HOW TO THRIVE AS A NEWLY REGISTERED NURSE

CAROL FORDE-JOHNSTON

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This book is dedicated to every newly registered nurse choosing to represent our noble profession, and its contents have been informed by their experiences and feedback.

You are the backbone of the NHS and deserve respect, care and structured support throughout your journey ahead.

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Lantern

The authors and publisher have made every attempt to ensure the content of this book is up to date and accurate. However, healthcare knowledge and information is changing all the time so the reader is advised to double-check any information in this text on drug usage, treatment procedures, the use of equipment, etc. to confirm that it complies with the latest safety recommendations, standards of practice and legislation, as well as local Trust policies and procedures. Students are advised to check with their tutor and/or practice supervisor before carrying out any of the procedures in this textbook.

CONTENTS

ABOUT THE AUTHOR

Carol Forde-Johnston (RGN, BSc Hons, PGDip, RNT and MSc) is a Divisional Recruitment and Retention Nurse Lead at Oxford University Hospitals NHS Foundation Trust. She qualified as a registered nurse in 1989 at Coventry School of Nursing and went on to specialise in neurosciences, working her way up to G grade nursing sister. Carol previously worked for 20 years as a lecturer practitioner, which was a joint appointment between Oxford Brookes University and Oxford University Hospitals NHS Foundation Trust. As a lecturer practitioner, Carol was able to integrate research, education and clinical practice into her role. She has published numerous articles relating to education and practice development in UK and European nursing and medical journals.

Carol previously led the final year nursing module at Oxford Brookes University and currently supports newly registered nurses and support workers with their career development as part of her hospital trust role. In 2015, as part of a hospital trust steering group, she created and evaluated a *three-tiered curriculum Foundation Preceptorship programme* for all newly registered nurses within the Oxford University Hospitals NHS Foundation Trust. The programme integrated skills development, theoretical study days and clinical supervision using action learning sets.

Carol has also been involved in several service improvement initiatives which have included projects to prevent inpatient falls, to standardise clinical nurse educator roles and career pathways, and to improve nurse retention. She is currently in her fourth year at Oxford Brookes University studying for a PhD in Nursing that aims to explore how nurses' use of Electronic Patient Records (EPR) in acute care settings impacts on the quality of nurse–patient interactions. Carol is passionate about developing and supporting newly registered nurses and student nurses to improve their confidence when they register. Carol regularly shares free videos on her YouTube channel: "*Carol Forde-Johnston: Support and Career Development for Nurses*", offering lots of practical advice to support nurses' career development.

PREFACE TO
THE SECOND EDITION

This book has grown from 20 years of supporting pre-registration nursing students and newly registered nurses as a lecturer practitioner, and 34 years working in clinical practice. It provides a survival manual full of tips to help you thrive during your degree and when you register. You may refer to its contents frequently when writing assignments or come back to it when experiencing challenging issues in practice, as key topics are based on the reality experienced by newly registered nurses.

This book aims to help:

- pre-registration student nurses, as a simple guide to direct their skill development during their degree and their first year registered
- newly registered nurses during their preceptorship period and early career
- university lecturers and clinical educators teaching nurses, who can use the boxes, tables and practical advice to educate students or newly registered nurses
- nursing associates planning to develop their skills further to become a registered nurse
- nurses returning to practice after a career break needing to increase their knowledge of current practices
- internationally educated nurses planning to work in the UK, to increase their knowledge of UK nursing practice and standards.

Student nurses must navigate complex modular degree programmes whilst completing clinical competencies and proficiencies to develop their practical skills, amid challenging health care environments. There is a need for closer partnership between UK health care institutions that support clinical placements and universities that provide theory to underpin clinical practice and the assessment of student skills during laboratory simulations. The practical, theoretical and professional aspects of nursing are interdependent, and require direct collaboration between these independent institutions, such as joint appointments to clinical education posts.

Newly registered nurses deserve structured support on registration from expert clinical role models, and this support should be assured and not dependent on where they choose to work in the UK. Newly registered nurses and students are bombarded with standards and policies that they must adhere to. Sometimes they just need a gentle hand guiding them through this complexity, and this book sets out to provide practical guidance as an antidote to these challenges.

Each chapter begins with a case example from newly registered nurses, identifying areas where they required additional support, to place chapters in context. Important areas are covered, such as how to choose your first post, how to structure your learning during your first year registered, what you need to know about safe staffing, how to prioritise, delegate and coordinate care, how to assess mental capacity, what to do if an individual declines care, and how to escalate or report an incident. Not every aspect of specialist care can be covered, but the practical guidance offered will help to structure your learning and give you insights into the support you can access.

Since the 1980s I have heard so many buzzwords and NHS jargon, reflecting what is in vogue at the time, usually influenced by the latest management guru. We cannot, however, provide '*innovative*', '*evidence-based health care*' and '*assure positive patient clinical outcomes*', or '*maintain quality standards*' without highly skilled nurses who are supported to thrive when they register by expert role models and post-registration professional development and academic courses.

Our future nursing workforce relies on investment in newly registered nurses' education and the development of nursing career pathways to retain staff. It is not just about developing '*resilience*' and the ability of individuals to cope with incessant pressure, whilst not maintaining staffing levels conducive to quality care. Yes, nurses need to take some responsibility for directing their learning and development following registration, but governments should be accountable for sustaining safe nurse staffing levels throughout the NHS by providing enough nursing degree places. Without minimum staffing levels, staff are not available to support the learning and development of students or newly registered nurses, and having insufficient staffing levels impacts on patient safety. Health care employers should provide structured clinical education on registration and safe staffing levels, to give every new starter the chance to thrive and reach their full potential.

The final chapter in this book focuses on the importance of nursing research in the future. I hope more nurses are inspired to conduct research examining how staffing ratios and the use of future technology impacts on nurses' experiences and patient outcomes, and how early career support for nurses affects staff

retention. Such research can only empower our profession and influence positive change rather than being simply reactive.

You will notice within the field of health care that for the many and varied roles, hierarchies and organisational tools and structures, capital letters are often used at the start of all words; examples of this might include Charge Nurse and Performance Improvement Plan. For greater ease of readability, however, capitals have not been used in this way in this book.

Please note that the views within this book are mine, and do not represent the institutions in which I work. Staff reflections were sought from newly registered nurses across the UK and their anonymity has been maintained.

Note: the title '*Registered Nurse*' is a legally protected title in the UK and you must be registered with the Nursing and Midwifery Council (NMC) regulatory body to be awarded the title. In contrast, the title '*Qualified Nurse*' means that you have completed nursing qualifications, but you may, or may not, be registered with the NMC. Therefore, the term '*Qualified Nurse*' has been changed to '*Registered Nurse*' throughout this second edition, as it more appropriately aligns with the contents and aim of this book.

