

Nursing work in acute settings: what must endure, what can change?

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Abstract:

Pressures to contain healthcare costs drive the idea that nursing work should be restructured to allow nurses to practice at the full extent of their training and education. As nurses are urged to look at which parts of practice might be undertaken by other workers, both expected and unexpected impacts of task-shifting on patient care must be considered.

Nursing work in acute settings is described as suffering from complexity compression and nurses' workflow as in fact having little flow, interruptions posing a heavy cognitive burden that may compromise nurses' clinical reasoning and decision-making in meeting patients' complex care needs. At the same time measures to bolster patient safety, such as protocols to prevent 'failure to rescue', are being implemented. However, studies showing relationships between staffing levels and patient outcomes propose that improved attention to patients is the critical factor in safer staffing.

Work restructuring must release nurses from system inefficiencies that prompt them to fill the gap ("If I don't do it, who will?"). But work restructuring must also factor in what happens in the contact time that direct patient care affords: clinical assessment, emotional support, opportunities for coaching in self-management - in short, the human connection central to both nursing and a positive healthcare experience.

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Shelley has been working independently for more than 20 years across professional advisory roles and projects which have included reviews of senior nursing service structures and roles, nursing competency frameworks (in settings ranging from rural to residential care), and developing resources for learning and improvement (most recently, related to falls in older people). Her primary interest is the professional development of nurses.

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