Head to head –

Harriet Sergeant is critical of modern nursing, arguing that nurses get the wrong type of education and lack discipline. She agreed to go head to head with nursing leader Beverly Malone. Adele Waters asks the questions

Should the public be concerned about the quality of nursing care?

Harriet: Yes. I have had a lot of letters from people with distressing stories about how their relatives have been treated, from getting bed sores to not being given enough to eat – basic nursing care that in many cases just does not seem to be happening. One woman wrote to me recently about her father who was a vet. While he was in hospital he was not washed, he did not get his teeth brushed, he got bed sores and his pain relief was not given on time – all things that we take for granted will be done when we are sick. He said: ‘I would not have treated the animals in my care as I have been treated.’

When researching the NHS, consultants told me repeatedly that their patients are subject to a level of care that is just not good enough. One modern matron told me: ‘

When our nurses had time to care

Harriet Sergeant

In the left corner we have Harriet Sergeant, a well known author for the Centre for Policy Studies, a centre-right thinktank. Ms Sergeant’s books have included Managing Not to Manage, a critique of management in the NHS, published in 2003. This argued that management in the NHS is fundamentally flawed and a lack of accountability means good attentive nursing care, clean wards and good food is down to ‘pot luck’. This winter she published a series of articles about nursing and health care in the Daily Mail in which she bemoaned the loss of matron and criticised the ‘astonishing lack of data on the effect of staff levels on the wellbeing and safety of patients’. She is a regular health commentator for a variety of national newspapers.
SUMMARY
This article explores key issues in nursing through the eyes of commentator Harriet Sergeant and nursing leader Beverly Malone. In a question and answer session, they address nursing's current hot topics.

Keywords
Nursing ● Quality of care ● Healthcare assistants ● Nurse discipline ● Nurse:patient ratios ● Nurses’ pay ● Graduate profession

Beverly Malone
In the right corner, we have Beverly Malone, general secretary of the RCN, Dr Malone, an American, graduated in nursing in 1970 and was awarded a doctorate in clinical psychology in 1981. She has worked as a staff nurse, clinical nurse specialist, director of nursing and a dean of a school of nursing. In 1996 she became president of the American Nurses Association, representing 180,000 nurses in the US, and then in 2000 she took up the the highest position so far held by any nurse in the US government as deputy assistant secretary for health in the Department of Health and Human Services. Dr Malone became general secretary of the RCN, the UK’s largest professional union of nurses, in June 2001.

Beverly: No. I disagree that nurses are not disciplined. The NMC has probably been more conscientious about disciplining nurses than any other regulatory body. There are many reasons for poor nursing care, but the primary one is that there are not enough nurses.

Research from the United States, Canada and the UK shows that having enough qualified nurses leads to a decrease in the incidence of bed sores, infection, falls, respiratory complications after surgery, pneumonia and mortality.

There has been growth of about 18 per cent in the number of nurses in the UK since 1997. But in that time, demand has been rising, so we still have a supply issue.

A large percentage of the new nurses on the register are from overseas – about 14,000 nurses came to the UK last year. That makes it a fragile situation

Harriet: Yes. What is striking is the sheer arbitrariness of care. Patients say that within one day, even within one hour, they receive excellent care next to really poor care.

Whether or not a nurse checks an older patient for bed sores is down to her own sense of professionalism and if she does not do it, she does not get punished. No one seems to be able to reward or to punish in nursing, and that is why care is arbitrary.

I followed a modern matron for a day and she was an intelligent, compassionate woman who helped to introduce protected mealtimes. She said one of her main problems was actually getting nurses to feed the patients – it took her six months. Every time she came on the ward the nurses were having coffee. Finally she had to threaten to take them to the Nursing and Midwifery Council (NMC). That’s ridiculous.

Beverly: Yes. I think we are always right to be concerned about the quality of care. How can we put the patient at the centre of the NHS and not be concerned about caring?

It is discouraging for nurses to read stories in the Daily Mail that make it sound as if all nurses are giving bad care. And there is no counter to the revelation of bad nursing care in the recent Dispatches programme. Bad care is not acceptable. I do not see any way to justify unacceptable, unprofessional behaviour towards a patient. But these individual situations represent a small percentage of what is going on in
One modern matron told me: ‘I would not leave my dog, let alone my mother, with most new nurses’

because as they come they can also go. Then if you look at the ageing of the nursing profession, 27 per cent of us are over 50 and looking to retire in the next five years. We also lose about 30,000 nurses a year, and a third leave after they finish their academic nursing programmes.

Would nurse:patient ratios help guarantee the right level of staffing?

Harriet: Yes. This is happening in Australia and the US at the moment. In both cases they have found it much easier to recruit nurses. In Victoria, Australia, where they tried this out, they found good results because if you work on a short-staffed unit, it is extremely stressful and I think it is a top reason why so many nurses leave.

Beverly: The RCN in Scotland wants this and the RCN in Northern Ireland may go down this route, but I think we need to explore it and see how it goes first. The danger is that the ratio could become the minimum and not a recommendation that you ever exceed. We want to make sure that nurses can still use their clinical judgment rather than have to work with a ceiling on the number of staff they have.

