Why don’t we ask patients what they thought of their care?

Recently, a nursing survey requested nurses’ views on several issues they face today. It’s interesting to see these include the lack of compassion in some nursing staff and inadequate standards of student education. Interesting also to reflect on how these issues may impact on another identified in the survey – namely the increasingly poor image of nursing in the media. In the public’s eyes, nurses seem to have gone from angels to, perhaps not devils, but certainly a beast of equally hard skin and unsympathetic soul.

It is normal for people to seek caring relationships. Illness and the unfamiliar situations that accompany it don’t diminish that need. Unsurprising then, that the public reports feelings of frustration, anxiety and even fear when caring interactions with nurses are infrequent or absent. Opinion seems to be that nurses are less compassionate than in the past. Why might this be so?

Inadequate staffing must play a role. It seems a “no brainer” to me that large workloads and patient to staff ratios result in care that is, at best, perfunctory. Unnecessary and repetitive documentation also don’t help. But perhaps a key contributing factor lies elsewhere. Many students and their mentors feel education has become too fixated on academic achievement, and quantitative assessment of nursing skills alone does not provide enough evidence of a student’s competency as a nurse.

A change in training emphasis and indicators of competence for student nurses could produce better, more compassionate nurses. No one wants to abandon the advances made in promoting evidence-based care and skills training, but a shift in the balance would be welcomed by students, nurses and patients. We could, and should, refocus on basic caring values, attitudes and, most importantly, behaviours. And when we measure students’ competency we could also use qualitative evidence to measure “soft” skills such as compassion.

We all mentor student nurses. Instead of relying solely on ticking skill boxes and care competencies, why don’t we actually ask patients what they thought of the care they received from us and those we train?

One of the key parts of a compassionate and caring relationship is communication – that means listening as well as talking. Entering into a dialogue with patients about the care we give would result in meaningful feedback that could lead to improved care and mean we actually spend more time with patients (surely what most of us are in nursing for). The next generation of nurses could then learn how simple skills such as touch, empathy and a compassionate attitude really have positive outcomes for recovery.

This is not new. In 2008, health secretary Alan Johnson called for care and empathy to be rated with surveys of patients’ views. But this kind of retrospective “compassion target” is surely the last thing our overworked workforce, with its low morale, needs. Finding time to ask a patient in person to evaluate their care would be a lot more useful, interesting and relevant. Or are we scared about what we might hear?

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Is it time for an international quality standard?

Quality and how to improve it has become the leading thrust of much health policy over the last few years. But quality means different things to different people. As a result how quality initiatives are prioritised and implemented also varies.

The Chartered Quality Institute carried out a survey to find out about the views of staff on quality in the NHS. The results, which are presented over the page, found a lack of coherence in views and also little consistency in the quality standards that different organisations adhere to.

The survey revealed the barriers that exist to improving quality, which include the lack of time, money and leadership.

Author Simon Feary calls for a more structured approach to improving quality and suggests pushing towards an internationally recognised quality standard.

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SPOTLIGHT

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