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ACKNOWLEDGEMENTS

ABBREVIATIONS

AD	advanced decisions	ICU	intensive care unit
AP	assistant practitioner	IMCA	independent mental capacity advocate
AVPU	alert, voice, pain, unresponsive	KSF	Knowledge and Skills Framework
CCG	clinical commissioning group	LP	lecturer practitioner
CHPPD	care hours per patient day	LPA	lasting power of attorney
CN	charge nurse	LPS	Liberty Protection Safeguards
CPD	continuous practice development	MDT	multidisciplinary team
CQC	Care Quality Commission	NA	nursing assistant
		NEWS	National Early Warning Score
CSW	clinical support worker	NHS	National Health Service
DNR	Do Not Resuscitate	NICE	National Institute for Health and Care Excellence
DoLS	Deprivation of Liberty Safeguards		
EHR	electronic health record	NMC	Nursing and Midwifery Council
EMR	electronic medical record	NPOB	nurse per occupied bed
EPR	electronic patient record	NSI	nurse sensitive indicator
		OH	occupational health
EWS	early warning scores	OT	occupational therapist
GCS	Glasgow Coma Scale	PALS	Patient Advice and Liaison Service
HCA	health care assistant		
HIT	health information technology	PIP	performance improvement plan

QI	quality improvement	RN	registered nurse
RCN	Royal College of Nursing	SNI	safe nursing indicator
		SW	support worker
RM	registered midwife	WTE	whole time equivalent

TEAM WORKING: PRIORITISING, DELEGATING AND COORDINATING CARE

❝ *The one thing I worried about when I qualified was taking my own caseload, as I wasn't a student any more and my mentor wasn't there. I needn't have worried, as I was supernumerary alongside my team leader for 3 weeks. I realised from her feedback how much I did know from my nurse training. It is not just about having positive feedback though, as you need guidance on how to improve your time-keeping. I tended to focus on documentation too much, especially at the end of the shift, as I worried about missing important details. My team leader taught me how to develop my writing style to be more concise and factual; and to complete my documentation throughout the shift. If she had not pointed this out, I would still be going home late, writing pages of unnecessary description on my care plans.* ❞

1 year post-registered adult nurse

❝ *I found delegating to clinical support workers really hard. I am naturally shy and wanted to look after the children allocated to me on a shift myself, just to make sure everything was completed correctly. I soon learnt that no nurse can do it all themselves on a busy ward, you have to learn to delegate! It is really helpful to find out what levels of HCAs you have on your ward when you start. I also found it helpful to watch our HCAs caring for the children I was looking after, to check what they were particularly good at.* ❞

10 months post-registered children's nurse

When newly registered nurses begin their first shifts, they are faced with the responsibility of being accountable, as a 'named nurse' for a group of ward patients or for a caseload of patients across a community setting. The questions I am most frequently asked by new starter nurses during this period include: "*What is the best way to prioritise all the patients' needs when I have a group of patients to look after?*", "*How do I delegate to other staff and manage a whole caseload?*", "*Are there strategies I can use to help me prioritise my care and delegate to others?*", "*How do I fit in with my new team?*" and "*How do I coordinate care across services to help the patient and their family?*". This chapter attempts to answer these questions, offering clear guidance and practical examples to help you prioritise and coordinate care, use appropriate delegation and successfully integrate into your new team.

Team working

When you start in practice, you will usually be part of a local team that directly delivers care, which is led by a corporate, or management/hierarchical team structure. There will also be a multidisciplinary team (MDT) and/or interdisciplinary team (IDT) aligned to your practice area. The terms MDT and IDT are sometimes used interchangeably and/or incorrectly. The key differences between MDTs and IDTs are simply presented in *Table 5.1*.

Table 5.1: Differences between a multidisciplinary team and an interdisciplinary team

	Multidisciplinary team	**Interdisciplinary team**
Assessments	Assessments conducted by each discipline independently	Shared assessments and records
Professional boundaries	Clear set roles in the team according to professional boundaries	Professional boundaries may be blurred and professionals multi-skill
Communication	Professional communication takes place within each discipline	Professional communication takes place across all disciplines, usually through case conferences or case reviews
Record-keeping	Records are kept by each team member for individual patients	Records are shared with all team members through the use of integrated care pathways
Patient goals	Goals set within each discipline	All team members work towards shared patient-centred goals

An essential part of your role as a newly registered nurse is to work professionally and collaboratively with others to promote positive team working. Key practical tips to promote positive team working are presented later in this chapter (see *Section 5.3*). The effect that team work has on both nurses and patients should never be underestimated. Effective team work has been linked to decreased nurse turnover, improved job satisfaction, improved patient satisfaction and improved patient outcomes (Rafferty, Ball and Aiken, 2001; Zaheer *et al.*, 2021).

5.1 SUPPORT IN PRACTICE TO DEVELOP YOUR MANAGEMENT AND LEADERSHIP SKILLS

Ever since Florence Nightingale established the first training school for nurses in 1860, registered nurses have had to make important decisions about what to prioritise, when caring for groups of patients, and how best to delegate to others in challenging environments. Out of all the chapters I am writing in this book, this is the one where I can say *"nothing has changed over time"* relating to how I prioritise patient care and delegate to staff today. In contrast to the supernumerary status afforded to student nurses nowadays, however, I experienced the reality of prioritising care before I registered.

Although student nurses today are used to managing individual cases, many do not consider delegating to other team members until the latter part of their second year and third year, whilst having to simultaneously work on third year assignments and dissertations. Nurse education has evolved, as approved educational institutions (AEIs) and their practice learning partners must adhere to the NMC (2018) standards of proficiency for registered nurses. New graduate nurses are now required to competently lead and manage nursing care delivery, and demonstrate team working and delegation skills at the point of registration. The new registrant is also expected to support and supervise other students and provide constructive feedback on their performance (NMC, 2018). However, many newly registered nurses have been faced with challenges over the last few years, as placements were pulled or reconfigured during the Covid-19 pandemic. Therefore you may not feel confident enough to support a student until well after your 6 months' probationary period. You should not be pressurised to take on extra responsibilities until you feel competent and ready. It is important that you receive support and clinical eduction that meets your individual learning needs (see *Section 9.1 Proactively structure your learning and development*).

Newly registered nurses often have a big learning curve to develop skills relating to team working, time management, prioritising and coordinating care and delegating to others when they first register, which is normal. Currently, many final year student nurses may care for a lower number of patients than what is expected on registration; for example, four adult inpatients as a final year adult nursing student, in comparison to an average of eight adult inpatients on registration. In the future, final year student nursing competencies should reflect the reality of normal registered nurse caseloads, which will help to prevent the *'reality shock'* that some newly registered nurses experience when they start in practice. It is better for students to experience normal caseloads whilst supernumerary and under direct supervision, than when they are a new starter counted in roster numbers.

I have yet to find a final year nursing student who does not find it hard balancing their theoretical work with their practical skill development during their final sign-off year. In line with the skills-based NMC (2018) standards, universities should review assignment deadlines to allow students time to focus on developing their practical skills. For example, having no assignments or dissertations to complete during final managerial placements would allow students time to concentrate on consolidating their leadership and managerial skills.

