



## STRIVING TO ACHIEVE NURSING EXCELLENCE, A MYTH OR REALITY? A PLANNED STUDY OBJECTIVELY OBSERVE THE TIME SPENT BY NURSE IN PERFORMING DIRECT PATIENT CARE

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### ABSTRACT

Nursing is an integral part of health care sector which encompasses the care of physical illnesses, mental illnesses, promotion of health and prevention of illness in all health care and community settings. The number of health care professionals in a system is determined by the need of the society of that particular geographical domain. Most of the health care settings do not employ adequate number of professional nurses which challenges the excellence of nursing care of patients. The present study aims to determine the time spent, describe the type and duration of nursing. This observational study was conducted in an in-patient ward of Shri Mata Vaishnodevi Narayana Superspeciality Hospital, Katra, Jammu & Kashmir UT over a period of 3 months (09th December 2021 to 09th March 2022). Study was done in a 36-bedded multi-specialty ward with an average length of stay of 4-5 days. WOMBAT (Work Observation Method by Activity Timing) has been used to collect the data. Data was collected by three Nursing Educators and a Nursing Supervisor through 'shadow' audit. The hospital of study is NABH accredited and documentation in the form of checklists, audits were huge in number along with patient care. The time allocated by the Nurses for the documentation was proportionately higher than the direct patient care. The study concluded that most of the times, the nurses were filling up the forms without seeing the actual condition of the patient due to time constraint of completing them before their shift change and hand over which is a real challenge to patient care.

**KEYWORDS :** Nursing, Health care settings, Time and Excellence.

### INTRODUCTION

Nursing is an integral part of health care sector which encompasses the care of physical illnesses, mental illnesses, promotion of health and prevention of illness in all health care and community settings.<sup>1</sup>

The number of health care professionals in a system is determined by the need of the society of that particular geographical domain. Most of the health care settings do not employ adequate number of professional nurses which challenges the excellence of nursing care of patients.<sup>2</sup>

It was observed from various studies of nursing practice that better patient outcomes are achieved in hospitals and community staffed by a optimal proportion of nurses. The WHO strategic directions for nursing and midwifery (SNDM) 2011 – 2015 provides stakeholders with a framework for collaborative action with the vision statement "Improved health outcome for individuals; families and communities through provision of competent, culturally sensitive, evidence based nursing and midwifery services."<sup>3</sup>

Advocacy, promotion of a safe environment, research, participation in shaping health policy and inpatients and health systems management, and education are also key nursing roles. But at core of all this, the practice of nursing in the care of sick has been conceptualised entirely different in the hospital settings. In pursuit of better quality nursing and ensuring safe practices, the amount and type of nursing work has increased many fold over the years, in particular, the increase in documentation work.

Every nursing professional should strive for nursing excellence as they are the cornerstone of all quality related programs of all health care organizations.<sup>4</sup>

### Goal

The definitive goal of this study is to improve the working environment of nurses in the hospital in terms of their pre divided tasks and efficient management of time.

### Aims and Objectives

- To describe the nature and duration of nursing activities and how much time registered nurses allocate to the different dimensions of their scope of practice in a general ward of super speciality hospital. This study also aims to describe the nature and duration of nursing activities and how much time nurses allocate to the different dimensions of their scope of practice in the wards of Shri Mata Vaishno Devi Narayana Super Speciality Hospital.
- Further this study aims to see if there is a need to redefine & reorganise the duty pattern of various shift duties, to improve patient care, maintaining the accepted standards of patient safety along with identification of duplication of patient's documentation work, if any so as to redistribute more time to direct patient care activities.

### OBJECTIVES

- Observe the time spent by nurses in actually performing the set of pre divided activities in various shifts i.e. morning, evening and nights in the hospital general ward of a super speciality hospital.
- Compare the pattern of distribution of time spent by nurses in performing the set of pre divided activities across various shifts of duty allocation i.e. morning, evening and nights in the hospital general ward of a super speciality hospital.
- Estimate the percentage of time spent in direct and indirect patient care activities as against the total duty time in the 3 shifts i.e. Morning, Evening and Nights.

