

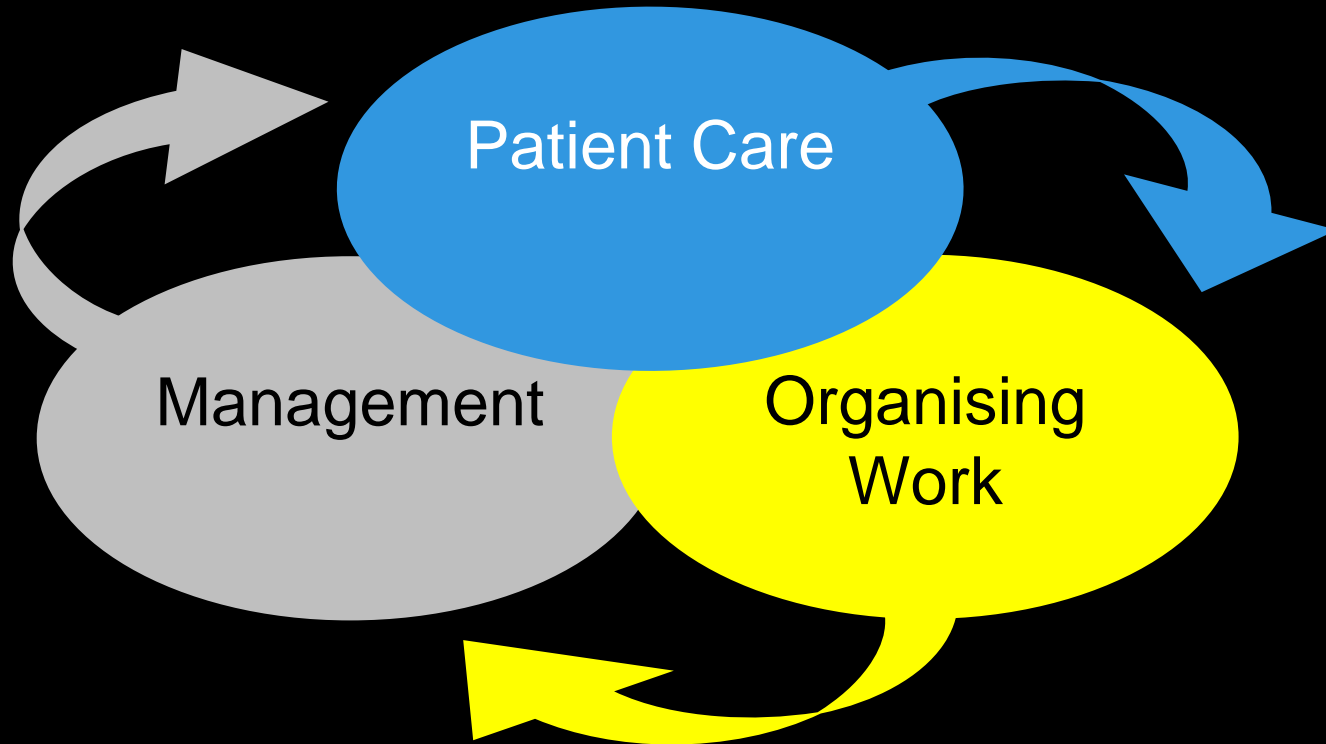
seeing things differently  
organising work and nursing practice

**Davina Allen**

# what am I going to talk about?

- ✧ history of organising work
- ✧ what makes organising work necessary
- ✧ research findings
- ✧ translation for practice
- ✧ subsequent developments

# nursing work



# caring work



“The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge”

Henderson

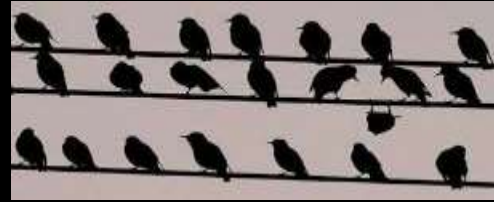
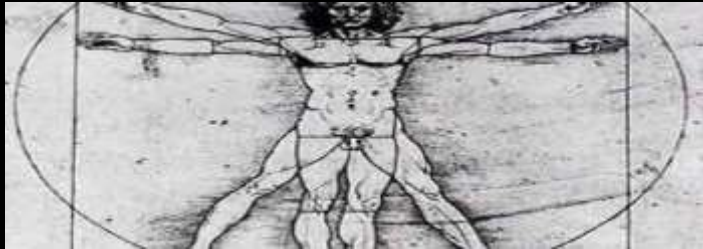
# fallen angels?