Prioritising care and delegating to team members are skills that are only really acquired through experience. There is a need for employers to actively support newly registered nurses and provide mandatory preceptorship programmes, which includes direct supervision to develop newly registered nurses' skills in prioritising care and delegating to others. Within my own local NHS foundation trust, a mandatory *'Foundation Preceptorship Programme'* was established in 2015 to support skill development across our trust for all newly registered nurses (Forde-Johnston, 2017).

My personal view is that every newly registered nurse should have a mandatory supernumerary period of three months (minimum) when they register, and every nurse employer should provide a mandatory national standard of year-long preceptorship. Standard preceptorship would include working alongside experienced nurses for a minimum of 40% of their clinical time during their first 3 months registered. Current national preceptorship standards, guidance and recommendations, across the four nations, are presented in *Chapter 2* (see *Preceptorship* in *Section 2.2*).

When you register, it is important to check the practical supervision and education and training support offered to develop your managerial and leadership skills during your preceptorship year. You may have newly registered nursing competencies relating to 'team working,' 'prioritising', 'coordinating', 'time management' and 'delegation' in practice, that proactively aim to develop these essential skills further when you register. Developing skills to prioritise your care and delegate to others is not difficult, but you need to develop these skills through numerous experiences that cannot be learnt overnight. Receiving constructive feedback on your practice from expert role models is an essential part of your future skill development (see the sample preceptorship feedback form in *Box 2.1*).

5.2 HOW TO PRIORITISE YOUR CARE AND MANAGE YOUR TIME

Managing your time and deciding what to prioritise first, when you have numerous call bells ringing, children crying, houses to visit or appointments to get through, can feel overwhelming to any newly registered nurse (it also feels overwhelming to experienced nurses!). As a nurse, not only do you have to cope with constantly prioritising patients' needs, but you need to be flexible, as humans are not inert beings. Individuals have fluctuating conditions and needs, which you must constantly reassess, to be able to prioritise and respond to when required.

When you register, no one expects you to know how to assertively manage all fluctuating clinical situations and individuals' deteriorating conditions. In fact, I am concerned when a newly registered nurse shows no nerves, is over-confident and asks no questions when they start. Sharing your concerns with experienced staff allows skilled nurses to support you and helps ensure you are providing a safe standard of care.

Start by prioritising your own support and talk to your team

I have never met a colleague who has not felt overwhelmed at some point during their working week, as they could have made a better decision when prioritising, coordinating and delegating care. Experienced nurses, including myself, will still have odd *'bad days'* where the outcome of a decision does not go to plan. Competent experienced nurses understand the importance of prioritising their support during challenging times and using a team approach. They will talk to each other for reassurance and to debrief or *'let off steam'*. Otherwise, they are at risk of burnout and stress-related illness (see *Chapter 9*).

My top tip, to help you prioritise, manage your time and delegate care to others, is to firstly:

"Prioritise your support!"

Prioritising your support includes three key areas:

1. **Prioritise your needs**

2. **Ask for help and talk to your team**

3. **Reflect and receive feedback from experienced nurses**

If you maintain these three elements during your first year registered, you will have a supportive foundation to develop your managerial and leadership skills as a newly registered nurse. Below are shown some strategies to guide your skill development in relation to prioritising and coordinating care, managing your time and delegating in practice, using these three pointers.

Prioritise your needs

- **Keep everything in perspective**: it's easy to *'beat yourself up'* and be overly critical, as you want to do your best. Don't be hard on yourself if you struggle to delegate and manage your time. You are not the only new nurse to struggle with recording care at the end of your shift.

- **Don't take work home with you**: life is too short to be regularly worrying about what you forgot to manage or delegate at work. Try to *'switch off', as* everyone has times when they could have performed better. Talking about your concerns with other team members will prevent you worrying at home.

- **Look after yourself physically and emotionally**: it is important for you to *'switch off'* and enjoy your days off. However, regularly staying out late and abusing your body through unhealthy habits is draining. If you are not *'good to yourself',* and don't make time to relax, keep fit, or eat/sleep well, you are more likely to burn out and make bad decisions. Take time off if you feel excessively physically/emotionally drained.

- **Share practice experiences**: share experiences with other new starters to place them in context. Keep in touch with students from your degree course and talk to experienced colleagues. Attend any supervision sessions offered or access employer assistance schemes.

- **Take breaks**: if a nurse in charge tells you to go for break, then go. Tired nurses make poor decisions and using a team approach means other staff should cover your patient caseload.

Ask for help and talk to your team

- **Ask for help**: when struggling with care, never hesitate to talk to your team and ask colleagues for help. If you are on a ward always pair up with other nurses for support. Don't be afraid to bleep/telephone senior staff for additional support from other team members, as they are there to support you.

- **Access education**: talk to senior nurses/educators about available training to help you. Book meetings with senior nurses well in advance (email may be easier). Utilise educational support offered, e.g. is there structured practice supervision, a competency framework or local preceptorship programme?

- **Find out about your team**: talk to senior nurses and the team about the different roles within your area, how the team works, when they meet together and how your skills can benefit the team.

Reflect and receive feedback from experienced nurses

- **Use a reflective diary**: identify areas where you require assistance and write reflections that focus on your 'time management', 'prioritisation', 'coordination', 'delegation' and 'team working' to share with others.

- **Use practice supervision**: ask for feedback on your practice from experienced nurses to develop your future skills prioritising and delegating (see practice feedback form in *Box 2.1*).

How to prioritise patients' needs and manage an allocated caseload of patients

Some newly registered nurses are better at prioritising and managing their time in practice than others, be it through their life experiences or having previous leadership roles. Remember that managerial and leadership skills can **always be learnt** and improved through observing good role models and receiving constructive supervision and feedback.

Whilst working with various staff over the years, I have noticed that those individuals who struggle with managing their time tend to do one or all of the following:

- Focus on prioritising one patient (or task) at a time, without enough consideration of the whole caseload

- Focus on perfection whilst carrying out one task, to the detriment of the other tasks required

- Fail to communicate with other team members or ask for help as they see it as a sign of weakness, are too under-confident or have a poor/weak team leader
- Fail to offer to help others, as they are overwhelmed with their own workloads or lack support from their team
- Fail to see the global view or other people's perspectives/workloads
- Have additional concerns/stresses in their life (see *Table 9.5* for more information on newly registered nurse support).

The reality of working in today's NHS means that you cannot aim for perfection all the time; it is not realistic or feasible amid increased vacancy rates and waiting lists. You have to learn to compromise, delegate and prioritise, whilst ensuring that your care is empathetic, patient-focused and safe.

