



Developing Practice to Improve Ward Culture: “Back to Basics”

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Summary of project

The matron identified an increasing number of complaints about nursing care and attitudes, also problems with staff recruitment and retention, high sickness levels and low staff morale. Initially the nursing team did not acknowledge that there was a problem, considering these issues were the norm. However, working in partnership with senior management, analysing data, developing self awareness, reflecting on practice and “looking through the patients’ eyes”, the team concluded that care was given in an untidy, cluttered environment and not up to the standard they imagined. Through transformational leadership and effective communication the culture of the ward was challenged and by facilitating change using simple tools and techniques the ward team developed and changed their practice. The ward now provides care that takes into account individual needs and preferences and respects the rights of not only the patient but of the families and carers. The culture of the ward has changed from “we’ve always done it this way” to a culture that embraces change as the way forward to consistently improve the patient experience.

Background

Concerns about the standards and quality of care on an acute orthopaedic ward had been raised by the matron and deputy director of nursing, particularly the increasing number of complaints regarding staff attitudes, behaviour and inadequate nursing care. Subsequently, meetings between the deputy director of nursing, matron and senior nursing staff identified that central to the problem was the ward culture and it became clear that the healthcare team needed to go “Back to Basics” i.e. make the patient the centre of care and review how the healthcare team needed to change their behaviour to improve the patients’ experience of care.

Aim of the project

The aim of the project was to improve patients’ experiences of care by creating a culture of respect and patient centred care. This involved using a variety of approaches to help the ward team understand what needed to be changed and involving them in

developing new ways of providing care that focused on the needs of patients and relatives

Preparing for change

Preparing for change required a high level of commitment from the nursing team as this initiative was initially seen as a “management project” which would undoubtedly involve more work without any advantage to an already busy ward.

Adapting to change can be an overwhelming and threatening experience and changing nursing practice in a culture of “we’ve always done it this way” would prove to be a challenge. Although, Moffatt and Dorman (1996) state that nurses must believe that change is possible and begins with them, it is acknowledged that implementing changes into practice can be a complex and messy process (Rycroft-Malone et al, 2002).

It was the intention of the deputy director of nursing that the ward team should take ownership of the project and for the ward manager to facilitate the change process. However, the ward manager had only recently been appointed and had limited knowledge and experience of leading and facilitating changes in practice. Manley (2000, 37) argues that “the role of leadership in achieving cultural change is almost indisputable”. Similarly, Rycroft-Malone et al. (2002) identify that strong leadership is key to the successful implementation of evidence into practice. Recognising the need for support, the matron arranged for the secondment of a more experienced ward manager to work alongside the novice ward manager for a six month period to assist with the implementation of change. It was known throughout the Trust that this experienced manager had a well established team, had explicit values and beliefs relating to teamwork, communication and documentation, knowing her patients, and was considered a transformational leader.

Preparing the team for change began at a very fundamental level. The strategy utilised by the ward managers was to develop a systematic approach to improving practice by first asking staff to consider current ways of working to help them to understand what aspects needed to be changed. A variety of approaches were used to collect evidence about current practice including:

- Analysis of complaints
- Patient discussions
- Staff interviews
- A patient opinion survey
- A workshop to explore ward culture

These approaches will be discussed below.

Analysis of complaints

All the members of the ward team were invited to a meeting arranged by the deputy director of nursing and matron to discuss the nature of the complaints. At this meeting, they shared approximately twenty recent complaints from patients and relatives, primarily about poor staff attitudes. Staff were invited to read out the complaints and as a result, they began to realise that the attitudes and behaviours that were highlighted in these complaints were true reflections of what was happening in practice.

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According to Lawson (2003, 32) "Complaints are a way of life, no organisation can avoid them and it is inadvisable to ignore them or belittle them." Complaints in the health service often stem from stressful events that occur when patients and carers feel vulnerable and scared (Gunn, 2001). They at times seem unreasonable, but must always be assessed objectively. However, complaints can be stressful for NHS staff too as they may feel they have done their best in difficult circumstances but the only outcome for them is criticism (Lawson, 2003).

