Nursing: More Work to do than Time Available

Nursing staffs often face unpredictable peaks in workload. These peaks can occur at any time and maybe be caused by any of a number of factors: unexpected admissions, sudden changes in patients’ acuity levels, or true life-or-death emergency situations.

These peaks are sudden, stressful, and highly charged emotional events.

As workload escalates, experienced staff members begin prioritizing and scanning: scanning the care environment, selecting the next most important thing to do, and doing it.

This triage process may go on for minutes or hours, is informed by high-level critical thinking, and results in all patients receiving safe and adequate care but not receiving every item of ordered or desired care.

Those non-delivered care items are not consciously omitted, nor are they forgotten. In fact, they lie waiting in the nurse’s professional-thinking brain space until the stress is over, the documentation is done and they have left for the day. On the way home, these ‘undone’ activities float to the surface and cause feelings of guilt, failure and anger – anger because the quality of care delivered didn’t meet the nurse’s own standard for care.

I believe that the treatment for this situation is to acknowledge explicitly throughout the profession and throughout the health care system that, as professionals, nurses have the right and the responsibility to decide what to do and what not to do when there is more work to do than time available.

Common sense requires recognition of this reality. Recognition and understanding of the hidden truths about nursing work can lead to much more productive research and can help dispel the myths about nursing practice that lead to dysfunctional mindsets.