There are four key strategies that newly registered nurses can use to help them identify patients' priorities and manage an allocated caseload of patients. Firstly, they need to identify immediate patient needs and priorities. Next, they must establish 'urgent/non-urgent' and 'essential/non-essential' nursing priorities and key tasks across their caseload. They then should order or rate these key priorities and tasks, and learn to manage their time efficiently. There are many ways in which these strategies can help you prioritise patients' needs and manage an allocated caseload:

Identify immediate patient needs and priorities

- **Handover data:** understand patients' immediate needs through patient handover/caseload reviews and care plans. Review patients' medical, nursing and MDT notes. Never be afraid to ask questions in handovers if you are unsure of certain terms being used or details being handed over.

- **Introductions:** immediately after a ward handover, always visit each patient you are allocated, to introduce yourself and inform them when you are going home so they know who is taking over from you. Make a mental note of what the person looks like (this is helpful to know if they try to abscond later). During introductions obtain observational/verbal information to help you prioritise care. If you meet an individual for the first time in the community use the same strategies. Experienced nurses continuously assess and reassess patients' needs, during simple introductions and conversations. The data obtained during these encounters allows you to prioritise care at the start of your shift/home visit/clinic appointment. If you feel something is '*not quite right*' with

the patient, but are not sure what it is, never hesitate to ask a senior nurse to assess them too, as this is what we are there for.

- **Understand individuals' preferences**: through open questioning, you can establish how individuals feel and what '*they*' perceive to be '*their*' priorities / goals. For example, ask *"How do you feel?"*, *"Are you happy with your care so far?"*, *"Do you have any questions about your care?"* and *"How can I help you?"*.

- **ABCDE approach:** during patient assessments, always use a systematic ABCDE approach to prioritise immediate critical care for adults or children:

    A – Airway: is their airway sufficient?

    B – Breathing: is their breathing sufficient?

    C – Circulation: is their circulation sufficient?

    D – Disability: what is their level of consciousness?

    E – Exposure: anything else to explain the patient's condition? (Resuscitation Council UK, 2021)

Get in the habit of using ABCDE for all patient assessments even when they are stable and 'non-acute'. An ABCDE approach enables you to establish a baseline on which to assess any future deterioration.

- **Prioritise immediate risks to the safety of the patient or others**:
    - Is the patient displaying signs of self-harm, severe depression / anxiety, psychosis, or suicidal thoughts?
    - Is the patient immediately at risk, e.g. choking, haemorrhaging, electrocution or falling at home?
    - Are there risks to other individuals or staff in the vicinity, e.g. severe signs of abuse or aggression / violence?

Establish 'urgent / non-urgent' and 'essential / non-essential' nursing priorities and key tasks across the caseload

- **Distinguish between '*urgent / non-urgent*' and '*essential / non-essential*' priorities and tasks:**
    - **an urgent priority will always be '*essential*'**: urgent or life-threatening priorities are identified through an ABCDE approach and assessment of immediate risks to patient safety. Urgent priorities should be managed and dealt with immediately, through escalation and appropriate team interventions (see *Chapter 8*).

– **a non-urgent priority that is '*essential*'**: a dressing that needs to be changed that day, or a patient wanting to speak to the doctor about their operation tomorrow are '*non-urgent*' priorities but '*essential*'. They are '*essential*', as a dressing that is not changed can lead to an infected wound and all patients have a legal right to an informed consent. It is '*essential*' you prioritise these tasks that day; however, they are not time-specific. Although, if a patient wanted their spouse present when a doctor spoke to them about life-threatening surgery a time parameter would need to be set. Usually, you can spread these tasks over your shift or potentially delegate to the next nurse on shift.

– **a non-urgent priority that is '*non-essential*'**: taking an individual in a wheelchair to the shops to buy a newspaper may make them happy, but is '*non-urgent*' and '*non-essential*'. Taking them to the shops, however, may contribute to holistic care and boost the patient's mood.

– Note: a '*non-essential*' priority may move to an '*essential*' priority, as building a positive therapeutic relationship with a patient, through visiting shops, may lead them to trust you. The trust developed may lead to an individual eventually taking prescribed medication for their mental health that they were previously refusing. Priorities can change and a shop visit could be classed as an '*essential*' priority later for someone with severe depression. When prioritising care across your caseload you must always use an individualised, holistic approach and continuously reassess patients' needs, as they may change over time.

– **a long-term non-urgent but '*essential*' priority:** a pre-op assessment required for surgery in a month, or a home visit to check an individual can safely climb stairs, are long-term '*essential*' priorities over week or months. Long-term priorities should be recorded in patients' care plans, to help future nurses prioritise goals to achieve within realistic timescales (see *Section 6.4* for more on how to write individualised patient care plans).

Order or rate the key priorities and tasks across the caseload

• **Identify a method to order nursing priorities/tasks:** whether you have a number of '*urgent*' or '*non-urgent*' priorities/tasks, it is helpful to rate them in order. Establish what works best for you by trying out different methods. Observe how experienced nurses order or rate their priorities and tasks across their caseloads.

- Some examples of methods to rate / order your workload are presented below:

- **Use a simple list in order of priority** (*example from a fictitious morning shift)*:

    1. Insulin pump 9am – Mr Jones

    2. Diazepam 9am – Mrs Smith

    3. Pre-med 10am – Mrs Patel

    4. Bed bath and daily redress foot ulcer – Mr Jones

        (Note: no time is set for the bed bath, as I plan to complete the bath in the morning after other tasks. I also show good time management as **two activities are grouped together.** This dressing comes off during the bed bath and will be dressed soon after.)

- **Use a tick box approach** (example from a fictitious electronic handover sheet below):

Name	Diagnosis	Observations	Meds	Bath	Other
Mr Jones	54-year-old with unstable diabetes (insulin dependent) and infected foot ulcer. IV antibiotics.	10am ✓ 2pm	9am insulin pump ✓ 12pm meds	Bath	Dressing after bed bath
Mrs Smith	80-year-old with severe anxiety and confusion. Risk of falls and awaiting brain scan results from yesterday.	10am ✓ 2pm	9am diazepam ✓ 2pm meds		Phone husband
Mrs Patel	28-year-old elective admission for spinal surgery today. Pre-op observations and checklist completed.	8am Pre-op checklist ✓	10am pre-med ✓		

Manage your time 'smartly'

Aim to work '*smartly*': the term '*working smartly*' means you work efficiently, not harder. In the context of delivering '*smart*' care to a caseload

of patients, aim to complete the **greatest amount of care in the most time-efficient and safe manner**. Pointers to help you achieve *'smarter working'* are presented below:

- **Planning and preparation:** prior to delivering nursing interventions, spend time rigorously preparing your required resources, such as equipment, records or support staff. If you start a bed bath with no towels, or escalate a patient's condition to a doctor with no observations, you waste time looking for these items later. You will need to observe and discuss preparatory requirements with experienced nurses in your area. Taking time to prepare adequately will always save you time in the long run.

