Acting the part

Ruth Bailey and Caroline Davies outline an innovative training package devised to equip nurses at all levels to challenge poor standards of professional practice.

In late 2004, it became evident that Brighton and Sussex University Hospitals NHS Trust (BSUH) had one of the highest rates of methicillin resistant Staphylococcus aureus bacteraemia in the country (Department of Health 2006), and a project group was established there to address this problem.

This coincided with the launch of the National Patient Safety Agency (2005) ‘cleanyourhands’ campaign, whose central aim was to improve dramatically standards of hand washing in clinical areas to reduce rates of hospital acquired infection (HAI). This campaign involves identifying local champions and establishing regular hand washing audits, high levels of staff education and targeted poster campaigns.

It has been recognised nationally that all nursing staff should be able to challenge staff who fail to adhere to hand washing policy, which requires for example that nurses remove their jewellery and wrist watches before washing their hands, and that this policy must be implemented successfully for HAI rates to be lowered.

Nurses have a central role in enforcing this policy, and so should be equipped with the necessary skills to challenge, in order to ensure that pertinent initiatives become embedded in everyday practice.

Members of the Red Alert Theatre Company demonstrate the use of drama to challenge behaviour...
Challenging poor standards of practice
The Nurse and Midwifery Council’s Code of Professional Conduct (NMC 2004) states that nurses and midwives have a professional duty to uphold standards of care in their own areas.

Section 1.2 of the code states that ‘nurses and midwives have a duty to protect and support the health of individual patients and clients’ while, according to the summary, they must ‘act to identify and minimise the risks to patients and clients’.

This means that nurses and midwives have to account for their own standards and have a duty to act when standards of care are unacceptable.

This has been highlighted through the NHS clinical governance agenda, and much work has been done to put structures in place to make it easier for staff to articulate concerns (DH 1999, 2001).

It is recognised however that it can be extremely difficult for nurses to raise concerns and challenge poor standards, an activity often termed ‘whistleblowing’.

Cook (2004) argues that the nursing profession is hampered by its historical roots, in that women and most of the profession have collective histories of passivity and subservience. Moreover, there have been several high profile cases in which whistleblowers have received poor treatment and been isolated for speaking out (Duffin 2001, Hamish 2003). These difficulties have been overcome by providing practical and realistic guidance in safe environments.

Changing the culture
The issue was discussed at the trust’s strategic meeting for practice development. It was agreed that there needed to be a trust wide assault on changing the culture so that it became, not only acceptable, but expected that staff would challenge each other on a daily basis if needs arose.

It was also recognised that a training package would be needed to equip nurses and midwives with practical skills to do this. The package would have to be experiential, to allow participants to explore their thoughts and feelings about the barriers to their ability to challenge. It would also need to provide tools and techniques as well as a safe environment to practise these skills, to enable participants to feel more confident to challenge.

Devising the training package
The primary aim of the training package was to develop practical skills, so it was agreed that group work would be included to build on the experience and skills of participants.

The group would be introduced to an ‘easy-to-use’ practical tool for challenging, and then provided with opportunities to practise these skills with actors.

There is evidence in the nursing literature that drama can encourage people to learn. Wasylko and Stickley (2003) argue that drama is a feature of all civilisations and has long been used to teach people because the immediacy of the action and the dynamic between the actors generate an emotional environment that encourages learning. They describe the use of drama to promote empathy in mental health nursing, while Lepp et al (2003) and Walker (2002) use drama alongside creative writing and art to deepen reflective practice.

The authors of this article had used drama in teaching before (Oxtoby 2005) and had found it helped participants explore their feelings. The strong experiences are unusual and make the learning difficult to forget.

It was decided therefore to ask actors to perform scenarios as part of the training package, and ask participants to identify and learn from issues that arise.
The participants

It was decided to target grade F and G staff initially in recognition of the influence that they, as ward leaders, have over care (Allen 2002, Cook 2001).

If ward leaders acted as role models and were seen to challenge poor practice, it was anticipated that this behaviour would be adopted by other staff and the culture would begin to change.

Invitations to attend a training day went out to all grade F and G staff across the trust and so many responded that a second day had to be arranged to manage the numbers.

