A background network diagram with nodes and connecting lines in shades of blue and green.

“Making the invisible, visible”
Understanding nursing as a
safety critical workforce



@alisonleary1 X

Hello, my name is Alison



What is safety critical work?

Safety critical work.

Where the ill health or absence of a skilled worker may compromise the ability to undertake work defined as safety critical, thereby posing a significant risk to the health and safety of others.



Recurring themes in inquiries

Nursing is missing

- Number of staff
- Educational/skill levels of staff/deprofessionalisation
- Workloads
- Poor leadership
- Workplace culture & normalisation of poor care
- Little tombstone legislation

**Nursing work
is often
invisible**



Remember:
Nurses are like
icebergs.
At any one time
you are only
seeing about 1/5
of what they are
actually doing.

thenursepath.com

Unseen complexity



Isabel Ricketts 2021



Stephen Thornton

@Thornton_health



Am I alone in thinking it is wrong for consultants to strike? Nurses, paramedics, junior doctors, yes, they are just 'workers' but consultants are senior leaders, just like senior managers. They demean themselves by striking.

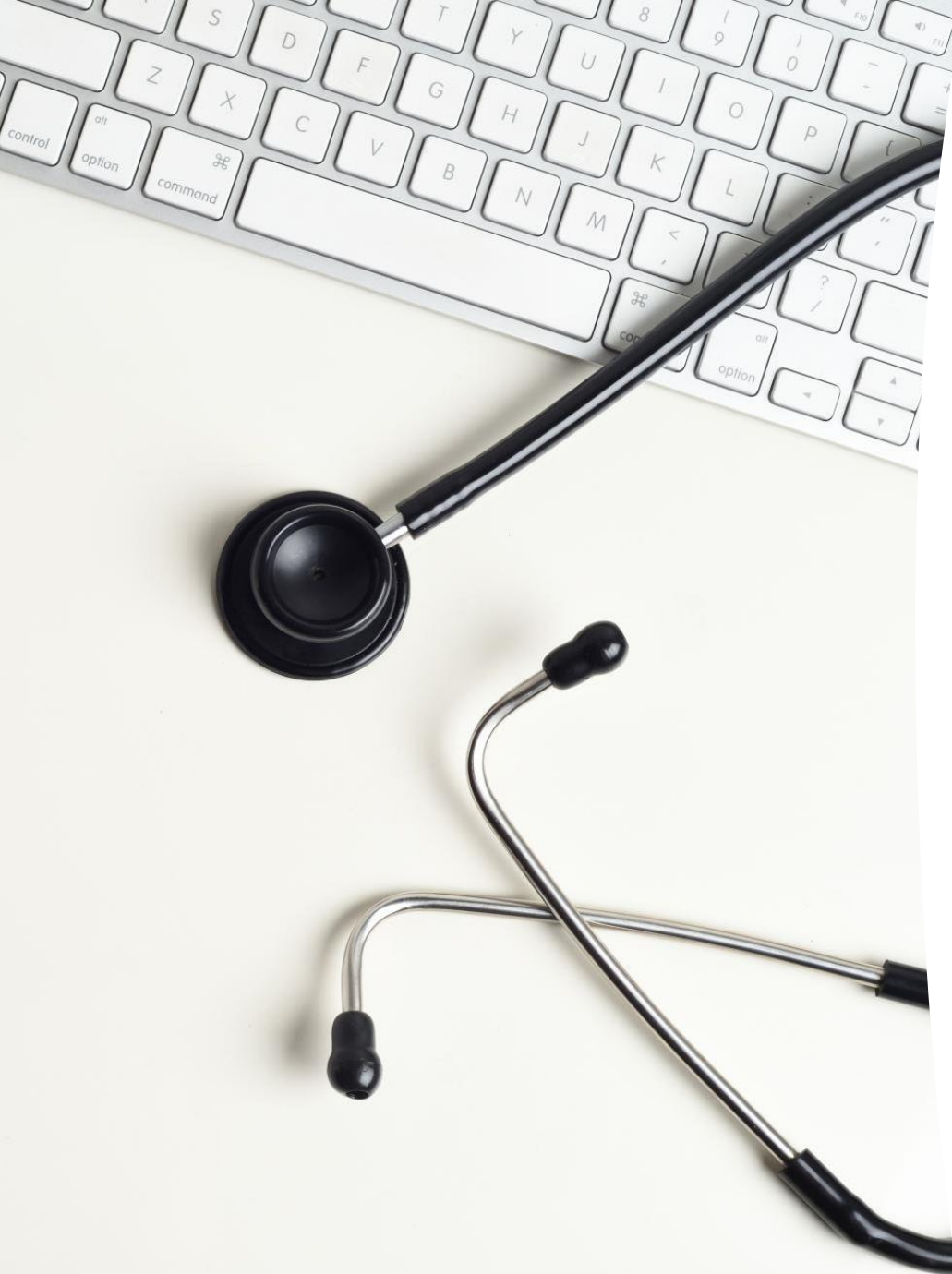
9:38 AM · Jun 29, 2023 · **39.6K** Views

