

Time Spent by Nurses on Non-Nursing Activities in Medical-Surgical Units of a Tertiary Hospital

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Abstract

Background: Nurses' time allocation is a critical determinant of patient care quality, workforce efficiency, and job satisfaction. While much research has focused on direct and indirect care, less attention has been devoted to the portion of working time spent on non-nursing activities (i.e., tasks not directly related to nursing care) in medical–surgical wards.

Objective: To assess the spent by nurses on non-nursing activities in medical–surgical units of a tertiary hospital

Methods: A cross-sectional descriptive design was employed at a tertiary hospital medical–surgical setting. Demographic data were collected among 197 nurses. The prevalence of selected non-nursing activities (staff development, patient transportation, prayer, coordinating/maintenance work, general reporting, administrative work, attending phone calls and patient enquiries) was captured and expressed as percentages of time devoted to each activity.

Results: Among 197 nurses, 40.61% were aged ≤ 30 years, females comprised 92.38%, 76.65% were GNM (General Nurse Midwife), and majority had ≥ 10 years (39.09%) of experience. Among the time spent on non-nursing activities, on average, nurses spent 34.89% of their time attending phone calls and patient enquiries, 25.29% on administrative work, 13.23% on general reporting, 12.33% on coordinating/maintenance work, 7.89% on prayer, 3.96% on patient transportation, and 2.73% on staff development.

Conclusion: A substantial proportion of nursing time is devoted to non-nursing activities, particularly phone calls/patient enquiries and administrative work, reducing the opportunity for direct patient care. Nursing management should examine strategies to reduce non-nursing workload, delegate or redesign tasks, and optimise nurse time toward patient-centred activities. Further research is recommended to explore causes, consequences and interventions.

Keywords: Nursing time allocation; non-nursing activities; medical–surgical nursing; tertiary hospital; workload.

Introduction

Nursing work is multifaceted and includes direct patient care, indirect care (e.g., documentation), coordination, communication, and other tasks that may or may not constitute “pure” nursing activities. The efficient allocation of nurses' time is crucial for high-quality patient outcomes, nurse satisfaction, and cost-effective care.^{1,2} Time- and motion studies have documented that nurses may spend substantial time on documentation and other non-bedside tasks.^{2–4} However, “non-nursing activities” (tasks outside the

core nursing role, such as patient transport coordination, administrative paperwork, maintenance coordination, phone enquiries, etc.) done by the nurses reduce the time available for direct nursing care. A study by Yen et al. found that nurses spent approximately 10% of their time on non-nursing activities, which could have been used more effectively for patient care.² The authors suggest that addressing these non-nursing tasks may allow nurses to practise “at the top of their license.” Similarly, earlier work found that nurses spent only about 31% of their time with patients, with considerable time devoted to auxiliary or non-essential nursing functions.⁵ Given these findings, it is important to quantify the extent of non-nursing activity in particular settings (e.g., medical–surgical units) and examine the characteristics of the nursing workforce.

Medical–surgical wards in tertiary hospitals typically handle large patient volumes, diverse diagnoses, and significant coordination and administrative burden. It is therefore plausible that nurses in these settings may devote substantial time to non-nursing tasks. Understanding the distribution of these tasks and the demographics of nurses may assist nursing managers in staffing, workflow redesign, and task delegation. The purpose of this study was to assess the extent of non-nursing activities undertaken by nurses in medical–surgical units of a tertiary hospital.

Methodology

Design and setting: This was a descriptive cross-sectional study conducted in medical–surgical wards of a tertiary hospital. The medical surgical wards admit patient with disorders of general medical conditions including infectious diseases, surgical conditions related to gastrointestinal system, peripheral vascular disorders, and endocrine disorders. The data collection was undertaken over a specified period of one week during all the shifts.

Sample and sampling: Convenience sampling technique was used to include participants in the study. A total of N = 197 nurses working in the medical–surgical units were included.

Data collection instrument: Data collection instrument had two parts, part one was the demographic profile of the staff participating in the study and part two was a work analysis sheet.

Data Collection procedure: The nurses participating in the study were oriented about the data collection procedure and informed consent was taken. The work analysis sheet was placed in the nurses’ station. Every shift, two nurses were selected to participate in the study. They were asked to document the non-nursing activities with the time duration and signature. Totally 6 nurses documented the activities in each unit. A total of 10 wards including medical and surgical intensive care units were included the study. The investigator collected the demographic data of the participants.

Data analysis: Descriptive statistics (percentages, frequencies) were used. The demographic data were summarised and the time-allocation percentages for non-nursing tasks were compared qualitatively with existing literature.

Ethical considerations: Standard confidentiality was maintained; individual nurses were anonymised, and aggregated data only are reported. This study is part of the Ph.D work of the primary Investigator which was approved by the institutional review board.

Result and discussion

Table 1 reveals that majority of the staff belonged to the age group of ≤ 30 years (40.61%), were females (92.38%), held GNM qualification (76.65%) and had experience ≥ 10 yrs (39.09%).

