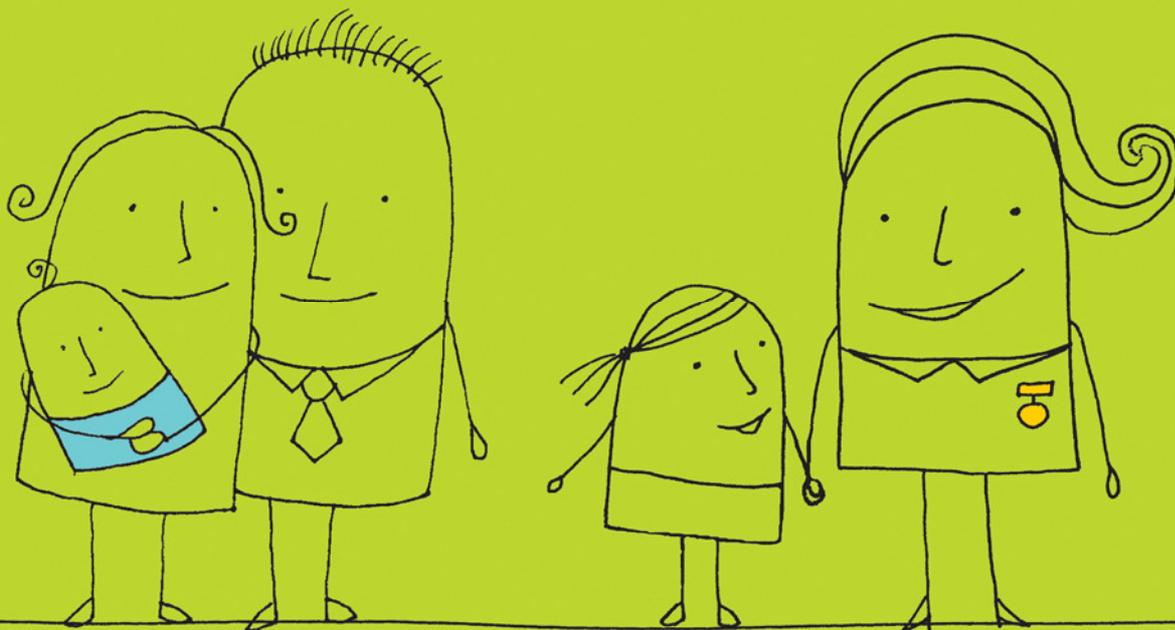


Patient and Client Council

The Ward Manager

A report on patient and public views on the role of lead nurses on hospital wards

September 2010



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1.0 Introduction And Purpose Of This Report

The Patient and Client Council was established on the 1st April 2009. The role of the Patient and Client Council is to provide a powerful, independent voice for patients, clients, carers and communities on health and social care issues through the exercise of the following functions:

- To represent the interests of the public by engaging with the public to obtain their views on services and engaging with Health and Social Care (HSC) organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services
- To promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care services
- To provide assistance to individuals making or intending to make a complaint relating to health and social care; and
- To promote the provision of advice and information to the public by the HSC about the design, commissioning and delivery of health and social care services

The Northern Ireland Practice Education Council (NIPEC) is a Non-Departmental Public Body established in October 2002 with a statutory remit to support the practice, education and performance of nurses and midwives in Northern Ireland.

The Chief Nursing Officer for the Department of Health Social Services and Public Safety (“the Department”) requested that NIPEC would facilitate a regional project, to support and strengthen the role of ward sisters/charge nurses. This project commenced in October 2009. The project was also supported by the Directors of Nursing of the five Health and Social Care Trusts.

In order to ensure that the views of patients and members of the public were heard within in the project, the Patient and Client Council surveyed patient and public experience and expectations of Ward Managers during May and June 2010.

This report presents the outcome of this work to which 230 people responded through questionnaires.

The 230 responses indicate patients and the public have a clear vision of the role of the Ward Manager. The report also demonstrates that patients and the public place a high value on the nursing profession and the work that it does.

Maeve Hully

September 2010

2.0 How We Engaged With Patients and the Public

2.1 Form of Engagement and Location

A short questionnaire was agreed by staff from the Patient and Client Council and NIPEC. A copy of the questionnaire is attached in **Appendix A** of this report.

