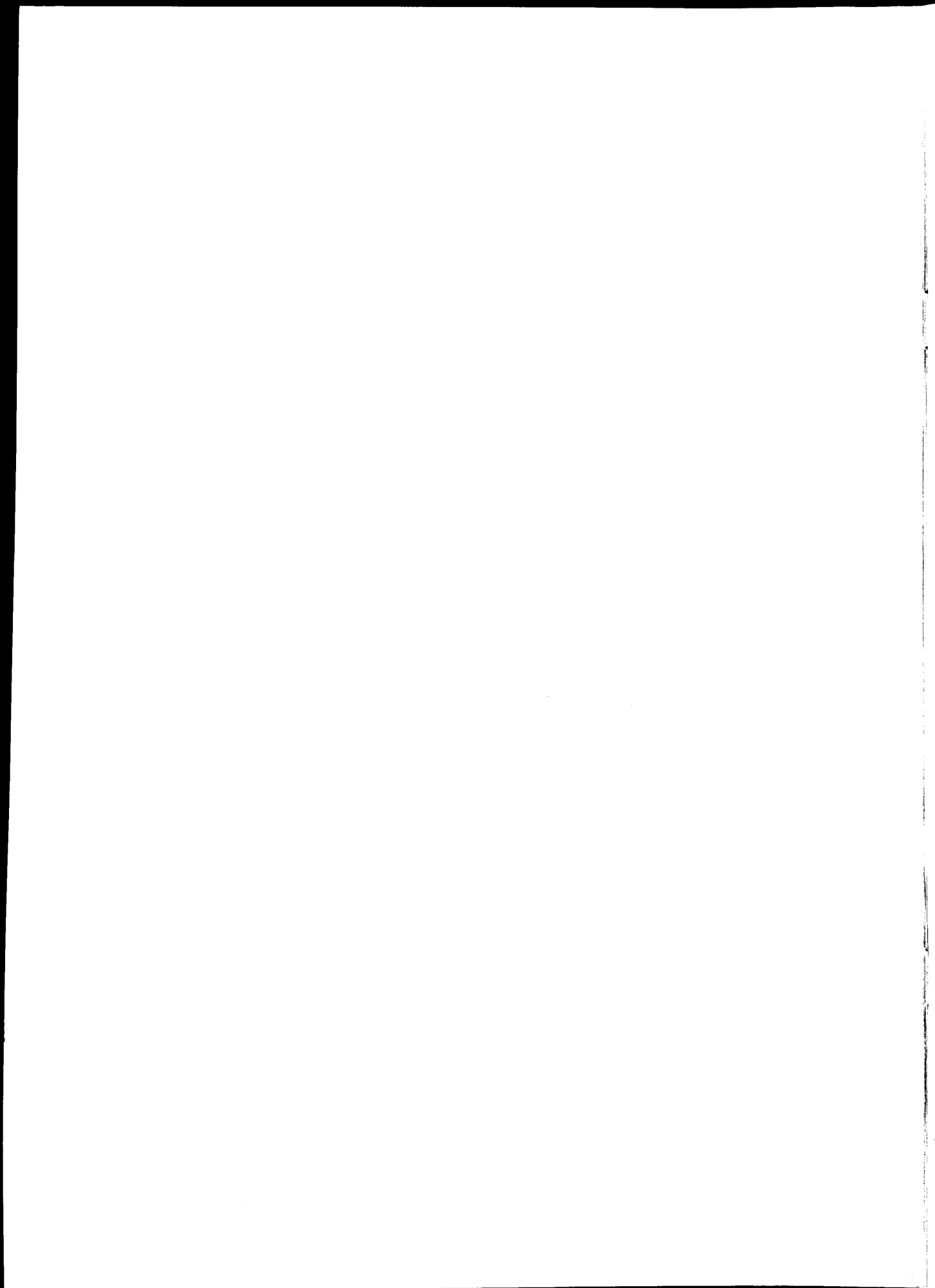

Research in Action

**Developing the Role
of the Ward Sister**

King's Fund Centre,
126 Albert Street, London NW1 7NF

January 1988



Research in Action
Developing the Role of the Ward Sister

Editor

Judith Lathlean

Authors and Contributors

Margaret Alexander

Hazel Allen

Rosemary Bryant

Christine Davies

Sally Farnish

Judith Lathlean

Sheila Marson

Margaret Ogier

Helen Orton

Jill Rogers

Phyllis Runciman

King's Fund Centre,
126 Albert Street, London NW1 7NF

January 1988

© King Edward's Hospital Fund for London 1988

Designed and produced by
Ashdale Press
Ashdale House, 200 Lincoln Road, Peterborough PE1 2NQ

Printed by HGA Printing Company Limited, Brentford

Distributed by the King's Fund Centre

Contents

Foreword	i
Introduction	ii
Map to show Health Authorities in which triads worked	iii
1 The Peer Group: Creation, Common Research Themes and Philosophy	1
2 Going Public: The Conferences and Workshops	4
3 Project Cameos	11
4 Reflections and Recommendations	18
Postscript	21
References and Bibliography	23
Peer Group Members' Updates	25
Appendices	
1. Members of the peer group	33
2. Invitation letters to conferences and workshops	34
3. Checklist of daily work priorities	39
Checklist of work problems	40
4. The introduction of change: sheet for recording stages	41

Foreword

Just as the whole exercise of translating this research into action was based on collaboration, so was the preparation of our report.

The peer group wanted to share its experience with others by making available a report. Margaret Ogier — coincidentally the person who first proposed the idea of the group — started the process by drawing together the many documents generated over a five year period. The peer group then met and democratically divided the tasks involved in taking Margaret's work forward. Individuals developed chapters and themes within chapters but, after considerable work, it became obvious that one person was needed to co-ordinate the different contributions and bring the production of the report to its final conclusion.

I offered my services in this role, an offer that was accepted. As editor, I must accept responsibility for any errors or misinterpretation, but the report remains the combined efforts of all those named on the title page.

The main authors of the chapters are as follows:

Chapter 1	Hazel Allen, Sally Farnish, Sheila Marson, Margaret Alexander
Chapter 2	Judith Lathlean, Rosemary Bryant, Helen Orton, Margaret Alexander
Chapter 3	Judith Lathlean, Rosemary Bryant, Margaret Alexander
Chapter 4	Phyllis Runciman
Postscript	Hazel Allen

All current members of the peer group commented copiously on the draft versions of the report, and I am very grateful for their considerable help and support.

Finally, on behalf of the peer group, I thank all the nursing triads, and Hazel Allen and Christine Davies of the King's Fund, without whom none of the events described here would have taken place.

Judith Lathlean
Editor

Introduction

'Let us dare to compare and share our research results' (Anon)

This is a report about a group of researchers, all of whom had undertaken studies related to the role of the ward sister. With the aid of the King's Fund, the group came together in the first instance to discuss the results of their own research. They then shared their work with others — ward sisters, nurse managers and nurse teachers — the aim being to put research into action.

The first chapter describes the formation of this 'peer group'; it outlines the common themes running through their studies and describes the move from sharing with each other to sharing with a wider professional audience through conferences and workshops. These are the subject of Chapter 2. The original intention was to have one conference and one set (of 2) workshops. But the outcome of the first series was such that a second and then a third series were to follow. The programmes are described and the reasons given for the second and third time around. Chapter 2 also highlights the opportunities created by the workshops, and the work of the nursing triads, as well as the constraints that were apparent.

Since we learn, in part, by hearing of the experiences — both good and not so good — of others, the projects undertaken by the triads are presented in Chapter 3 as brief, but hopefully illustrative, cameos of how the role of the ward sister can be developed. They are examples of how change can be managed, the challenges and problems, outcomes and solutions.

The peer group gained immeasurably from this experiment — and so too it seems did most of our professional colleagues who took part in the venture. Chapter 4 concludes by comparing the expectations with the outcomes and provides an analysis of our joint experiences. We complete the story by offering recommendations — or suggestions — which emanate from our work.

The processes that the group went through during the six years of its existence are interesting. The composition of the group changed, members came and went, and views were changed and modified. Hazel Allen, Associate Director at the King's Fund Centre, was an important 'outsider' who met regularly with the group. Her insightful analysis of the dynamics is given in the Postscript. Most of the members of the group — past and present — have continued their research either by consolidating or by expanding. An up-to-date summary of their work is appended.

We are aware that this exercise is just a contribution towards the important aim of recognising and developing the role of the ward sister — a key person in the provision of nursing care. However, it also represents our attempt to make nursing research more visible, more useful for the practical concerns of nursing today. This is a desire that all members of the peer group share passionately!

Map to show Health Authorities in which triads worked



The Peer Group: Creation, Common Research Themes and Philosophy

1. Creation of the peer group

It is six years since the members of the peer group, all of whom have published research on some aspect of the ward sister role, had their first meeting in 1981. Despite inevitable attrition, it continues to flourish.

