



## Position statement: Prioritising person-centred care

### 1. Context

During any given shift, nurses and midwives face many competing priorities and need to make frequent decisions about how best to prioritise their duties and time so they can provide optimum person-centred care.

### 2. Purpose

This position statement supports nurses and midwives in making decisions that put person-centred care first.

### 3. Key definitions

**Person-centred care:** is care that is respectful of, and responsive to, the preferences, needs and values of the individual person receiving care. It is integral to safe, high-quality healthcare.

### 4. Branch position

It is the position of the ANMF (Vic Branch) that:

- 4.1 Nurses and midwives have both a responsibility and the professional capacity to manage their workload and make decisions that put person-centred care first.
- 4.2 Planning and prioritising person-centred care involves:
  - assessing the care needs of each care recipient and allocating adequate resources to meet those care needs
  - balancing workload through organisation, delegation, strategic planning, and problem solving.
- 4.3 To help nurses and midwives manage their workloads so they can put patient-centred care first, managers should plan and allocate the care staff skill mix in a way that:
  - enables the assessed care needs of care recipients to be met
  - complies with relevant legislation and industrial instruments such as the minimum requirements in the [Safe \(Nurse to Patient and Midwife to Patient Ratios\) Care Act 2015](#) and enterprise agreements
  - factors in any constraints on resources and time available.
- 4.4 Activities that are not considered high priority care, or that would ordinarily fall outside the role of a nurse, midwife or other direct carer, should be done by non-clinical workers.
- 4.5 This is consistent with the [NMBA decision making framework](#) which encourages appropriate delegation by nurses and midwives, and states in part:  
*Registered nurses (the delegator) are accountable for making decisions about who is the most appropriate health professional or health worker to delegate to (delegatee) to perform an activity that is in the nursing plan of care.*

- 4.6 The following activities must not take priority over patient-centred nursing or midwifery care:
- housekeeping and cleaning, including:
    - washing and ironing clothes, cleaning furniture and equipment, sweeping or mopping floors
    - spot cleaning, unless patient safety is compromised
    - cleaning vacated patient care areas
    - bed making of empty beds / cubicles / trolleys
  - food service, including:
    - preparing and plating food, delivering meals, utensils and refreshments, washing dishes.
  - messenger and transport services, including:
    - transferring patients that do not require nursing or midwifery monitoring or care
    - couriering services.
  - supply and stocktake duties, including:
    - restocking non-essential supplies and ward equipment.
  - clerical duties, including:
    - general filing, maintaining patient records beyond nursing documentation
    - general phone enquiries that are not required for patient care or updates.
- 4.7 When a nurse, midwife or carer considers their capacity to provide safe, person-centred care is being compromised by a requirement to undertake duties they do not consider to be an immediate priority, they should raise their concerns directly and promptly with management.
- 4.8 If they are unable to resolve the issue, members should contact [ANMF Member Assistance](#)
- 4.9 Any proposal by a health service to alter the duties of nurses, midwives or carers must be considered through the agreed Organisational Change Impact Statement process.