Table 1
Distribution of nurses according to their demographic data (N = 197)

S.no	Characteristics	No.	%
1	Age in years		
	≤30	80	40.61
	31 – 40	61	30.96
	41 – 50	39	19.5
	> 50	17	8.63
2	Sex		
	Male	15	7.61
	Female	182	92.38
3	Qualification		
	B.Sc	46	23.35
	GNM	151	76.65
4	Experience in years		
	<3	26	13.20
	3 – 4.99	37	18.78
	5 – 9.99	57	28.93
	≥10	77	39.09

Figure 1 illustrates the proportion of time nurses in medical-surgical units of a tertiary hospital spent on nursing and non-nursing activities. According to the figure, 87.42% of the total working time was devoted to nursing activities, while 12.58% was spent on non-nursing activities. This indicates that nurses allocate the majority of their working hours to core nursing functions such as patient assessment, medication administration, documentation, and patient education. However, a notable portion of their time is diverted toward non-nursing tasks, such as clerical duties, transporting patients, or managing logistics, which could otherwise be delegated to support staff.

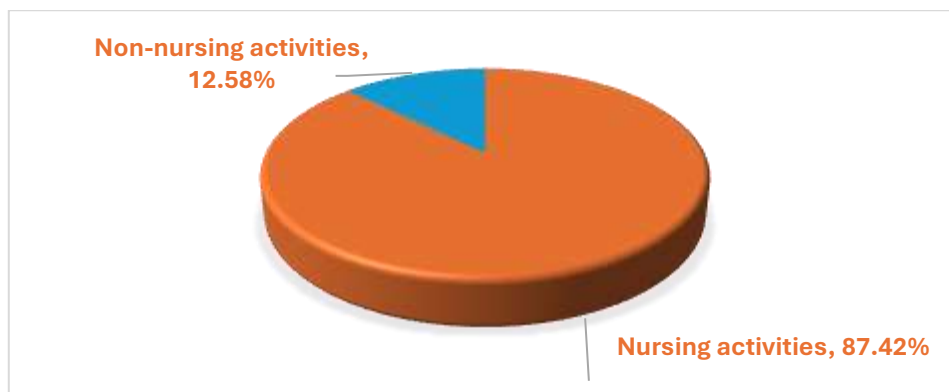


Figure 1. Time spent by nurses on the nursing and non-nursing activities

The finding that 12.58% of nurses' time is consumed by non-nursing activities is consistent with several international studies highlighting the issue of role dilution among nurses. These activities, though essential for hospital functioning, do not require nursing expertise and can detract from direct patient care time.

A time-motion study conducted by Kalisch et al. (2011) found that nurses spent 11% of their time on non-nursing duties such as searching for equipment, cleaning, and clerical work, which reduced their capacity for patient-centered care⁶. Similarly, Tosun and Korkmaz (2019) reported that nurses in surgical wards spent approximately 14% of their time on ancillary tasks, affecting efficiency and job satisfaction⁷. The diversion of nurses toward non-nursing duties may stem from staff shortages, inadequate support personnel, and unclear role delineations. Hendrich et al. (2008) emphasized that inefficient work processes and the lack of ancillary staff lead to wasted nursing time and increased fatigue⁸. When nurses perform tasks such as transporting specimens or completing non-clinical paperwork, the time available for direct patient care decreases, potentially compromising care quality and safety⁹.

