

# "We Cannot Afford To Hurry"

## *Training within industry applied to nursing*

By SISTER MARY BRIGH, R.N.

WE CANNOT afford to hurry, because we have no time to lose." Caught up in the quickened tempo of the past two years, with the refrain of acceleration echoing at every turn, hospitals and schools of nursing have had little opportunity to forget that they have no time to lose. It is the "we cannot afford to hurry" that needs re-emphasis.

What are some of the immediate results of hurry? One result is inefficient and inaccurate work. Another, and an equally serious result, is the development of a mental attitude of busyness. The hurried head nurse believes that she is too busy to welcome a new worker to her department, too busy to teach a new student or to direct a maid, too busy to analyze and improve a procedure.

Assistance in solving the problem of too much to do in too little time has come from a rather unexpected source, the Training Within Industry Service of the War Manpower Commission. Developed as a means of increasing production in war plants, the TWI program has been expanded to include hospitals. Although the hospitals cannot count their gains in thousands of airplanes or millions of guns, they have found equally substantial although less dramatic evidence of the value of the plan.

To those outside the magic circle of hospital life, hospitals and nurses are synonyms for efficiency. Those inside the circle are only too conscious of the many weak pillars supporting it. Even a limited experience with the TWI programs indicates that the simple and practical methods presented in the three courses, Job Instruction, Job Methods, and Job Relations, lead to increased efficiency and decreased strain.

Our hospital first contacted the program when five members of the hospital personnel enrolled in a thirty-hour course which would qualify us to conduct conferences on Job Instruction training. The group was made up of nurses, dietitians, administrators, secretaries, and service managers from four different in-

stitutions in the city. For eight hours a day we sat around a table, listened to an explanation of the method, saw it demonstrated, questioned, argued, and finally practiced the method ourselves. Personally, I was not convinced in the first session, nor even in the first day, that the program had any value for nurses. Part of the difficulty was the terminology, not an unfamiliar terminology but one to which I had developed a strong barrier of mental resistance. For years I had been saying that nursing is a profession and nurses are educated. Here was a man who was talking entirely in terms of jobs and training.

A second and even greater difficulty arose from the difference between the type of problem presented and the problems that arise in nursing. Electric light wire that is used in tying a knot is a material thing that stays where it is put. Mrs. James Smith who is recovering from pneumonia is only partly material and she often does not stay where she is put.

The third difficulty, the one which I parted with most reluctantly, was what I considered an oversimplification of method. The director insisted that every procedure be divided into small units or jobs. As soon as anyone presented a problem that was slightly complicated, it was rejected because it involved more than one job. Having taught nursing arts as well as given nursing care, I knew that whether you call bathing a patient one job or ten jobs makes no difference. It has to be done by one nurse for one patient and it cannot be done on the installment plan.

After the first eight hours of the course, repetition of such words as "breakdown," "job," "training," and "worker" had ceased to irritate me and I had arrived at a questioning frame of mind. The most prominent questions were, "Have I expected students to learn too much in too short a time?" and "Do head nurses expect students, aides, and maids to carry out unfamiliar and fairly complicated work with no teaching except a brief explanation?" The answer to both questions was "yes."

The remainder of the course was interesting. Job Instruction breaks down the teaching of technics or procedures into four steps: (1) prepare the worker, (2) present the operation, (3) try out his performance, (4) follow up his work.

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SISTER MARY BRIGH (St. Mary's, Rochester, Minnesota; M.S., Catholic University) is instructor in obstetrics, pediatrics, psychology, and ethics at St. Mary's. Recently she wrote: "Today we capped sixty-nine preclinical students; tomorrow fifty-three new ones arrive. So you see why I decided we had no time to lose."

In formal teaching in nursing arts this is essentially the order we follow. I believe the error most of us make is in presenting too much at a single session. The remark a preclinical student was heard to make about an instructor after watching her demonstrate the application of several rather complicated bandages was self-explanatory. "Isn't she grucsomefully efficient?" If that instructor had been "job instructor minded" and had accepted the philosophy "if the learner has not learned, the instructor has not taught," she would have known that she had simply overwhelmed the student, not taught her.

The need for Job Instruction on the ward is even greater than in the classroom. The rapid turnover of nonprofessional workers has created a constant problem of orientating new and often poorly qualified workers. Head nurses, supervisors, and housekeepers, all frequently make the mistake of thinking that telling is teaching. As a result, errors are multiplied, workers grow discouraged, and work lags. Nor has the omission of effective teaching been a saving of time, for more than the equivalent time must be spent in finding and correcting the errors made by those who have simply been told, not shown what to do.