### MATERIAL AND METHODS

This observational study was conducted in an In-patient ward of SMVDNS Hospital, Katra, Jammu & Kashmir UT over a period of 3 months (09th December 2021 to 09th March 2022).

Study was done in 36-bedded inpatient multi-specialty ward with an average length of stay of 4-5 days. A total of 1350 man duties (05 Nurses per Shift X 3 Shifts X 30 days = 450 man duties in a month) over a period of 3 months was observed closely through 'shadow' audit by a team of 4 members

consisting of 3 Nursing Educators and a Nursing Supervisor. The nurses working in the Inpatient department for at least 6 months were included in the study. All Nurses had either a bachelor's degree or GNM in nursing and none had postgraduate degree. The month before data collection, two information sessions were held to introduce the study team members. On an average 7 patients were allotted to each nurse in a shift.

The WOMBAT (Work Observation Method by Activity Timing) model was used to collect data. The team recorded each activity observed in real time basis using a tablet computer with a pre-registered list of 11 activities. The 11 activities, i.e., Direct care, Indirect care, Medication task, Medical documentation, Professional activities, ward related activities, Time spent in transit, Patient reassessment, Social activities, Permanent record keeping and Patients Hand over were observed for 5 Nurses in each of the 3 shifts in a day. The morning shift is from 08:00 to 14:30 (390 minutes), the evening shift is from 14:00 to 20:30 (390 minutes) and night shift is from 20:30 to 08:00 (750 minutes).

The major activities were categorized with following clear demarcated task and information tool definitions.

1. Direct Care: Direct communication with patient and family, Bathing, applying dressing nursing procedures.
2. Indirect care: Reviewing results, planning care, washing hands, reviewing documents returning equipment.
3. Medication task: Receiving medication, preparation and administration, documentation discussion and clarification.
4. Documentation: Paper and electronic excluding medication documentation, as per hospital policy. Following things required filling:
  - Billing sheet
  - Blood sugar chart
  - Nursing assessment
  - Vitals signs chart
  - Intake and output chart
  - Nursing daily assessment
  - Pain assessment
  - Fall assessment
  - Nursing progress notes
  - Patient and family health education
  - VIP Scoring sheet
  - Bundle care checklist

**5. Professional communication:**

All non-medication related communication with senior nursing health care professional, Consultant rounds, Medical officer's rounds, Physiotherapist, dietician, Clinical Pharmacists, service excellence staffs, Quality team, Housekeeping and GDA Staffs, Billing Staff, etc.

**6. Ward related activities:**

- Ward orientation requirement for all new admission
- Medication care

**Table 1: Time & Task Distribution (Morning Shift)**

S.No	Task	Time in minutes	Percentage
1	Direct Care: Direct communication with patient &/or family, bathing, applying dressings, nursing procedures etc.	27.79	7.13%
2	Indirect Care: Reviewing results, planning care, washing hands, reviewing documentation, returning equipment.	29.83	7.65%
3	Medication Tasks: Preparation, administration, documentation, discussion & clarification.	44.94	11.52%
4	Documentation (paper and electronic), excludes medication documentation.: 1. Billing sheet, 2. Blood sugar chart, 3. Nursing assessment, 4. Vital signs chart, 5. Intake & Output chart, 6. Nursing Daily assesment, 7. Pain assesment, 8. Fall assesment, 9. Nursing notes, 10. Patient & Family education, 11. IV line & CAUTI checklist.	76.31	19.57%

- Initial assessment on admission
- Nursing progress notes
- Vitals signs monitoring and documentation
- Investigations (Radiology and laboratory)
- General consents

**7. In transit:** Task involves using a computer for retrieving reports.

**8. Supervision:**

Time spent for Patient complaints reassessment, post drug assessment and assessing patients before & after procedure (diagnostics).

**9. Social:**

Time spent in personal activities e.g.: Meals, tea break, wash room breaks and personal calls, etc...