Staff from the Patient and Client Council visited seven hospitals in Northern Ireland including one mental health inpatient facility and the Royal Belfast Hospital for Sick Children.

The Patient and Client Council organised one focus group meeting and one street consultation in each of the five Health and Social Care Trust areas.

At ward visits, a NIPEC Project Worker, who was a Ward Manager, was present to ensure that issues such as patient confidentiality, respect, hygiene and safety were safeguarded.

2.2 The Participants

230 people took part in this survey. The following tables show the make up of the respondents in terms of age, sex and location.

Table 1 - Age of Participants

Age	Ward	Focus Group	Street Consultation	TOTAL
Under 18	2	0	3	5
18-25	4	3	9	16
25-44	22	4	27	53
45-59	14	9	28	51
60-75	20	17	27	64
75+	6	2	11	19
Not Stated	9	13	0	22
TOTALS	77	48	105	230

Table 2 – Sex of Participants

	Male	Female	Not Stated
Ward	24	35	19
Focus Group	25	33	0
Street Consultation	16	78	11
TOTAL	55	145	30

Table 3 – Location of Participants

Number	Location
Less than 5	Portadown, Banbridge, Lurgan, Warrenpoint, Belleek, Kilkeel, Limavady, Newtownabbey, Ballyclare, Moira, Crossgar, Newtownards, Downpatrick, Dundonald, Newcastle, Castlewellan, Ballynahinch, Whiteabbey, Crumlin, Antrim, Cookstown, Dungiven, Gorton, Strabane, Omagh, Maghera, Portrush, Bushmills, Ballycastle, Ballymoney. Irvinestown, Buncrana
5-10	Laurencetown, Bangor, Ballymena, Draperstown
10-20	Newry, Lisburn, Coleraine
20-30	Enniskillen
30-40	Derry/Londonderry, Belfast

3.0 What the People Said

This section summarises the responses given to the individual questions asked.

Question 1 – What has been your experience of ward sisters/people in charge of wards?

The comments received were mainly positive. Ward Managers and nursing staff in general were described as “kind”, “helpful” and “approachable”.

Regular communication with the Ward Manager was seen as important to patients. They appreciated the Ward Manager introducing him/herself and making brief but regular checks on them during their stay. They appreciated a Ward Manager who had time to listen and answer questions.

Not all patients had been introduced to the Ward Manager and could not say who he/she was. Those participants who had little communication with the Ward Manager perceived that a lack of staff and too much paperwork had caused this.

Cleanliness of the ward was seen as the responsibility of the Ward Manager. Many comments reflected the expectation that the Ward Manager should be responsible for the staff and the environment.

Where participants reported a negative experience, the frequently cited two main reasons:

- The attitude of the Ward Manager. At times this was felt to be excessively strict, lacking in empathy or where they perceived that the Ward Manager took part no visible interest in patient care.
- The quality of care – particularly where patients felt they had not been listened to resulting in, for example, failure to note a drug allergy.

It is clear from the feedback that these participants appreciated a visible Ward Manager who talked to them. It is clear also that participants wanted to see a Ward Manager in authority on the ward, responsible for all that happened on it.

Question 2 – What sort of things do you think a nurse in charge of a ward should be doing?

There was a consensus among the participants as to the key duties of a Ward Manager. These included:

Looking after patients:

- Making sure patients are clean,
- making sure patients are fed, and,
- keeping patients and families informed.

Managing staff:

- Making sure there are enough staff to do the job,
- making sure all staff do their job, and,
- being a role model for junior staff

Managing the ward environment:

- Setting a professional tone for the ward,
- taking charge of all that happens on the ward, and,
- making sure that the ward is clean.

Question 3 – What do you think a nurse in charge of a ward should be called?

Participants were given a range of options to choose from when asked what the nurse in charge of the ward should be called. The following table shows in descending order, the preferences expressed by the participants:

Table 4 – Preferred Title for Nurse in Charge of a Ward.