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Where are we now?

Significant workforce issues-50,000 RN deficit, Brexit, pay restraint, changes to training,

Financial models that encourage a low paid workforce

Pandemic pressures/exhausted workforce.

Too many job titles, no clear identity.

Industrial action continues

Lack of development/succession planning

Pink collar workforce

77% female workforce.

Pink collar labour is inconsequential labour

We have met as a senior nursing team and have been asked by [redacted] to approach our specialist nursing teams to see if any of the teams are able to release staff, either for a whole shift to be counted in the numbers of a ward or for a few hours across a number of days.

Ideally, I would like staff to be released for a shift at a time to enable some continuity of care to be achieved. However, I am also aware that this may not be possible due to competing priorities or staff requirements. If staff are not able to be released for a whole shift, tasks that they may be asked to do will include the following:

- cleaning and tidying sluice
- Cleaning and tidying clean utility and storage on ward
- Ordering IV fluids
- Noting stock running low and arrange re stock
- Tidying and decluttering ward area
- Observing patients while staff take breaks
- Answering phones
- Cleaning high touch points (door handles, switches, keyboards, phones) in addition to usual domestic cleaning)
- Maintaining good communication with staff and any Trust wide updates on situation
- Supporting with nursing care
- Helping with meal times – serving and feeding patients

The return of non-graduate nursing

- The Guardian 25th August 2023
- https://www.theguardian.com/society/2023/aug/25/numbers-accepted-on-to-nursing-courses-in-england-falls-13-per-cent-future-of-nhs?CMP=share_btn_tw

The DHSC said applications remained higher than the pre-Covid total of about 14,600 in 2019, and that many more future nursing posts would be filled by non-degree nursing associate roles.

A department spokesperson said: “The latest applicant numbers are still 12% higher than in 2019, following a surge of applications during the pandemic, with eligible students receiving a training grant of at least £5,000 a year.

“There will be more students coming through clearing eager to start careers in nursing, as well as those coming through apprenticeship routes.

But there's an evidence base?



Royal College of Nursing

RCN Nursing Workforce Standards

Briefing for RCN Reps and Branch Executives



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ARTICLES | VOLUME 397, ISSUE 10288, P1905-1913, MAY 22, 2021

Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals

Prof Matthew D McHugh, PhD • Prof Linda H Aiken, PhD • Douglas M Sloane, PhD • Carol Windsor, PhD • Clint Douglas, PhD • Prof Patsy Yates, PhD

Published: May 11, 2021 • DOI: [https://doi.org/10.1016/S0140-6736\(21\)00768-6](https://doi.org/10.1016/S0140-6736(21)00768-6)

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Summary
References
Article info
Linked Articles

International Journal of Environmental Research and Public Health

[Int J Environ Res Public Health](#). 2022 Apr; 19(7): 4177.
Published online 2022 Mar 31. doi: [10.3390/ijerph19074177](https://doi.org/10.3390/ijerph19074177)

The Influence of Nurse Education Level on Hospital Re-Effectiveness Analysis

[Beata Wieczorek-Wójcik](#)¹, [Aleksandra Gaworska-Krzemińska](#)^{2,*}, [Aleksander C Monika Orzechowska](#)⁴ and [Dorota Kilańska](#)⁵

Paul B. Tchounwou, Academic Editor

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Contents lists available at ScienceDirect

Intensive & Critical Care Nursing

journal homepage: www.elsevier.com/iccn

Review Article

Outcomes sensitive to critical care nurse staffing levels: A systematic review

Pamela J.L. Rae^{a,*}, Susie Pearce^a, P. Jane Greaves^b, Chiara Dall'Ora^c, Peter Griffiths^c, Ruth Endacott^{a,d,e}

^aSchool of Nursing & Midwifery, University of Plymouth, Plymouth PL4 8AA, UK
^bSchool of Health and Life Sciences, University of Northumbria, Newcastle Upon Tyne, UK
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^dRoyal Devon and Exeter Hospital, University of Plymouth Clinical School, Royal Devon and Exeter Hospital, Barrack Road Exeter EX2 5DW, UK
^eSchool of Nursing & Midwifery, Monash University, Melbourne, Vic 3199, Australia

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ARTICLE INFO | ABSTRACT

Objective: To determine associations between variations in registered nurse staffing levels in adult critical care units.