10. Permanent record: Mandatory ward records.

- Medicine register
- Admission register
- Indent register
- Radiology Register
- Communication Register
- Patient transfer Register
- Discharge Register
- Discharge patient file compiling

11. Patient handover details Handover checklist. (Patient Demographic details, Clinical Status, Plan of care, Nursing care, Finance related details, legal(MLC/Normalcy), Documentation, Equipment's.

The Nurses were monitored without leaving a gap. A total of 696150 minutes ((390 minutes of morning shift of each nurse X 5 Nurses X 91 days) + (390 minutes of evening shift of each nurse X 5 Nurses X 91 days) + (750 minutes of night shift of each nurse X 5 Nurses X 91 days)) of working was monitored cumulatively for all the 5 Nurses.

**RESULTS**

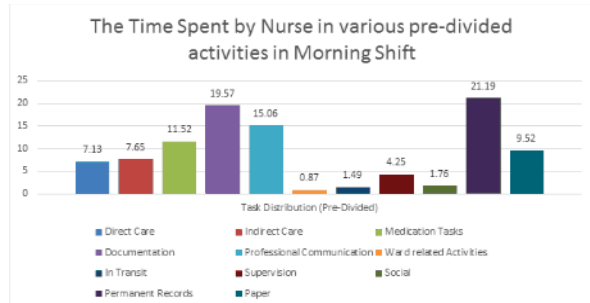
1. Description of the Socio Demographic Data of participants.

The observation as spread across 2320.5 hours of duty in three types of schedule i.e. morning shift, evening shift and night shift, representing 91 workdays. The observation was carried out in Multi-Speciality In-Patient's Wards. All the research participants were Registered Nurses (Rns). There were 182 day shifts (Morning & Evening) and 91 Night shifts.

2. The time spent by nurses in actually performing the set of pre divided activities in various shifts i.e. morning, evening and nights in the hospital general ward of a super speciality hospital.

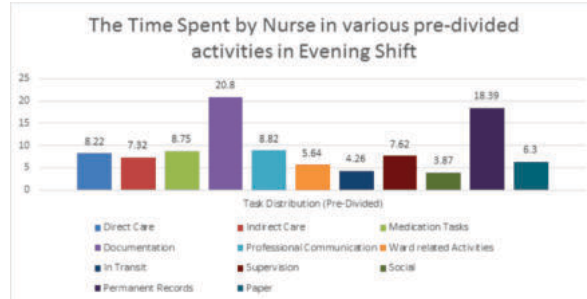
**a. Morning Shift**

5	Professional Communication: All non-medication related communication with another health professional includes ward & patient handover. Excludes medication related discussion.	58.72	15.06%
6	Ward Related Activities (Ward orientation, includes new admission) 1. Medicine Card, 2. Initial assessment on admission, 3. Nursing assessment, 4. Vital signs, 5. Investigation, 6. General consent.	3.4	0.87%
7	In transit: Task involves using a computer for retrieving reports.	5.81	1.49%
8	Supervision: Time between tasks and between patients.	16.56	4.25%
9	Social (All non-work communication, e.g. meal/tea breaks, personal calls)	6.88	1.76%
10	Permanent Record (medical record, including: progress notes, request forms, medication chart, observation chart, nursing care plans)	82.63	21.19%
11	Paper (E.g. Hand over details) Patient Demographic details, Clinical Status, Plan of care, Nursing care, Finance related details, legal(MLC/Normalcy), Documentation, Equipments.	37.13	9.52%
	Total	390	100%



**Figure 1: Time & Task Distribution (Morning Shift)**

Figure 1, depicted that out of 390 minutes of average duty duration the nurses spend maximum time in non-clinical work such as Permanent Record 82.63 minutes (21.19%) and Documentation 76.31 (19.57%). The least time is spend on miscellaneous ward related activities i.e. 3.4 minutes (0.87%), transit time i.e. 5.81 minutes (1.49%) and social activities 6.88 minutes (1.76%). The nurses spend 27.79 (7.13%) minutes on direct patient care while 29.83 (7.65%) minutes are spend indirect patient care. The time spend on medication task and professional communication are 44.94 (11.52%) minutes and 58.72 (15.06%) minutes. Nurse also spend 37.13 (9.52%) minutes in handling the hand over papers (shift change) while 16.56 (4.25%) minutes are spend on supervision of patients.



