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COMMENTS, CRITIQUE, AND INSPIRATION COLUMN

“Nurses Station” or “Nursing Station”? How to Appropriately Describe Our Work Space in Acute Care?

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The term “nurses’ station” is often used synonymously with “nursing station” without thought to the contextual differences between the two. While many people are guilty of making this error, the more astounding revelation is that most are unaware of it. The term “nurses’ station” implies a possessive quality, as if to say the nurses own or run the station. Conversely, “nursing station” has a generic quality to it that suggests tasks or duties that a nurse might perform in that area. Technically, either term could be used correctly to describe the area. However, the terms’ differences are subject to interpretation and open for misconception. Any misconception can cause the receiver to take offense, misconstrue, or act in a manner that is incongruent with the sender’s intended message. How do people use these terms and why do people choose one term over the other? The dissonance that exists with these terms is an intellectual and curious debate that needs to be explored.

A cursory search of the nursing literature revealed that both terms are used. For example, Goldstein (1979) chose “nursing station” throughout his article to describe how the station was used, which was for job-related functions and also for collaborative purposes. Shattell, Andes, and Thomas (2008) also used “nursing station” in their study that examined space within the acute psychiatric setting. The physical and environmental aspects of the nursing station were examined and described as a setting within the larger context of the acute care unit (Shattell, Andes, & Thomas, 2008). For the purposes of the above authors’ articles, “nursing station” was used to broadly describe the physical and role-related aspects of the area.

“Nurses’ station” was prevalent in Puetz and Thomas (1995) and in Andes and Shattell (2006). Both articles described who had access to the space, lending credence to the possessive trait of the word. Andes and Shattell (2006) used both terms (nurses’ station and nursing station), but with varying contexts—“nurses’ station” was used to describe how nurses and other healthcare personnel were the only ones to have access to the space and “nursing station” was used to describe the physical space.

Health care organizations such as the National Association of Psychiatric Health Systems (NAPHS) and The Joint Commission (TJC) use different terminology regarding the station. NAPHS in their “Design Guide for the Built Environment of Behavioral Health Facilities” chose to use “nurse station” (NAPHS, 2009). While they have grammatically taken away the possessive trait, the word still implies inclusiveness/exclusiveness. However, this was an appropriate choice because the term was used to describe the barrier the station provided between staff and patients. TJC’s paper, “Health Care at the Crossroads” used “nursing station” to describe the recommended construction changes to the station (TJC, 2008). Here, “nursing station” took a task-related form, as their recommended changes to the nursing station might improve patient care (TJC).

Both “nursing station” and “nurses’ station” are used within selected scholarly publications. The importance of differentiating context between the words is crucial, as it appears one term is not predominantly used over the other. For the purposes of the literature review, all selected articles used the terms in the correct context. It is quite possible that articles do exist with dissonant terminology, which may confuse readers of the authors’ intent—the terminology should be congruent with the authors’ intentions.

Synonymous usage of the words was not discovered in the articles reviewed. However, not clearly defining the context
of “nurses’” and “nursing” should not be limited solely to the written word. Nurses and other health care workers in acute care settings refer to this area daily. While the difference of the terms may not be noted among staff members, the same is not necessarily true regarding patients and family members. The actual choice between terminologies may go unnoticed, however, it is the tone used in conjunction with the word that can cause disharmony. Thus, the context of the words could be perceived as demeaning, if left to subjective reasoning. This is especially true for “nurses’” station, as the possessive trait could imply a “them versus us” quality. Quite possibly, the patients and family members might think that the health care professional is looking down upon them. In turn, the evident dissonance can cause the patients and family members to take offense to the incongruent jargon. Such feelings can lead to decreased patient satisfaction.

Awareness of how one describes the station is important. “Nursing” and “nurses” should not be used synonymously without thought to meaning and context. “Nursing station” should be used when describing the environment or physical components of the station or the tasks or duties that are performed at the station by the nurses. “Nurses’ station” should be used when referring to who has access to the station, when performing non-nursing acts such as socialization, or when differentiating patient space from nurse space. We know that this description excludes non-nursing functions or functions by non-nurses (or other health care providers). Are these functions and persons enough outside the mainstay of the space that they do not need to be recognized in the nomenclature?

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REFERENCES