Composition

Individuals eligible for membership of the group were those whose research in the recent past or present was concerned with the ward sister role, her training needs or ward learning environment. Nine were former ward sisters and three were sociologists or social researchers.

Research is often carried out in relative isolation for, although researchers may contact one another from time to time to clarify issues, opportunities to meet for extended discussions and cross-fertilisation of ideas are generally rare. Meetings are often no more than a few minutes snatched at a conference. Moreover, this particular group was scattered throughout England, Scotland and the Channel Isles.

The benefits to be derived from forming a peer group appeared infinite. It would be a valuable opportunity for reviewing and comparing data, exchanging views and sharing mutual concerns. In addition, it was hoped that it would be possible to identify ways of utilising findings at ward level.

Launching the group

The first meeting of the peer group took place in March 1981. The composition of all groups will vary due to alterations in individuals' perceived priorities and changed circumstances and the peer group was no exception (Appendix 1). Today, however, the group retains eight of the original members and this clearly reflects their commitment and the value each places upon both the instrumental and expressive functions of the group.

From the outset support has been given by the King Edward's Hospital Fund for London (King's Fund) to whom the idea was first proposed by Margaret Ogier.

Why the King's Fund?

The King's Fund's interest in developing the role of the ward sister has been constant over many years. In 1949 innovators at the Fund established a residential training centre for ward sisters where preparatory courses ran continuously for 20 years. More recently (1979) the Fund launched an experimental training scheme for ward sisters in response to increasing rec-

ognition of an unmet need (Davies, 1981). The DHSS joined the King's Fund in undertaking an evaluation of their second scheme and this was in progress when the peer group was established (Lathlean and Farnish, 1984).

The peer group meetings

At the first meeting the sharing of research data began with four individual presentations. The fact that the group shared an understanding of research method, and in this respect a common language, meant that a direct account of their findings could be given and followed by questions and discussion. In subsequent meetings eight more studies were presented. The discussions began to highlight common themes within the studies, the dissemination of which was to become the basis of the future work of the group. It was a source of amazement and delight to see the way in which so many findings linked and reinforced each other.

Presenting one's work to peers in this intimate milieu was a new experience for some members and 'their turn' was often anticipated with a degree of apprehension as they faced other researchers whose work they knew and whose particular area of research they had used or referred to in their own studies. However, anxiety was rapidly dispelled by the genuine interest of the group in all matters pertaining to the ward sister. This experience of insecurity was helpful to all as they were able to empathise more fully with workshop participants in the months ahead.

At the third meeting there was a discussion of how best to present the research findings in a simple, straightforward manner to an audience of nurses who were not used to reading research findings. The King's Fund agreed to organise a colloquium in July 1982 with an audience composed of teams of three: ward sisters, nurse managers and tutors, subsequently called triads. The main objective of the colloquium was to demystify research and present it in such a way as to stimulate the audience to consider its use in their practice.

The way ahead

The overwhelming interest in the public presentations led to the King's Fund's suggestion for a series of workshops. This unanticipated change of direction renewed uncertainties among some of the members. They expressed their concerns that the original purpose of the group had been achieved, that is exchange of knowledge, and doubted their abilities as facilita-

tors in what were for them uncharted waters. This difficult period had to be worked through and served ultimately to strengthen the group's purpose to present research findings as a practical tool to be used in the service of the patient.

Logistically, the original idea of forming such a group could never have moved beyond an embryonic stage without an empathetic patron and a sponsor. Hazel Allen and the King's Fund represented both.

2. Common themes

One of the most rewarding aspects of belonging to the peer group was the discovery of common themes running through the research studies of the group members. The following are the most notable ones. (The sources of these themes are to be found in the literature listed in the *Peer Group Members' Updates* and in the *References and Bibliography*.)

The power of the role

The ward sister was identified as a key figure within the organisation and the team; the sister created the ward learning climate and was a role model for the staff. The role model was found to have a major influence on learning, affecting both qualified staff and learners. The extent of the power inherent in the role was often unrecognised by the sisters themselves — they had more influence than they appreciated.

Attitudes to and expectations of the role

- *Sister as manager* — There appeared to be a lack of understanding of the relationship between the management function and the clinical component of the ward sister's job. Sisters were, in the main, unclear about the differentiation between their role as managers of the team and deliverers of nursing care. Also, feelings of isolation were identified; these included actual geographical isolation from professional peers and in some instances in the ward team itself.

- *Sister as teacher* — Studies concerned with teaching and learning in the ward environment highlighted problems which many sisters have about teaching. These give rise to feelings of inadequacy and of guilt about not meeting learners' expectations. There was uncertainty about what to teach and how to assess.

Both sisters and learners tended to associate teaching and learning with lecturing and listening. Evidence from the studies showed that this expectation conflicted with the reality of learning. Much learning that could be termed significant was self initiated and arose from personal experience rather than didactic instruction. These studies showed the need to help sisters explore alternative ways to facilitate learning in the ward environment.

- *Theory and practice* — Several of the studies identified the gap still existing between theory and practice. The practice of nursing was in the main performed as a task oriented activity. This conflicted with the prescribed (school of nursing) curriculum which presented nursing as a problem solving individualised process.⁽¹⁾ Overt teaching observed in the wards was centred on a medical rather than a nursing model.

- *Learning climate* — During the last decade there has arisen a growing concern for the psychological climate in which learning, that is, change will take place.

Many useful insights have arisen from the work of Maslow (1954), the humanistic educator Carl Rogers (1969, 1983) and Knowles (1978, 1984). Insights into the ward learning climate have also been gained by the studies described in this report.

The ward sister was found to be the key to the ward learning climate; the sisters most appreciated by learners displayed qualities such as empathy, warmth and consideration for others. In fact it could be said that this was the common thread linking several of the teaching/learning studies, although each approached from a differing viewpoint. Sisters found to be most effective as teachers could be described in Rogers' terms as "person-centred".

Sister as change agent

Rogers (1969) makes the following point; "if our present culture survives it will be because we have been able to develop individuals for whom change is the central fact of life. The most socially useful learning in the modern world is the learning of the process of learning, a continuing openness to experience and incorporation into oneself of the process of change".

As the ward sister has been identified in so many of the studies as a key figure in the organisation, then it seems likely that it is from this grade of nurse that change in nursing practice will come. However, some sisters failed to see a need to keep up to date, to review nursing or ward management practices. Others were aware of the need but did not know what to do about it. Many were critical of currently available 'continuing education' opportunities such as management courses with their apparent lack of relevance to nursing roles. There was ambivalence about the nature of nursing knowledge as distinct from medical knowledge and many sisters were more worried about being out of touch with the latter than the former.

In conclusion, the studies highlighted several main themes and also sisters' feelings of lack of preparation for, and training and support in, their role. Nevertheless, some of the studies also showed that progress is being made in the provision of educational experiences aimed to develop the role of the ward sister.

3. The educational philosophy

*'Give me a fish and I eat for a day
Teach me to fish and I eat for a lifetime'
(Chinese proverb)*

Choice in educational philosophy

Having identified common themes from the research it became clear that the group both felt and accepted a responsibility to share some of the findings with a much wider audience of nurses. How best to achieve this different type of sharing became the question.

In the beginning, the intention was simply to present selected findings in a straight-forward, jargon-free way to an audience chosen from those Health Authorities who were prepared to send not one, but three nurses. The key nurse of the 'triad' was to be the ward sister or charge nurse, and she was to be supported by her immediate nurse manager and the nurse teacher with particular responsibility for teaching and supervision of learners within that sister's ward.

Gradually, however, there came an awareness, initially fostered by the nurse educators in the group,

that to present the material solely or even mainly in didactic form would be inappropriate, if the aim was the utilisation of research findings in practice. As the old Chinese adage quoted above illustrates, and as research into learning shows, knowledge received in such a relatively passive way by the participants would tend to be forgotten fairly quickly, unless some strategy was devised to enable the nurses to use the information they were given.

The peer group gradually reached a consensus. Those who came initially to listen would be offered the opportunity to go on to learn by discovery and the peer group members would teach by facilitating learning — no easy path to tread for either group.

The evolving plan

- *The objectives* — These were
 - a. to inform nurses of research findings related to the ward sister role
 - b. to promote understanding
 - c. to encourage and assist triads in their application of selected findings to the work of their ward sister.
- *Assessment of the reality* — Most practising nurses are not familiar with research and do not use it to inform their practice. Hunt (1981) postulated five reasons for the non-use of research findings by nurses. She wrote, in the year in which the peer group was formed, "They do not know about them... do not understand them... do not believe them... do not know how to apply them... and they are not allowed to use them."

