

UNIVERSITY OF SOUTHERN QUEENSLAND

**Workload – A Critical Ethnography of Nursing Culture and a
Complex Climate**

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Abstract

The issue of measuring nursing workload has been historically problematic because of inherent difficulties associated with identifying 'what nursing work actually is' and 'what nursing work is actually done' in multiple contexts. Quantifying nursing work merely through tasks to be performed or how complex the patient needs may be, can fail to acknowledge the intuitive and personalised ways of 'doing' nursing and consequently many of the central tasks performed to facilitate nursing care. This research originated from a request by nurses in an acute surgical unit to investigate 'a workload problem'.

Nursing workload involve more than 'hands on patient care' or 'being at the bedside'. Whilst patient care is central to nursing care, the role and functions of nursing work incorporate significant amounts of 'invisible' work. This study aimed to identify culture and climate as an influence on nursing workload in an acute surgical unit of a large regional hospital in Queensland, Australia. The findings identified that culture and climate, while not always acknowledged by nurses and administrators, constructs, have significant power and influence over the amount and timing of nursing workload.

However, the central premise of these findings is that the extent of climatic influences on the organisation of nursing work, in conjunction with traditional nursing practices, has created a 'disconnect' between professional expectations and workload reality. This disconnect is further exacerbated by the removal of nursing leadership positions that allow bureaucratic and other agendas to prevail over nursing practice.

The study was undertaken in two phases. The first phase was a Systematic Review of extant literature. The second phase embraced a critical ethnographic approach of observation and interview of Registered Nurses at work. Purposive sampling of Registered Nurses within the specific unit was used for the recruitment of participants, after ethics approval was given. The study period involved 60 hours of observation and 11 interviews forming the data collection. Thematic and critical analysis resulted in the development of a conceptual diagram of nursing workload that 'makes visible' the cultural and climatic influences on nursing workload.

Certification of Dissertation

I certify that the ideas, experimental work, results, analyses, software and conclusions reported in this dissertation are entirely my own effort, except where otherwise acknowledged. I also certify that the work is original and has not been previously submitted for any other award, except where otherwise acknowledged.

Signature of Candidate

Date

ENDORSEMENT

Signature of Supervisor/s

Date

Signature of Supervisor/s

Date

Acknowledgements

This research journey would not have been completed without some very significant people in my life. I am fortunate to have such caring and supportive friends and family – possibly too many to name specifically, but we all know who you are.

As I made this intrepid journey, it was not dissimilar to the ethnographic approach used in the study – as I journeyed into the unknown to learn from ‘the people with the knowledge that I was seeking’. A journey that has been fraught with cheers, tears, pain and gain.

Firstly, I wish to acknowledge my Principal Supervisor Prof Cath Rogers for her unstinting support, guidance and challenges as I stumbled along the path of a novice researcher, survived the rollercoaster journey and arrived at a transformative ending. I also thank my Associate Supervisor A/Prof Cheryl Perrin, who has been a long term mentor, for her unflagging support, encouragement and inspiration.

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For me, I believe that my two greatest achievements in life have been nursing and motherhood. This thesis is for the profession I love, and dedicated to my daughter, Chloe and my son, Keegan and my ‘shiny-new’ granddaughter, Cleo.

Key to Transcripts and Field Notes

Substantive notes as presented in the research findings (Chapters 5 and 6) include excerpts from the participants and field notes. The following abbreviations and formatting have been used:

- Verbatim Quotes Participants have been coded by number and (#) signifies quote in italics
...there's still the old fashioned – got to get your showers done ... before morning tea (#5).
- Field Notes (FN) Field notes (FN) are signified as FN# and numbered (by chronological date), with data also in italics
... 'I don't need to have to call my partner all the time' (FN# 1).

Specific dates and times are not included, as rosters are accessible retrospectively, and hence may jeopardise participant confidentiality.

When excerpts of conversations or interviews are added into the main text, italics are used.

This 'checking' policy was said to be specific to this ward in response to *medication incidents and monitoring drug usage (#8, #7).*

... indicates the researcher has edited the conversation or there was a participant pause.

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Definitions:

Acute Care settings – medical or surgical units within a hospital setting.

AO – Administrative Officer, or Ward Clerk

CARP – centralised computer paging system that coordinates tasks to operational staff.

DD – Dangerous Drugs, Schedule 8 Drugs, or Narcotics.

EN – Enrolled Nurse (Division 2)

EJPB - Electronic Patient Journey Board.

HBCIS – Health Information System for admissions, discharges and transfers within acute care facilities.

NUM – Nurse Unit Manager

Outpatient – ambulatory

Patient churn – the movement of patients within a facility and between facilities.

PRIME – Workplace incident management system.

RN – Registered Nurse (Division 1)

ScriptTracker – a computer based program that indicates work flow status of pharmacy requests.

TCAB – Transforming Care at the Bedside Project

TL – Team Leader. A rostered position on each shift, usually the most senior nurse.

TREND CARE – Patient-Nurse Dependency Workload Management System.

Trolley – guerny – stretcher, used for transporting patients.

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