**Figure 2: Time & Task Distribution (Evening Shift)**

Figure 2, depicted that out of 390 minutes of average duty duration the nurses spend maximum time in non-clinical work such as Permanent Record 71.74 minutes (18.39%) and Documentation 81.13 (20.8%). The nurses spend 22 (5.64%), on miscellaneous ward related activities, transit time i.e. 16.63 minutes (4.26%) and social activities 15.1 minutes (3.87%). The nurses spend 32.05 (8.22%) minutes on direct patient care while 28.56 (7.32%) minutes are spend indirect patient care. The time spend on medication task and professional communication are 34.11 (8.75%) minutes and 34.4 (8.82%) minutes. Nurse also spend 24.57 (6.3%) minutes in handling the hand over papers (shift change) while 29.7 (7.62%) minutes are spend on supervision of patients.

**b. Evening Shift**

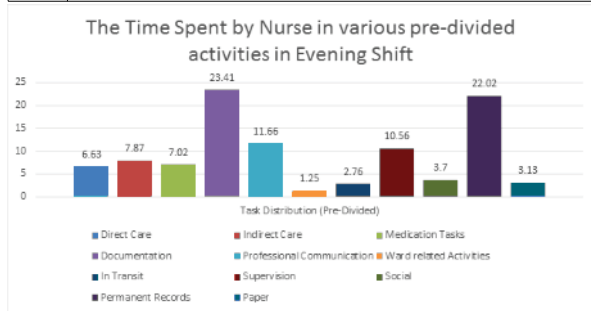
**c. Night Shift**

**Table 2: Time & Task Distribution (Evening Shift)**

S.No	Task	Time in minutes	Percentage
1	Direct Care: Direct communication with patient &/or family, bathing, applying dressings, nursing procedures etc.	32.05	8.22%
2	Indirect Care: Reviewing results, planning care, washing hands, reviewing documentation, returning equipment.	28.56	7.32%
3	Medication Tasks: Preparation, administration, documentation, discussion & clarification.	34.11	8.75%
4	Documentation (paper and electronic), excludes medication documentation.: 1. Billing sheet, 2. Blood sugar chart, 3. Nursing assessment, 4. Vital signs chart, 5. Intake & Output chart, 6. Nursing Daily assesment, 7. Pain assesment, 8. Fall assesment, 9. Nursing notes, 10. Patient & Family education, 11. IV line & CAUTI checklist.	81.13	20.8%
5	Professional Communication: All non-medication related communication with another health professional includes ward & patient handover. Excludes medication related discussion.	34.4	8.82%
6	Ward Related Activities (Ward orientation, includes new admission) 1. Medicine Card, 2. Initial assessment on admission, 3. Nursing assessment, 4. Vital signs, 5. Investigation, 6. General consent.	22	5.64%
7	In transit: Task involves using a computer for retrieving reports.	16.63	4.26%
8	Supervision: Time between tasks and between patients.	29.7	7.62%
9	Social (All non-work communication, e.g. meal/tea breaks, personal calls)	15.1	3.87%
10	Permanent Record (medical record, including: progress notes, request forms, medication chart, observation chart, nursing care plans)	71.74	18.39%
11	Paper (E.g. Hand over details) Patient Demographic details, Clinical Status, Plan of care, Nursing care, Finance related details, legal(MLC/Normalcy), Documentation, Equipments'	24.57	6.3%
	Total	390	100%