'The descendents of Florence Nightingale now lie somewhere between tabloid journalists and hedge funders in the public's

**‘A holistic approach to nursing considers physical, social, economic, psychological, spiritual and other factors when assessing, planning and delivering care’**

**[NMC]**



**‘With a holistic approach, the person is treated, rather than just their symptoms. Individuals are viewed as unique, therefore two people with the same disease may be treated very differently’**

**[Mariano, 2005]**

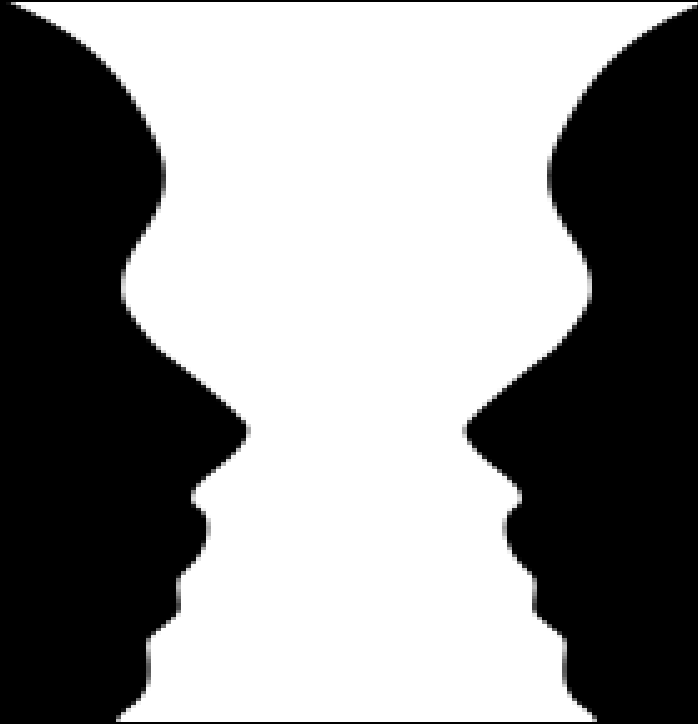
# organising work



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- ✧ supporting and sustaining the delivery and organisation of healthcare
- ✧ 70% of nursing work
- ✧ never studied in its own right

# a new perspective





# the organising work of nurses

Study Site	hospital (Wales)
When	March-August 2011
Sample	40 adult nurses in clinical roles
Methods	observations, interviews, documents, artefacts
Focus	what do nurses do? what resources do they use? what do nurses know? what makes this work necessary?
Data	500k word ethnographic field diary

**Table 1**  
Study sample.

Typology category	Role		Number of participants
Process-based roles	Discharge liaison	Medicine	2
		Neurological-rehabilitation	1
Service-based roles	Patient access		1
		Scheduled surgery coordinators	3
	Unscheduled care coordinators	Respiratory	1
		Vascular	1
		Emergency unit	2
		Medical admissions	1
		Trauma and orthopaedics	2
		Medical assessment	1
		Surgical assessment	1
		Rehabilitation	2
		Specialist unit coordinators	Short-stay surgery
	ITU – general	3	
	ITU - cardiac	2	
Triage	Surgical assessment		1
		Emergency unit	1
			2
Nurse specialists	Post-anaesthetic recovery		2
		Pain	1
	Anaesthetic assessment	Colorectal	1
		Stroke	1
		Rehabilitation	1
		Cardiology	1
Trouble-Shooting Roles	Out-of-hours site manager		3
	Hospital-at-night practitioner		1