By analysing the complaints, the staff began to acknowledge the vulnerability of patients and carers and how staff were perceived by them. The conclusion was that this was unacceptable nursing practice and a complex issue that would require staff to develop innovative approaches and new ways of working to improve patients' experiences of care.

Patient discussions

Patient and public opinion is now widely used as a means of informing healthcare managers about the perceived quality of patient care. The chaplaincy visitor routinely visits the ward on a weekly basis to speak to patients and relatives, and at the start of the project, the deputy director of nursing asked her to invite patients to talk about the care they were receiving and the attitudes of the staff. Feedback from the patients was then given to staff at discussion meetings. The feedback suggested that the care was adequate for many patients however; some patients found nurses insensitive to their needs and did not appreciate their vulnerability.

Preston et al, (1999) found that patients felt comfortable when nurses and other ward staff seemed caring and responsive to their needs. However, when care was viewed as impersonal or dictated by staff routines, patients described feeling anxious, insignificant and powerless, and felt they had to fit into a system that "appeared to take no account of them as people" (p 18).

Staff interviews

The head of education was invited to come to the ward and to talk to staff about their experiences of working on the ward. Approximately fifteen staff were selected on a random basis, according to who was available when he visited the ward. These semi-structured interviews highlighted concerns regarding the ward being chaotic and disorganised, high sickness and absence levels, low staff morale and lack of job satisfaction, with several of the nurses considering leaving the profession. Ruggiero (2005, 254) states that "job satisfaction is crucial to consider when searching for solutions that might increase the retention of nurses at the bedside." Lack of job satisfaction is also recognised as a factor in variables such as, motivation (Khowaja et al 2005) and quality of service and healthcare (Aiken et al 2001).

Patient opinion survey

The Trust's "Your Opinion Counts" survey form was distributed to thirty eight patients (all the patients on the ward at a given time). They were addressed individually to each patient and family, with an accompanying covering letter asking their opinion of the care provided. The letter made it clear there was no obligation to take part in the survey and in addition the letter assured confidentiality and anonymity. We requested any completed forms to be returned, sealed in the envelope provided.

Twenty nine completed forms were received and analysed with mostly positive comments. However, there were some negative comments that raised concerns about the abrasive attitude of nursing staff and named the nurses in question. These findings reflect those of Jacelon (2002) who found that nurses who were memorable to patients tended to be those who were unpleasant in their actions.

Workshop to explore ward culture

Ten of the multidisciplinary ward team took part in a creative art workshop to explore their perceptions of the current ward culture and how they thought it needed to change. The staff were asked to work in small groups of their own choosing and to create a picture, or collage of how they experienced the ward culture. The definition of culture that was offered was "the way things are done around here," Drennan (1992). The groups then provided feedback to the large group and the key themes were collected.

The groups were then asked to revisit their collages and make changes reflecting how they would like their culture to be. These changes were also fed back and collected. The key themes arising from the workshop included:

- The ward is chaotic and disorganised
- It is a noisy and stressful environment
- Broken and obsolete equipment stored in a clinical area
- Staff feel overworked and undervalued
- Nurses run around like "headless chickens"
- No time for adequate patient care/interaction
- Lack of continuing education/in-service training
- Ineffective communication
- Inadequate documentation of clinical care

Facilitating change

A "time out" day was arranged to give staff the opportunity to consider all the evidence that had been collected and reflect upon current practice, their attitudes and beliefs and how care could be improved. By reflecting on the evidence, the reality became apparent. The majority of the team now recognised the need for change and concurred that in the past care giving was reactive in nature, rather than proactive and that staff needed to go "Back to Basics" to improve the patient experience. They acknowledged that the ward was dull, outdated and cluttered. Notice boards were inappropriately placed with out of date information, there was no specific storage areas for dressings and equipment, and a lack of team work and poor communication systems led to what the nursing team described as "organised chaos." Documentation in the notes was scanty, with the majority of patient care planning and information scribbled in a diary next to each patient's name.

