevolgtrekking gekom dat die saalsuster nie 'n maklike taak het in 'n situasie waar daar interaksie met so baie mense is nie. Die verkeer deur die saal kan ook haar funksies ten opsigte van pasiëntersorg en studente-onderrig nadelig beïnvloed.

INTRODUCTION

The study was undertaken in 1980 and was prompted by a need to highlight some of the problems associated with the ward milieu, both for patient care and for nurse teaching.

Being associated at that time with the clinical teaching department the author was very interested in looking into the amount of traffic entering the ward area. It seemed that the ward sister had a very difficult task in providing a therapeutic environment for her patients, and that patient care was always being criticised with little thought to what was actually occurring in the ward.

Industrial production areas, garages, and workshops all limit access to their floors where work is being carried out. The health care environment, however appears to be just the opposite.

A teaching hospital with all its associated students and services, certainly has a great influence on the environment in which nurses have to provide patient care and receive training.

THE SURVEY

Two wards were surveyed, a medical ward for non-White patients (Ward A) and a surgical ward for White patients (Ward B).

The survey was conducted in the medical ward on a Monday and in the surgical ward on the following day. The day was divided into six periods. A table was set up outside the ward doors which was manned by the author and a member of the teaching department staff. This permitted each to leave the table for tea and lunch at different times.

The wards were *Nightingale* in design. In each case all persons entering and leaving the ward were counted. Entering the ward meant passing through the outside double doors — IN. Leaving the ward meant passing through the outside double doors — OUT.

Staff were categorised as follows:
nursing staff — included matrons, sisters, students and nursing assistants;
medical staff — included professors, consultants, registrars, and housemen;

technicians — included workshop, post office, floor maintenance and cleaning personnel
delivery and waste — included stores, linen, laboratory, pharmacy, CSSD, milk, groceries, waste removal, postal depot and all kitchen personnel.

FINDINGS AND DISCUSSION

WARD A

At the end of the female ward (Ward A), in an enclosed stoep area, was a four bed intensive care unit for patients with respiratory problems. The doctor's office was situated outside the ward. Visiting hours were unrestricted at the time. At 08h00 on the day of the survey patients and nursing staff allocated to the ward were as follows:

number of patients	33
number of patients in the intensive care unit	<u>4</u>
Total	<u>37</u>
nursing staff in ward and unit	12

The findings of the survey of persons entering and leaving ward A are shown in Table 1

The following were some of the significant aspects of the findings in ward A.

- In the morning period 53 porters came to the ward and approximately 23 patients left the ward for investigatory procedures in other departments. Thus two-thirds of the patient population were out of the ward during the five hour period. The porters had to interact with nursing staff on each occasion.
- 19 Physiotherapists came into the ward.
- 118 Medical students drifted in and out, some several times, and many seemed to have no specific purpose. They all disappeared before noon but were back after 13h00.
- Most of the patients were back in the ward by lunch-time, but the next wave left in the early afternoon.

**Table 1 Persons entering and leaving ward
A 06h30 — 15h30**

EARLY MORNING SESSION — 06h30 — 08h30

	IN	OUT
Nursing staff		
(includes night staff and college nurses)	40	38
Medical staff	41	38
Medical students	42	24
Parameds, Physiotherapists	8	8
Research (UCT)	2	2
Porters	12	12
Patients	—	10
Domestics	15	11
Housekeepers	2	1
Administrative staff	9	9
Technicians	10	8
Delivery and waste removal	15	15
Visitors	3	3
TOTAL	199	179

MID-MORNING SESSION 09h30 — 11h00

Nursing staff	34	22
Medical staff	17	25
Medical students	22	42
Parameds: Physiotherapists	5	
Dietitian	1	6
Radiographers	3	
Research (UCT)	3	3
Porters	11	11
Patients	10	8
Domestics	1	7
Housekeepers	—	1
Administrative staff	7	4
Technicians	3	6
Delivery and waste removal	7	7
Visitors	11	8
TOTAL	135	150