**Table 3: Time & Task Distribution (Night Shift)**

S.No	Task	Time in minutes	Percentage
1	Direct Care: Direct communication with patient &/or family, bathing, applying dressings, nursing procedures etc.	49.76	6.63%
2	Indirect Care: Reviewing results, planning care, washing hands, reviewing documentation, returning equipment.	59	7.87%
3	Medication Tasks: Preparation, administration, documentation, discussion & clarification.	52.64	7.02%
4	Documentation (paper and electronic), excludes medication documentation.: 1.Billing sheet, 2. Blood sugar chart, 3. Nursing assessment, 4. Vital signs chart, 5. Intake & Output chart, 6. Nursing Daily assesment,7. Pain assesment,8. Fall assesment,9. Nursing notes,10. Patient & Family education,11. IV line & CAUTI checklist.	175.6	23.41%
5	Professional Communication: All non-medication related communication with another health professional includes ward & patient handover. Excludes medication related discussion.	87.42	11.66%
6	Ward Related Activities (Ward orientation, includes new admission) 1. Medicine Card, 2. Initial assessment on admission, 3. Nursing assessment, 4. Vital signs, 5.Investigation, 6. General consent.	9.34	1.25%
7	In transit: Task involves using a computer for retrieving reports.	20.72	2.76%
8	Supervision: Time between tasks and between patients.	79.17	10.56%
9	Social (All non-work communication, e.g. meal/tea breaks, personal calls)	27.77	3.7%
10	Permanent Record (medical record, including: progress notes, request forms, medication chart, observation chart, nursing care plans)	165.14	22.02%
11	Paper (E.g. Hand over details) Patient Demographic details, Clinical Status, Plan of care, Nursing care, Finance related details,legal(MLC/Normalcy),Documentation, Equipment's	23.45	3.13%
	Total	750	100%



**Figure 3: Time & Task Distribution (Night Shift)**

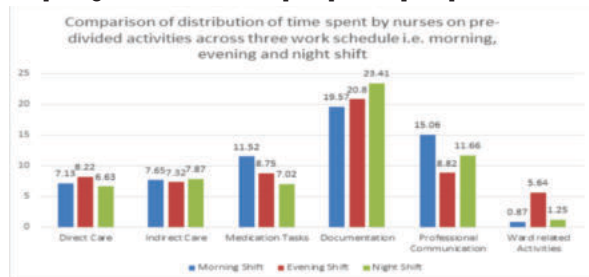
Figure 3, depicted that out of 750 minutes of average duty duration the nurses spend maximum time in non-clinical work such as Permanent Record 165.14 minutes (22.02%) and Documentation 175.6 (23.41%). The nurses spend 9.34 (1.25%), on miscellaneous ward related activities, transit time i.e. 20.72 minutes (2.76%) and social activities 27.77 minutes (3.7%). The nurses spend 49.76 (6.63%) minutes on direct patient care while 59 (7.87%) minutes are spend indirect patient care. The time spend on medication task and professional communication are 52.64 (7.02%) minutes and 87.42 (11.66%) minutes. Nurse also spend 23.45 (3.13%) minutes in handling the hand over papers (shift change) while 79.17 (10.56%) minutes are spend on supervision of patients.

3. Compare the pattern of distribution of time spent by nurses in performing the set of pre divided activities across various

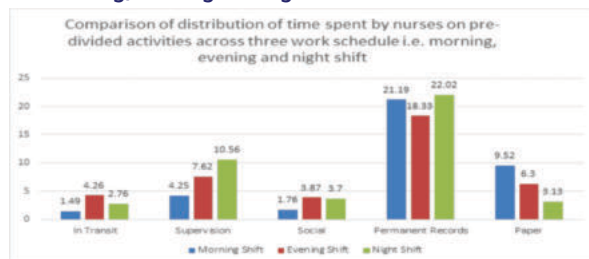
**Table 4: Time & Task Distribution Comparison in all shifts (SE: Standard Error of Mean/SEM)**

S. No	Task	Morning Shift No. of days the activity Occurred Mean time in minutes (SE)	95% Confidence Interval	Evening Shift No. of days the activity Occurred Mean time in minutes (SE)	95% Confidence Interval	Night Shift No. of days the activity Occurred Mean time in minutes (SE)	95% Confidence Interval	Total time in minutes	Average	Percentage
1	Direct Care: Direct communication with patient &/or family, bathing, applying dressings, nursing procedures etc.	91 days 27.79 (0.49)	26.8 - 28.8	91 days 32.05 (1.14)	29.8 - 34.3	91 days 49.76 (1.86)	46.1 - 53.4	109.6	36.53	7.16%

shifts of duty allocation i.e. morning, evening and nights in the hospital general ward of a super speciality hospital.