INTENS CRIT CARE NUR 78 (2023) 103480

Contents lists available at ScienceDirect

Intensive & Critical Care Nursing

journal homepage: www.sciencedirect.com/journal/intensive-and-critical-care-nursing

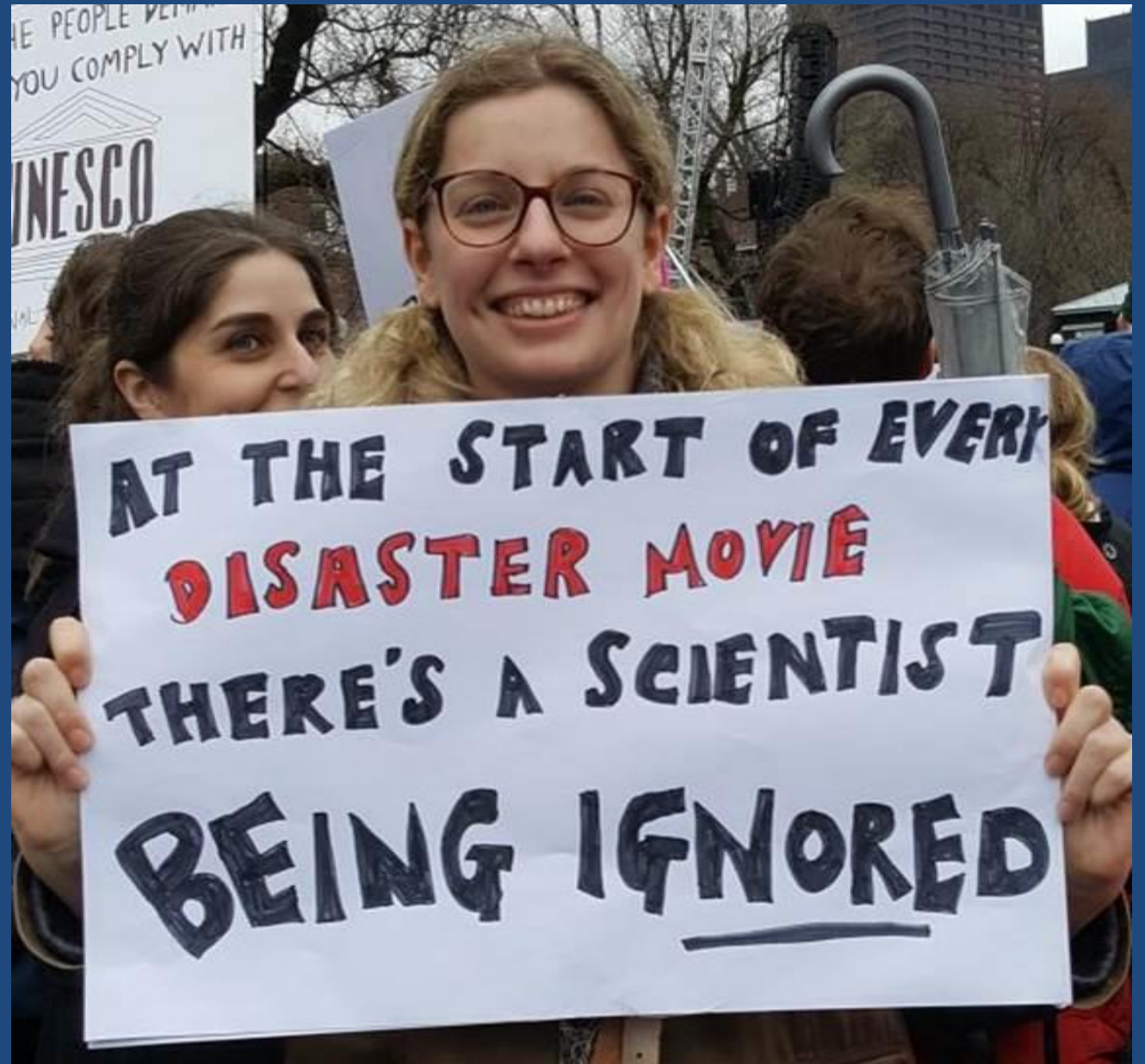
Research Article

Healthcare-associated infections in adult intensive care units: A multisource study examining nurses' safety attitudes, quality of care, missed care, and nurse staffing