The peer group was in broad agreement with Hunt's analysis and the proposed plan of action took that into account. The plan acknowledged the likelihood that participants would be experienced nurses — experience which, however variable amongst individuals, would nonetheless be a rich resource upon which to build.

- *Proposed plan of action* — It was agreed to adopt teaching and learning strategies shown by writers such as Rogers (1969, 1983) and Knowles (1978, 1984) to be particularly appropriate to adult learners.

Rogers (1969) stated that "much significant learning is acquired through doing" and "significant learning takes place when the subject matter is perceived by the student as having relevance for his own purposes". He also felt that "learning is facilitated when the student participates responsibly in the learning process".

Knowles (1978) presents principles of adult learning which he moulds on work by an early pioneering theorist, Lindeman. These were to be woven into the plans for the ward sister colloquia and the workshops which developed. Knowles — and Lindeman — state that adults are motivated to learn as they experience needs and interests that learning will satisfy, and that adults' orientation to learning is life-centred. Therefore it is more appropriate to study life or work situations rather than discrete subjects: adults have a need to be self-directing in their learning and thus the role of the teacher is to engage in a process of mutual enquiry with them rather than to transmit his or her knowledge to them and then evaluate their conformity to it.

Informed by the work which these and others had

done, the peer group set about putting these principles into practice. Due to the process of selection of participants, it could be anticipated that those attending would have a particular interest in and motivation to develop the role of the ward sister in the triad. All would come with different needs and from different work situations which had in some way stimulated them to an interest in what the researchers and the King's Fund could offer.

At the initial meeting short presentations of research findings would be made, their relevance to the work of the ward sister highlighted by the researchers and then discussion would be encouraged. At first this would be in the large group but later individual triads would be asked to talk together about the relevance of particular findings for them. Could they, working together in their own place of work, use any of the information they had gained to stimulate further work or ideas as to how they might, together, develop the role of their ward sister? For those who, by the end of that day, felt the need, desire or challenge to do so, the opportunity was to be made available.

Workshops would be held to which triads who had submitted a 'statement of commitment' with regard to the development of some aspect of their ward sister's role would be invited. There would be little or no formal teaching or information-giving at these sessions. Researchers would act as facilitators as and when required by triads. Resources such as literature and the library would be explained by the King's Fund librarian, and some guidance would be given as to the responses triad members might meet from their organisations and other colleagues as they attempted to make some change, however small, in the role of their ward sisters. Triads would, however, have embarked on a self-selected learning experience. Neither they, nor indeed their facilitators, would be able to predict precisely the outcome.

How would it all go? Researcher peer group, King's Fund and triads would all be risk-takers. All were involved in attempting to utilise research findings in practice. There were to be difficulties — and satisfactions — ahead, not all of which could be anticipated as the peer group reached, as it were, the end of the beginning. The decision was taken — to go public.

FOOTNOTE

(1) *The research studies were conducted between 1975 and 1981. Progress in implementing the nursing process has accelerated in the eighties, but as yet there is little evidence to suggest that the gap between theory and practice has narrowed to any great extent.*

Going Public: The Conferences and Workshops

The first chapter described the setting up of the peer group, the mutual discussion of research findings, the identification of common research themes and the philosophy behind the method of sharing the research beyond the group. This chapter presents the programme of conferences and workshops which extended from 1982 to 1986. The programme is illustrated below.

1. The first series of conferences (colloquia) and workshops

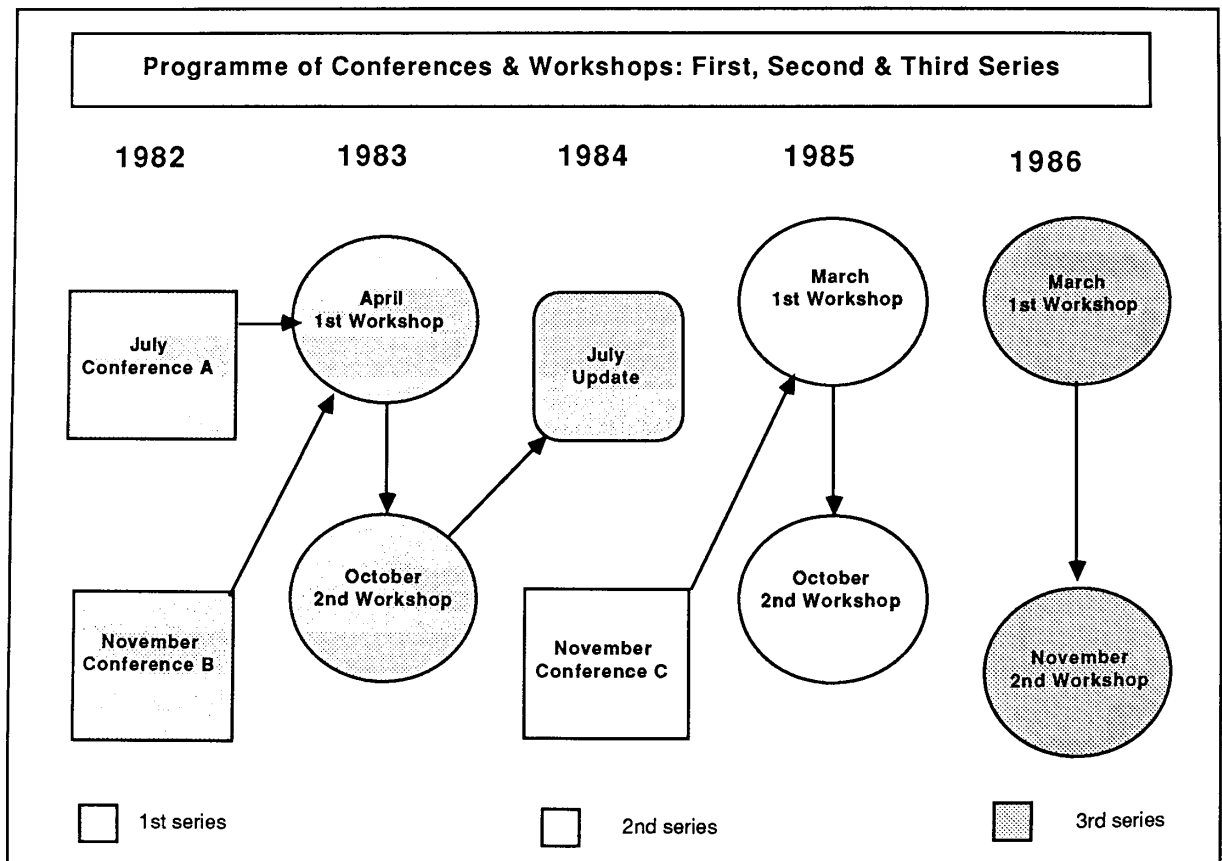
In line with the peer group's desire to "present the findings of research studies on the role of the ward sister to a representative audience from within the profession", a major conference (colloquium) was planned for July 1982. The demand for places was enormous and so it was repeated in November of the same year with an even larger audience.

The first series of workshops, conducted in April and October 1983, provided the opportunity for ten triads to "continue the thinking generated by the colloquia". The series was concluded at the triads' own request by an up-date two days in July 1984. (See Appendix 2 for the invitation letters to these events.)

1.1 The colloquia: A and B (July & November 1982)

• The aim

The purpose of the colloquia was to illustrate the need for developing the role of the ward sister by the presentation of "a number of studies, some small and exploratory, others the result of substantial research". In turn, it was hoped "that participants... would be able to examine ways of improving patient care whilst voicing doubts and anxieties arising from the day to day organisational constraints".



In inviting health districts to take part, stress was placed on the essential partnership in the provision of good patient care. Attendance was therefore limited to those districts able to send a unit/area team of three people, a ward sister, nursing officer and a teacher (as described on page 2), the expectation being that the three would form a functional group. There were 90 participants in the first colloquium and 168 in the second, indicating the tremendous interest from the profession in such a venture.

• The programme

Following Hazel Allen's introduction to the peer group — and the day — the scene was set by a consideration of the ward sister's different identities. Phil Runciman described the many facets of the role; sister as manager, teacher, role model and innovator and concluded from her research that sisters were likely to experience a dilemma of identity. The context within which the sister works — the organisation of the ward and ward work — was a focus of Helen Evers' research. She argued that ward sisters' behaviour was crucial in influencing patients' experiences for better or worse and that differences in behaviour could be accounted for by the working relationships they had with other health professionals and the way those health professionals organised their work with patients.

Sue Pembrey then indicated that in her study the majority of sisters did not actively manage the ward work on a individualised patient basis, with daily verbal and written work prescription and allocation and the requirement for nurses to account to sisters for their actions.