At the end of the thirty-hour course, we returned home equipped with instructor's manuals and the desire to convince every person who directed the work of others in the hospital that poor teaching is poor economy and results not in saving but in loss of time. Plans were immediately made for four of us, two nurses and two dietitians, to begin five two-hour conferences for the members of the hospital personnel. Since only ten persons may participate in a conference, the plans involved the careful selection of members and the timing of conferences to fit into the already well-filled hospital day. In selecting the members for any group, we tried to have them from many different hospital departments. Experience proved that this was a wise measure, for it kept the group from concentrating on the procedure demonstrated rather than on the method of teaching, it gave variety to the conferences, and it familiarized the members of the group with the work and problems of workers in other departments of the hospital.

At the first conference, the method was explained and demonstrated. At the subsequent meetings, each member of the group demonstrated the method by teaching some simple operation used in her own department. A member of the group who was unfamiliar with the operation acted as the learner so we could im-

mediately test the effectiveness of the teaching in terms of the learning. After each demonstration, the group evaluated the teaching and offered suggestions for improvement.

The scope of teaching situations to which the method applies is indicated by the variety of teaching demonstrated. In one group the following activities were taught: wrapping packages of dressings for sterilization, assisting the doctor with an intraperitoneal injection, cutting a large cake, preparing celery, polishing silver, pinning a nurse's cap, patching a rubber glove, registering a new patient, making out requisitions for laboratory tests, and connecting and regulating an Amacker heater.

The interest and co-operation of the groups was most stimulating and the way in which they carried the method into their own work in the hospital was clear evidence of its value. If Job Instruction conferences do nothing else but teach us that we are all instructors, that there is a best method of teaching, and that in the end it saves time to teach well, they will have revolutionized the attitudes of many members of the hospital personnel.

One of the specific changes made as a result of the conferences was a change in the written form of our nursing procedures. In the past we had listed all steps, however minute, as steps in the procedure. Following the Job Instruction plan of breakdown, we organized the procedures in terms of major steps and key points. The result has been an increased emphasis on fundamentals and a decreased emphasis on incidentals. The arrangement helps the students see the procedure as a unit, for it reduces it in some instances from twenty-five or thirty to six or eight steps. Students who have used both types of procedures are quick to volunteer the information that they find the new form easier to understand and follow.

After about one hundred members of the hospital personnel had participated in Job Instructor conferences, two of the nurses and one dietitian who had taken the first trainers' course attended the thirty-hour course in Job Methods. This course I found interesting and practical from the very beginning. Perhaps one reason was because I was already convinced that the first course had value. The trainers' course in Job Methods follows the same general plan as the course in Job Instruction. The method is outlined and demonstrated, and in turn each member of the group presents an improvement on a practical operation from his own daily work. Four appears to be a favorite number in the TWI program, for improvement in Job Methods is also reduced to four steps, (1) break

down the procedure, (2) question every detail, (3) develop the new method, (4) apply the new method.

The demonstrations of improvements by members of the group brought out clearly the causes of inefficiency. One cause is the tendency to accept without question existing methods, believing that they must be good because they have been used for years. The manager of a laundry explained a 75 per cent saving of time he had effected by changing the method of finishing a chenille spread. He added that he had just taken for granted that the old method was satisfactory until one of the operators questioned him about it. Experimentation proved that it was highly inefficient.

Another cause of inefficiency is the tendency to change details of an operation or procedure without first analyzing the complete procedure and the effects the change will have on all persons and departments concerned. Our Committee on Nursing Care Procedures had been working on a change in the method of caring for bile drainage tubes in patients who have had operations on the gall bladder or common duct. We had worked out a rather complicated procedure which eliminated the weaknesses in the present one but had added time and increased the amount of equipment required. I took the procedure for my demonstration problem and, by applying the questions suggested in Job Methods, I discovered two points that the committee had overlooked. Most of the inefficiency occurred because the procedure was done at the wrong time in the wrong place by the wrong person. We were caring for the tube after the patient returned from the operating room with the result that we had to requisition and assemble extra equipment. By transferring the procedure to the operating room, the equipment was on hand and the time element was negligible. This new procedure is now being followed satisfactorily.

At present we are engaged in conducting a series of conferences on Job Methods. The interest is even greater than in the Job Instruction conferences and members of the hospital personnel are anticipating the opportunity to participate. Although in conducting the conferences we are primarily concerned with teaching the technic of improvement, we insist that the members improve actual jobs in their own departments for their demonstrations. In this way we are increasing present efficiency as well as ensuring greater efficiency for the future.

A problem worked on by several participants was the arrangement of their offices or workrooms. The purchasing agent analyzed the ar-

angement of his own and his secretary's offices and found that by the rearrangement of a few pieces of equipment the secretary was saved several miles of walking each day. Analysis of the arrangement of worktables and supply cupboards in the central supply room resulted in even more effective saving of time.

The standard method of setting up or caring for equipment for nursing procedures was studied by many of the head nurses. One procedure which resulted in savings in three departments was a change made in setting up catheterization trays. Previously the catheters were wrapped in a separate package. After consulting with the urology department and the nursing arts department it was found that there was no reason why the catheters could not be placed on the tray. This one change eliminated the wrapping of an extra package in the supply room, the handling and opening of that package by the nurse doing the procedure, and the laundering of the extra wrapper used for catheters. It also lessened the possibility of contaminating the catheter by limiting the work area.

