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Editorial

It's time to revisit non-nursing tasks performed by nurses

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Nurses performing non-nursing tasks (NNTs) is a key challenge facing the nursing profession worldwide (1). NNTs include any activity performed by a nurse that is outside nursing's professional scope (e.g., ordering supplies) and is unrelated to direct patient care (1, 2).

NNTs fall into three categories, distinguished by the extent of training and education required for their completion (i.e., those that require less, comparable, or additional training (3). Unsurprisingly, most NNTs completed by nurses fall into the first two categories, and do not require nurses to practice "beyond their scope". While working within scope (i.e., the boundaries of licensure as determined by ones respective licensing body and jurisdiction) is emphasized in nursing training, training and subsequent licensure, this often emphasizes NNTs on the "higher" end of care, rather than on the exclusion of tasks that could be completed by another individual (e.g., health care aide) (1-3). So why is the performance of NNTs by nurses so problematic? First, the impacts of NNTs are extensive and can span work-related, individual, and client dimensions. Within the work-related dimension, NNTs can have detrimental effects on the general reputation of the nursing profession, lead to an increase in unfinished nursing work, and contribute to a perception of poor working conditions (3). Performing NNTs is associated with not performing important nursing duties. NNTs increase workload and consequently, the completion of NNTs may come at the expense of essential nursing-specific actions (3). Economically, it is difficult to capture the impact of NNTs within the complex adaptive healthcare system. Investments in nursing education ideally will see return within the healthcare sector, yet, the contribution of NNTs to burnout and nursing retention is difficult to quantify. Nurses invest their time – one of the most critical resources for evidence-based, quality care within the health system – and effort in performing unnecessary NNTs at the cost of nursing-specific care tasks (2).

At the individual level, nurses have reported that NNTs contribute to decreased job satisfaction (6). This contributes to reduced feelings of independence and resilience, and increased emotional distress and frustration within the work environment (4). Existing studies on nurses' quality of life indicate their dissatisfaction in terms of heavy workloads and performing non-nursing duties (5, 6).

In the client dimension, NNTs are a major threat to patients safety, as they increase the risk of nosocomial infections, bed sores, medication errors, and falls (7). The negative impact of nurses' participation in NNTs may not be limited to patients, but also to nursing students who are trained in clinical fields. A recent study by Palese et al. found that nursing students who observe nurses' NNTs experienced a contrast between their education and what nurses actually do. Further, nursing students perceived non-nursing practices as a threat to ideal learning opportunities and the identity of the nursing profession (8).

Given the consequences of NNTs, what are the reasons for this persistent

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phenomenon? Part of the challenge may come from how the concept of "nursing intervention" is framed. Nursing intervention is defined as "any care based on the judgment and clinical knowledge that a nurse makes to improve patient/ client outcomes" (9). Although this definition sufficiently broad enough to acknowledge many of the activities performed by nurses, it does not clearly delineate the boundary between nursing and non-nursing practice (10). Harkening back to the often-idealized images of Nurse Nightingale as ensuring an environment conducive to healing (e.g., opening windows for fresh air etc.), nurses often recognize the totality of factors impacting the holistic wellbeing of the client. Fluidity between the concepts of "nursing as profession" and "nursing as a calling" may also infiltrate this problem space: a "good" nurse is one who does what they see is needed, whether or not that is specifically earmarked as a nursing specific task, or not.

Not to be overlooked is the pronounced impact of staffing shortages on the nature and quality of care provided. Studies have shown that staff shortages negatively affect care quality and job satisfaction; nurses spend a significant time on activities that can be avoided. Using support staff to perform non-nursing tasks reduces the burden of staff shortages in wards (11). The unavailability of such staff is a source of frustration and reduces the amount of time available for core nursing tasks – an important factor for evidence based nursing practice (12).

NNTs have been the focus of many previous studies. Yet with continued health system complexities and pressures, now is the time for action. Nursing leaders must adopt policies that are fair to nurses and do not place non-nursing care on nurses. Recognizing the impacts of NNTs on care and on nurse's perceptions of busyness and job satisfaction are critical to creating healthy working environments (13). Attentive study of nursing practices that acknowledge nurses' experiences of NNTs and related constructs such as busyness are critical to creating and sustaining health system improvements, as well as the wellbeing of nurses in the turbulent health environments of the 21st Century.

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