A brainstorming session was used to start to generate ideas and possible solutions to support change. A number of key areas for change were identified and these will be discussed below.

Team work

Effective teamwork is perhaps one of the most important aspects when attempting to improve the culture of a nursing team. Developing effective teamwork takes time, especially amongst diverse groups of people with different personalities, values, ideals and communication styles (Makely, 2005). "By developing an intimate knowledge of the team, the leader is able to manage the relationship between motivation and work performance, thus optimising the capacity of the team to deliver high-quality patient care," (Clegg 2000, 45).

Kimball and O'Neil (2002) are of the opinion that, a thriving healthcare workforce depends on nurse managers valuing the unique

contributions of their staff. The experienced manager spoke to the team individually, and taking into account their skills, preferences and abilities, divided the nursing staff into three teams with each team being allocated a section of the ward and a senior staff nurse to lead them. The staff now felt that each team had structure, which is a crucial factor for teams to be effective (Zaccaro et al 2001). During 2006, staff sickness rates fell by over 50%.

Environment

Photographs of various areas of the ward had been taken by matron, which left little doubt that the ward's physical environment required consideration. Seeing the ward through "different eyes" revealed unused and broken equipment stored in the corridors, cardboard boxes blocking fire doors, clinical room cupboards overfilled and untidy with doors left unlocked, clarified the need for improvement.

The deputy director of nursing advocated a "spring clean" day and to achieve this, members of senior management, along with nursing and clerical staff worked together with our team of ward assistants. Workmen from the Trust's estates department were enrolled to repair, replace or remove damaged fixtures and dispose of obsolete equipment. Cupboards and storerooms were cleared out; items with old packaging, products no longer used and opened bottles were discarded. As a result, a clean, tidy and hygienic ward environment is now the norm and anything out of place stands out. Standards are maintained by each member of the ward team having their own particular area to care for. Checklists for daily cleaning of sluice areas and commodes are in place and audited on a daily basis. This ensures that shortfalls in levels of care can be identified and as such, this process can be defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review against explicit criteria and the implementation of change (National Institute for Health and Clinical Excellence, 2002).

Communication and documentation

There were clear indications from the data that a significant factor in the increase in complaints was due to lack of communication and documentation. However, the team were now of the opinion that promoting effective communication skills was of the utmost importance and the development of a positive nurse-patient and carers relationship was essential for the delivery of quality nursing care.

This was achieved by actually getting to know the patients. The deputy director of nursing asked staff to interact with patients, on a non clinical basis, initially for five minutes each shift. This skill had been lost due to the "busyness" of the ward and had become to be perceived as skiving. Attree (2001) found that patients spoke appreciatively about staff who showed an interest in them as individual people, and staff who "got to know patients as people" (p 460) encouraged more social contact with both patients and relatives. Improving the quality and effectiveness of staff-patient communication and information sharing may be achieved when healthcare professional's attitudes and interpersonal aspects of caring are perceived as essential attributes and not optional extras (Attree, 2001).

A "tea round" was another initiative introduced to improve communication between relatives, staff and patients and has been a great success. This informal approach involves the ward manager and qualified staff serving tea to encourage patients and relatives to use this time to discuss a variety of issues which they may not do in a more formal setting. Unfortunately due to time constraints this can

only take place at certain times e.g. during visiting hours at weekends or bank holidays.

A further initiative to prioritise written communication between ward staff, patients and relatives was the development of an updated ward information booklet. The Department of Health (2003) confirms that effective communication includes the written word. The opinions of patients and relatives in collaboration with staff were applied in devising the booklet and shared decision making contributed to the contents. The booklet contains general information such as shift changeover times, the significance of different staff uniforms, meal and refreshment times, an example of the daily ward routine and an A to Z of the facilities available.