Title	No. of Participants
Ward Sister	99
Ward Manager	50
Charge Nurse	17
Matron	15
Not Important*	13
Senior Nurse	12
Don't Know/No answer	9
Use personal name	3

** Where participants stated that they had no preference this was usually on the basis that as long as nurses were doing their job it didn't matter what they were called.*

There were a number of options and suggestions made by one person. These were “Nurse in Charge”, “Sister”, “Sister in Charge”, not “Manager”, all to be called “nurse”, “Nurse Manager”, “Nurse” and personal surname and “Ward Supervisor”.

There is a clear preference for the use of the term “Ward Sister”. If the similar titles are added – “Matron”, “Sister” and “Sister in Charge”, a total of 116 participants, half of all participants, express a preference for term of this type to described the nurse in charge of the ward.

In the comments accompanying these preferences, there is a desire expressed for a form of authority, embodied for these respondents in a term like “Sister”, that they perceived had been lost, resulting in shortcomings in current hospital care.

Question 4 – How should you recognise the nurse in charge of the ward?

The following table lists in descending order the responses to this question.

Table 5 - How Patients Preferred To Identify The Nurse In Charge of a Ward

Preference	No. of Participants
Uniform Only	134
Uniform and Badge	42
Don't Know	13
Badge Only	12
Chart or Poster on the Ward	7
Personal Introduction	6
Hat	5
Personal relationship	3
By visible supervision of junior nurses	3
Armbands or epaulettes	2
Not uniform (No alternatives suggested)	2
Anything that stands out	1

Recognition by a distinctive uniform and a uniform and badge was the preference of 175 of the 230 participants – just over three quarters of all respondents.

The colour of the uniform was the key to recognition. For the majority, dark blue was an established and accepted means of recognising the senior nurse. A smaller number thought the senior nurse should be in red with the other nurses in blue.

4.0 Conclusion

The consensus in responses makes it possible to be clear on public perception and expectations of the nurse in charge of a ward. From the patient and public perspective the nurse in charge of the ward should be:

- called “Ward Sister”;
- wear a distinctive, immediately recognisable uniform;
- in charge of everything that happens on the ward, including cleanliness and patient nutrition;
- visible to patients, speaking to them regularly;
- a role model for junior staff;
- a person of recognised authority, and,
- caring and compassionate with patients and their families

Patients will judge the nurse in charge of the ward by:

- how well they are informed about their treatment and care:
- whether they are listened to;
- how clean the ward is; and,
- whether their basic needs are met for:
 - personal hygiene;
 - personal care (toileting) and
 - nutrition.

PATIENT CLIENT COUNCIL

PUBLIC INVOLVEMENT IN THE WARD MANAGER PROJECT

QUESTIONNAIRE

Background Information

The Patient and Client Council (PCC) are working with the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) and the five Health and Social Care Trusts on a project aimed and supporting and strengthening the role of ward sister's in Northern Ireland.

We are keen to hear from the public their views on the role of the ward sister. This information will be used to inform the work of the *Leading Care: Regional Ward Manager* project which is due to complete in September 2010.

Consultee Information

Age (Circle As Appropriate)