Faisal Khalaf Alanazi^{a,*}, Samuel Lapkin^{a,b}, Luke Molloy^a, Jenny Sim^{a,c,d,*}

^aSchool of Nursing, University of Wollongong, Wollongong, NSW 2500 Australia
^bDiscipline of Nursing, Faculty of Health, Southern Cross University, Gold Coast, QLD 4225, Australia
^cSchool of Nursing & Midwifery, University of Newcastle, Callaghan, NSW Australia
^dWorld Health Organization Collaborating Centre for Nursing, Midwifery & Health Development, University of Technology Sydney, Ultimo, New South Wales, Australia

Health
workforce
policy:
an evidence
and nursing
free zone.



POLITICS

NHS doesn't need cash, says Steve Barclay

Chris Smyth, Whitehall Editor

Saturday November 12 2022, 12.01am, The Times

Economy

NHS



Steve Barclay told the chancellor that he would not ask for more money for the NHS. DAN KITWOOD/GETTY IMAGES

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NHS

Jeremy Hunt 'accepts picture' of NHS on brink of collapse, but efficiencies must be found

Chancellor warns health service has to help fix UK's broken economy despite facing 'massive pressures'

Aletha Adu
Political correspondent

Sun 13 Nov 2022 19.48 GMT

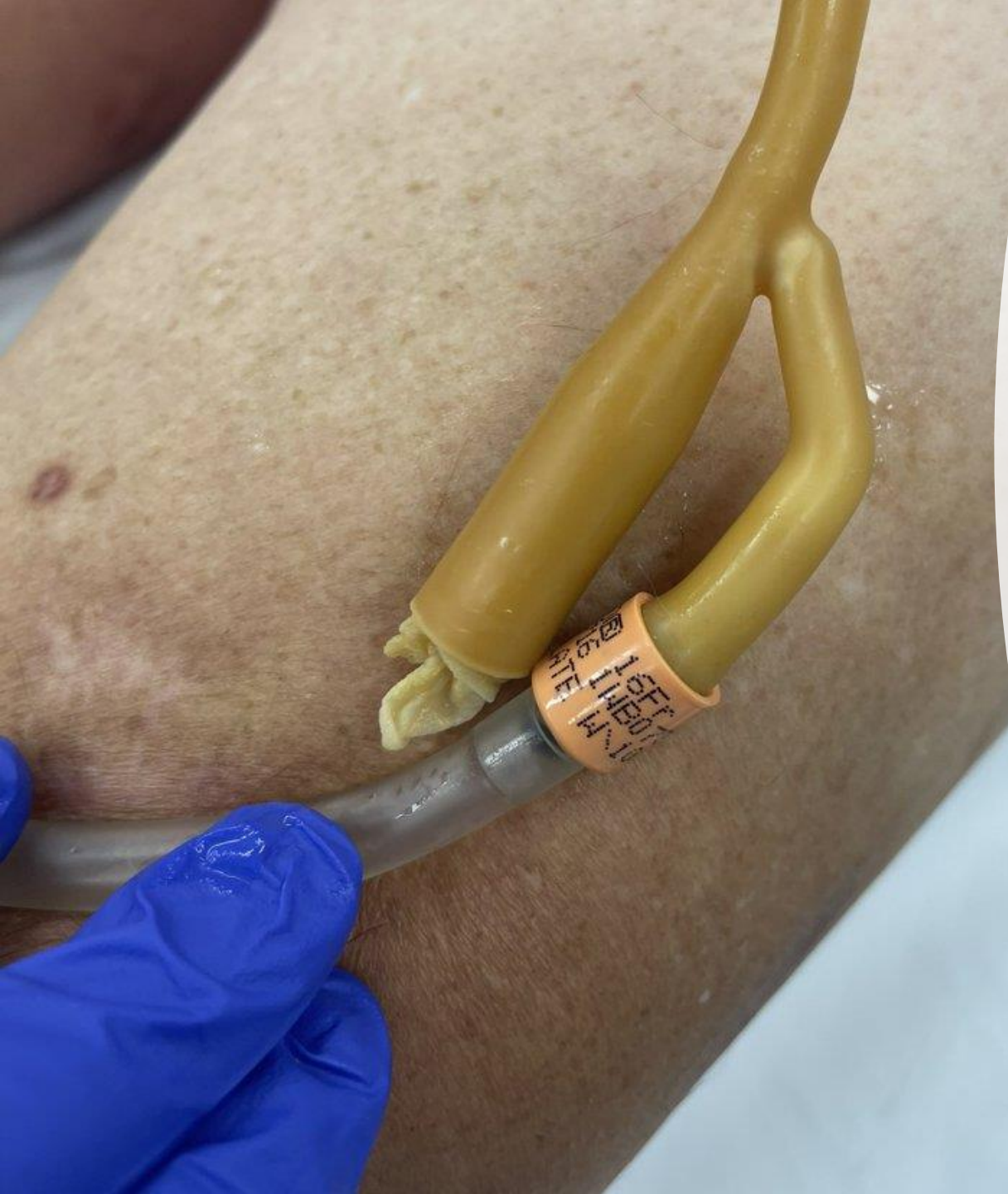


Most hands for least money: Deprofessionalisation in healthcare



Nutrition/hydration becomes "giving out the dinners"
Hygiene becomes "doing the washes"
And so on. I remember helping a patient to have a wash once and finding a breast tumour. She was deaf and had no speech.





In safety critical, high reliability organisations a proficient frontline workforce is key to managing risks.

Photo @StorkBrian

A visual summary of 'The Dreyfus Model'

Novice

Recognises features
Rules determine actions

Competence

