

Factors influencing task prioritisation by clinicians in hospital during out-of-hours periods

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Introduction

The number of admissions to acute hospitals is rising, yet average length of stay has fallen.¹ The range and complexity of tests and treatments for the multimorbid inpatient population are growing. The Hospital at Night team of junior doctors, senior nurses and clinical support workers delivering 'out-of-hours' care are therefore faced with an increasingly large and complex workload.² Effectively prioritising tasks is therefore a key ability for these clinicians, but relying on development of this ability through experience risks the delivery of safe and timely care while skills are acquired. This study aimed to investigate which factors affect task prioritisation by clinicians, and to contextualise these findings with published experimental data around task prioritisation.

Methods

Semi-structured interviews around a recalled situation that tested task management skills were undertaken with 25 clinicians at two UK teaching hospitals. The interviews were then transcribed and coded into themes.

Results and discussion

Most participants selected a primary task prioritisation issue as their scenario for discussion, indicating that clinicians find this a challenging management situation. Key factors in task prioritisation decisions included perceived urgency, task and general contexts, time pressure, location/routing and their own clinical skill set and preferences. Few participants reported specific task prioritisation training.

Conclusion

Task prioritisation is important and challenging for clinical staff working out of hours. This study highlights aspects of task prioritisation that could potentially be modified by alterations in the working environment and specific training. ■

References

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