U18 18-25 25-44 45-59 60-75 75+

Sex (Circle As Appropriate) Male Female

Anticipated Length of Stay (Days) _____

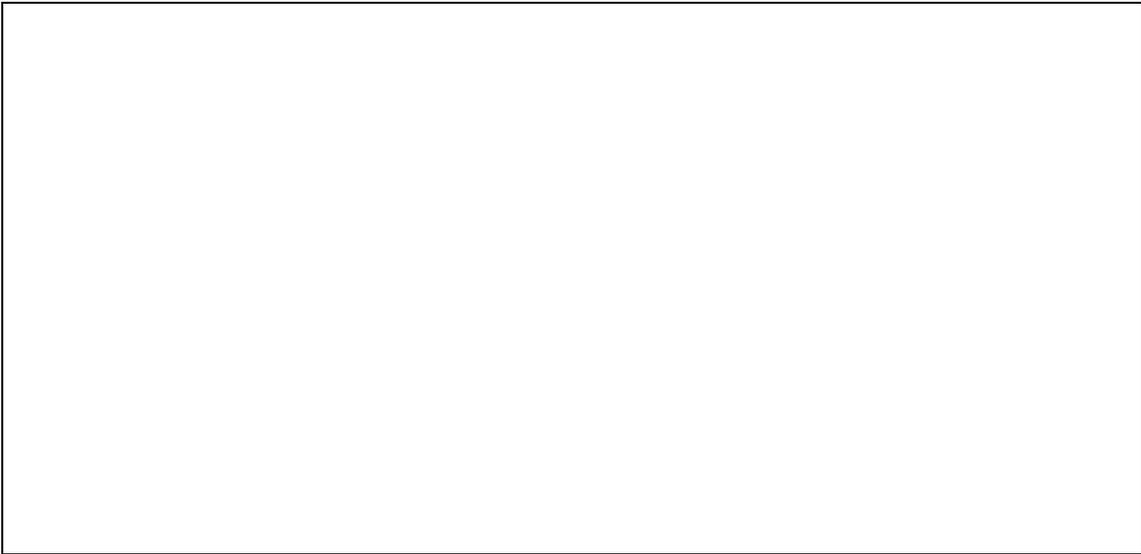
Residence

Nearest Town _____ Postcode (BT No.) _____

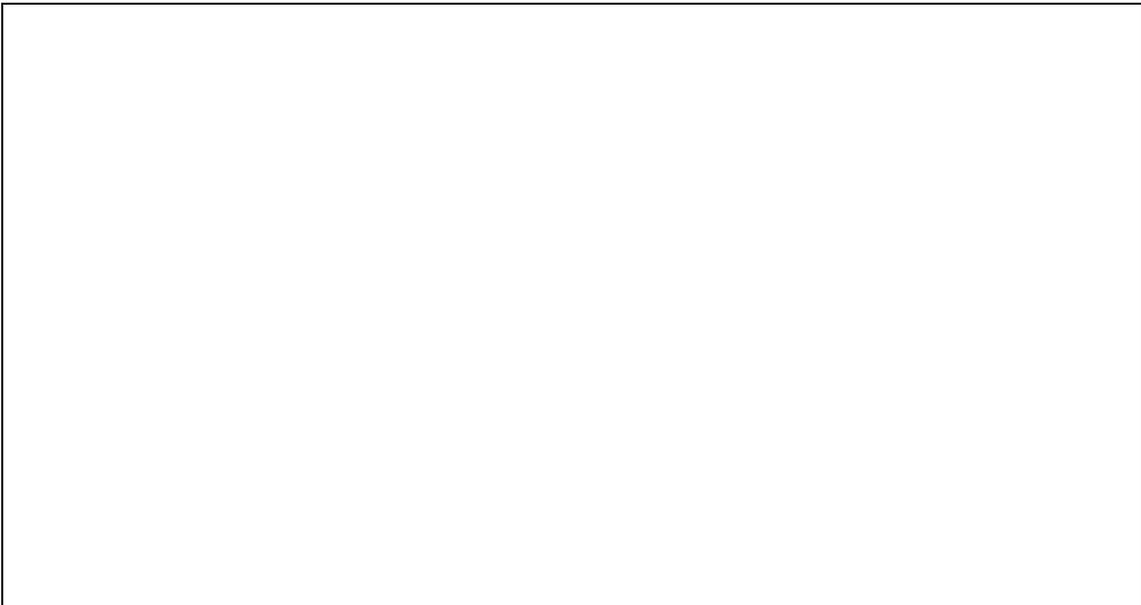
Site of Consultation _____

Questions

1. What has been your experience of ward sisters/people in charge of wards?



2. What sort of things do you think a Nurse in charge of a ward should be doing?



3. What do you think a Nurse in charge of a ward should be called?

Options (Tick One)

Ward Sister

Charge Nurse

Ward Manager

Senior Nurse/Midwife

Senior Charge Nurse/Midwife

Other (Please specify)

4. How should you recognise the Nurse in charge of the ward?

THANK YOU

Remember you can contact your local office on

Telephone 0800 917 0222

or email info.pcc@hscni.net

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25-27 Wellington Place
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Southern Area

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Lurgan
Craigavon BT66 8BB

Western Area

'Hilltop'
Tyrone and Fermanagh Hospital
Omagh BT79 0NS

South Eastern Area

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