The afternoon concentrated on the teaching role of the sister and the ward learning climate. Margaret Alexander's study concluded that ward sisters (and staff nurses) do teach a great deal, in particular by acting as role models, yet there is a dearth of communication between education and service. Many sisters feel that they are inadequately prepared to teach.

Continuing with this theme Sheila Marson posed the question, 'what are nurses learning on the ward?' She found a discrepancy between the perceptions of teaching and learning held by the subjects in her study and the reality of the learning (as assessed from subjects' descriptions).

Helen Orton demonstrated that ward climate is a reality which can be measured, by reference to two distinctive types of ward climate — high and low student orientation. Joan Fretwell's early research also focused on the classification of good and bad wards in terms of learning, concluding that the sister is not only the key person controlling the learning environment but also the key to change.

In summing up, the intrinsic partnership in management and teaching was highlighted, and the opportunity or challenge to "do some thinking on management education and the role of the ward sister by participating in workshops" was raised.

• The response

Following the colloquia, a questionnaire was sent to all participants to identify those triads who were convinced of the need to develop the ward sister role, and wished to continue further by the participation in workshops.

From the July questionnaire and other correspondence, 14 districts, most of whom had triads forming a functional group, wished to take part in the 'course' of two workshops and from November, 22 districts expressed a commitment to continue. (This represented over half the July participants and over one third from November). The geographical spread of districts was considerable, from Scotland through to the South of England, and the mix of specialties diverse including general, midwifery, special units and psychiatry.

The majority of those responding indicated that they had been asked to attend the colloquia by management, and that they were already convinced of the need to develop the ward sister role prior to attending and/or had become more convinced of the need by the activities of the day. The most popular topic for further exploration was an analysis of the ward sister role, examining possible overlap between parts of the role (e.g. clinician, manager, teacher). Many anticipated benefits of involvement in a workshop were described in relation to personal development (particularly expressed by the sisters themselves), team development (mentioned equally by all members of triads), and specific aspects of the work.

1.2 The workshops

• How should the role be developed? (April 1983)

As with the colloquia, demand for places on the workshops far exceeded supply. It was decided by the peer group that in order for their support of the groups to be effective, the number of triads would have to be restricted. Thus eleven triads attended the first of the two workshops.

The aim of the first day was to provide the triads with some theoretical concepts and practical guidance prior to working in groups, with peer group members acting as facilitators. In the morning, participants listened to taped comments and feelings of sisters about their roles as managers. Helen Orton and Judith Lathlean considered 'the dream, the reality and the self-interest' attempting to describe the concept of 'role' and how responsibility, control and accountability are interwoven. The triads were then introduced by the librarian to the facilities of the library and to information of particular relevance to the role of the ward sister.

In the afternoon, the triads, each working with two or three other triads and two or three facilitators, examined the daily work priorities of the sister. Sue Pembrey's checklist of work priorities (Appendix 3.1) was used as a reference point. Areas of agreement and disagreement between members of triads and between different triads were explored. Triads then worked on their own to clarify role boundaries within the triad.

The second day focused on organisational constraints, using Sue Pembrey's checklist of work problems (Appendix 3.2) to assist discussion, before triads attempted to set their goals for the future work they were to do together. Phil Runciman concluded the first part of the workshop with a 'vision of the heuristic exercise' with the emphasis on learning by self-direction.

The purpose of the workshop was to act as a focus or stimulus for the work that would be undertaken by the triads in the districts. The work was to take the form of a project, aimed at developing the sister's role, and

based on research findings and knowledge. Facilitators expressed their willingness to offer help and support to triads during the six months prior to the second workshop.

Triads were asked to provide a statement of commitment about a month after returning to their own health districts, and by June eight had been received. The themes chosen, and the scale of the projects to be undertaken, varied and included specific ward based exercises, such as the examination of the teaching role of a particular sister, and more widely based projects such as the development of schemes for the preparation of sisters.

Triads were also asked to send a summary of their progress a month before the second part of the workshop. The aim of these requests was to promote a link between the triads and the King's Fund, and to stimulate action by the giving of deadlines and the requirement to describe their plans and progress. It also helped the peer group to decide on the most appropriate format for the second workshop of the series.

• Continuing the development work (October 1983)

Ten triads returned to the second workshop. (Unfortunately, all members of one triad had left their district and were therefore unable to attend.) Triads worked with facilitators to plan the presentation of their projects and the major part of the two days was spent in sharing with the other participants the trials, tribulations and achievements of the past six months. Many of the groups expressed some disappointment at their apparent lack of progress and considered that maybe they had been too ambitious in their plans. However, the discussion provided the opportunity to review the constraints and the necessary conditions for a 'successful' project.

Despite the difficulties felt by some, all agreed that they had learnt a great deal; the very least that had been gained was the opportunity to work with other members of their own triad and share experiences with peers from other districts. Other triads considered that the workshops and project were providing an important vehicle for change in their working situations.

• Opportunity to up-date (July 1984)

It was not originally intended to provide further input beyond the two workshops but triads requested the opportunity to return again to the King's Fund to review their progress. As before, triads were asked to provide a succinct outline of their work together before attending these final two days. For various reasons, only six groups returned in July, including some districts with duos rather than trios. The format was similar to the second workshop held some nine months previously. Facilitators helped groups to prepare to share their experiences of the past year with others, and each group 'held the floor' for an hour.

• The achievements of the triads

The time, effort and commitment of the triads was extremely impressive, particularly since all members were in full time posts and had to combine the project work with their normal workloads. Some triads had made considerable advances whereas the achievements of others were more modest. All participants

were able to identify areas of growth within individuals, the triad and sometimes within their districts. Although many members of the original groups had by now moved to other posts, there was general agreement that the 'King's Fund Experience' had a beneficial and, in many cases, apparently lasting effect.

The main topics of the projects are shown in Table 1 (page 12) and Chapter 3 provides cameos of the projects for all three series.

1.3 The decision to repeat

The experience of working with the triads, especially the discovery of the degree of commitment which so many demonstrated, encouraged the peer group to plan a second conference with workshops to follow. A further spur to repeating the experiment was the knowledge that it had not been possible to accommodate all those wishing to attend the workshops following the conferences in 1982.

November 1984 was accordingly earmarked for a fresh conference on the ward sister research studies, with another two linked workshops in March and October 1985.

2. The second series of conference and workshops

An invitation was sent in July 1984 to:

- * all those who could not be accommodated at the workshops following the previous conference;
- * Health Authorities who sent triads to the previous series, i.e. with an interest in such developments;
- * a number of other District/Chief Nursing Officers;
- * any individual who had expressed interest.

Even with these restrictions, some triads had to be disappointed. It seemed clear that interest in developing the ward sister role was as alive as ever.

2.1 The colloquium: C (November 1984)

The title chosen was 'The Developing Role of the Ward Sister: Can We Offer Signposts For Tomorrow's World?' The group wanted, on the one hand, to continue to emphasise the developing nature of the role both with individual sisters and in the reassessment of ideas about the nature of that role among teachers and managers. On the other hand, the intention was to enable more people to use the research findings, hence the offer of 'signposts' arising from the research.

• The lessons learnt from the first series

The peer group's belief that there is "an essential partnership in the provision of good patient care" held firm. In the previous series some triads had been nominated separately, rather than as a team. Further, they did not always have a clear idea of the purpose of the event. As a consequence it was clearly stated in the invitation letter that the ward sister, nursing officer and nurse teacher should be working "in the same clinical area". Also, the need for all three applicants to be fully cognisant of the letter which outlined the purpose and nature of the programme was emphasised. Thus it was hoped to avoid repeating the situation where a 'triad' met for the first time at the King's Fund. In this the group was largely successful in 1984/5 although the picture was not perfect.

A possibly relevant factor in comparing the first and second series of workshops and the stability of triad membership was the effect on the 1982/84 groups of the re-structuring of the NHS in line with the Griffiths report (1983). Much uncertainty and difficulty arose from changes in senior staffing with the introduction of a general management structure; for example, lack of continuity in policies, difficulty in communications and confirmation of decisions, and in the degree of support and guidance available. There was also much movement among triad members themselves. This was less evident in 1984/5 although, as might be expected, some still had similar difficulties to contend with.

• The programme

Thirty triads attended and filled all the places available. The conference was chaired by Hazel Allen and the following members of the peer group developed the morning theme of 'Signposts from Research'.

Margaret Ogier reviewed her research into the leadership style and verbal interaction of ward sisters and how this affects nurses in training. She described how sisters who were approachable, and gave sufficient direction for the work needs, were identified as most helpful. The importance of creating an environment where there is a two-way flow of communication was highlighted as well as the importance of the sister's management skills. She showed how these findings were supported by other researchers such as Fretwell, Orton and Marson and explained how she was running workshops for sisters who wish to review their role and function, using the research findings.

