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# **IN SEARCH OF NURSING: THE LONG-TERM IMPACT OF THE NEW ZEALAND HEALTH REFORMS ON WARD NURSING**

**A thesis presented in fulfilment  
of the requirements for the degree  
of Doctor of Philosophy  
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**Engelbert Cornelis Teekman RN MA (Hon)**

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*I believe, ...that the very elements of nursing are all but unknown. By this I do not mean that the nurse is always to blame. Bad sanitary, bad architectural, and bad administrative arrangements often make it impossible to nurse. (Nightingale, 1859/1957, p. 3).*

# ABSTRACT

This thesis began with my curiosity about why, despite repeated attention to nurses' health assessment skills (at undergraduate and professional development level), it has remained an under-utilised skill. A focused ethnography was conducted in six acute wards of a provincial New Zealand hospital. Twelve registered nurses were observed and interviewed in the first phase of the research and multiple additional primary data sources were utilised. Early findings indicated that nurses did not undertake health assessment and raised much broader questions about the nature of ward nursing practice and the amount of control ward nurses have over their work environment and their own nursing practice. The research was extended to include seven stakeholders, senior nurses who had good insight and knowledge of ward nursing practice. A structuration theory lens was applied to assist in the analytic process.

The findings of this research reveal the long-term impact of the NZ health reforms on ward nursing practice. The introduction of generic management principles and the continuous restructuring of the health care environment have impacted on nursing practice and reduced nurses' autonomy. Nurses have come to rely on standardised documented processes to provide essential care, relying significantly less on knowledge of a patient's actual health status.

Much recent local and international quantitative research has revealed a number of concerning findings about the reduced time nurses spend at the bedside, the complexity of nursing work flow, the increase in interruptions, missed nursing care, and the vital role nurses have in preventing many adverse events and unexpected deaths. This thesis provides a rich qualitative understanding of the circumstances behind these quantitative findings and reveals that nurses are now struggling to provide care consistent with the ethos of nursing. I argue that challenging the nature of nurse education will not improve nurses' ability to deliver nursing care. Instead I argue that the current acute ward environment does not support registered nurses to provide the nature of care for which their education has prepared them.

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Last but not least I salute Juffrouw Jansen, who was my teacher in primary school; she was right after all.

# PREFACE

Health assessment has become a much debated topic in the nursing literature and is considered a key skill in nursing practice (Fennessey & Wittmann-Price, 2011; Gelfant, 1985; James & Reaby, 1987; Kelley & Kopac, 2001; KPMG Consulting, 2001; Lillibridge & Wilson, 1999; Milligan & Neville, 2001; Minister of Health, 2001). It is identified as one of the core competencies of professional nursing (Nursing Council of New Zealand, 2007). Having taught the subject of health assessment for well over a decade, I was curious to find out how health assessment theory and skills were utilised and integrated into day-to-day nursing practice, and how it impacted on clinical decision making. Prior to commencing this study, I had been involved in a quantitative study which surveyed nurses' utilisation of assessment skills after completing a health assessment course. The findings of this survey were contradictory in parts and raised questions as to what was really happening at the bedside. My year-long stint as a clinical lecturer, during which time I worked side-by-side with registered nurses in a number of medical and surgical wards, made me realise that there appeared to be a discrepancy between the ideal and the real of nursing practice. This insight galvanised for me that whatever research method I decided to select, it needed to include observational fieldwork. Thus, my original intended research focused on a narrow slice of nursing practice exploring:

- What health assessment skills are most often used by RNs?
- What factors help and/or hinder the implementation of health assessment skills in clinical practice?
- How do health assessment findings influence subsequent nursing care interventions?

I undertook an extensive literature review of the process and application of health assessment in nursing practice and, using focused ethnography, spent time in a variety of medical and surgical wards observing nurses engaged in day-to-day nursing practice. Specific attention was paid to health assessment activities that went beyond the standard greeting of "Hello, how are you this morning?", or the measurement of vital signs such as temperature, pulse rate, blood pressure and oxygen saturation

levels. My observations provided little to no evidence to suggest that health assessment knowledge and skill were utilised to any great depth in actual clinical practice. Although almost all participants indicated that they were committed to, and valued the need to, undertake health assessments, lack of time was cited as the main obstacle to carry out assessments.

Due to unforeseen circumstances the research was interrupted for a three-year period. As I recommenced my research I found a clinical working environment that felt very familiar. Re-interviewing participants revealed that staffing levels had improved, resulting in a more manageable workload and reduced stress levels. However, participants noted that nursing practice and ward routines had remained the same. Participants confirmed that they did not engage in health assessment activities any more than previously despite improved staffing levels. Their suggestion that ward activities and routines had not changed even though new registered nurses, and in some cases new charge nurses, had been appointed to these clinical areas raised many questions as to why this was so. Why is there such a level of stasis in a health environment that is in constant flux?

Having undertaken an extensive literature review of health assessment, it became apparent that this was of lesser relevance than understanding the broader conundrum of nursing practice. It seemed that the failure to implement health assessment was a symptom of a deeper malaise. I became curious about a much broader and more deep-seated range of issues which might be influencing and impacting on the practice of registered nurses in acute medical and surgical ward settings. It became clear to me that nurses themselves, and those managing health service settings, have particular conceptions of nursing. These understandings have historical and far reaching implications worthy of an in-depth examination. Conducting a literature review in the traditional way was not possible because there is no unified body of literature concerning the impact of the health reforms on ward nursing practice. Furthermore, much of the literature referred to in this thesis only became pertinent as the focus of the research broadened. This literature was added to chapter two to provide background information affecting and contributing to the locale of nursing, as well as woven into findings chapters five to eight where relevant.

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