Experience in real situations
Understands context
Guidelines determine actions

Proficiency

Exposed to a wider variety of situations
Provides basis for recognition of similar situations in future

Expertise

Vast experience
Responses to situations are intuitive

Mastery

Highest level of performance
Situations assessed and reactions produced instantly

Need for monitoring, self-observation and feedback reduces across stages



Back to the future:
The 1970/80s approach to workforce



Complex work is more than competency

Appropriate for practice in stable environments with familiar problems.

Capability describes the combination of skills, knowledge, values and self-esteem which enables individuals to manage change, be flexible and move beyond competency

(O'Connell et al 2014)

Efficiency, productivity, effectiveness, quality tension.

“Safety in healthcare is not income generating”

Synesis, Erik Hollnagel 2022.



Nursing is a profession of *vigilance*

Rescue

Organisers of care

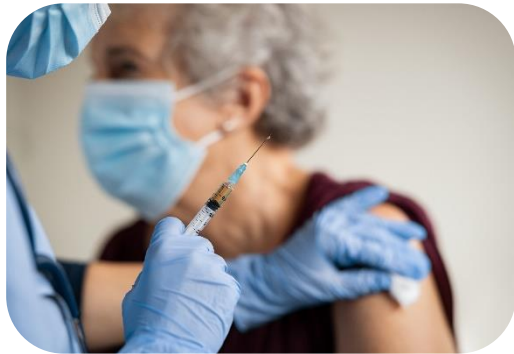
Proactive case managers/brokers

“Handling surprises”

Monitoring is continuous assessment

Nursing is the largest safety critical workforce in healthcare

Nursing uses all four kinds of labour



Physical



Cognitive



Emotional/relational



Organisational

What's consuming nursing labour?

Gap filling for others (ward clerks, admin, porters, pharmacy, cleaners, caterers, housekeepers, managers)

Workload intensification

Over delegation. Repeating work/checking work (“Its quicker for me to do it in the first place”) supervising too many staff

Redundant data collection

Zombie policies

Poor IT or other infrastructure

Nursing
delivers care
AND manages
risk!