Should nurses be paid more to stay by the bedside?

Harriet: Yes. It is important that nurses stay at the patient’s bedside and get recognised, valued and paid more. But a system where everyone is moving onwards and upwards is an illusion. What you really want are nurses on grades D and E who have been there for ten years, who know everything about everything and who do not want to become doctors or managers.

It sounds great to have wonderful education and career escalation, but that is not what makes a good hospital. And it is not what makes a good experience for patients.

The challenge for nursing is how do you make people stay in the same job? How do you make that job exciting and attractive?

Beverly: Yes. Only about 10 per cent of nurses can become advanced-level nurses, so I do not accept this huge issue of nurses moving on to work in new, advanced ways. The majority of us are still right there at the bedside delivering care.

Nursing is often regarded as ‘women’s work’ and is therefore undervalued. But under the new NHS pay structure of Agenda for Change this will change. Nurses are able to move up grades but not leave the bedside.

Before Agenda for Change if you wanted to move up in nursing you had to go into management or you had to walk out the door. So I think we have come a long way, but we have only just started implementing these changes.

Is a graduate nurse a better nurse?

Beverly: Yes. I want to have a graduate profession of nursing. I do not see it as an issue about whether or not education impedes your ability to put hands on patients. I do not understand that connection.

Nurses need to know how to think, not just what to do. Nursing has been a ‘doing’ profession and that is one of the reasons I loved it, but the reality of care these days is that you need someone who can think through situations.

Nursing is going to get more complicated and in the future nurses will have to work fast. Turnover will be quick and intense, and there are going to be all kinds of new discoveries and equipment to be used.

Experience takes you only so far because you have to know how to solve problems. Nurses continually need to update their knowledge – you cannot just rely on the fact that you have been in nursing 20 years and that means you know everything about it.

Harriet: No. I do not see why the education argument has to break down to nurses getting a degree level education or not. It is fine to have lots of education, so long as it is the right type.

I have talked to newly qualified nurses. One told me she spent 90 minutes learning how to take blood pressure and an entire afternoon learning about poverty in Russia. She spent the whole of three years without the words ‘bed sores’ ever being mentioned.

Others told me that when they arrived on the wards they were unprepared and frightened.

This is not an argument about whether nurses should be educated or not. We all agree they should. But let’s look at the type of education they are getting.

Should nurses still be wiping patients’ bottoms?

Beverly: Yes. This question is insulting for nurses. It takes a single act out of context. When I am wiping someone’s bottom I am providing care but I am also checking their breathing and mental status, I am usually talking to them about how they
Demand for qualified nurses is continuing to grow.
The knowledge and skills framework that is part of Agenda for Change is all about helping HCAs make the step into nursing and other professions. It is about escalating career progression for all staff and there has been a lot of money set aside to help HCAs get into nursing. They are an excellent pool for recruiting nurses.

Do nurses lack sufficient clout in the health service?
**Harriet:** Yes. It is difficult for a modern matron to take responsibility for the number of things the government is asking them to, because they do not have enough power.

As well as the carrot you need to have a stick and, again and again, modern matrons tell me that they do not have the power to sack a cleaner if they think they are not any good.

**Beverly:** No. Well it can happen. I was in Lewisham hospital recently and nurses there do have power over cleaning. The cleaners are part of the family of the hospital and report to the nurse who is in charge of all of them. They have emergency cleaning teams that can be called in.

There is an excitement and a buzz. The cleaners are proud of the work they do, and I think a lot of it has to do with making them part of the team. It is hard to hold people accountable if they report to someone else.

Should healthcare assistants provide essential nursing care?
**Harriet:** No. Healthcare assistants (HCAs) seem to be doing more and more nursing. As a patient, the sort of things you appreciate are being done by the HCAs rather than the nurses.

It seems nurses are becoming more and more like doctors and managers, and leaving everything else to HCAs. That seems a pity. The HCAs I spoke to told me the academic part of nursing has put them off. They do not want to be graduates. They want to take care of patients and it just seemed a bit sad that academic qualifications are putting these people off becoming nurses.

**Beverly:** Yes. I definitely believe that nurses will continue to work hand in hand with HCAs. I cannot say whether this will mean fewer qualified nurses and more HCAs proportionately, however. I think that could be a possibility, but the demand for qualified nurses is continuing to grow.

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Should we bring back matron?
**Harriet:** Yes. I think many patients want to see someone with clear authority in hospitals standing up for patients. Many patients feel they exist in a vacuum. My daughter has just been in hospital and she said there did not seem to be anyone in charge who could tell you who was responsible for care.

**Beverly:** No. I agree that you need nurses to have authority, but I do not think it has to be packaged as ‘bring back matron’. We already have modern matrons – the issue is about giving them the authority and the resources to do the work that needs to be done and I think that could be improved.

Nurses must be clear they, and not just matrons, have responsibility for patients.

What do you think?
After nine rounds what do you think about the debate? Tell us your views. Email letters@rcnpublishing.co.uk or visit the Nursing Standard website for more information and a reader survey: www.nursing-standard.co.uk