LATE MORNING SESSION 11h00 — 12h00

Nursing staff	19	24
Medical staff	29	26
Medical students	20	25
Parameds: Physiotherapists	3	5
Dietitian	—	—
Radiographers	—	—
Research (UCT)	—	—
Porters	11	11
Patients	9	4
Domestics	1	1
Housekeepers	1	—
Administrative staff	2	1
Technicians	1	2
Delivery and waste removal	8	8
Visitors	4	5
TOTAL	108	112

LUNCH 12h00 — 13h00

Nursing staff	9	9
Medical staff	11	17
Parameds: Physiotherapists	—	1
Dietitian	—	—
Radiographers	—	—
Research (UCT)	—	—
Porters	6	6
Patients	12	—
Domestics	3	1
Housekeepers	—	—
Administrative staff	1	1
Technicians	1	2
Delivery and waste removal	6	5
Visitors	4	6
Medical students	—	—
TOTAL	53	48

EARLY AFTERNOON SESSION 13h00 — 14h30

Nursing staff	23	19
Medical staff	21	23
Medical students	8	3
Parameds: Physiotherapists	3	2
Research (UCT)	—	—
Porters	7	6
Patients	2	4
Domestics	2	4
Housekeepers	1	—
Administrative staff	4	4
Technicians	4	3
Delivery and waste removal	8	7
Visitors	11	13
TOTAL	94	88

MID-AFTERNOON SESSION 14h30 — 15h30

Nursing staff	7	12
Medical staff	18	18
Medical students	26	9
Parameds: Social worker	1	1
Research (UCT)	—	—
Porters	6	6
Patients	3	6
Domestics	4	6
Housekeeper	2	2
Administrative staff	7	7
Technicians	5	6
Delivery and waste removal	2	3
Visitors	21	8
TOTAL	102	84

GRAND TOTAL Period 06h30 — 15h30
691 people through doors into ward A
661 people came out from ward A

— The delivery services and waste removal seemed efficient. No time was lost.

— Some unauthorised visiting calls were made by staff from other departments. Patient visitors had the usual excuses such as "Just down from Pretoria." "Leaving for the UK this afternoon". "In the vicinity so I thought I could see so and so."

WARD B

At 08h00 on the day of the survey patients and staff allocated to the ward were as follows:

number of patients	31
nursing staff	11
housekeeper	1
domestics	4

The findings of the survey of persons entering and leaving ward B are shown in table 2

Table 2

Persons entering and leaving Ward B 06h30 — 15h30

EARLY MORNING SESSION 06h30 — 09h30		
	IN	OUT
Nursing staff (Includes college and night staff)	40	44
Medical staff	27	25
Medical students	20	20
Parameds: Physiotherapists	7	7
Dietitian	1	—
Radiographers	—	—
Research (UCT)	1	1
Porters	5	4
Patients	2	4
Domestics	9	9
Housekeepers	2	3
Administrative staff	11	7
Technicians/repair/labour	9	9
Delivery and waste removal	20	20
Visitors	1	1
TOTAL	155	154
MID-MORNING SESSION 09h30 — 11h00		
Nursing staff	19	17
Medical staff	16	15
Medical students	19	4
Parameds: Physiotherapists	7	7
Dietitian	1	—
Radiographer	1	—
Research (UCT)	1	1
Porters	4	3
Patients	1	2
Domestics	1	2
Housekeepers	2	1
Administrative staff	7	8
Technicians/repair/labour	9	3
Delivery and waste removal	13	11
Visitors	21	12
TOTAL	122	86
LATE MORNING SESSION 11h00 — 12h00		
Nursing staff	10	9
Medical staff	4	1
Medical students	9	27
Parameds: Physiotherapists	3	1
Dietitian	1	2
Research (UCT)	2	—
Porters	5	4
Patients	5	4
Domestics	2	3
Housekeepers	—	—
Administrative staff	8	9
Technicians/repair/labour	3	1
Delivery and waste removal	9	11
Visitors	17	22
TOTAL	78	94
LUNCH PERIOD 12h00 — 13h00		
Nursing staff	10	12
Medical staff	3	7
Medical students	2	2
Parameds: Physiotherapists	1	3
Dietitian	1	3
Research (UCT)	2	4
Porters	2	4
Patients	1	1
Domestics	2	1
Administrative staff	1	2
Technicians/repairs/labour	2	7
Delivery and waste removal	6	7
Visitors	1	5
Housekeepers	—	1
TOTAL	34	59