Communication at patient handover was another concern. Due to lack of time, little information was documented in the patient's case notes but was written in the ward diary instead. As a consequence, handover was given from this source. Currie (2000) identified that often no sources of patient information, such as medical or nursing notes were used to impart information during handover. Considering the professional responsibility to document thoroughly aspects of patient care delivery (NMC, 2005), individual patient documentation should serve as the basis for handover as it identifies what has been done and what needs to be done for the patient. The approach adopted by courts of law to record keeping tends to be that; if it is not recorded, it has not been done. (NMC, 2002).

It is now recognised by the nursing team that good record keeping is an integral part of nursing and indicates good practice and although time constraints will continue to be an issue, record keeping will remain a fundamental aspect of nursing care. The multidisciplinary team now all record information about patients in the same set of notes. As a consequence, the staff are now able to inform relatives about patients who are not in their team and are in a position to reflect on any complaints or concerns by using the entries in the notes. This maintains quality of care and promotes a fullness of knowledge about patients for all care providers involved (Kerr, 2002).

Education and training

To aid in the facilitation of the change process, the need to apply evidence based practice was clear. Reflecting on the diversity of the nursing team with a variety of knowledge and experience, a strategy for work based learning was developed. McKee and Burton (2003) suggest that effective learning leads to effective practice and good clinical practice is closely linked to education (Kenny, 2002). A ward based workshop approach was used, with specialist nurses, ward based nurse and experienced healthcare support workers giving short teaching sessions in their area of expertise. These sessions also gave the opportunity for the nurses to cascade knowledge gained from the link nurse meetings.

Repeat of ward culture workshop

In February 2007, the ward culture workshop that had been held at the beginning of the project was repeated to explore how staff felt the culture had changed and to identify any changes that still needed to be made. Eight members of the ward team were involved. These included staff nurses, healthcare support workers, therapists, the ward receptionist and matron. The deputy director of nursing joined the workshop during the discussions. The participants worked in two groups to create collages of how they experienced the ward culture now. The themes arising from these collages were fed back to the group as a whole and captured on a flip chart. The groups were then asked to re-visit their collages to identify what changes still needed to

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be made to improve the ward culture. The groups made changes to their collage to reflect these and these were also fed back to the group.

Both groups created collages that reflected a positive and negative side to the current ward culture. However, in both cases the positive outweighed the negative and this was reflected by the use of more pictures and space on the positive side. The collages reflected that although the ward was still very busy, it was now much calmer and there seemed to be more time for both patients and staff. An improvement in the ward environment was also reflected. Teamwork was a strong theme on both collages and the participants identified that there had been improvements in teamwork both at a nursing level but also at a multidisciplinary level. However, in both cases, it was recognised that teamwork could still be improved, particularly in relation to developing a greater understanding of each others roles and perspectives. There was a sense that improvement was going to be a continuous process and that small changes could ultimately make a big difference.

Conclusion

The importance of involving the whole team in a process such as this cannot be emphasized enough. At the beginning of the project many staff were cynical and felt their opinions would not be taken into account, but over time this changed and the ongoing commitment and input from the team has been outstanding.

There is little doubt that the change in leadership style had the greatest impact on the success of the project; the managers took the time to listen to the staff, and considered every member as an integral part of the team.

The project has been progressively successful in achieving increased staff retention, reduced absenteeism, increased staff satisfaction, improved multidisciplinary teamwork and patient centred care, all of which have been sustained to date.

In addition, the project has established that nursing belongs to a culture of change, caring and respect and demonstrated how the attitudes and actions of staff can impact on the patient experience. By becoming self aware and reflecting on our practice, practitioners can provide a system that enables the best possible care.

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Further reading

A copy of the original full report is available to download from the Foundation of Nursing Studies website:

<http://www.fons.org/ahcp/grants2005/wardculture.asp>

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