The training package

The day was introduced by the director of nursing, who reminded nurses and midwives of their professional responsibility to challenge poor standards of care.

She asked them to use the skills that they would learn specifically to assist with the implementation of the two policies cited earlier but also in any arena where they were unhappy with the standards of care.

Participants were asked to brainstorm things that they would like to challenge and the list they generated provided realistic examples for the remainder of the day.

Participants were then asked to share stories where challenge had been impossible or had gone wrong, so that the reasons why poor practice had gone unchallenged could be addressed.

By doing so, fears about upsetting others or becoming unpopular were minimised and participants recognised that the people being challenged also have feelings that are difficult to manage.

The participants were also given an overview of a model of assertive behaviour (Dickson 2000). It was important for participants to recognise that assertive behaviour aims to present clearly the rights of one person while respecting the rights of others.

The group also discussed common problems such as lack of clarity or getting sidetracked, and how to overcome them.

A practical tool

Participants were then introduced to the Report, Impact, Specify, Closure (RISC) tool (Table 1) that is currently taught on the RCN clinical leadership programme.

This tool was demonstrated using everyday examples such as a patient being unshaven or a fluid balance chart not being up to date.

Participants were then asked to watch four scenarios, written by the authors based on their own observations and acted by the drama group. Each scenario represented some good practice but in each there was an element of poor care, namely: poor hand washing, appearing disinterested, inappropriate conversations on the ward, and speaking aggressively to a patient.

After each scenario, participants were split into groups of four, each of which was provided with an actor. Participants then took turns to challenge the actor over their ‘poor standards’ using the RISC tool.

Group members were asked to give feedback as to how well they had employed RISC, and how well they had avoided the pitfalls described in assertiveness theory. The facilitators joined the groups to provide encouragement, answer queries and provide additional feedback.

Evaluation

Participants were asked to evaluate the day in terms of whether they ended it being more confident to challenge the example they had cited in the first ‘brainstorming’ activity of the day. They were also asked to comment on the activity with the actors and identify what they had found most useful.

Without exception, participants welcomed the opportunity to work with the actors although three out of 34 said that it had been uncomfortable.

Evaluation concerned the quality of the material rather than the impact it had had in practice, and this is recognised as a limitation. All participants were given a reflective logbook to record their challenges and self-evaluate. They were also invited to attend a follow-up workshop to share experiences and ask questions.

<table>
<thead>
<tr>
<th>Table 1. The Report, Impact, Specify, Closure (RISC) tool</th>
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<tr>
<td><strong>Report</strong></td>
</tr>
<tr>
<td>Factly state what you have seen</td>
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<tr>
<td>‘I notice Mr Butler has not been shaved this morning’</td>
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<tr>
<td><strong>Impact</strong></td>
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<tr>
<td>Explain the effects of what you have seen, and why it is important</td>
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<tr>
<td>‘I am concerned because Mr Butler looks uncared for and this will undermine his feeling of wellbeing and sense of dignity’</td>
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<tr>
<td><strong>Specify</strong></td>
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<tr>
<td>Clearly specify the change required</td>
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<tr>
<td>‘Please, will you go and shave him now?’</td>
</tr>
<tr>
<td><strong>Closure</strong></td>
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<tr>
<td>State what you will do as a result, and how you will follow it up. End the conversation</td>
</tr>
<tr>
<td>‘Please remember that, in future, I will be keeping an eye on whether or not your patients are shaved.’</td>
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</table>
The attendance at the follow-up was disappointing, although those who did come reported it had strengthened their resolve and confidence to challenge.

Future plans
The overwhelming success of the programme has led to demands that it should be repeated.

Training has now been staged on a further three days and 80 nursing staff of all grades have attended. The programme will be repeated this year but will focus on more junior nurses. There are also plans to work with other professional groups.

Summary
The implementation of two key policies highlighted the need to support nurses and midwives to challenge colleagues effectively. To overcome the difficulties presented, an innovative training package using drama provided participants with practical tips and a safe environment to practise newly developed skills.

The programme was well evaluated but further work needs to be undertaken to evaluate its impact upon practice.

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References