Sally Farnish described the research she undertook in 1981 to find an answer to the question 'What do we know about the preparation nurses receive for the role of the ward sister?' Examples were given of responses from ward sisters, charge nurses, nursing officers and staff nurses in three UK health districts which showed that, for this sample of sisters, the acquisition of knowledge and skills necessary for their role was unlikely to result from any planned preparation. These sisters identified critical deficiencies in their preparation for key aspects of their role on appointment. The survey produced a weight of evidence that a need for preparation existed which was not being met by current provision.

As a member of the research team undertaking an evaluation of the King's Fund experimental training scheme for ward sisters, she was able to include in her survey a sample of trainees at the beginning of their course. She found that these newly appointed sisters also had many needs which the King's Fund training scheme was able to address, at least in part, including confidence, assertiveness, colleague support and enhancing the role of sister as a change agent.

Mary Stapleton concluded the morning with an outline of her study which highlighted qualified nurses' views on opportunities for continuing education. Her results indicated that charge nurses in general divisions exhibited low levels of satisfaction with the facilities for ongoing education provided for them.

The afternoon theme was 'Milestones — Research into Action'. Sue Pembrey spoke on the Oxford initiative and shared with the audience how the information gathered by the various research studies had been

utilised to develop a ward for training sisters. This clearly demonstrated to all participants how research can be, and is, used.

John Tibble explained how he had been a member of a triad from Lincoln in 1982/83. He described how his triad had used the experience of the workshops and the research findings to make changes. This provided other triads with an example of what they in turn might achieve.

2.2 The workshops — March and October, 1985

• Features of the workshops

In planning this second run the peer group had the workshops more clearly in mind from the outset. In January 1985 an invitation (Appendix 2) was sent inviting triads to attend the four days as 'a course'.

The programme was amended to ensure two things, first that the sister's role did indeed form the focal point, and second that the sister's views were clearly heard. In the first series of workshops, at times, the sister's voice was too easily submerged by the more vocal managers and teachers.

Peer group members also re-examined their roles as facilitators in the workshop and several points were agreed upon. One was that triads were likely to need guidance in examining relevant research studies; another was that a worksheet on introducing change (Appendix 4), used by Sue Pembrey and her colleagues in Oxford, should be the starting point for each facilitator's work with triads. A further decision was to provide time in the programme for problem solving and devising a strategy for action, and this was done at the end of the first workshop.

The facilitators were again helped between the workshops by having received an 'updating statement' from each group. This was most useful, for example in anticipating the themes and issues which might arise in October and so providing for them in the programme. One such issue was the use of questionnaires and, more generally, data collection.

Another feature of the second series was the decision that peer group members would each contact the groups for whom they were acting as facilitator prior to the October workshop, and offer guidance on the presentation of their project. The emphasis, it was agreed, should be on the experience of the process, i.e. 'how?' rather than a detailed description of 'what?' had been done. This additional contact between facilitators and triads, via written updating statements, telephone conversations, and in some cases visits, enabled facilitators to become more closely involved and aware of the work being undertaken. Once more, all were struck by the sheer volume of endeavour over the months by the triad members.

• Aim and attendance

Fourteen triads attended in March with all but one returning in October. It was anticipated that at the end of the workshop participants would be able to:

- * define the concepts of role and apply them to their own work and that of others within the team and organisation;
- * explore possible local initiatives and discuss proposals for achieving them.

• The programme for the first workshop

Hazel Allen welcomed everyone back to the King's Fund Centre and set the scene for the workshop with an exercise to identify members' perceptions of the role of ward sister and of others in the triad partnership.

Helen Orton then examined the concept of role with a short presentation in which she drew on a theatrical analogy and spoke of role norms and expectations, role conflict and role set. Discussion followed in which these ideas were related back to the triads' own experiences of working as a team.

In the first part of the afternoon each peer group member acted as facilitator to two triads. It had been agreed that all groups would use the 'Oxford Change Sheet' (see Appendix 4) as a flexible but common framework. This sheet identified six steps to be worked through when introducing change as follows:

1. Discuss the factors which may lead to a need for change.
2. Describe the steps which can be taken to bring about change and the reasons behind each step.
3. Identify areas where a change in practice may improve standards of nursing within her own clinical area.
4. Plan a strategy for introducing this change.
5. Implement this plan.
6. Evaluate the results of change in practice.

The brief was to tackle the first step as a prelude to identifying the task that the triad would work on during the next six months.

The next activity for triads was an exercise to identify 'key words' related to their ideas, as preparation for a visit to the King's Fund Library where the Senior Librarian, Sue Cooke, guided triad members through the steps of a literature search.

After an evening meal Margaret Ogier conducted the 'Epilogue'. A review of the day suggested that the first steps had been taken towards the identification of goals to be achieved when returning to the work place. Brief reports from the triads allowed the peer group to assess progress and consider 'fine tuning' of the programme for the second day.

The return next day saw further work towards plans for 'developing the role of the ward sister'. Triads met their facilitator and continued to work through the steps in the 'Oxford Change Sheets' to reach stage 4 'Plan a strategy for introducing this change'. Everyone came together before lunch to hear Margaret Alexander address the question of Organisational Constraints as they anticipated step 5 'Implement this plan'. She highlighted a series of 'thinking points' including the need to negotiate change and to examine support systems available to triads.

The afternoon provided an opportunity for problem solving for individual triads and for identifying realistic goals to work on before returning for the second part of the workshop. In addition, the sisters met as a group to discuss their experiences of the workshops. Meanwhile separate groups of teachers and managers tackled an exercise which enabled them to combine their individual ideas on priorities for developing the sister's role and resulted in the identification of a group priority. Finally triads came together and each explained to the whole group their particular commit-

ment to develop the role of the ward sister.

• Continuing the work — the second workshop

The second workshop opened with triads finalising their presentations. In turn, over the next two days, each triad shared their experiences, concentrating on the process and answering the questions 'how' and 'why' rather than giving a detailed account of what had been done. (See Table 1 for a summary of topics and Chapter 3 for a description of the projects.)

Jill Rogers brought the first day to a close with a session entitled 'Hermeneutic Highlights' in which she drew out some of the emerging themes and in particular the collection of data including questionnaires. (Several triads had attempted to use questionnaires with varying degrees of success following the March workshop.)

The final note was struck by Helen Orton — 'Constraints and Opportunities' — which left triads looking forward, "matching the dream with the reality", as expressed by Hazel Allen.

2.3 Constraints and opportunities

Despite the uniqueness of their projects triad members were united in recognising the immense power of the hospital organisation compared to their own influence as employees. Realism led many of them to believe that the organisation rather than the triad would ultimately determine the success, or otherwise, of the project.

As participants recounted their workshop experiences it became increasingly apparent that common themes were emerging. Triads had been either hindered or helped in achieving their goals by various factors discussed under the headings of 'Constraints' and 'Opportunities'.

• Constraints

Existing patterns of hospital communication presented problems for almost every triad. A picture emerged of staff unwilling or unable to communicate effectively and of colleagues withholding information through fear of how others might use it. Inadequate nursing documentation was a further source of concern which exacerbated problems of liaison between staff, particularly following a shift change. Furthermore, ward sisters were sometimes reluctant to release information to other nurses in both community and hospital often to the detriment of both patients and staff.

Doctors were frequently criticised for their lack of communication skills and the effect of this deficiency on the work of nurses. Some triads felt powerless to remedy doctors' 'faults' whilst others expressed a firm belief in the nurse's responsibility to influence and educate doctors.

Hostility to change was a second theme to emerge from the progress reports. The reality, or perceived threat, of imminent change frequently gave rise to apprehension and insecurity. In these circumstances nurses were prone to thwart all attempts at altering the status quo. Fear of the unknown was felt to account for the anxiety experienced by many nurses, at all levels, who "scrutinised and resisted any proposed change" and "clung to the familiar".

Occasionally night staff were singled out for their unwillingness to accept innovation, perhaps due to their relative isolation from the mainstream of information and discussion. Unions, too, were labelled conservative rather than innovatory, though this view was tempered by recognition that such bodies rightly give priority to the maintenance of jobs and services.

Even when changes had been set in motion members sometimes observed a rate of progress so slow as to be hardly noticeable. By way of contrast rapid progress was noted in those areas where the main aim was to reduce costs. Claiming to voice a majority view one sister declared that "the hardest job of all is changing people's attitudes".

A further group of constraints concerned the sister's inability to control the situation in which she operated. Problems encompassed not only aspects of time and space but also staffing levels and colleague relationships. Non-nursing duties were a constant concern especially in association with diminishing budgets and fewer qualified nurses in the team. Split sites augmented many of the problems and caused particular difficulties for triad members endeavouring to meet and discuss their project.

