



IDEAS AND INFLUENCES

Why is Sue Pembrey's work still so relevant today?

Charlotte McArdle

Office of the Chief Nursing Officer, Department of Health, Social Services and Public Safety, Northern Ireland
Email: Charlotte.McArdle@dhsspsni.gov.uk

Submitted for publication: 28th October 2013

Accepted for publication: 5th November 2013

Keywords: Ward sister, person-centred care, manager, leader, clinical expert

Introduction

Sue Pembrey was author of the thesis *The Ward Sister: Key to Nursing*, which was first published as a book in 1980. It was one of a series of research papers published around that time and focusing on the role of the ward sister. I have chosen to review Pembrey's work for three reasons:

- Her work had a strong influence on me and how I ran my ward in the late 1990s. Her work shaped my thinking on how to organise nursing care: to manage, lead and educate a team of nurses and assistants so that we could provide the best possible person-centred care.
- I referred to Pembrey's work in my own unpublished research for my MSc, learning from her research methodology and outcomes. I carried out a smaller but methodologically similar study with my peer group of ward sisters to develop further my thinking on person-centred care.
- Most importantly I have reviewed Pembrey's work as I wish to discuss its relevance to practice today. I believe the ward sister/team leader role is fundamental to the running of our health service and to ensuring that patients and their families have a good clinical outcome where possible and a good experience of care. Sue Pembrey's research reaffirms my belief, while recent high profile reports such as Francis (2013) have highlighted the crucial role ward sisters still have.

The purpose of the research was to develop measures of ward sister performance in relation to individualised nursing care. It studied 50 ward sisters, identifying the behaviours that were needed to ensure the individual needs of the patients were met, and the differences between the sisters. Four specific activities completed as part of a daily management cycle were studied. I identified three key messages from Pembrey's findings.

1. Good nursing care does not just happen, it needs to be organised as a deliberate management function. In Pembrey's study, those who organised individual nursing care had two distinct attributes: they were highly qualified and they had access to a role model.
2. The ward sister needed to be able to exercise control and authority in order to coordinate the services necessary to ensure individualised care. Many of the sisters studied did not show these characteristics however. Pembrey concluded that this was due to the size and complexity of their role, failure fully to understand the role and lack of preparation for the role.
3. The ward sisters identified learned behaviour from observing the practice of other more senior sisters articulating the need for strong role models in practice.

In summary, Pembrey found that ward sisters needed a particular skill set to enable them to deliver individualised care. They needed to be highly educated, able to teach, manage and lead a team of staff.

In more recent times individualised care has been referred to as patient-centred care (Binnie and Titchen, 1999) and person-centred care (McCormack and McCance, 2006; 2010). These referenced publications are set within a culture of practice development and seek to develop further the findings discussed by Pembrey. However, it is clear that the key attributes of the ward sister/charge nurse have not changed. The concept of ward sister as manager, leader and clinical expert is evident throughout the development of patient-centred care and the person-centred nursing framework developed by McCormack and McCance (2006; 2010).

There have been several recent inquiries, most notably The Francis Inquiry (2013), that have questioned our ability as professionals to deliver person-centred care. Robert Francis QC was specific and forthright with his recommendations to strengthen the role of the ward sister and in recommending what I recognise as 'the organisation of individualised nursing care' described by Pembrey. My question and challenge to all of us is, why are we still having this discussion some 35 years after Pembrey's book was published? What is it about this crucial leadership role that we cannot clearly define? Why can't we get to grips with the three core components of managing, teaching and leading the delivery of person-centred care? Work at University College London Hospitals Foundation Trust (Fenton and Phillips, 2013) is developing skills in clinical practice for ward sisters based on these three components. It proposes a whole system approach to change and that a critical analysis of healthcare is needed in order to modernise the role. It suggests that we must work hard at continuous development of our precious ward sister role and that doing so will have a direct impact on outcomes for patients.

References

- Binnie, A. and Titchen, A. (1999) *Freedom to Practice: The Development of Patient-Centred Nursing*. Oxford: Butterworth Heinmann.
- Fenton, K. and Phillips, N. (2013) Developing skills in clinical leadership for ward sisters. *Nursing Times*. Vol. 109. No. 9. pp 12-15.
- Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: Stationary Office.
- McCormack, B. and McCance, T. (2006). Developing a conceptual framework for person-centred nursing. *Journal of Advanced Nursing*. Vol. 56. No. 5. pp 472-479.
- McCormack, B. and McCance, T. (2010) *Person-Centred Nursing: Theory and Practice*. Oxford: Wiley-Blackwell.
- Pembrey, S.E.M. (1980) *The Ward Sister: Key to Nursing. A Study of the Organisation of Individual Nursing*. London: Royal College of Nursing.

Charlotte McArdle (MSc, PGCert, BSc, RGN), Chief Nursing Officer, Department of Health, Social Services and Public Safety, Northern Ireland.