- **Increase your competence and skills (especially in your weaker areas):** it takes time to develop knowledge and skills that you can practically apply in your first post. To help you work *'smarter'*, it is useful to invest time in targeting areas that can become time-consuming, where your knowledge is lacking. I often suggest to newly registered nurses that they use some of their supernumerary time to develop knowledge and skills in areas that are important, but occur infrequently in their clinical setting. It is during these infrequent 'potential' situations that challenges can develop, which can cause newly registered nurses stress. It is easier for you to deal with issues such as 'care of a body after death'; a patient walking off a ward threatening to 'self-discharge'; 'non-compliance' as a patient refuses medication or a parent refuses treatment for their child; or a 'Deprivation of Liberty Safeguards (DoLS) assessment' to establish mental capacity, if you have read local/national legal frameworks beforehand. Discussing key practices with your preceptor and reviewing local/national policies, in areas that are infrequent, but important, is time well spent (see *Section 7.3*). Identify where related paperwork is stored in case you need it in a hurry.

- **Work to time and set time limits:** new starters sometimes find it hard to set time limits to tasks, whilst caring for a caseload of patients. There will always be days where one patient or relative needs extra psychological or physical support, or an escalating situation needs more of your time. To meet the needs of a group of patients you have to learn to manage your time within the framework of your shift hours. Don't try to overthink your timings at this early stage, just be aware that you cannot spend 2 hours on bed-bathing a patient who is stable

and expect to complete the care for the rest of your patients and finish your shift on time. You will naturally align your nursing interventions to timings through the experience of coordinating care and managing caseloads. I usually take no longer than 30 minutes for each full bed bath if I have three patients who need help washing, or 15 minutes for a simple dressing. With experience, I know I can competently complete these tasks in those times (on average) with carers' support. Obviously, I use a flexible approach to timings as individual issues can arise that cannot be pre-empted.

- **Group activities together:** where possible, try to cluster planned activities together during one patient encounter, e.g. group interventions together, such as completing one patient's observations and medications; and educating them how to manage their symptoms at home, during one bedside encounter, home visit or clinic appointment. Community/district nurses will decrease travel time by grouping home visits according to geographic locations. Nurses can complete a number of tasks on four patients in a hospital bay, such as observations, or three home visits in the same street in succession. **Never administer more than one patient's medications at a time**, as you must adhere to standards of medicines administration at all times. You must use an individualised approach, as some patients may be too tired to have numerous interventions at one time. Observe how experienced nurses group their activities together in your particular area and ask them for ideas to guide your skill development.

- **Complete electronic patient records as you go along:** try to complete your records as you go along, as opposed to typing it all up at the end of the shift. It can be hard remembering facts retrospectively, which means it is more time-efficient to formally record them at the time of an event. I have odd days when this is not feasible, due to dealing with emergencies, but most of the time it is possible. I prefer to record care plan goals and evaluations in the presence of the patient to promote joint goal planning, which means I evaluate and record care at the same time. Keep your records concise and factual, as writing subjective description is a waste of time (see *Chapter 6* for comparative examples of *'poor and good records'*).

- **Be positive and know where to find solutions to barriers:** there will always be odd shifts where you have barriers to challenge you. Try to maintain a positive attitude and place your challenges in context – this

will enable you to get through any difficulties. Senior nurses will have seen the worst case scenarios during their career and they can help you view your challenges in context. They can provide data to help you overcome issues quickly, e.g. links to specialist staff and contacts. Remember to ask senior staff for advice, as all barriers can be overcome using a team approach.

- **Team work and delegation:** where appropriate, delegate to others (see *Section 5.3* for further guidance). Using a team approach to care – for example, working in pairs or with buddies – will enable you to overcome the hardest challenges in the most efficient and safe manner.

5.3 HOW TO DELEGATE TO OTHERS

During your nursing degree, you will have observed registered nurses delegating to others and reflected on how you delegate to support workers. You will have completed competencies that require you to care for a caseload of patients using delegation, under the supervision of your practice supervisor. However, as a newly registered *'named nurse'* you are now accountable for an allocated group of patients, which can feel daunting at first. Delegation in nursing is a complex skill, and most of your *'learning to delegate'* will actually take place when you have to delegate.

As an experienced nurse, I know when to delegate, who to delegate to and how to delegate, through my past clinical experiences that give me a frame of reference to gauge my decisions. Try to remember that many nurses struggle with delegation at first (I know I did) but through practice and feedback from experienced nurses you will soon build up strategies that work for you. I have role-modelled nurses who delegated well, learnt not to role model 'poor delegators', asked for advice from experienced managers and learnt from my mistakes. You will probably go through similar experiences and use similar strategies during your preceptorship year. Only you can decide what methods work best for you and I hope some strategies in this chapter help you.

The importance of finding out about junior roles within your team

During your induction and orientation period, it is essential that you find out about the roles, responsibilities and qualifications of junior nurses, nursing

associates and support workers within your team, as this information is key before you delegate.

A few tips to help you are presented below:

- Ask your line manager or preceptor for an overview of key roles within your area and their related job descriptions.
- Establish which tasks staff are competent to complete.
- Establish any limitations applied to each role in your area, e.g. allowed/not allowed to complete TPR, fluid balance, diet charts, blood pressures, admission details, etc.
- Do not presume that all support workers are competent to carry out the same tasks. Senior support workers often complete extended training and they may be at different stages in their career, e.g. have a variety of qualifications and amounts of experience (see nursing structures detailed in *Section 3.4*).
- Create good relationships with staff, as the more they get to know you, the easier it will be to deliver collaborative care using a team approach.
- When you first register, make a point of introducing yourself to all nursing associates and support workers in your area and let them know you are looking forward to working with them.
- Make an effort to introduce yourself to new ancillary staff too, such as ward cleaners, clerks and secretaries. During busy times it is helpful to have additional support from these individuals, as they may assist with appropriate phone calls, domestic work and administration.

Remember, nursing associates and support workers are more likely to '*go the extra mile*' for you during busy times, if you acknowledge them and treat them with respect.

Strategies to delegate

When delegating in practice, you should start by identifying patients' priorities and establishing the timelines for key nursing tasks required (strategies to achieve this are detailed above). Once you have identified and ordered key tasks across your caseload, you should manage your time smartly by delegating jobs to junior staff.

There are two common mnemonics used to help junior nurses delegate; the 5 Rs 'Rights of delegation' (NCSBN and American Nurses Association, 2019) (see *Table 5.2*) and the 4 Cs 'Communication of initial

direction' (Zerwekh *et al.*, 1997) (see *Table 5.3*). These two mnemonics provide helpful guides to aid your communication when you direct others (Zerwekh *et al.*, 1997) or to establish what is '*right*' during delegation (NCSBN and American Nurses Association, 2019).