**Figure 4 A: Comparison of distribution of time spent by nurses on pre-divided activities across three work schedule i.e. morning, evening and night shift**



**Figure 4 B: Comparison of distribution of time spent by nurses on pre-divided activities across three work schedule i.e. morning, evening and night shift**



2	Indirect Care: Reviewing results, planning care, washing hands, reviewing documentation, returning equipment.	91 days 29.83 (0.50)	28.8	30.8	91 days 28.56 (0.9)	26.8	30.3	91 days 59 (0.67)	57.7	60.3	117.39	39.13	7.67%
3	Medication Tasks: Preparation, administration, documentation, discussion & clarification.	91 days 44.94 (0.89)	43.2	46.7	91 days 34.11 (0.79)	32.6	35.7	91 days 52.64 (1.59)	49.5	55.8	131.69	43.9	8.61%
4	Documentation (paper and electronic), excludes medication documentation.: 1. Billing sheet, 2. Blood sugar chart, 3. Nursing assessment, 4. Vital signs chart, 5. Intake & Output chart, 6. Nursing Daily assesment, 7. Pain assesment, 8. Fall assesment, 9. Nursing notes, 10. Patient & Family education, 11. IV line & CAUTI checklist.	91 days 76.31 (0.67)	75	77.6	91 days 81.13 (0.79)	79.6	82.7	91 days 175.6 (1.63)	172	179	333.04	111.0 1	21.77 %
5	Professional Communication: All non-medication related communication with another health professional includes ward & patient handover. Excludes medication related discussion.	91 days 58.72 (1.32)	56.1	61.3	91 days 34.4 (2.05)	30.4	38.4	91 days 87.42 (2.29)	82.9	91.9	180.54	60.18	11.8%
6	Ward Related Activities (Ward orientation, includes new admission) 1. Medicine Card, 2. Initial assessment on admission, 3. Nursing assessment, 4. Vital signs, 5. Investigation, 6. General consent.	91 days 3.4 (0.55)	2.32	4.48	91 days 22 (1.64)	18.8	25.2	91 days 9.34 (0.89)	7.6	11.1	34.74	11.58	2.27%
7	In transit: Task involves using a computer for retrieving reports.	91 days 5.81(0.1 7)	5.48	6.14	91 days 16.63 (0.94)	14.8	18.5	91 days 20.72 (2.05)	16.7	24.7	43.16	14.39	2.82%
8	Supervision: Time between tasks and between patients.	91 days 16.56 (1.03)	14.5	18.6	91 days 29.7 (0.74)	28.3	31.1	91 days 79.17 (2.18)	74.9	83.4	125.43	41.81	8.2%
9	Social (All non-work communication, e.g. meal/tea breaks, personal calls)	91 days 6.88 (0.33)	6.23	7.53	91 days 15.1 (0.47)	14.2	16	91 days 27.77 (1.31)	25.2	30.3	49.75	16.58	3.25%
10	Permanent Record (medical record, including: progress notes, request forms, medication chart, observation chart, nursing care plans)	91 days 82.63 (1.42)	79.9	85.4	91 days 71.74 (3.02)	65.8	77.7	91 days 165.14 (6.33)	153	178	319.51	106.5	20.88 %
11	Paper (E.g. Hand over details) Patient Demographic details, Clinical Status, Plan of care, Nursing care, Finance related details, legal (MLC/ Normalcy), Documentation, Equipments	91 days 37.13 (1.03)	35.1	39.2	91 days 24.57 (0.76)	23.1	26.1	91 days 23.45 (1.56)	20.4	26.5	85.15	28.38	5.57%
	Total	390			390			750			1530	510	100%

Figure 4 A & B shows the comparison of time distribution of nurses on pre-divided activities across three work schedule i.e. morning shift, evening shift and night shift. It also shows the Mean time allocated to dimensions by profession and by shift in the department of the hospital.

