

Continuity of care essay example

[Health & Medicine](#), [Hospital](#)



For a long time, the normal working shifts for nurses has been 8 hours. However, some hospital settings have extended the 8 hour working shift to a 12 hour shift. The difference in working shifts has an effect on the overall delivery of care especially when it comes to continuity of care. Continuity of care is primarily concerned with quality of care over time (Gulliford et al., 2006). This care is usually idealized in the patient's familiarity and experience of a 'continuous caring relationships' with a specific health professional (Gulliford et al., 2006). Through this process, the physician and the patient are co-operatively involved in the process of health care management with the main goal being to achieve high-quality as well as cost-effective medical care (Gulliford et al., 2006). The continuity of care has its roots in a long-term physician-patient partnership. In a hospital setting, the outcomes of continuity of care are higher when the physicians are in contact with the patient for longer periods. Currently, the 8 hours shifts do not cater much for the continuity of care since the time of interaction between the patient and the nurse is significantly reduced (Gulliford et al., 2006). This topic was chosen because continuity of care is one of the primary elements in health care delivery that affects the eventual health outcomes. One particular disadvantage of an 8 hours shift is that the hospital setting may become chaotic as nurses report and go away at varying times (Kalisch et al., 2006). This creates the need for multiple reassignments and hand-offs. For instance, for a nurse working in an 8-hour shift from 7 to 3. 30, her shift may expire before she has fully provided elements of care to a particular patient. Since, the particular hospital setting may not have a provision for overtime, the nurse is forced to hand over or reassign some of the elements

of care to another nurse who has just reported. In such a scenario, continuity of care is rendered deficient and almost impossible.

During the 8 hours shifts in a setting such as a surgical unit, it is very likely for miscommunication or communication errors to occur (Kalisch et al., 2006). In the course of handing off assignments, it is very likely for a medical error to be committed. For a surgical patient, a nurse who has finished her shift and wants to head home may communicate with another nurse about the amount of morphine to be administered to the patient. The new nurse may incorrectly interpret the message and administer a lethal dosage to the patient putting the patient at a huge risk. In addition, there are some surgical procedures that take place for more than 12 hours and in this case, hand-offs are unimaginable especially when the surgery in question is sensitive. The handing off of one's duty in a very sensitive surgical procedure not only renders continuity of care incompetent but may also places the life of the patient at risk. In such a case, continuity of care becomes very hard. The presence of 8-hour shifts means that in the course of 24 hours, a total of three shift changes occur and it is impossible to actualize continuity of care in such a scenario (Kalisch et al., 2006). In addition, an 8 hours shifts means that the number of work days is increased for a nurse in the surgical unit. The 8 hour shifts translates to working for a total of five days in a week. A nurse only has about two days of rest. High quality continuity of care is usually administered by a nurse who has had enough rest and two days is merely not enough. This is especially the case for nurses who have to commute for long distances to get to the workplace. 8-hour shifts means that the nurse will spend very many hours on the road and therefore even when

at the workplace, the nurse may already be tired.

Perhaps this is the reason many surgical units in hospitals have enacted 12-hour shifts for nurses. Although 12 hours shifts have their own shortcomings and disadvantages, evidence increasingly shows that nurses prefer these 12 hour working shifts than the 8-hour shifts. 12-hour shifts mean the nurse is in contact with the patient for sufficient time, and advancing continuity of care becomes a very easy affair (Okie, 2006).

This is further accentuated in a surgical unit that is well-staffed meaning that each nurse has sufficient time to interact with a single patient and provide continuity of care as efficiently as possible. In addition, 12-hour shifts means that only two shift changes occur in a day. This further reduces the probability of medical errors occurrence in the course of handing off patients to another nurse or reassigning of responsibilities (Okie, 2006).

Unlike the 8 hour shifts which are associated with a total of three shift changes in a period of 24 hours, the 12 hour shift that are accompanied by 2 shift changes prevents the occurrence of chaos that emanates from this frequent handing offs and reassignments (Okie, 2006).

In conclusion, it is clear that continuity of care provided by nurses who schedules comprise of hours between 7-3: 30, 11-7: 30, and 3-11: 30 in a surgical setting is hugely ineffective. Such schedules are characterized by frequent reassignment and handing off as well as reduced interaction times between a nurse and the patient and in the long, the dissemination of quality continuity of care is hampered.

References

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