Proactively manage caseloads and understand
where risk is in the system and for patients



RN manages complex care and manage risk through

Vigilance

Rescue

Application of
knowledge skills
and experience

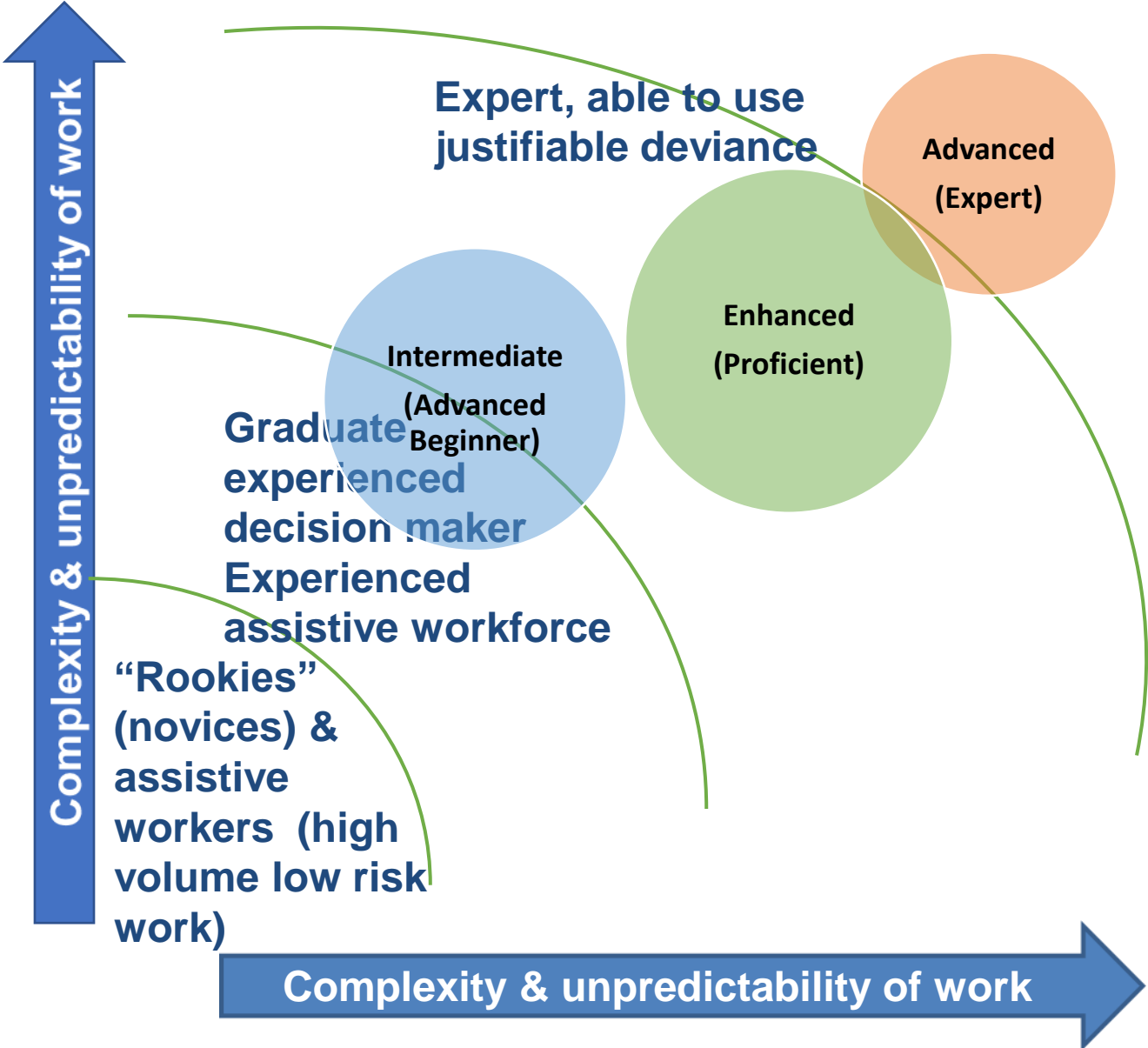
**Systems
knowledge/
brokering**

Outcomes

Safety quality efficiency

Eg Satisfaction, admission avoidance PFD analysis

Model workforce using risk based, rather than task based, workload redistribution



Distributed model vs the Christmas tree



Taylorism's effect-safety/workforce

"They can't retain Midwives here because of the 'blended' workforce of Maternity Support Workers 'freeing up Midwives' except they're not they are being given tasks to complete without the ability to analyse incoming information and a reliance on going through the checklist ..."



