



IDEAS AND INFLUENCES

The influence of really listening: learning what excellence in care looks like

Fiona McQueen

Scottish Government, Edinburgh, Scotland
Email: fiona.mcqueen@scotland.gsi.gov.uk

Submitted for publication: 22nd October 2015

Accepted for publication: 2nd November 2015

Publication date: 18th November 2015

doi:10.19043/ipdj.52.010

Can the pursuit of the reliable delivery of truly person-centred care be compared with the never-ending quest for the Holy Grail – or is it more akin to the search for the Higgs boson particles, which took decades to identify?

There have been significant improvements in the delivery of care over the past three decades, but one doesn't have to look far to find evidence of poor care and practice – at times for no apparent reason. So, how realistic is the reliable delivery of truly person-centred (safe and effective) care?

As one of the early nursing undergraduates in Scotland, I was desensitised to poor practice; 'It's all right in theory, but doesn't work in practice', was a commonly held view. The academic perspectives on nursing practice were questioned widely in terms of how connected they were to real life, with little in the way of practical application. Since then, the profession has matured significantly, in particular with the keystone move to higher education and an all-graduate profession. Evidence is fundamental to the delivery of excellence in care and we would not be where we are without our university schools. However, do we have enough evidence? How relevant is it to our day-to-day challenges? How effectively do we apply it in our everyday work?

When I was a board nurse director, I was at times seduced by the argument that we needed to manage patient expectation, and that poor care was inevitable in our busy, demanding systems. After all, these things happen, don't they? While I was incredibly proud of much of the care that was delivered by the nurses within my health board area, there continued to be aspects of practice that troubled me. I recall someone who died by suicide while in our care, a young person with a learning disability in one of our acute hospitals being badly let down by the nurses, and the distress of a daughter who had placed her mother in our care, with confidence that turned out to be misplaced.

I remember these patients by name and their cases contributed to my reflecting anew on what people were telling me, and to a shift in my thinking. So although the turning point for me was gradual, with an increasing consciousness of the impact that poor care had on people and their loved ones, the awakening to really listening and reflecting on people's experiences has had a profound effect on my practice. It has also been a 'eureka moment' for me and given me confidence that, with the right conditions, we can truly reach a state where we reliably deliver person-centred care across the whole of the NHS in Scotland.

So what are the right conditions?

The conundrum for me was this. At times, what people and their loved ones were reflecting back was not the experience of the nursing staff delivering care. Or the nurses delivering care could see no alternative to what had happened – the patients were being ‘too demanding, didn’t they understand how busy they were?’ A suicide in our care, a young person with a learning disability denied access to fluids? Why could good nurses not see what was happening right in front of them? And what of the nurse managers accountable for the delivery of care? ‘Well, what could they do? These things happen.’ The apparent powerlessness of practising nurses and their clinical managers to effect change was, in places, breathtaking.

The answer lay not in accepting one experience as truth and the other false, but in accepting that all perspectives were reality, and the only way to deliver reliable excellence in care NHS Scotland was to find a solution that supported nurses to practise in the way they so desperately wanted to, and create the conditions where excellence in care would be delivered to every person every time. A person-centred culture, so elusive; safe staffing, a journey; the evidence, not all there yet.

As the country’s Chief Nursing Officer, my ambition for excellence in care has universal support. Making it a reality, however, is complex. Nonetheless, I’m confident it can be done. I believe we now have sufficient evidence of what needs to take place to support what until now, has been elusive: reliable delivery of person-centred, safe and effective care across the country. While we do have some way to go before settling on a model, the painful lessons I’ve learned from really listening to nurses, and people who have received poor care will remain in my heart and drive me to realise this goal.

Fiona McQueen (MBA, BA, DMS, RGN), Chief Nursing Officer, Scottish Government, Edinburgh, Scotland.

© 2015 by the author; licensee Foundation of Nursing Studies, UK. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license (<https://creativecommons.org/licenses/by/3.0/>)