It is observed from the given bar diagram that the highest time spend on all three duty cycles are on Documentation and managing permanent records i.e. 21.77% and 20.88%.

The time spend on direct and indirect patient care is moreover similar across all shifts of duty and the average time spend is 7.16% and 7.67% respectively.

Comparatively lesser time is spend on Paper (Hand Over related) (5.57%), Social (3.25%), In Transit (2.82%) and other Ward related activities (2.27%). The time spend on medication task and professional communication are 8.61% and 11.8% respectively. The nurses spend 8.2% of their time in overall supervision of the patients.

1. The percentage of time spent in direct and indirect patient care activities as against the total duty time in the 3 shifts i.e. Morning, Evening and Nights.

S. No.	Duty Cycle	Time spend on Direct and Indirect Patient Care in Minutes	Time spend on Other pre-divided activities	Total Time
1	Morning Shift	57.62 minutes (14.77%)	332.38 minutes (85.23%)	390 minutes
2	Evening Shift	60.61 minutes (15.54%)	329.39 minutes (84.36%)	390 minutes
3	Night Shift	108.76 minutes (14.5%)	641.24 minutes (85.5%)	750 minutes

Figure 5 depicts that although the tasks of the nurses is pre-divided and pre-defined the time allocation on direct and indirect patient care is significant.

The time allocated for direct and indirect patient in morning, evening and night shift is 14.77%, 15.54% and 14.5%

respectively while the time divided among other pre-divided task are 85.23%, 84.36% and 85.5% respectively.

## DISCUSSION

The present study reported that in SMVDNS Hospital, Katra, the demands of personal patient care over the documentation including various checklists to increase patient's safety and documentation policies were compromised. The nurses time spent on direct or indirect patient care to time spent on documentations was comparatively very less. In similar study conducted by Ballermann MA et al., (2011) evaluated the previously described method of quantifying amounts of time spent and interruptions encountered by health care professionals. On comparison with previous data, it was observed that there was higher proportion of time spent on professional communication and documentation by nurses and physicians, as well as more frequent interruptions which are often followed by professional communication tasks. The mean time spent per task was 78 seconds. The maximum spent on one task was 58 hours, 62 hours, 55 hours and 57 hours among ICU physicians, nurses, respiratory therapist and unit clerks respectively.<sup>5</sup>

In another study conducted by Westbrook JI et al., (2013) observed that a total of 250 hours and 20 minutes. Direct care and professional communication accounted for 41% of total task time. Overall nurses spent 20% of observed time in professional communication which equates to approximately 12min/h.<sup>6</sup>

The power of touch speech by Founder of Narayana Health Dr. Devi Prasad Shetty, The modern medicine has undermined the importance of touch and compassion on the face of health care workers, because the power of touch is Phenomenal. Put hands on the patient shoulder and giving the reassurance the patient interactions and reassurance has a larger healing power than all the medicines in this world. But unfortunately the whole philosophy of a touch, compassion, caring is gradually losing ground. The restoration of the same is essential.

Due to documentation overload the concept of comprehensive nursing care and whole philosophy of patient touch and interaction in current nursing practices compromising.

## CONCLUSION

This observational study concluded that, the Nurses were compromising the direct patient care to give importance towards the documentation which is frequently checked by their supervisors. It was also observed that the nurses were filling the documentation without actually observing the patient condition due to the time constraint of completing the documentation within their shift timings. Forms and formats were filled for completion without any timing.

## Suggestion

The nurses spend in direct care activities have been identified as a determinant and better patient outcome and minimal errors. The patient and clinician satisfaction associated with the time spent in clinical work. It is understood that from a professional liability standpoint, the medical record is legal document that serves as evidence that the standard of care was upheld. It is not possible to improve the safety standards and quality of patient care. But at the sometime, documentation should not override the patient care.

It is suggested that the accreditation agencies and the nursing council need to optimize and standardize the documentation process by not duplicating the forms, formats and registers. It is also suggested that digitalization of the documentation in real time basis through gadgets and Application software's shall minimize the work of the Nursing on documentation and

thereby increase their quality time towards the core patient care.

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