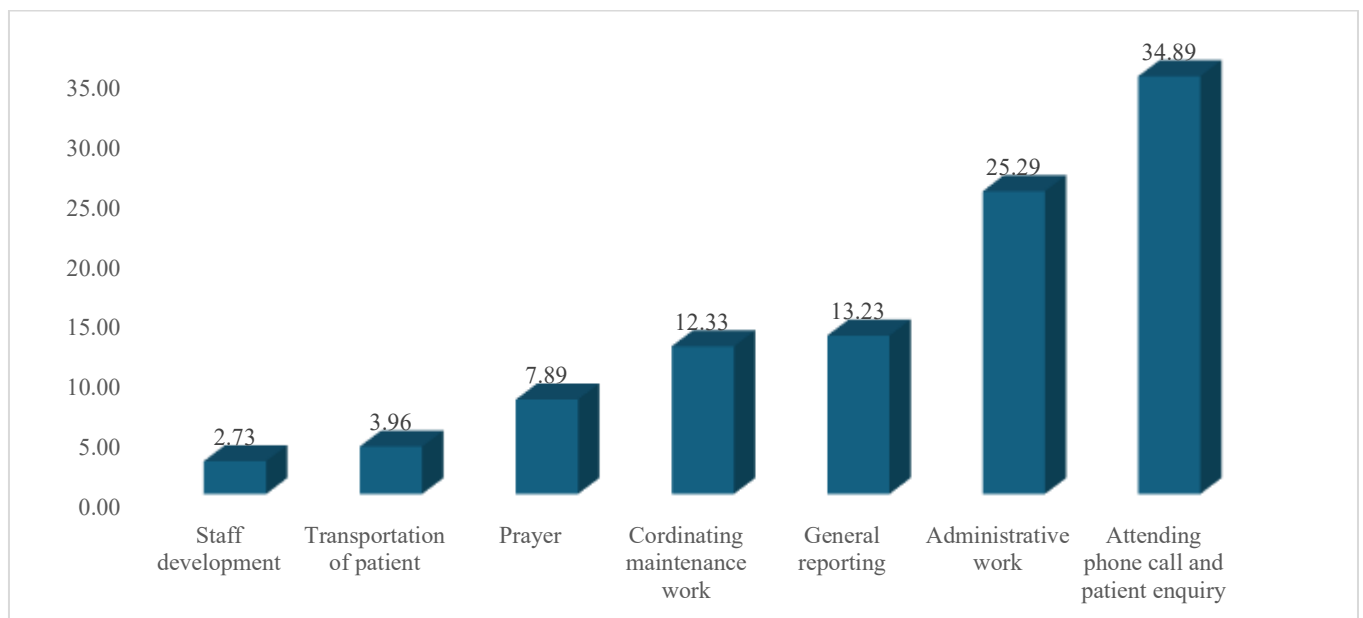


Figure 2. Non-nursing activities done by nurses in the medical surgical wards

The breakdown of non-nursing activities is shown in Figure 2. The proportion of time nurses spent on various non-nursing tasks were: attending phone calls and patient enquiry: 34.89%; administrative work: 25.29%; general reporting: 13.23%; coordinating/maintenance work: 12.33%; prayer: 7.89%; patient transportation: 3.96%; staff development: 2.73%.

The high proportion of time devoted to phone/patient enquiry and administrative work suggests that a significant portion of the nursing workforce in these units is occupied with tasks that could arguably be performed by other staff, delegated, or streamlined. This study provides empirical evidence that in a tertiary hospital’s medical–surgical units, nurses allocate a substantial portion of their working time to non-nursing activities.

Yen et al. reported that nurses spent approximately 10% of time on “delegable and non-nursing activities” in a U.S. academic medical centre.² Another study found nurses spent only about 31% of time with patients, implying as much as 69% may be non-patient-facing activities.⁵

In a longitudinal study in Australia, nurses spent about 24% on professional communication and 7.3% on documentation tasks in year 3; transit time fell from 7.4% to 4.6%.⁴ Although indirect, these figures suggest that “non-care” work can cumulatively represent a significant burden. The present findings align

with the broader literature which indicates that non-nursing or non-value-added tasks are common and can detract from direct nursing care.^{3,5}

Implications for nursing practice: The results have important implications for nursing management and workflow design. The high time burden for phone calls/patient enquiries suggests that nurses are functioning as communication hubs and may be interrupted frequently, reducing efficiency and increasing cognitive load. Administrative tasks similarly consume time that might otherwise be directed to direct patient care or care coordination.

To optimise nursing time, several strategies can be considered:

1. **Task delegation and role re-engineering:** Identify tasks that can be performed by non-licensed personnel (unit clerks, transport staff, administrative assistants) or specialist communication staff (call centre). By delegating phone/enquiry tasks and routine administrative work, registered nurses could allocate more time to clinical care.
2. **Process streamlining:** Use of information technology, standardised documentation templates, and workflow redesign may reduce the time nurses spend on administrative tasks. Prior research has emphasised the potential of IT solutions to reduce time spent on non-essential functions.⁵
3. **Staffing and skill mix optimisation:** Ensuring adequate support staff (e.g., unit assistants, transport aides) in medical–surgical units may reduce non-nursing task burden. Studies show that nurse staffing levels affect the time available for nursing care activities.⁵
4. **Work environment/structure improvements:** Managerial oversight should monitor interruptions and frequent task switching, which are often associated with communication or administrative burden. A focus on ensuring nurses can practise at the “top of their licence” may improve job satisfaction, patient outcomes, and retention.

Future research: Further research should employ time-motion or work-sampling methodologies specifically tailored to non-nursing tasks in diverse healthcare settings (e.g., intensive care, paediatrics, outpatient). Qualitative inquiry could explore the reasons behind high administrative/communication loads (e.g., staffing shortfalls, workflow inefficiencies, ancillary services delays). Intervention studies testing delegation models, process redesign, or technology implementation would be valuable to measure the effect on nursing time for direct care and patient outcomes.

Conclusion

In the medical–surgical units of a tertiary hospital, among the time spent on non-nursing activities, nurses spent more than one-third of their time on phone-calls and patient enquiries, and an additional quarter on administrative work. These findings underscore that a substantial portion of nursing time is devoted to non-nursing activities. Nursing managers should prioritise strategies to reduce the non-nursing workload, delegate appropriate tasks, and support nurses to devote more time to direct patient care. Ultimately, this may enhance patient outcomes, nurse satisfaction, and service efficiency.

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