Table 5.2: The 5 Rs: 'Rights of delegation' (adapted from Zerwekh et al., *1997)*

The 5 Rs	Guidance
1. **R – Right task**	Establish whether *it is the right task* for a specific team member The *'right task'* must adhere to local and national standards and procedures The *'right task'* must be within the scope of the nurse's practice / job description
2. **R – Right circumstance**	Assess the patient and/or patient group / caseload to ensure the *'right circumstance'* is in place to delegate The *'right circumstance'*, or situation, to delegate includes being able to complete tasks that have predictable results and minimum risks, such as a repetitive task or unchanging procedure, e.g. a bed bath or filling in a fluid chart
3. **R – Right person**	Delegate to the *'right person'* who must have the required skills and qualifications to competently complete the task delegated The *'right person'* should have the ability, and be in the right frame of mind, to complete the task set, e.g. not overloaded with other tasks or overly anxious
4. **R – Right direction**	Provide the *'right direction'* when delegating; this includes a concise account of the task required, the reason for the task and your expectations, e.g. you expect a staff member to complete a hair wash during patient X's shower between 10am and 11am, as she has not had her hair washed that week The *'right direction'* includes the right communication that could be provided with '4 Cs': clear, concise, correct and complete (see the 4 Cs (NCSBN and American Nurses Association, 2019) in *Table 5.3*)
5. **R – Right supervision**	Provide the *'right supervision'* when you delegate, through assessing and monitoring nursing interventions Always be prepared to intervene and provide the *'right supervision'* to staff or re-delegate, if required

Table 5.3: The 4 Cs: 'Communication during the initial direction part of delegation' (adapted from NCSBN and American Nurses Association, 2019)

The 4 Cs	Guidance
1. **C – Concise** Is your direction concise when delegating?	Directions need to be concise and easily understood when delegating Gauge if your direction is simple enough by asking the individual if they understand what you have asked them to do; ask them to immediately repeat your directions back to you
2. **C – Clear** Is it a clear direction?	Keep directions short and uncomplicated Break down priorities into clear and measurable tasks Clearly state the task required and the person responsible for completing the task Do not use too much jargon or complicated language, as it may be misinterpreted or cause confusion
3. **C – Correct** Is it a correct direction?	The delegated task should aim for a positive end result that is appropriate for the situation / patient's needs, i.e. the work delegated should achieve the desired outcome Be aware of your overall end goals when delegating to others Never delegate tasks that involve incorrect practices or do not follow policies and procedures
4. **C – Complete** Is it complete?	Monitor and check that all aspects of delegated tasks / patient care are completed fully Accurately record individual assessments and evaluations relating to care delivered Assist with completion of care as required

Following my work with newly registered nurses as a lecturer practitioner, I created a mnemonic called the '7 Ks' to help newly registered nurses focus on what they need to *'know'* when delegating in practice (see *Table 5.4*). The '7 Ks' mnemonic contains guidance to focus your knowledge base before, during and after delegation.

Table 5.4: *The 7 Ks: What you need to* 'know' *when delegating in practice as a newly registered nurse*

The 7 Ks	Guidance
1. **K** – Know the specific needs of the patients	Know patients' immediate, medium- and long-term needs across the allocated caseload, e.g. by: • using patient and caseload nursing handovers, open communication with patients / family / carers • reviewing medical, nursing and MDT records and patients' care plans (see *Table 5.1* for more details)
2. **K** – Know the priorities of nursing care	Know how to prioritise care across the allocated caseload and establish which tasks are: • urgent or non-urgent • essential or non-essential (see *Table 5.1*)
3. **K** – Know your timelines	Know the timelines required for key nursing tasks across the patient caseload Know the different methods you can use to order or rate priorities and key tasks (see *Table 5.1*).
4. **K** – Know your staff and resources	Know ability, skills and competence of staff before delegating to them Know whether the person is capable of taking on additional tasks, e.g. are they overloaded? Know which resources / equipment you need to perform key tasks
5. **K** – Know how to delegate	Develop your delegation skills by using reflection, senior nurse support and receiving feedback Know which tasks are appropriate to delegate to specific staff in your team; use structured guidance to help you delegate, e.g. the '5 Rs' (Zerwekh *et al.,* 1997) (see *Table 5.2*) and '4 Cs' (NCSBN and American Nurses Association, 2019) (see *Table 5.3*).
6. **K** – Know what has been completed by others to evaluate care	Know how well tasks have been completed by others, by observing their performance and receiving patient / relative / staff feedback on their care e.g. check anti-emboli stockings are removed during a bed bath and the condition of the patient's skin has been assessed during their wash Know how to evaluate and record care delivered by others, using the patient's care plan, risk assessment tools, national standards and practice guidelines (see *Chapter 7* for guidance on care plans and risk assessments) – remember: you are ultimately accountable for key risk assessments and evaluations of care within the patient's care plan as the *registered nurse*
7. **K** – Know whether you need to provide additional support or re-delegate	Know whether staff need extra support following your delegated tasks by monitoring their progress, observing them complete tasks and discussing how they are coping with their tasks in practice Reassess changing situations and re-delegate or directly support staff as required

The importance of positive team working

During your training you will have become familiar with Belbin's 'Team Roles' (Belbin, 2015) that are used to categorise a person's behavioural strengths and weaknesses in the workplace. You will have been encouraged to complete Belbin's Self-Perception Inventory (Belbin, 2015) to identify your strengths and weaknesses; for example, you may come out as a 'shaper' who thrives on pressure or a 'team worker' who is a good listener and diplomatic. On the other hand, as a 'shaper' you may offend people's feelings more easily, and as a 'team worker,' be indecisive when placed under pressure.

Using Belbin's inventory is fun to do and helpful to increase your self-awareness and recognise the contribution of other staff within a team. However, your skills require practical application to promote positive team working when you start in practice. You need to identify where you fit in the team and how you can contribute to team-building and a positive working environment.

Tips to promote positive team working when you start in practice

Meet team members and understand roles

- Within health care environments there will be larger teams, such as divisional teams or clinical commissioning groups; and smaller teams at local level.
- Senior nurses should introduce you to local team members in an orientation walk-round, team meeting or handover. If not, ask them to introduce you or proactively make introductions yourself. Use your orientation period to find out about junior and senior roles within your team (see the orientation checklist in *Table 2.2*).
- Identify all types of teams in your practice area, their purpose and who the team members are.
- Establish where your role fits within each team and the roles that you/other members play (this includes interdisciplinary teams, corporate and patient/carer groups).
- Establish how team members influence and contribute to team working, e.g. speak to team members and discuss their roles and how they promote positive team working.

- Identify who makes key decisions in the team, e.g. who decides staffing levels, when you can book agency staff or when you can take your annual leave.

- Attend as many team meetings as you can when you start, as it will help you to gain insights into team working and networking.

- Attend team social events too as they are a good way to learn about others and make friends, especially if you have relocated in your first post.

Establish how teams are structured and how they communicate

- Some meetings will be informal, such as discussion groups for band 5s; others will be formal with an agenda and minutes.

- Identify which meetings it is essential you attend and which are optional, e.g. ward meetings are usually optional, whereas a team awayday on your roster will be essential.

- Establish how teams communicate, e.g. during handovers, incident reviews, ward/team/research development meetings.