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ROUTLEDGE ADVANCES IN HEALTH AND SOCIAL POLICY

# The Invisible Work of Nurses

Hospitals, organisation and healthcare

Davina Allen

ROUTLEDGE  
R

what makes organising work  
necessary?

right care, right time, right place....

high quality patient care depends not on individual brilliance but on ensuring that the appropriate combination of people, expertise, materials, information, and technologies are in place to meet patient need

# the challenge of healthcare quality

- uncertain focal task
  - condition(s) and care needs
  - patient & family wishes
- complex system of work
  - work of many hands
  - professions, specialists, departments, organisations
  - distributed action
  - distributed knowledge
  - fragmented understandings
  - independent contributions to care
- turbulent work environment
  - poorly controlled inputs/outputs
  - competing demands

# Julie's Story

In 2008, Julie Carman was involved in a road traffic accident whilst on a cycling holiday. She suffered injuries to her face, jaw and legs but made a good initial recovery and expected to be back at work within three months.

Three years later she was still undergoing treatment having experienced two further emergency admissions to hospital due to acute cellulitis and sepsis.

A series of “everyday” communication failures conspired to create delays in her treatment. These led to a slower recovery and in Julie's view was very probably avoidable.

<http://www.patientstories.org.uk/recent-posts/julies-story-now-available/>

*Everyone was very kind to me but no one did anything. A number of medical people said, 'Oh you'll feel better when you get some IV antibiotics', but no one actually gave me any [...] I would say that if they were evaluated individually they would come out fine but I kept falling through the gaps.*