The enigmatic nature of the sister's relationship with nurses, doctors, line managers and certain 'others' was highlighted as a major source of concern. (Perhaps this was indicative of the perceived lack of adequate preparation for the sister role). Sisters lamented the fact that decisions from above were frequently implemented with little or no consultation even when they themselves were directly affected.

Further constraints related to the lack of training and educational opportunities at post-basic level. Particularly significant were the disclosures by sister after sister that they felt unsure of their role and ill-equipped to carry it forward. Opportunities for continuing education were sparse and many individuals rejected the few opportunities that were available. Permanent night staff were said to be particularly disadvantaged. Even when sisters did acquire new knowledge they were often unsure how to use it in practice.

• Opportunities

The teamwork and support furnished by the triad itself were rated the most beneficial opportunities accruing to participants. Triads were unanimous in their expressions of gratitude to the King's Fund whose initiative had made possible the benefits.

Paid time away from the immediate work setting was another valued feature of workshops. Normally members rarely found time to "stand back and think" because of the unrelenting pressure of the workload. Several sisters commented on the near-impossibility of achieving change in isolation and described how they had benefitted from triad support. Through such co-operative networks members were more confident in their relationships with both individuals and the total organisation. A notable achievement was recounted by one triad who had succeeded in negotiating fortnightly study leave to meet and carry out their project.

The support and encouragement offered by doctors was, on occasions, crucial to successful innovation on the ward. In contrast to many unhelpful or obstructive

doctors others were portrayed as friendly and reassuring. Not only medical colleagues but senior administrative nurses, physiotherapists and other staff who demonstrated approval and understanding were often vital for the sister in the achievement of her goals.

Knowledge gained through the workshops was an added factor leading to increased self-assurance and enhanced ability to accomplish chosen aims. For one triad the introduction of the sister's project was instrumental in binding the ward team closer together and rendering change acceptable. Staff vacancies, for example a junior sister post, were cited as opportunities to influence an appointment and thereby shift nursing attitudes in the desired direction.

Responding to challenge was reckoned by participants to be a very rewarding aspect of the workshops. Stimulated by fresh contacts they had tackled constraining forces within their hospitals and created opportunities for innovation. Within the safe network of group support they felt more confident of their own ability to persuade others of the need for improved practices and to "change the way it's always been done".

3. The third series of workshops

During 1985, one member of the peer group, Margaret Alexander, alerted fellow-members to the interest being expressed in the group's ventures by the Chief Nursing Officer at the Welsh Office and the Chief Administrative Nursing Officers for the nine Welsh Health Districts. Discussion followed and it was agreed that a further series of workshops would be held in 1986. Since normally the King's Fund do not run events of this kind as geographically exclusive, a small number of London Health Districts were invited to take part along with the Welsh Districts. The aim of the workshops was reiterated as:

- * to raise awareness of the participants to the research findings related to the ward sister role;
- * to help triads focus in detail on some of the findings which appear to them to have particular relevance for their local situation and which they would like to implement;
- * to support triads in any related innovation or change which, together, they agree upon and which is centred upon the role of the key member of the triad — the ward sister.

Again, in view of difficulties encountered in the first two series, the relationship of the triad members was spelt out — that all must be part of the same unit, that the nursing officer should be the sister's manager and that the teacher should have a teaching responsibility in the sister's ward. Also, the group should be likely to remain together for at least a year. As a result of the initial invitation all nine Welsh Health Districts named a triad together with three London Health Districts.

3.1 The workshops (March and November 1986)

Although there was no separate conference day, the programme for the workshops was similar in design and content to the second series. In the first workshop of the two all the existing members of the peer group either presented the relevant research 'messages' or provided the outline of the triad activity ahead. Again

the library resources of the King's Fund were available and peer group members made it known that they were willing to make support visits to the Districts when the projects were under way.

With the experience of the first two series of workshops the peer group stressed that the project must be the decision of the sister with the manager and teacher in subsidiary but supporting roles. The triads had been asked to come having done some initial thinking on a proposed initiative and, by the second day of the first workshop, more focused work was possible.

At a point approximately half-way through the nine-month period available for the innovation each triad submitted a written interim report and, just prior to the November workshop, a final report. By November one triad had withdrawn completely and another had only one remaining member. The second workshop was devoted to the discussion of the projects, with some triads having prepared booklets of information and two having made videos to support their oral

presentation to their fellow triads and the King's Fund team.

The majority of triads achieved some measure of change and in all but one triad this was directly connected with the actual role of the ward sister. None had a trouble free journey but some had to weather more storms on the way than did others. Unfortunately, two out of the 12 groups were unable to undertake a project at all. In comparison with the topics of the other two series (see Table 1, page 12) various aspects of the teaching and facilitative role of the sister remained popular, as did the sister as change agent, but no groups focused specifically on role preparation or the sister as manager. It was quite clear to the peer group that every triad member who returned to the second workshop had developed professionally as a result of their experience. There were of course differences in growth between individuals with perhaps the ward sisters, as a group, showing most progress.

Project Cameos

Presented here are a set of cameos or vignettes of the triads projects. They serve to highlight some of the main outcomes but in no way reflect the extent of the work of the triads. The intention is to illustrate the subject areas chosen, the strategies employed, the achievements and some of the problems. The challenge was great and most rose admirably to the occasion. Some set out on one path and ended up on another. A few were disappointed that they did not achieve what they initially intended but were encouraged to see that what might be considered failure in some terms is success in other ways — and almost invariably provides an opportunity to learn and grow.

The projects are grouped under five headings but the allocation is somewhat arbitrary since many have elements of several topics. All can be seen as examples of managing change. To preserve confidentiality triads are not named but the series that they took part in (1, 2 or 3) is identified. (See Table 1, page 12).

1. Sister as teacher

More triads focused on aspects of the teaching and developmental role of the ward sister than on any other topic (11 out of 32). Many of the projects did however have relevance to other aspects of the role such as the sister as manager and as change agent and some included the need for role preparation.

Triad 1.1 aimed to facilitate the ward sister in her role as teacher by:

- i. examining the current teaching component of the sister's role;
- ii. identifying areas for training and improvement.

By the second workshop the triad had collected information from nurses about their preparation for teaching others, the content taught in the management block for senior student nurses and the teaching component of various job descriptions. They had also set goals that they anticipated would be attainable within the context of the ward work and pressures, for example: assembling a folder of relevant research literature, detailing problems experienced by staff in their teaching role and proposing solutions for alleviating those problems.

In July 1984, this triad was able to report that their efforts had resulted in the staff feeling more comfortable in their teaching role, but that nurse learners were still identifying learning only with formal teaching sessions. By November 1985, the progress with the chosen area had changed direction somewhat.

The main reason for this was given as the second-

ment of the sister to study for an MSc in Nurse Education... "this being the direct result of the enthusiasm raised by our sessions (at the King's Fund), and backed by the total commitment of the senior nurse manager". In addition, the nursing officer was planning to submit for publication an account of the team's effort to use research in the ward setting. Certainly the enthusiasm and commitment were noticed by the facilitators during the workshops and the triad continued discussion of their plans with one of the peer group members between the visits to the King's Fund.

Triad 1.2 was also concerned with developing the sister's teaching role and used the research to inform its thinking. The initial aim was to observe the sister teaching in the ward, assess her skills and where appropriate make suggestions for different teaching methods and strategies. The tutor did the observation and provided feedback to the sister whilst the nursing officer assessed the value of the innovation both by observation and a survey amongst sisters, trained staff and learners in the 'pilot ward', a ward with an attached clinical teacher and one without.

By October 1983, the triad was able to summarise its achievements in the previous six months as follows:

- a. ward based teaching by all trained nurses had improved the atmosphere and had helped learners to express their opinions and ask questions;
- b. trained staff thought that learners gave improved patient care and had gained confidence to answer patients' questions more fully;
- c. learners gained more from ward staff but felt they would like increased ward teaching input from tutors and clinical teachers;
- d. most staff thought that the sister influenced the commitment to teaching;
- e. the ward of the triad sister was felt by learners to be the best ward for teaching;
- f. other sisters expressed an interest in having their teaching evaluated;
- g. sister had increased links with the school and the school had a greater commitment to the wards.

Their report was disseminated in two hospitals with the result that the 'exercise' was being repeated in another hospital in the district. It was evident that the project had produced a heightened awareness of the ward learning climate and the triad hoped that the ripple effect of their success would be sustained.