- Find out how team communication systems work and whether you need further training, e.g. online referral systems, bleeping/alarm systems, community caseload reviews, ward meetings, doctors' rounds, team awaydays and electronic patient records.

Offer to contribute to team working

- Do not presume that because you are new to an area that you cannot contribute to a team or influence change. I know many newly registered nurses who managed to influence change in their first post, e.g. integrating their dissertation findings into practice.

- If minutes are available from team meetings, then make sure you read them to gain insights into areas that need developing.

- If you have a passion or interest then share it with your manager and the rest of the team. You may be allocated time to pursue an area of interest as a link nurse or be allocated related study days/post-registration training (see *Section 9.2*).

- Remember, it is important that every team member has a voice and yours is just as important as that of any other staff member.

- Offering to help other team members will help you develop positive relationships and will usually be reciprocated in the future when you require additional support.

Communicate with team members professionally and honestly

- Always communicate with staff/team members in a professional manner, be it face to face, on the phone, or online. Never lose your temper or shout at others in practice, no matter how frustrated you feel.

- Learn to assert yourself and say how you feel professionally and honestly. This can seem daunting until you get to know team members, but it promotes positive team working and safe nursing care (see further tips on being assertive at the end of *Chapter 2*).

- Don't be afraid to ask other team members for support or escalate a team issue to someone senior/a trusted colleague (see how to escalate in *Chapter 8*).

Promote positive team working and deal with conflicts

- It is essential that negative team cultures and conflicts are resolved, otherwise people become resentful and frustrated. If left unresolved, situations can impact standards of care. Research studies demonstrate that incivility and rudeness at work will impact on a team's performance (Cooke and Baumbusch, 2021; Riskin *et al.*, 2017), and may increase nursing turnover (Zaheer *et al.*, 2021).

- When team communication breaks down it is stressful for everyone involved and may become life-threatening for patients, e.g. an essential medication or home visit could be missed.

- Relatively minor encounters/interactions between team members can escalate into much more if left unresolved, e.g. an abrupt conversation or email being interpreted differently to what was intended.

- A whole team can be affected by just one or two team members not getting on, especially if other members of the team take sides. An issue cannot be resolved until it is highlighted and junior staff may find it hard to be the first person to highlight an issue. If you feel uncomfortable about the way team members are behaving, speak to a trusted experienced staff member or visit your HR department for confidential advice and support. Senior nurses should lead mediation between team members to promote positive team working and resolve team issues.

- Remember if you report an issue to a senior person you should stick to the facts, not what you *think* is happening from the gossip you have heard (for more information on reporting and escalating incidents see *Chapter 8*). A person being reported for bullying/unprofessional

behaviour has a *'right of reply'* and may be told what has been said about them. You may be asked to write a formal statement as part of an investigation if you have witnessed unprofessionalism.

- Miscommunication can escalate when others gossip and spread mistruths, or information is shared second/third hand. Don't gossip about other people, even if you hear others gossiping. It causes undue stress for the individuals being gossiped about and prevents positive team working.

Learn to adapt to change and be flexible

- Learning to adapt to change and being flexible when working in a team, are essential skills for nurses to develop, enabling them to cope in unpredictable health care environments. These skills take time to develop when you register. Access supervision and support from experienced staff and educators if you are finding it hard adapting your plans.

- Some staff become easily focused on their own caseload and may have less thought for other team members, as they may become overwhelmed with workloads or do not understand what is happening around them. A good team leader will inform staff of corporate or local issues that impact on team working, which makes them more likely to embrace change and work together with a sense of team purpose.

- Spending time with senior staff, caseload managers and ward/floor coordinators in practice will increase your insights into their role and help you gain a more global perspective of leadership and management in your area.

- Remember, in life there will always be certain people you would prefer not to socialise with and personalities that will clash with your own. In society you would walk away or not pick up the phone; however, at work you cannot do this as part of a working team. You need to communicate in a mature and professional manner with all team members.

- If you clash with a certain member of staff and feel an atmosphere developing, it is best to talk it through with them and let them know how you feel in a professional and honest manner. It is best to initiate conversations in a quiet room and not in front of an audience. Listen to their perspective – you may not be best buddies but can aim for a professional relationship in the future.

- Mediation can be offered between you and others if you cannot resolve an issue. HR staff or a senior nurse/union representative can help mediate to support a positive conclusion.

Team support in the community and a hospital 'buddy' system

When nurses work collaboratively with others, be it in a community or hospital setting, patient care will inevitably be more effective. Good team work requires structured mechanisms to support and enhance team communication that are embedded within working environments.

Nurses working in community settings may undertake home visits or run practice clinics, usually caring for a caseload of patients in one geographic region. It can be rewarding working across a community setting, enabling people to stay in their homes and out of hospital; however, there may be times when staff feel isolated during visits or whilst running clinics. To prevent feelings of vulnerability as a lone worker, most community teams have clear structures in place to ensure newly registered nurses feel well supported by colleagues. Sometimes visits or clinics are undertaken by two staff when there are challenging situations to deal with, and you can request extra help from a variety of professionals if you feel worried by a complex case.

Community teams and practice teams offer regular contact with other members of the team, as follows:

- Daily/weekly patient or caseload reviews
- Nursing team, MDT and IDT meetings held in local offices, GP practices or other community locations
- Additional ad hoc case reviews and team meetings for complex and challenging cases/situations
- Ongoing expert support and reassurance offered from senior staff via telephone or online
- Personal alarm systems to ensure staff are supported in emergencies
- Lone worker policies and procedures to assure staff safety (check your local policies and procedures during your orientation)
- Personal iPads, 1:1 professional mentoring or coaching and access to online professional support networks.

If your first post is community based, make sure you find out how to access team support and all the services available to you.

Similarly, when working in hospitals or other institutions a team approach is essential. Although you should have easier access to a team within the vicinity of your workplace, not all teams work cohesively and effectively. The one method I have used throughout my career to effectively manage my time when caring for a group of ward patients, is to 'pair' or 'buddy' all ward staff at the start of my shift.

When you register, you will struggle in a ward or theatre setting if you do not have someone to pair up with during your shift. Some nursing interventions require more than one nurse, and having a shift buddy will help you feel more confident when managing your time and priorities. The buddying method is not just for newly registered nurses either; it is a method that can be used for all ward and theatre nurses throughout their career. Although buddying sounds simple, it is dependent on the nurse in charge, the workplace culture and you being proactive. Not having an allocated shift buddy as a newly registered nurse can make your shift busy and stressful.