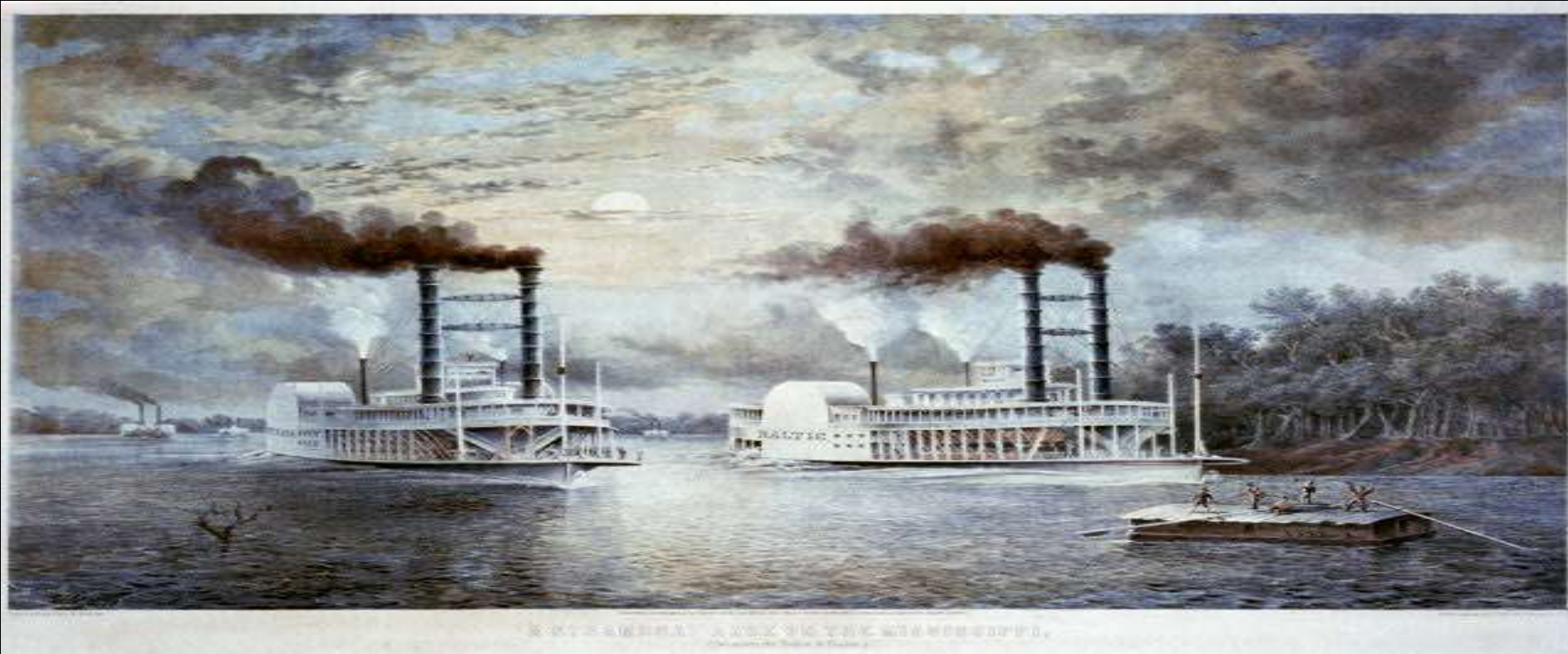
# healthcare quality & safety

“The most common gap in care was: ‘goals of care not discussed or the discussion was inadequate’ (n=25 (25.8%)) and ‘delay of failure to achieve a timely diagnosis’ (n=8 (8.3%))”

(Kobewka et al 2016)



uncertain focal task - complex system of work - turbulent environment



emergent organisation

“the river was tricky, changed it's course slightly from day-to-day, so even an experienced, but inattentive pilot could run into grave difficulties; worse yet, sometimes the river drastically shifted in its bed for some miles into a new course. [...] Some of the various contingencies may be anticipated, but only a portion of them may be relatively controllable, [...] stemming as they do, not only from the illnesses themselves but from organizational sources”

# trajectory of care

**the unfolding of a patient's health and social care needs, the total organisation of work done over its course, and the impact of this on all involved**