Over delegation is risky

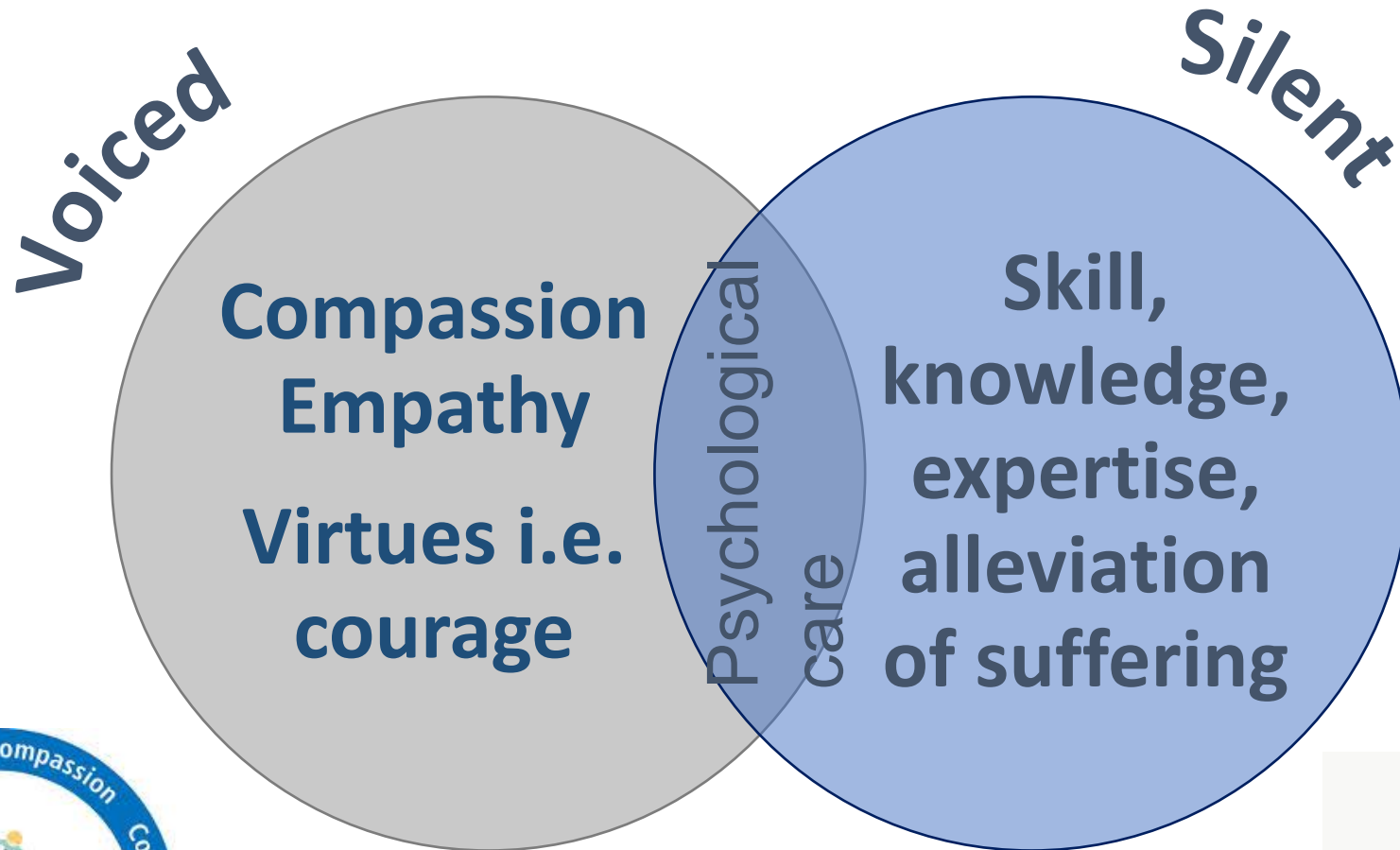
- **Causes anxiety**
- **Takes away purpose**
- **Undermines professional autonomy**
- **Exit trigger**