In reviewing the exercise in November 1985, it was considered that it "emphasised the benefits of tutor links with clinical areas, stimulated learners' interest,

Table 1 Main Topics of the Triads' Projects

TOPIC TRIAD	Sister as Teacher	Sister as Manager	Role Preparation	Sister as Change Agent	Evaluation/ Assessment	No Project
1st Series						
1.1	•					
1.2	•					
1.3		•				
1.4		•				
1.5			•			
1.6			•			
1.7			•			
1.8			•			
1.9					•	
1.10						•
1.11						•
2nd Series						
2.1	•					
2.2	•					
2.3	•					
2.4	•					
2.5		•				
2.6		•				
2.7			•			
2.8				•		
2.9				•		
2.10				•		
2.11				•		
2.12				•		
2.13				•		
2.14				•		•
3rd Series						
3.1	•					
3.2	•					
3.3	•					
3.4	•					
3.5	•					
3.6				•		
3.7				•		
3.8				•		
3.9					•	
3.10					•	
3.11						•
3.12						•

aided updating of service and tutorial staff, thus avoiding discrepancies between theory and practice. Interest in research related to ward teaching continued which was probably aided by meeting the researchers". It seems that the project was not only a learning exercise for the triad but also for many other staff within the district.

Triad 2.1 initially considered "developing a training ward" but soon realised that this was over-ambitious and agreed that "one of the major problems encountered by charge nurses in student nurse training wards is the gap between the charge nurse's training and education and what is currently being taught to

and practised by student nurses".

Although a new philosophy and programme of training had been adopted by the particular College of Nursing and Midwifery three years previously, it did not follow that charge nurses were aware of it and this discrepancy was apparent when they were asked to teach and assess students in their wards. The triad carried out a search of relevant literature, including research items, and also met regularly to clarify their ideas and plan of action. A series of carefully prepared meetings followed, initially with the Director of Nurse Education and Directors of Nursing Service and in turn with Clinical Nurse Managers and ward staff.

The proposal was for the charge nurse member of the triad to become a 'student' with identified learning objectives designed to update her knowledge of student learning and especially that part of the curriculum related to interpersonal skills teaching. Further objectives for the charge nurse involved observing the nurse teacher and then, under supervision, participating in the teaching programme in the clinical area. To achieve this the charge nurse was given one month's study leave, plus time to work with the nurse teacher.

In their presentation in October the triad stated their combined aim as "providing an environment practising modern therapeutic ideas" while their individual dreams were as follows: the teacher dreamed of "truly continuous learning", the manager of "an environment which stimulates staff" and the sister of "the practice [she] wants to see achieved". They had clearly gone some way to reaching this goal and a second charge nurse had also participated in the clinical teaching programme. The triad had been granted regular study leave to extend their work and it seemed that their progress owed much to their own carefully thought-out and clear sense of purpose, coupled with commitment and practical support from senior staff.

Triad 2.2, using a rather different approach, considered the research on ward learning climate and decided to implement patient allocation as a means of enhancing learning. By October they had organised a learning programme for students and qualified nurses covering relevant topics on a regular basis. Short quizzes and other aids to learning had also been developed.

Triad 2.3 concentrated on the sister's role in developing a staff nurse likely to be promoted to sister. Part of these plans involved the staff nurse helping to set ward objectives aimed at implementing and maintaining high standards of nursing care using relevant clinical research. The manager member of the triad dropped out soon after the initial workshop, and the triad also found on returning to the health authority that unbeknown to them a ward sister training programme was in hand. The teacher and charge nurse continued their efforts towards the development of the staff nurse and improving the delivery of care on the ward, but appeared to be doing so in isolation from senior staff. They felt demoralised without the support of management which might have come through an exchange of ideas and information and shared enthusiasm and commitment.

Triad 2.4 was atypical in that the sister worked in a recovery room. This triad had come well prepared and had read literature relevant to the ward sister but had found very little of relevance to their special area. They therefore planned to identify the particular attributes needed by the recovery room nurse prior to planning a preparatory course for staff.

As with some other triads it was found there were fundamental questions to tackle before preparation and training could be planned. One was the different perceptions of the nurse's role held by doctors and nurses. The aims were therefore revised as follows:

- i. to clarify the role of the nurse in the recovery ward;
- ii. to enhance professional development of nurses working in recovery areas;
- iii. to enhance effectiveness of the recovery ward.

A questionnaire was devised in order to obtain views on the role of the recovery room nurse from a mixed group — nurses, surgeons, tutors and students. There were some unexpected results e.g. surgeons rated pain control highly as required learning while nurses cited management of ventilators.

The triad concluded: "We feel the exercise stimulated interest in recovery, developed relationships between doctors and nurses and helped to motivate recovery room nurses towards the proposed training". Additionally, the sister stated during the presentation that "it has enabled us to infiltrate the school!" She appeared to be a very active member of the triad and used the experience to the full.

Triad 3.1 planned, put into effect, and began to evaluate a specific teaching/learning programme for students on a surgical ward. They prepared learner objectives for first and third year learners and developed a system of mentors. The sister went to the school of nursing and met students prior to their allocation to her ward, explained what she expected of them, and gave them a ward profile including the name of their mentor. Ward staff taught and supervised the students using the learner objectives and then, with a questionnaire that the triad had devised, asked students to evaluate their experience.

Triad 3.2 formulated and implemented an individualised structured training programme for newly registered nurses. Following an informal interview with the ward sister each staff nurse performed a self-assessment of her perceived needs in relation to patient care, teaching and management and triad members then took responsibility for aiding the staff nurse to meet these needs. Monitoring of progress was done by means of interviews with sister. To reinforce the outcome of their work visually, this triad made a video of three staff nurses discussing their progress with the sister.

The stimulus for the project came from the sister's awareness that staff nurses had needs: the management of care, accountability and use of the nursing process emerged as priority areas for learning.

Triad 3.3 set up fortnightly 'Nursing Care Conferences' in their care of the elderly ward. In these conferences qualified staff (or two or three students) presented a nursing article, care plan or topic of nursing interest for group discussion. The triad devised a questionnaire to test out nurses' attitudes to self-directed learning and willingness to lead tutorials, their overall aim being to create a programme based on "adult learning principles".

The project came about because the sister felt the need to "initiate the spirit of enquiry" in her staff nurses and to encourage them to take some responsibility for their own learning.

Triad 3.4, with a desire to improve a) links with the school of nursing, b) qualified staff teaching skills and c) the ward learning environment, created a teaching/learning programme for pupils on a medical ward in which all qualified staff participated. A ward based learner objectives booklet was compiled which, although disease related, was also geared to the total patient care concept. An evaluation questionnaire was used.

Triad 3.5 took as their project theme 'Total Learner

Care', the main aim being to provide a mentor for each learner. Subsidiary aims were:

- * to provide a record of each learner's experience on the ward;
- * to improve the knowledge/teaching skills of trained staff;
- * to provide allocated teaching sessions.

The triad found problems in ensuring rotas were compatible between mentors and their learners and they suggested that it may be more practical to provide mentors only for the first four to six weeks of a nurse's allocation to a ward. The scheme for learners recording their experiences had a promising start but as a result of changes on the ward required revision and alteration.

The sister acted as mentor for the post registration staff nurses whose role she felt warranted further development. In addition they were able to report "exciting developments" in the setting up of a trained staff development programme, an area "which almost constitutes a project in its own right".

The triad reported major upheavals taking place on their ward necessitating the temporary abandonment of some of their ideas. Nevertheless they were clear about their future plans which included evaluation of the staff development programme by questionnaire, development of the learner experience charts, further assessment of the mentor system, extension of the programme of talks and teaching displays and, eventually, an assessment of the new learner environment.

This was an ambitious project with a great number of facets; it was perhaps not surprising that the sister concluded: "As far as progress with the project is concerned, there is a lot more work still to do to achieve the sort of learner environment that I would like, but at least much of the ground work has now been done".

2. Sister as manager

Four triads were interested in the management aspects of the sister's role.

Triad 1.3 attempted to study the management of nursing using Sue Pembrey's management cycle, incorporating the nursing process approach to patient care. This was divided into six aspects:

- a. an analysis of existing nurse management;
- b. an identification of existing problems;
- c. an introduction to the idea of using the management cycle;
- d. establishing a voluntary support group to enable trained staff to identify problems associated with nursing management;
- e. identifying roles of clinical teacher and nursing process co-ordinator to help sister achieve her aims;
- f. evaluating the effectiveness of the management cycle by questionnaires to all nursing staff, patients and relatives.

They appeared to have achieved a great deal by creating an awareness of Pembrey's work, being instrumental in setting up workshops, involving the nursing process co-ordinator, holding discussions at sisters' meetings and the creation of a support group attended by ward and teaching staff. However, their utilisation of six questionnaires — including their construction,

piloting and administration — was possibly over ambitious. In spite of their self-imposed workload they were convinced of the value of their efforts and remained enthusiastic.