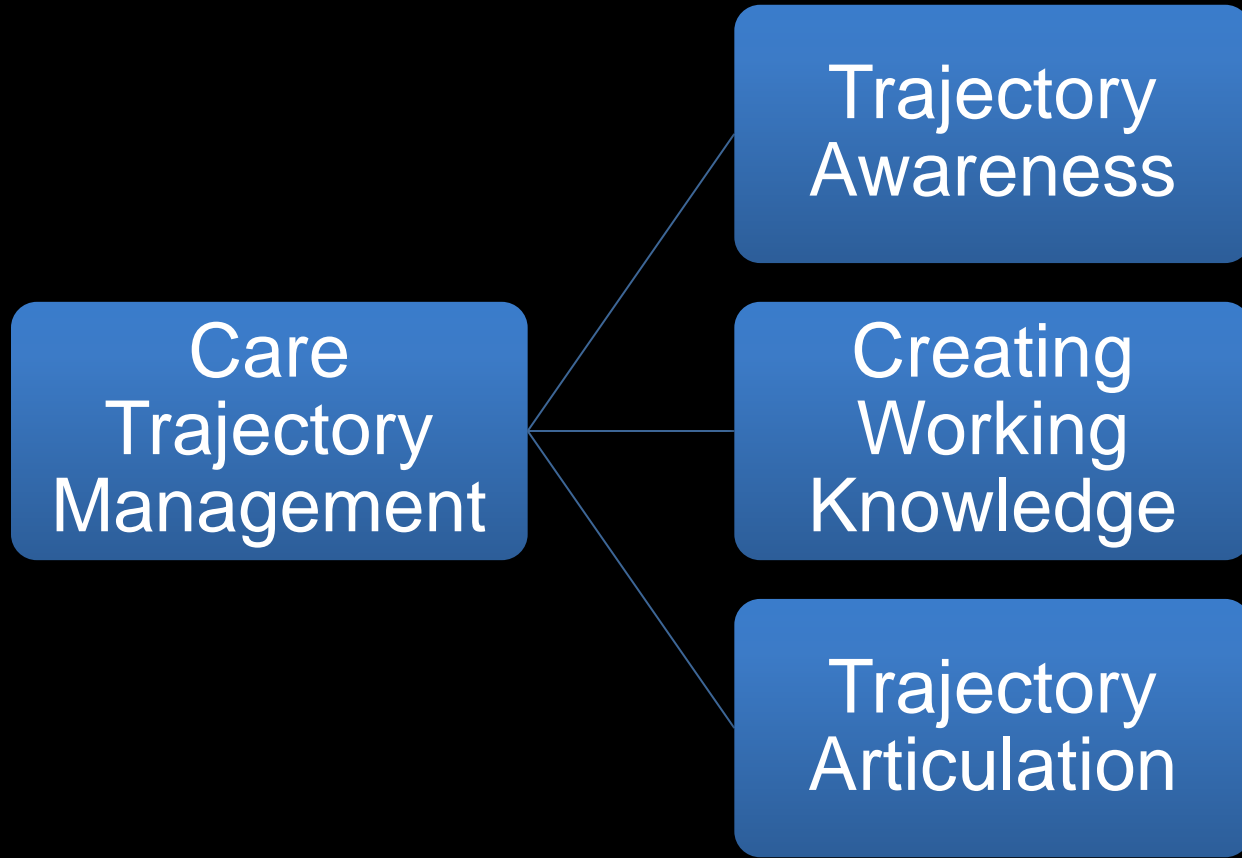
**(Strauss et al 1985)**

# a second order translation

making the familiar strange and the strange familiar....

....or dressing social science in clinical clothes

findings:  
the work of care trajectory management






.... practices that maintain awareness of a patient's overall trajectory of care as this unfolds and evolves in time and space

## **1. MAINTAINING TRAJECTORY AWARENESS**

“There is, quite literally, no single individual who possess complete knowledge about any given patient”

(Ellingsen & Monteiro. 2003)



Knowing exactly what's going on everywhere

# trajectory summaries

Mr Hudson, seventy five, came in with fractured ankle, after a fall in the garden. He has got an X-fix, non weight bearing for five weeks. He's got a wound on the right leg, doctor looked at it and redressed it. He's increased the antibiotics and started on Fusilic Acid. [] His BM was [...] before tea. He's been putting sugar in his tea. I've told [name of caterer] not to. [...] He's been weighed so I've updated that [] OT did Mocka assessment. He's been sling hoisted by the physio and is for forty-eight hour pin care but I didn't get around to it today


# reflexive monitoring

Nurse: She needs a review  
by Orthopods

Coordinator: Who's she  
under? She's not been seen  
by anyone?

Nurse: It says to be seen on  
the ward round today

Coordinator: We'll see  
which team she is under. I'll  
check in the notes



Its not bad but  
they are not  
where you would  
want them

# sense-making


SN1: I can't understand this transfer as she came in under Gynae but she was under urology. I didn't think you could transfer from an outlier to an outlier

SN2: You can't; not really!

....practices that support information sharing to allow the practical organisation of the work

## 2. CREATING WORKING KNOWLEDGE

# information hub



We're the link;  
they tell us  
and then we  
tell everyone  
else!

# translating & circulating knowledge

Dr: Any issues?

SN: Probably! Let me check [takes out handover sheet]  
[name] slipped off the commode in the night.

Dr: I saw the incident report. Is her mood better?

SN: Not really

Dr: and this new gent?

SN: [checks list] He has low BP and sore groins

Dr: Are we applying Canestan?

SN: [] its like a raised rash [reading from list] He's allergic to gluten, **but you probably don't need to know that**