**“Nurses mistake
being liked for being
respected”**

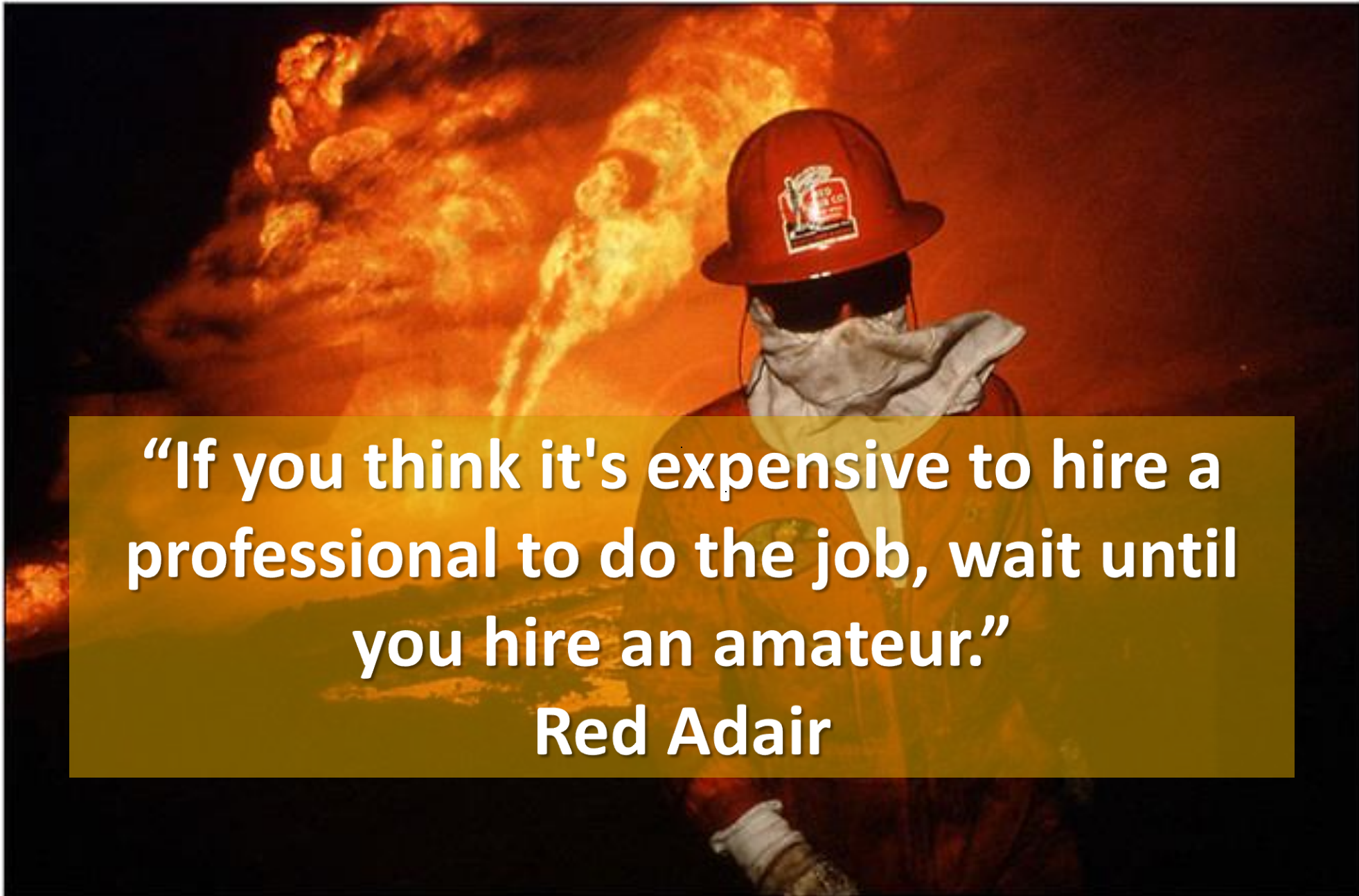
Suzanne Gordon
From Silence to Voice

Nurses say who they are, not what they do



**What
undermines
the value of
professional
nursing
care?**

- “Basic Care”
- “Someone is better than no one”
- “Nurses support....”
- “It's teamwork”
- Accepting AFC as rule of law/accepting pay injustice
- The taskification of care/delegation of task-based models
- Horizontal violence



“If you think it's expensive to hire a professional to do the job, wait until you hire an amateur.”

Red Adair

Thank you



If you would like to know more

 @alisonleary1 alisonleary@yahoo.com

James Reason Lecture 2018 <https://www.youtube.com/watch?v=4sqlyvKvFI>

Why your clinical acumen matters:

<https://blogs.bmj.com/bmj/2020/05/26/elaine-maxwell-alison-leary-praise-professional-judgment/>

Dr Jennifer Jackson <https://jenniferjacksonrn.org/> and Prof Davina Allen
<https://www.goodreads.com/book/show/21875877-the-invisible-work-of-nurses>

Madeline Bunting Labours of Love <https://www.madeleinebunting.com/>

Suzanne Gordon <https://qni.org.uk/voice-and-value/suzanne-gordon/>

