As nurses progress up the career ladder they often leave the bedside behind. Senior nurse managers at BUPA hospitals returned to the wards for a reality check.

Carrying for patients seems to be a universal vocation among nurses, regardless of where they are in their careers. Yet as they develop these careers, many nurses find themselves stepping back from the bedside. If nurses were offered the opportunity to retrace the steps they have taken in their careers and return to the bedside, what would be the result?

BUPA Hospitals, the UK’s largest employer of nurses outside the NHS, started a ‘back to the floor’ programme to find out. As part of the programme nine BUPA senior nurse managers swapped their business suits for theatre scrubs and nurses’ uniforms and retraced their career footsteps.

The experiment, carried out on International Nurses Day earlier this year, meant that nurse managers and their staff were able to work side by side for one day. It also allowed managers to experience the daily pressures that nurses face. Jan Clement, head of nursing for BUPA’s 34 hospitals and 4,000 nurses, was the first to return to the floor. ‘I wanted a better understanding of the issues facing staff these days. I also wanted to appreciate the different stresses that nurses have now,’ she says.

‘The back to the floor’ initiative was possible because all the staff involved had maintained their professional registration. But hands-on nursing has changed in many ways since the managers started out in the profession. ‘I remember sewing swabs, re-powdering gloves that were to be used again and even cutting up a nylon shirt to use in vascular surgery,’ says Louise Walker, marketing manager at BUPA Hospital Methley Park, near Leeds.

Both Ms Walker and her colleague Gill Bishop, general manager at Methley Park Hospital, qualified in the early 1970s and remember a very different role to that of the modern day nurse. ‘The training and the technology available to nurses today are so different to how they used to be. Some of the new technology is so impressive, I sometimes wonder how patients ever survived without it,’ says Ms Bishop, who trained in Sunderland.

Ms Clement agrees: ‘One of the biggest differences is how nurses now work alongside consultants. Gone are the days when nurses would spend hours preparing for a consultant’s ward round. Nurses are now part of a multidisciplinary team that is involved in planning, delivering and monitoring patient care.’

Other changes she observed were a reliance on overseas staff, advances in technology and a faster turnaround of patients.

Complaints are a fact of life. No organisation or profession can avoid them and it is inadvisable to ignore or belittle them. The clinical governance agenda is a vital element in ensuring that complaints are seen as part of an NHS trust’s risk management strategy. Complaints monitoring should be used to indicate improvements across the whole organisation. The Office of the Health Service Ombudsman is the last port of call for complainants who have already gone through local resolution and independent review. By the time a complaint reaches the ombudsman, appropriate clinicians should have been involved in the investigation and clinical advice sought.

However, all too often I see doctors who have been involved in a complaint investigation giving clinical advice to a local convener (lay arbitrator, often a non-executive director) when clearly there are issues that should have involved other healthcare professionals – particularly nurses.

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Taking it to the top

The ombudsman's office is the last port of call for patients and carers with a complaint about care.

Millbank Tower, London: home to the Health Service Ombudsman's office.

The thing I miss most about nursing is the contact with patients. This day gave me the perfect excuse to swap meetings for bedpans’ because all the staff involved had maintained their professional registration. But hands-on nursing has changed in many ways since the managers started out in the profession. ‘I remember serving swabs, re-powdering gloves that were to be used again and even cutting up a nylon shirt to use in vascular surgery,’ says Louise Walker, marketing manager at BUPA Hospital Methley Park, near Leeds.

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Jan Clement: ‘a better understanding of the issues facing staff these days’

For Lorraine Crutchley, marketing manager at BUPA Hospital Blund, the short return to the floor was a reminder of highlights in her career. Ms Crutchley qualified in 1983 and has always worked in theatre. ‘The best jobs were always given to the new recruit – I remember shouldering responsibility for mopping the consultant’s brow and being sent to fetch equipment that didn’t exist. My time “back to the floor” has proved invaluable in my current job, as I already have established relationships with the consultants and it is often their services I have to promote.’ All the “back to the floor” volunteers found the experience rewarding and hope to make the initiative a regular occurrence.

Mr Harrison admits he took up the challenge with some trepidation, as it had been some time since he practised as a nurse. ‘I had been an A&E nurse, so it was a long time since I nursed in a ward or a theatre. Basic nursing care does not appear to have changed, but the paperwork, computer skills and technology has moved on considerably since I last practised in 1990.’

Surgical practice, he says, has similarly transformed. ‘The operation I found myself involved in was different to anything I had ever done before. I was a registrar, not a nurse, and on my first day I was seconded back to theatre. For me, this day gave me the perfect opportunity for local resolution. The modern matron role is expected to enhance resolution at local level, and it is hoped that staff will feel able to ask for support from senior nurse managers who are experienced in dealing with difficult situations – particularly those related to communication.

Liaison Services – there will be greater opportunity for local resolution. The modern matron role is expected to enhance resolution at local level, and it is hoped that staff will feel able to ask for support from senior nurse managers who are experienced in dealing with difficult situations – particularly those related to communication. Nurses should know that complaints almost always involve a nurse and it is vital that the appropriate senior nurse is aware of the complaint, especially when nursing issues are involved directly. It is also crucial that a senior nurse gives clinical advice to a convener when nursing is involved in a complaint.