# parsing patients

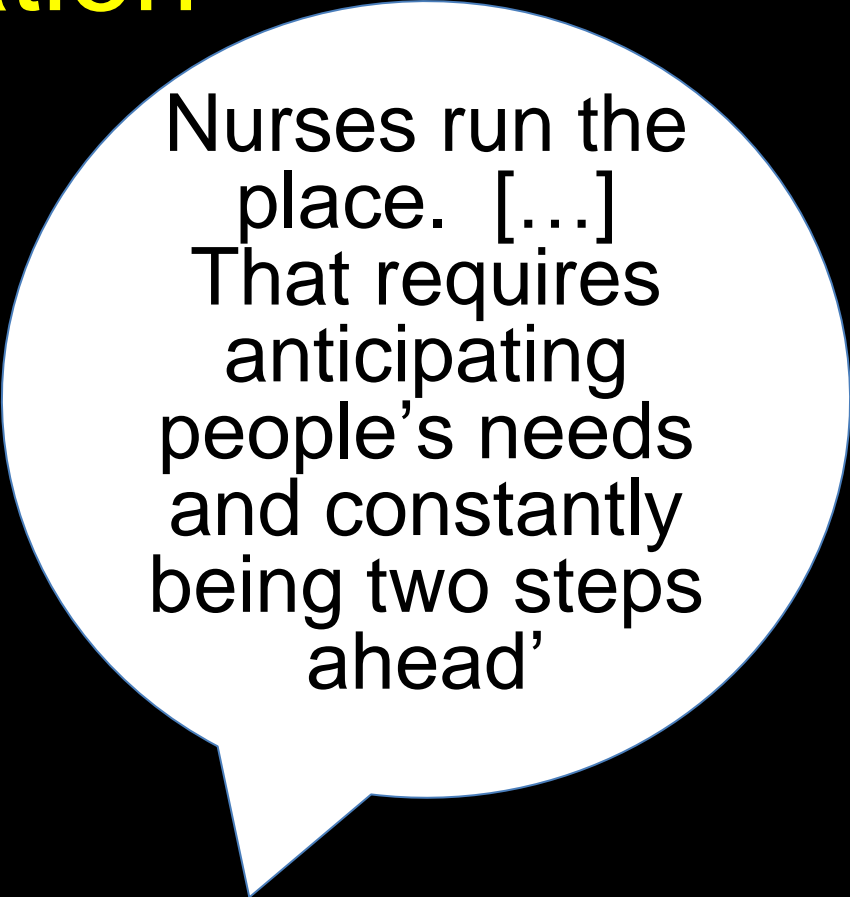


....practices that align in time and space the elements (people, knowledge, materials) through which care is delivered

### **3. TRAJECTORY ARTICULATION**

# temporal articulation

...work that ensures things happen at the appropriate time and in the right order



Nurses run the place. [...] That requires anticipating people's needs and constantly being two steps ahead'

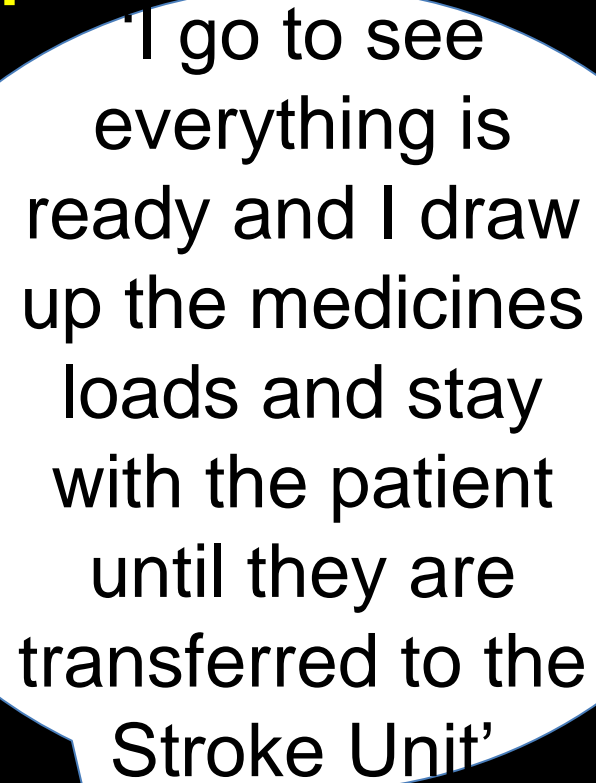
# integrative articulation

...work that ensures  
that trajectory elements  
are coherent

Nurse makes a call to  
another doctor to clarify  
earlier advice about a  
dextrose infusion and  
blood glucose monitoring  
in the light of a decision  
taken by another team  
that the patient can eat  
and drink

# material articulation

..work that ensures the materials are available to support the work



'I go to see everything is ready and I draw up the medicines loads and stay with the patient until they are transferred to the Stroke Unit'

# 'bed management'

Standing in the middle of the High Dependency Unit office Coordinator says, 'I need a medical patient who can go to Medical Assessment Unit'.