Buddying usually involves the following:

- Trained nurses and/or health care assistants working together in pairs/threes to support each other; cover breaks and deliver interventions that need more than one nurse

- Identified staff buddying at the start of the shift (after nursing handover), to the end of the shift

- Odd numbers of staff placed in a 'threesome' or given a 'nurse floater' role across the ward/clinic

- Ward managers or other senior nurses buddying with you to cover for a registered nurse who has left the ward/clinic/theatre, e.g. to go to theatre or take a patient to another department

- A buddy nurse (preferably trained) caring for your patients during your break

- Negotiated breaks planned in advance with your buddy

- Intermittent meetings with your buddy during your shift to check on each other, e.g. at the start, in the middle and near the end of the shift

- Negotiating and reviewing key interventions being delivered together during the shift, e.g. *"We have two patients who need repositioning four times this shift and two need help feeding. Shall we meet to reposition Mrs X at 2pm and Mrs Y at 3pm, as she was repositioned an hour ago? I will ask HCA Z to feed Mrs X at 5pm and I will feed Mrs Y."*

• A more experienced buddy guiding the less experienced nurse.

Community nurses may use different ways to keep in touch with their buddy, such as using digital technology or regular phone check-ins to keep connected.

Remember, as a newly registered nurse you will struggle with time management and developing your leadership and management skills without support strategies being in place or someone to buddy with. As you become a more experienced nurse, you will be able to offer support strategies or use a buddying system to assist junior nurses with their nursing priorities!

Coordinating nursing care

In 2014, NHS England first set out its vision to transform NHS and social care in England through a new integrated care model, which was outlined in the publication *NHS Five Year Forward View* (NHS England, 2014). Further details relating to integrated health care systems in England were presented in the *NHS Long Term Plan* (NHS England, 2019). A legislative framework was later approved through the Health and Care Act (DH, 2022), which led to the establishment of Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs) across England. ICSs and ICBs aim to bring together NHS organisations, local authorities and other services to plan service delivery collectively (see *Local management structures* in *Section 3.2*).

In line with government policy, the NMC (2018) *Future Nurse: standards of proficiency for registered nurses* document clearly outlines in '*Platform 7 Coordinating care*' that newly registered nurses should play a leadership role in coordinating and managing the complex nursing and integrated care needs of people, across a range of organisations. It is evident that the terms 'coordinating' and 'integrating' care are often used interchangeably in nursing. Although these terms are interrelated, care coordination focuses more on supporting individuals to connect across multiple providers and settings, whereas care integration focuses on bringing siloed services together to create an overall smoother patient experience (Poku, Kagan and Yehia, 2019). Therefore, coordinated care is '*provider- and payer-centric',* supporting patients and families to navigate disjointed health systems, whereas care integration is '*person-centric',* aiming to restructure the way care is delivered to improve overall patient outcomes and experiences (Poku, Kagan and Yehia, 2019).

As part of the move towards integrated health care, population health care management and community outreach programmes have also come to the fore. Innovative outreach programmes such as '*The Man Van*' provide free health care checks that target men in difficult to reach communities using a van that hosts a mobile health clinic (Blake, Coghlan and Iredale, 2015; McCarthy, 2022). Advanced nurse practitioners and specialist nurses running these clinics aim to promote early diagnosis of prostate and other urological cancers.

In summary, the aims of integrated care are to:

- improve the sharing of health care information
- prevent fragmented and disjointed care
- promote a patient-centred, holistic approach
- promote a smooth transition between services and streamline care activities
- reduce costs and improve patient outcomes through increased efficiency.

Lewis *et al*. (2010) describe four types of health care integration:

1. **Organisational**: brings several organisations together, focusing on integrating structures and governance systems, e.g. networks and mergers
2. **Administrative**: joins up non-clinical support and shares data, e.g. electronic patient records
3. **Service**: coordination of different services, e.g. MDT, single point of referral or signposting services
4. **Clinical**: coordination of care into a single process within or across professions, e.g. shared guidelines, protocols and care pathways.

In comparison to Lewis *et al*. (2010), Curry and Ham (2010) describe only two types of integrated care—horizontal or vertical:

- **Horizontal**: organisations are at the same stage and come together to deliver services, e.g. a merger of two hospital trusts
- **Vertical**: coordination of services across organisations that are at different stages and/or bringing together organisations at different levels of a hierarchical structure under one management, e.g. primary care and secondary care.

As a student or newly registered nurse, you may have already observed 'organisational' or 'horizontal' health care integration, where an individual

service or larger organisation has integrated or merged, or you may experience this in the future. However, all of you should have experienced 'clinical' integration during your clinical placements, as care delivery is always coordinated through shared guidelines, protocols and care plans. 'Service' integration may also be familiar if you have signposted patients and carers to appropriate services.

Nursing care coordination activities have been themed under three categories by Karam *et al.* (2021), as follows:

- the patient, family and caregiver
- health and social care teams
- bringing together patients and professionals.

'Interprofessional communication' and 'information transfer' are the two most fundamental nursing coordination activities (Karam *et al.*, 2021). For example, offering clear discharge information to a post-operative patient (information transfer), and communicating with a physio to advise on rehabilitation before discharge or arranging a district nurse's follow-up (interprofessional communication). Without clear 'interprofessional communication' and 'information transfer', there is a risk of poorly coordinated care that may lead to decreased patient/service user satisfaction, more adverse events, and unnecessary repetition, as a person is just passed on from one service to the next, with no one overseeing the overall patient care experience.

As a newly registered nurse, it is important to focus your learning on understanding key roles, systems and structures across your service to promote accurate information transfer and communication (see *Section 2.2 How to structure your learning in your first few months registered*). It is essential that you have a structure of support in practice to obtain feedback on your communication skills and to reflect with others, as you develop your confidence and competence coordinating care.

Future restructuring

- Try to attend Integrated Care Board (ICB) meetings, if opportunities arise, to increase your knowledge of how ICB meetings are structured and/or any future development plans.
- Monitor any changes to the national structure of integrated care boards and integrated health care partnerships.

- Keep up to date with developments in integrated health information technology, such as remote patient monitoring, personalised health and new outreach programmes.
- Complete future courses that develop your digital skills.
- Complete future academic courses to inform your future leadership skills.

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─────────── **WHAT TO DO NEXT** ───────────

1. Establish what practical supervision and support will be offered when you start, to develop your organisational, managerial and leadership skills during your preceptorship year, e.g. you may have newly registered nurse competencies relating to *'prioritising', 'time management', 'delegation', 'team working'* and *'coordinating care'*.

2. Reflect and receive feedback on your skills from experienced nurses when you prioritise, manage your time, delegate to others and coordinate care.

3. Review the roles, responsibilities and qualifications of junior nurses, nursing associates and support workers in your area. Establish which tasks junior staff are competent to complete, and the limitations applied to each role. Ask your line manager or preceptor for an overview of key roles within your area and related job descriptions.

4. Identify the types of teams in your area, their purpose and communication systems; and how they relate to your role.

5. Find a strategy to help you work positively within your team, prioritise care, manage your time and delegate to others in practice, that works best for you. If you are unsure what to use currently, review the strategies presented within this chapter to help you identify patients' priorities and manage a 'caseload' of patients.

6. Identify how care is coordinated and services are integrated across your local area. Discuss with your manager/preceptor how you can promote integrated care and positive patient outcomes in your role.