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Where we are and how we got here:

An institutional ethnography of the Nurse Safe Staffing Project in New Zealand

In fulfilment of the requirements for

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Rhonda McKelvie

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Abstract

Frontline nurses in New Zealand hospitals still work on short-staffed shifts 18 years after they began to express concerns about unsafe staffing and threats to patient safety. The Nurse Safe Staffing Project and its strategies (Escalation planning and the Care Capacity Demand Management Programme) were designed to address the incidence and risks of short-staffing. After a decade, these strategies are yet to yield tangible improvements to frontline nursing numbers. Using institutional ethnography, I have charted a detailed description and analysis of how aspects of the strategies of the Nurse Safe Staffing Project *actually work* in everyday hospital settings. Competing institutional knowledge and priorities organise what is happening on short-staffed shifts, and nurses are caught in the crossfire. The central argument throughout this thesis is that nurses' vital situated knowledge and work are being organised by and overridden in this competitive institutional milieu. I show how what actually happens is consequential for nurses, patient care, and staffing strategies. This analytical exploration contributes knowledge about nurses' situated and intelligent compensatory work on short-staffed shifts, how this knowledge is displaced by abstracted institutional knowledge, and the competing social relations present in environments where nurse-staffing strategies are negotiated.

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Notes for the reader

To assist the reading of this thesis, I offer these notes

- I use the term 'Nurse Safe Staffing Project' to describe the entirety of efforts directed at resolving nurse-staffing shortages in NZ. The Nurse Safe Staffing Project includes the collection of campaigns, enterprise bargaining agreements, industrial action, the safe staffing healthy workplaces committee of inquiry, the safe staffing healthy workplaces unit and nurse staffing strategies designed to reduce the incidence and risks of short-staffing

- After the introduction to each chapter (except chapters 2 & 9), a glossary will detail the terminology and abbreviations relevant to that chapter. Chapter 2 constitutes an in-depth explanation of institutional ethnography that precludes the need for a glossary. In chapter 4, the glossary appears immediately ahead of part II – the Nurse Safe Staffing Project.

  All images of the Care Capacity Demand Management (CCDM) Programme tools, (except those I have created for this research report) are under copyright owned by the New Zealand Ministry of Health, 2017 and were provided by the Safe Staffing Healthy Workplaces Unit and used with permission, or from the public CCDM website.

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- There are two patient acuity systems in use in NZ hospitals (Onestaff and TrendCare). None of the participants used Onestaff, therefore most references are to Trendare. All references to TrendCare are based on peoples' personal and individual knowledge and experience of learning, implementing, and using the system in NZ hospitals. The exception is the reference to the copyrighted TrendCare Gold Standards provided by TrendCare CEO Cherrie Lowe and used with permission.

  All references to Smith pertain to Dorothy Smith unless the presence of initials indicates otherwise.

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