One of the doctors says that he might have one, 'Tachycardia, no precipitating factors'.

Coordinator: 'So it will need monitoring'.

WHAT DOES THIS ADD UP TO?

# care trajectory management

## Trajectory Awareness

- Trajectory summaries
- Reflexive monitoring
- Sense-making

## Creating Working Knowledge

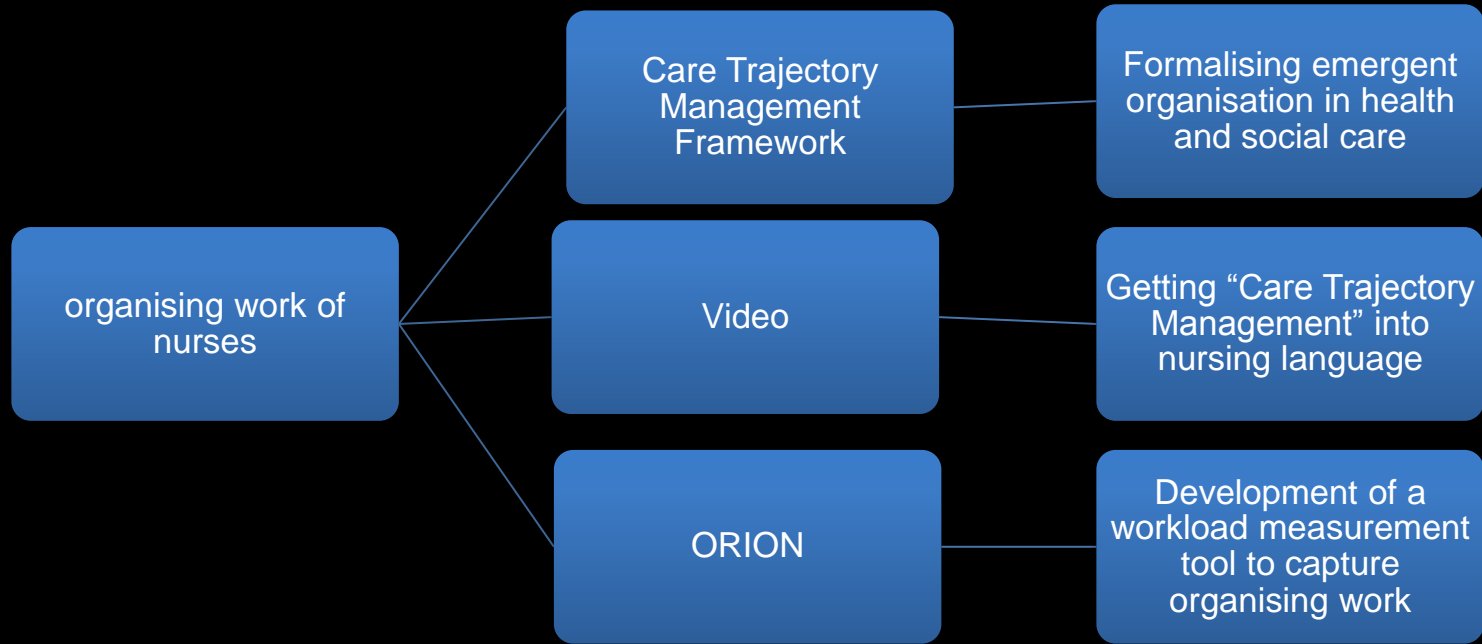
- Knowledge translation & circulation
- Transfers of care

- Clinical & organisational knowledge
- Perspective taking
- Reconciling different demands/agenda
- Coping with emergence & turbulence

## Trajectory Articulation

- Temporal articulation
- Integrative articulation
- Material articulation
- “Bed-management”





# where am I now?

# thank you

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