This time around, the complaint at the ombudsman’s office, the event in question is often a number of years old. As the nurse adviser I must be able to clarify the situation and establish the level of nursing care that was involved. For this I rely on the nursing documentation, although regretfully I often find that notes are incomplete or unsigned, care plans are not re-evaluated, and communication with the family is undocumented. However when documentation is robust, it is easy to respond to the complainant in the detail that they require. Complaints in the health service often stem from stressful events that occur when patients and carers feel vulnerable and scared. They may at times be unreasonable, but must always be assessed objectively. Complaints can be stressful for NHS staff too – they may feel they have done their best in difficult circumstances but the only outcome for them is criticism.

It is essential that complaints departments are managed by experienced people who are able to support complainant and staff. When asked to produce statements, staff should be provided with secretarial support so they can produce professional statements and not, as I often see, scribbled notes left unsigned or undated. NHS organisations get it right when complaints are handled as part of daily clinical practice. The approach to investigations should be sound and the response open and complete. Complainants often tell us that they want to be acknowledged, taken seriously and given an explanation – and an apology, if needed. Listening to patients and carers provides us with an opportunity to really find out what is going on and how the public perceives our performance. The Essence of Care (DoH 2001) is a relevant tool for reflecting on practice and setting benchmarks with other organisations – nurses need to be aware of the essential nature of constant reflection and evaluation. Each year the ombudsman publishes a report on cases that have been investigated by this office so that trusts can learn from them. The report highlights the main themes that emerge from complaints and provides pointers to good practice in complaint handling.

Susan Lowson is nursing adviser to the Health Service Ombudsman.

Visit the Health Service Ombudsman’s website at www.ombudsman.org.uk.

REFERENCE

FURTHER READING
AS A NEWCOMER trying to understand the ins and outs of the health system, Maurice Cheng, chief executive of the Institute of Health Management, takes consolation from the even more recent appointment of the new secretary of state for health. Admittedly, Mr Cheng is no stranger to the workings of a professional organisation; he comes to the Institute of Health Management (IHM) as former director of member services for the Chartered Institute of Management Accountants.

In fact, his previous job is key to the IHM’s vision of success. Mr Cheng’s arrival highlights the institute’s aim to become the membership organisation for chartered or registered health service managers. Such a move might seem radical for some IHM members, but most believe that the report of the Bristol Royal Infirmary Inquiry was a turning point, and the organisation is looking to strengthen its foundations.

There is no doubt that chartered status for NHS managers would have profound repercussions, not least for the nurses and clinicians with whom they work so closely.

As the largest professional body in the UK for managers working in health care, IHM has about 9,000 members at all levels in the NHS, in commercial organisations, management consultancies and academia. By promoting the highest standards in healthcare management, IHM argues that it stands for excellence in management and plays a leading role in improving health services.

Time of change
Mr Cheng may still be finding his feet, but it is well aware of the issues currently facing health care managers and the institute. ‘The NHS is a vital organisation and it is going through one of the biggest change programmes in its history,’ he says. ‘I believe we have the experience and the insight to see how managers can be supported through that.’

Mr Cheng has devoted a large part of his career to supporting managers and wants them to be regarded as professionals. He wants to see the IHM champion a change to professional regulation. ‘It is often quite easy to be appointed as a manager,’ he says. ‘Undoubtedly, you have to be good at it, but it is no longer enough to be just good at it. One has to be educated, able to demonstrate competence, and be subject to external scrutiny. Learning can turn a good manager into a great manager.’

Arguably the IHM has already laid much of the groundwork to allow it to function in a statutory capacity. The organisation has a national disciplinary procedure. Professional support mechanisms for members are offered in the shape of local networks, recognisable standards of practice, professional development and education for health service managers.

Two years ago the organisation set out a management code to which all members must sign up. This was adopted by the NHS in Wales and forms the basis of the management code for the NHS in England. Mr Cheng strongly supports this move. The other side of the coin is that changing times can be stressful times for nursing managers, he says. ‘Foundation status is much aspired to, good performance scores are crucial to continued existence and pay and recruitment and retention are ongoing issues. Nurse managers are a valuable commodity and I feel that there are too few support mechanisms for managers in difficulty. IHM has a big responsibility to these members.’

First impressions
Asked about his impressions of the NHS after his initial few weeks, Mr Cheng makes some comparisons with other fields. ‘The manager/clinician interface needs attention,’ he says. ‘Industry has some more inclusive approaches that the NHS could perhaps learn from. But I suspect that NHS managers do not have sufficient time for learning and development – issues that the commercial sector invests a great deal in.’

He says there is probably room for improvement in the appreciation of good management practice in the health service. ‘IHM has seconded a training manager to work with the fledgling NHS University in a bid to develop ways of disseminating and implementing good practice.’

The world of health service management organisations is also changing, as the NHS Confederation moves towards the role of employer negotiator in place of the Department of Health. ‘Our two organisations are complementary’, explains Mr Cheng. ‘The NHS Confederation is the membership organisation for NHS employers, not individual managers. Much of the IHM’s strength is derived from its diversity because its members come not only from the NHS, but from the independent sector, charities and small voluntary organisations.’

Mr Cheng is confident his objectives for the organisation will pay off. ‘Managers, particularly nurse and clinical managers, are the definable link between the institution and patient care,’ he says. ‘Managers understand the process of clinical work and want to enable the communication, teamwork and resource management that underpins those clinical operations.’

True professionals
Maurice Cheng says managers have a big part in improving patient care, but do not always get the recognition they deserve. He spoke to Frances Pickersgill

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