“Create the right conditions for staff to deliver quality care”

The Francis report has got the nation talking of the need to reintroduce compassion into healthcare – but where did it go in the first place?

When I first came into nursing, it was because I wanted to care for people and I wanted to make a difference. I think it’s what drives most of us in the NHS. By the time my career took me into education and leadership, I’d realised that bigger changes can be made if you affect the culture of an organisation.

With the release of the eagerly awaited Francis report, it is interesting to see how cultural change is becoming even more important. The nursing strategy, Compassion in Practice, launched in December 2012, says, “creating the right culture” is the key to promoting an environment in which staff can deliver the best care for patients. It is easy to point fingers and say that it is the staff in an organisation who are the problem, but they are often a product of the system in which they work.

A patient recently told me of an example that illustrates my point. During an urgent CT scan she felt extremely nauseous and asked for a vomit bowl. The qualified nurse gave her the bowl and then left to complete another task. It was the student nurse who stayed and reassured her. To the patient, it felt like the expectations of the organisation were that the qualified nurse was to complete a number of tasks within as short a period of time as possible, whereas the student was more able to spare the time to offer her the compassionate care needed.

The NHS has come a long way from the days when patients had to wait months or even years for appointments. Now that we have achieved our targets, we need to take stock and refocus on how we deliver outcomes. The difference will come in rewarding and recognising the true heroes of our frontline teams who give genuinely great and high-quality compassionate care. And who are supported by leadership teams who have an uncompromising patient-centred approach.

The other critical element is to develop a more engaging style of leadership. If health professionals are consulted and informed, motivated and engaged with the organisational vision then they are more likely to provide high-quality patient care. All staff within the health service, irrespective of their role, have a responsibility to shape and lead a caring culture, which is open, honest, authentic and based on values.

I’m heartened that the Francis report and its implications will strengthen our endeavour to create different leaders for the future. It’s simple: the job of every nurse is to make sure that patients are safe and well cared for. The job of every organisation is to create the right sort of climate and conditions that allow nurses the time and space to flourish in doing so.

For more articles discussing the Francis report, go to nursingtimes.net/francis

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Use of the term basic care rather than essential or fundamental care has not been helpful. It suggests that some of the care offered by nurses is straightforward and uncomplicated.

The patient and family reports in the Francis report of 2010 show the reality – that to offer high-quality care, which ensures patient dignity, requires skill and thought.

Our expert author on page 12 looks at the failings of continence care at Mid Staffs. Key to seeing continence care as essential rather than basic is education and training for student nurses and support workers.

The education of support workers is vital as skill-mix ratios mean they carry out this aspect of care - just as pertinent is the that of students, so when they qualify they are aware of their responsibility for this essential care.