EARLY AFTERNOON SESSION 13h00 — 14h30

Nursing staff	10	8
Medical staff	10	7
Medical students	5	3
Parameds: Physiotherapists	2	1
Dietitian	2	—
Research (UCT)	—	—
Porters	2	2
Patients	1	2
Domestics	1	2
Housekeepers	3	2
Administrative staff	8	7
Technicians/repair/labour	1	—
Delivery and waste removal	5	8
Visitors	7	5
TOTAL	57	47

MID-AFTERNOON SESSION 14h30 — 15h30

	IN	OUT
Nursing staff	6	9
Medical staff	12	10
Medical students	10	6
Parameds: Physiotherapists	—	1
Dietitian	—	1
Research (UCT)	—	—
Porters	—	—
Patients	1	—
Domestics	—	1
Housekeepers	—	1
Administrative	5	5
Technicians/repair/labour	7	7
Delivery and waste removal	1	1
Visitors	21	7
TOTAL	63	49

GRAND TOTAL Period 06h30 — 15h30
509 people through doors into ward B
489 people came out from ward B

Significant aspects of the findings in ward B were the following:

- There were 35 extra persons in the ward at the time of the dressing rounds.
- Twenty physiotherapists visited patients in the ward.
- 65 Medical students entered the ward. Many just waited around for about thirty minutes. On enquiry they stated that they always met the tutor in this ward but invariably they then went to another ward when he came, often late. They then had to troop along the corridor of a third ward to their eventual destination.

Most of the medical students carried canvas bags to hold their books. They took these bags into the ward to the bedside and left them under the bed whilst examining the patients. They then went to other wards for tutorials and carried these bags with them.

The sixth year students were very open about the situation they were in and realised the dangers of cross-infection, but they said that there were third, fourth and fifth year students attending the rounds as well. On the large rounds they said that unless you were near the bed you could not hear the discussion.

- Forty administration staff entered the ward of which most came from the outpatient or records departments to look for folders.
- 31 Technicians which included floor maintenance and post office services were operating during most of the survey time. Two floor-maintenance staff were laying marley flooring and the rest were buffing the floors.
- The number of visitors in the morning between 09h30 and 12h00 was excessive, 39 in all. This number included eight police who came to question patients. Some of the patients were out of the ward at the X-Ray department on the police's first visit so the police had to return. The other visitors were a group of students from Pretoria who came to visit one of the patients.

Since doing this study medical students have been requested to leave their bags in a central area away from the bedside. The student intern has come into being, and the sixth year student joins a specific medical team for a limited period.

Visiting hours have once again been instituted, restricting visiting to every evening, and afternoon visiting on Wednesdays, Saturdays and Sundays.

CONCLUSION

The position of the ward sister in charge is very complex in a situation where so many people are involved. What time has she to attend to patient care and student teaching? Can such milieus be used for nurse training?

In ward A, the medical ward, two-thirds of the patients were taken from the ward for investigations in other parts of the hospital, thus making it very difficult for the nurses to complete their medicine round properly or carry out the care that the patients required. In ward B, dressings had to be done with 35 extra people in the ward.

Conflict between what we teach and what is real in practise, poses a problem for the author as a senior manager in the training school. Do you, the reader, have similar problems?

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BOEKE ONTVANG

BOOKS RECEIVED

Listing of new books in this column acknowledges receipt but does not preclude review in a later issue.

Ontvangs word erken deur nuwe boeke hier te lys maar die moontlikheid van 'n resensie in 'n latere uitgawe is nie uitgesluit nie.

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