Non-nursing duties
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Overview

For hundreds of years, nurses have struggled with carrying out duties that divert precious time from direct care, starting with Florence Nightingale stating in 1859 that nurses should not be expected to do ‘scrubbing and scouring’. Since that time, nursing regulatory bodies and government committees have repeated the call to avoid such duties, and nursing unions have used bans on non-nursing duties as job action to support collective bargaining. Tackling the issue of non-nursing duties is an international phenomenon. For example, in 1949 the General Nursing Council for England and Wales made it clear that student nurses should not do domestic work – cleaning or dusting of wards.¹

On the union front, in the fall of 2008 the Newfoundland and Labrador Nurses’ Union implemented their second major non-nursing duties ban² while half-way round the world, the Malta Union of Midwives and Nurses did the same³ to draw attention to nursing staff shortages and support bargaining efforts.

Early work measurement studies in the 1960s “identified that nurses were spending significant amounts of time in non-nursing activities such as housekeeping and dietary tray delivery.”⁴ This reality of nursing work life has continued. A 1991 review of work studies found that on average nurses spent only 20-43 per cent of their time completing direct care activities with patients and families.⁵ A similar finding was reported amongst Intensive Care nurses in Leicester, England, where 36 nurses studied spent 41 per cent of their time in direct nursing care, 22 per cent in patient assessment, 19 per cent in clerical duties, 11 per cent in time outside the unit and seven per cent in other non-nursing duties.⁶

A recent time-and-motion study of the work of surgical nursing staff at a Montreal hospital found that nurses spent 32.8 per cent of their time in direct care, 55.7 per cent in indirect care, nine per cent on non-nursing tasks and 2.5 per cent on personal activities.⁷ This contrasts with findings from the work of the Commission on Nurses’ Working Hours in Ireland, which was formed in February 2008 to carry out an independent assessment of how a 35-hour week for nurses and midwives could be achieved. Work sampling studies at 28 clinical settings found a range of between a low of nine per cent in a pediatric work

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² Nurses hit the street The Telegram (St John’s) 06 Nov 2008 page A1
³ Nurses, midwives start industrial action today TimesofMalta.com 30 Oct 2008
setting to a high of 26 per cent in an intellectual disability work setting of time spent on non-value activities, including stripping unoccupied beds, looking for equipment, restocking stores and supplies and dealing with general phone calls.\(^8\)

In a major study examining the interrelationships between variables thought to influence patient, nurse and system outcomes, it was found that “Despite the nurses’ reports of poor quality nursing care and the high percentage of nurses reporting that essential nursing tasks are not being completed or are delayed, nurses continue to report a high volume of tasks that could be delegated to non-nursing personnel.”\(^9\)

Various nursing researchers have speculated on why nurses carry out work that could very adequately be performed by others. Some wonder if nurses “get security from engaging in these activities – perhaps as an escape from the real pressures of patient care … or because of sheer exploitation by other groups.”\(^10\) Others have explored the culture of “busyness” prevalent in nursing that sees nurses maintaining rituals, routine scheduled tasks and non-nursing activity because visible task completion is valued and rewarded, whereas taking time to read, learn and reflect is not.\(^11\) Still others cite organizational decisions, where nursing staff assume non-nursing responsibilities in response to reductions in support service staffing\(^12\) as cost-cutting measures.

**Towards a better workplace**

Although no research directly linking non-nursing duties with patient outcomes was found, there is considerable evidence linking more nursing time per patient-day with better patient outcomes.\(^13\) It therefore stands to reason that nursing time spent on work that could be done by others could detract from optimum care.

Similarly, no research linking non-nursing duties with retention was discovered, but it has been highlighted in exploration of new graduate nurse transition. A study of newly qualified nurses’ experiences in Ireland revealed that the increased workload of a practicing nurse, which involved more non-nursing duties and less patient interaction, was unexpected.\(^14\)

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\(^8\) October 2008 INO Update on the work of the Commission on the Implementation of a 35-Hour Week for Nurses and Midwives at www.ino.ie/DesktopModules/articles/documents/INO%2035hr-work_OCT_HR.pdf


\(^10\) Bowman, op cit


\(^12\) Young, S.W., Daehn, L.M., & Busch, C.M. (1990) Managing nursing staff productivity through reallocation of nursing resources. Nursing Administration Quarterly 14(3), p 24-30

\(^13\) McGillis Hall, Linda editor (2005) Quality Work Environments for Nurse and Patient Safety, Jones and Bartlett Publishers, Sudbury, Massachusetts p 105-137

Moving Forward

Despite numerous policy recommendations to promote the ability of all nurses to work to full scope, it continues to be the case that nurses are hampered from achieving this due to the preponderance of carrying out non-nursing duties.

There have been attempts to address this on a broader level. Non-nursing duty bans during job action highlight the issue for managers and can lead to support staff positions being created. For example, after being legislated back to work in 1999, Newfoundland and Labrador Nurses’ Union campaigned on non-nursing duties. Using a “code of conduct” which outlined which non-nursing duties nurses should stop doing, and vowing to defend members disciplined for implementing the code, the nurses were able to get their government to commit to spend $4 million to hire support staff.\(^{15}\)

Similarly, BCNU convened a large meeting with health employers in late 1999, following a successful non-nursing duties ban during job action, to discuss how the issue could be resolved at a provincial level. Although there was good will at this meeting, the attempts to negotiate an agreement on the principles for the delegation of non-nursing duties/service delivery support activities with the provincial employer’s association were unsuccessful. A major non-nursing duties campaign was then launched at numerous worksites throughout BC, which did result in some increases in support staff hours. However, in the absence of negotiated agreements, maintaining an appropriate staff mix of nursing and support workers will not occur.

The SEIU has a long-standing history of including language on non-nursing duties in nursing contracts, and as recently as 2008 a first contract for nurses at Altoona and Bon Secours Hospitals in Pennsylvania ensures that “non-nursing duties like transporting patients, clerical work, getting meals for patients, etc., will be re-assigned to other staff as part of their duties and removed from RN job duties except in extraordinary circumstances.”\(^{16}\)

The Massachusetts Nurses Association has campaigned for many years to enact state legislation that would both set safe nurse staffing levels but also prevent the reduction of support services. This would avoid the unintended consequence of increasing nursing hours - reducing adequate support staff resulting in greater non-nursing work by registered nurses. Wording in the Patient Safety Act prevents the reduction of support services, including services provided by licensed practical nurses, aides and technicians.\(^{17}\)

Despite passing in several House of Representative votes, the Act has yet to make it intact through the Senate.


\(^{16}\) www.supportaltoonanurses.org/ContractMailer.pdf

\(^{17}\) House passes landmark Bill on RN staffing and Patient Safety in Massachusetts Hospitals www.massnurses.org 05.22.2008