There is something infectious about improvements. Each successful one inspires us to go on and work out others. Ordway Tead in his paper, "Supervision and Administration in Wartime"<sup>1</sup> noted the importance of conferences and shared planning as a morale builder and sustainer. The TWI conferences are a step in this direction.<sup>2</sup> They convince the hospital personnel that the hospital is interested in their ideas for improvement. They furnish a simple and practical technic for working out their ideas and provide an opportunity to practice the technic under guidance. Further, the proposed form which is approved by the administration of the hospital is a recognized procedure for submitting improvements to superiors for approval.

This emphasis on the necessity of approvals is important. In a day when everyone is attempting to streamline work, there is a tendency for everyone to streamline in a different direction. In an institution as complicated as a hospital, work in one department almost inevitably affects work in another department in some way. Also the presence of students on the wards

<sup>1</sup> TEAD, ORDWAY: Supervision and Administration in Wartime, *Am. J. Nursing*, Vol. 44, pp. 53-57 (Jan.) 1944.

<sup>2</sup> Nurses who wish the training described in this article should get in touch with their nearest TWI office which will supply all information. TWI field offices are located in Boston, New Haven, New York City, Newark, Philadelphia, Baltimore, Atlanta, Cincinnati, Pittsburgh, Cleveland, Detroit, Indianapolis, Chicago, Minneapolis, St. Louis, Houston, Denver, Los Angeles, San Francisco, Seattle, Portland (Oregon), and Honolulu.

necessitates as much standardization of procedure as possible to ensure effective teaching. Job Methods teaches that the head nurse or any other person in a supervisory capacity is the logical person to plan improvements. It also teaches, however, that improvements must be approved before they are put into operation. In this way all departments can profit by the advances made, and students who are rotated from one department to another are spared the confusion resulting from too much variation in arrangement and procedure.

We have not had an opportunity to take the course in Job Relations as yet, but the publications of the TWI indicate that it has been enthusiastically received. Certainly many of our problems are problems of human relationships. If we can reduce to four steps the art of getting along with others, we will have completed the cycle; how to do a better piece of work, how to teach others how to do a better piece of work, and how to work with others harmoniously and therefore efficiently and happily. We commend this program to hospital nursing staffs.

## "For More Information—Write Box 88"

By MARY L. FOSTER, R.N.

ARE YOU one of the many people dismayed by the weight of your personal correspondence? Are you a busy executive a day or two behind in your dictation because your secretary was ill? Then imagine answering the queries that come to the Clearing Bureau at headquarters of the National Nursing Council for War Service in New York City—sometimes at the rate of 4,000 a day!

Even getting the letters to the office is a problem. It is not the practice of the post office to deliver mail in such quantity to one's business doorstep, but rather to assign a box number, and let one call for it. We at the Clearing Bureau found that there are trucking concerns which make a business of delivering such large volumes of mail, but at what seemed a terrific cost. For a time we sent a messenger from our office to the post office several miles downtown—the only one equipped to handle our type of business. However, as the sacks of mail grew larger and more conspicuous, it became impossible to find a taxi driver who would consent to carry them in his cab. Taxi drivers are not supposed to transport United States mail. We have finally been able to make a satisfactory arrangement with our shipping room to collect and deliver our mail regularly.

Seventy thousand letters in one month! Up to 4,000 in one day's mail! And each one freighted with human hopes and interests, waiting to be read, analyzed, and answered. One letter from two sisters recommending themselves highly contained their motto which,

because of its unconscious humor coupled with a worthy ideal, has been informally adopted as our own. They said their aim is to be "Speed, Accuratace and Nice." With that to inspire us, we cheerfully tackle our daily tasks no matter how colossal.

Before the advent of the U. S. Cadet Nurse Corps, the Clearing Bureau of the National Nursing Council for War Service recruited candidates for entrance into schools of nursing and gave a great deal of personal guidance and attention to correspondents. When the Bolton Act was passed the National Nursing Council under contract with the U. S. Public Health Service took on the responsibility of answering inquiries from girls and young women who became interested in nursing through the national publicity given to the Corps on the radio, in the press, movies, magazines, and through posters, pay envelope stuffers, and other means of reaching the public. The work is done under a contract between the U. S. Public Health Service and the Council.

More than 90 per cent of the inquiries currently received are directed to "Box 88," the address used in Cadet Corps publicity. All the letters are from persons hoping to be of service in time of need, hoping to find a useful career. Naturally not all inquirers can qualify. Many sound promising. It is our job to read the letters and give what guidance seems suitable.

In addition to the paid staff we have the assistance of reliable and interested non-nurse volunteers who come faithfully day after day to open mail and do the first reading. The bulk of our inquiries merely request information. A business concern handling direct mail advertising and replies sends out information forms for us. Thousands tell us enough about

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