Standards of nursing care 1987-1997

As Nursing Standard celebrates its tenth anniversary, Alison Kitson concludes our series by nursing leaders with her personal recollections of the RCN Standard Setting programme and how it has influenced her role as director of the RCN Institute.

The RCN standards of care programme was established in 1987 as part of a wider initiative to improve the quality of nursing care. In the beginning its director, Alison Kitson, worked with groups of nurses to introduce the first concepts of nursing and health quality. Here, she describes how the programme developed.

NURSING QUALITY: THE BEGINNINGS

Ten years ago, as director of the RCN standards of care programme, I seemed to spend the majority of my time running workshops, telling people about standards, criteria and the concepts of structure, process and outcome.

Avedis Donabedian’s model then became the most talked-about model in the land. At that time, our philosophy was based on the dual principles of building quality assurance systems on patient-centred activity and on work that was owned and controlled by practitioners themselves. Those two principles remain unchanged ten years later.

Standard setting was immensely popular and our ideas spread like wildfire. All over the country, nurses wanted to know more and more about Donabedian’s model and how to use the key concepts of structure, process and outcome. It seemed that nurses had been waiting for help for years and now, at the first sign, everyone leapt forward.

The RCN’s national membership groups became involved and we held our first international conference, entitled In Pursuit of Excellence. As a result of a great deal of hard work on the part of all those involved, an extensive series of documents was published. These were developed by teams of practitioners, managers and academics working together to describe best practice. A sample of these publications appears in Box 1.

These documents were widely used to develop local standards and guidance. In particular, some were used by health authority commissioners to develop the first contracts and provider monitoring tools. Although now they would be criticised as lacking a rigorous evidence base, they were often the first articulation of what nurses were actually doing.

Thinking back to those days, I sometimes wonder why it was all so successful. My own reason is that it was the simplicity of the message and the power it brought with it which fired nurses’ imagination. Through their work on setting standards, nurses were able to exercise control, to decide for themselves what they did, what was important to them. They were able to determine what they needed to achieve for an acceptable level of care and to identify the results which both they and the patient wanted. Most important, they were given permission to change their practice, to abolish outdated ways of working and to take credit for improving their work. It later became

Box 1. Examples of nursing standards and guidelines publications

- Standards for the Care of Older People
- Standards for the Management of Nursing Homes
- Standards for the Care of Cancer Patients
- Standards for the Care of People with AIDS
- Standards for Accident and Emergency Departments
- Standards for Caring for People with Learning Disabilities
- Standards for Care of Mentally Ill People
- Standards for Nursing Management

All published by the Royal College of Nursing.
apparent that by introducing these new ideas, this was the first time that many nurses had ever changed their practice.

These developments coincided with the introduction of the internal market and the corresponding need for established quality standards. The RCN standards of care publications became required reading for many managers. Even now, a number of audit tools are based on the standards determined by the original experts.

THE IMPACT OF THE STANDARD SETTING PROGRAMME.

This period of frenzied activity had a profound effect on my own development. It kept me close to those crucial values of patient-centred care and nursing ownership and control of practice.

As the policy agenda shifted from standards and criteria to audit, to clinical audit, to clinical effectiveness and evidence-based practice, I still hung on to the belief that if practice is to be improved, we must start where people are, not where they should be.

The key message from this period is that people – nurses, doctors, care assistants – will only support something they believe in, not something imposed on them.

Now, as director of the RCN Institute, the issues remain the same but the picture is bigger. The Dynamic Quality Improvement Programme (offspring of the Standards of Care project) now has a range of nurses working in the programme, examining clinical audit, guidelines and quality improvement.

The Nursing and Midwifery Audit Information Database co-ordinates a great deal of information on good practice in nursing and midwifery.

Funded by a range of charitable and NHS sources, the Institute's research and development team are examining nursing interventions for their effectiveness and helping to inform nurses about the quality of the evidence for many clinical activities.

CHANGE AND DEVELOPMENT

The tools and techniques which were used to facilitate change through standard setting and quality improvement now include a range of practice development initiatives.

The Institute is now examining how nurses can be helped to become the sort of confident, articulate leaders needed to develop the standards initiatives further.

Of course, improving standards of care cannot happen without quality teaching and learning. The Institute’s educational programmes are currently undergoing radical transformation both in content and in the way they are taught.

Continuing professional education is fundamental to the development of high professional nursing standards. An understanding of the implications of life-long learning for nurses will enable us to establish the structures and systems to do this.

In the past five years, developments in the NHS have tended to mirror those in nursing. As purchasers attempt to commission cost-effective services, the demand for evidence of effectiveness increases.

In the absence of such evidence, good practice, as perceived by the experts, is a credible alternative. Now our work involves proving that our standards reflect the most effective nursing interventions available.

What has not changed is that fundamental belief that quality only comes through the ability to take a patient focus on the situation and to engage the interest and commitment of those in clinical practice – a simple message with potentially dramatic effect. Let's hope the next ten years uncover how we hold true to these principles.

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All Standards of Care documents may be obtained from: The Royal College of Nursing, 20 Cavendish Square, London W1M 0AB.

HOW TO CONTRIBUTE

Articles in the Art&Science section are subject to double-blind review; all manuscripts submitted are reviewed internally, anonymised and sent to an expert referee from a panel of nearly 200 nurses. If you wish to contribute to this section, please contact Clinical Editor Judith Podmore for a copy of the contributor's guide, which gives advice on word length, reference style and presentation.

Please send two typed copies of all submissions or, where possible, a 3.5 inch or 5.25 inch disk with simple ASCII text and a hard copy printout.

CD-ROM

Articles in this section of Nursing Standard are available on RCN Nurse ROM. This CD-ROM is available for individuals to buy as single copies. It is also sold on subscription to libraries and institutions. The full text of clinical articles dating back to June 1992 is contained on this disk. More information can be obtained from the RCN Library Projects Office, 116 College Road, Harrow, Middlesex HA1 1BQ. Tel: 0181 427 8238.

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