Triad 1.4 identified five aims and had made progress with most of them by the middle of the project period. The aims were:

- a. To have the tutor involved with the ward one or two days a week. One day a week was achieved.
- b. To develop a greater awareness of the management and teaching aspects of the role of the trained nurse with a view to developing a preparation programme for them. By November 1985, three ward sister courses had been run in conjunction with the Continuing Education Department.
- c. To devise a method of establishing the care received by patients. Patients became more involved in planning and evaluating their care.
- d. To improve ward learning objectives with a view to promoting greater involvement by learners in prescribing nursing. The charge nurse and tutor worked together on learning objectives in preparation for continuous assessment.
- e. To identify more clearly the nursing officer's role in ward management. This remained unclear.

This triad had quite well-formed ideas from the beginning and were determined to succeed in their aims despite the promotion of all three members to other posts. Their enthusiasm was constant throughout the workshops and, although it is likely they would have been innovators without the impetus of the King's Fund, they all felt that it acted as an important focal point and stimulus for action.

Triad 2.5 had an ambitious and extensive project for which the King's Fund workshops "provided the impetus to develop" their ideas on an action research basis. The project was designed to run for two years. The premise was: "The ward is the key unit of management in the hospital and the role of the sister should be that of general manager of the ward". A medical unit was divided so that two wards and a coronary unit became the experimental area with three wards acting as controls. In the experimental wards sisters ceased reporting to the Assistant Director of Nursing Services and one, who was the member of the triad, adopted an experimental Senior Sister role for both wards and unit, reporting to the Director of Nursing Services.

The Health Authority was already involved with a research project with ward based information systems and was interested in costing, budgetary control, service planning and resource management. Accordingly, the sister in the experimental role was to receive a monthly statement of ward expenses and activity and a measure of the quality of nursing, and patient and staff satisfaction were to be attempted. It seemed clear that this activity would have proceeded without their participation as a triad in the King's Fund workshop but the opportunity was valued by the team, giving them impetus and providing them with support.

The triad's updating paper in July listed nine areas in which some progress had been made, any one of which might have been sufficient as a project in itself. A steering group had been established in the Health District to guide the triad's progress and they monitored their own activities through a detailed journal

kept by the triad sister. They also tape recorded all triad conversations. Their achievements were impressive and the presentation in October included the showing of a training video they had produced.

These activities had clearly been initiated largely as a concern of senior management and the ward sister was naturally requiring guidance and support from her manager colleague in the triad, as the expectations of her were quite daunting. She also expressed a sense of isolation and felt the extra demand placed on her by the need to interpret and justify her role to others. Contact with other sisters at the King's Fund was, she stated, helpful to her.

Triad 2.6 initially planned to look at the continuing education of nursing staff in acute geriatric services. However, they wrote in July "events have overtaken us". During August, the whole ward was relocated in another — non-NHS — hospital. The revised commitment became to "facilitate a temporary change of ward environment with particular emphasis on effective communication" with the aim of maintaining effective patient care.

The literature on strategies for effecting change was reviewed and the triad established its objectives and made careful plans especially for communication systems. The maintenance of a diary recording decisions, events and communication was an interesting idea which was used for later reference. Their presentation in October suggested that the careful preparation and thought, together with good team work, had "paid off" and the experience had been a valuable learning opportunity for them.

3. Preparation for the role

Several of the triads were interested in the preparation of sisters for their role or aspects of the role.

Triad 1.5 was attempting to contribute to the district's plans to mount a preparation programme for sisters. They had started by being involved in developments in their region and had then moved to a consideration of various district initiatives. They stressed the need:

- a. to examine existing programmes of preparation locally and nationally, and
- b. to conduct a wide literature search on the role of the ward sister.

They seemed to be very aware of the problem of "reinventing the wheel" possibly more so than some of the other triads. They went on to take part in the working party that was planning the development programme for sisters in their district.

Triad 1.6 was also interested in preparation programmes for ward sisters. Members returned to their district after the first workshop and attempted to match training needs with available training. They did this by having wide ranging discussions with sisters, nurse managers at all levels and within education, but expressed a sense of frustration at some of the responses which varied between active interest, passive interest and apathy. Furthermore, they discovered training/preparation opportunities they never knew existed, highlighting a problem of communication in their district.

Despite a feeling that "they were getting nowhere"

they were surprised on reflection at how much they had actually achieved. For example, in July 1984 although their recommendations for the preparation of the staff nurse role were not altogether acknowledged, some of the suggested material was being used by the district. This meant that students were getting more management training within their normal curriculum and staff nurses were being more actively involved in in-service training. They wondered if "after listening to other triads, our tactics can be altered and a more forceful approach acquired".

Triad 1.7 used questionnaires and interviews to find out what sisters thought about the need for preparation. Despite problems involved with the questionnaires and the time required to conduct the interviews (resulting in the charge nurse suggesting that those involved in research should be granted study leave to carry out "this important and worthwhile work"), the team remained enthusiastic.

As a result of their investigations the charge nurse introduced a management module of ten weeks duration for third year students on his ward and delegated more to the staff nurses, thus giving them more responsibility. This had an unanticipated result: on one occasion the staff nurse sent the charge nurse to another ward to help in their staffing crisis since the charge nurse was the one member of staff they could do without.

The work of the triad also had an effect in the district. A working party was set up to consider the professional development of the registered nurse and triad members were actively involved in this. In addition a new sister was appointed and received a period of induction based on the triad's findings and recommendations.

Triad 1.8 also aimed to identify the type of training required for potential ward sisters but found that a training scheme was already planned for the district. They had hoped to be involved with the planning of the programme but the first course started without this happening. As a result, the triad was not intending to return to the second workshop. However, they did so and shared with the others their frustrations and disappointment.

Triad 2.7 was particularly interested in the preparation for, and the development of, the sister's role in a little investigated ward sister setting. They took the opportunity offered by a new appointment of a night sister who was the triad member. Initially, at their first workshop, they had intended to examine the role of the night sister and any special training needs required but were disappointed at the lack of literature relating specifically to the night sister. Their early work and reading sought to compare sisters on day and night duty and they prepared a questionnaire to examine attitudes and role expectations. However, lack of time, resources and experience suggested a more defined scope for their project and this was re-identified as planning and evaluating the induction and subsequent orientation and development of the night sister.

The close involvement of the sister, together with both the teacher and manager, was paramount in their plans. The triad had a very organised approach. The exercise was based on a carefully prepared job description which identified key functions and related activi-

ties. The triad held a series of meetings at which the sister could report her experiences in adapting to her new post and further arrangements for her orientation were agreed. Both the tutor and the manager were involved in these plans in different ways and the sister also visited a former ward sister trainee from the King's Fund scheme who had, at the time, been a night sister. Apart from the value of the experience to those in the triad, it was expected that the well documented account of their activities could be the basis for a study afternoon for other managers and teachers to review arrangements for the induction and orientation of other staff, especially night sisters, within the Health District.

4. Sister as change agent

Triad 2.8 came knowing that it wished to look at the involvement of relatives in patient care in a rehabilitation ward for the elderly, in order to "enhance the continuity of care". This was linked also with the introduction of the nursing process. Efforts were directed at involving as many different groups as possible both in accepting their ideas and in evaluating the results. Short questionnaires were prepared for medical staff, patients, relatives and friends, nurses, physiotherapists and occupational therapists, asking each the value they placed on the efforts to encourage relatives to take an active part in the patient's care. The voluntary service organiser and students from the local technical college were also drawn in to help with this.

The sister had prepared a folder with a collection of papers on aspects she considered important in patient care but, unfortunately, was off sick in October so that it was not possible to establish how far she felt her role had been developed. The tutor and manager, while offering her help, had "aimed to keep the sister in the forefront" and appeared satisfied with the progress that was being made.

Triad 2.9 worked together to extend the activity programme for the normalisation of elderly psychiatric patients, to help ward staff develop a view of individualised care and work co-operatively with others both within the hospital and outside. The manager's role was to offer support and resources; the teacher, ideas and motivation; while the ward sister would "manage from the ground floor" and monitor happenings. Their approach was planned and purposeful. They identified opportunities and resources and each resident had an activity sheet included in their care plan. Available activities were displayed on a board as the triad considered it important for results to be both visible and clearly communicated.

They reported a mixed response to change and the sister related the experience of communicating changes, and the different responses to and perceptions of change, amongst staff. Their achievements illustrated clearly constraints versus opportunities. In October, the teacher stated "This is the first time we have worked together in this way and it shows us a pattern for the future". They felt the exercise had "highlighted issues for us and our organisation, including resources, motivation and coping with change".

Triad 2.10 also focused on the patients' day with the aim of "demonstrating the role of the ward sister in

introducing change" and in achieving more individualised care. A questionnaire was already in use, designed to explore each patient's view of their day, and it was decided to utilise this information and extend the questionnaire to day and night nursing staff. A wide range of questions were put to between 80/90 patients, qualified nurses, student nurses and auxiliaries. The project was discussed with staff at two open meetings. It was clear that the triad had worked together and taken care to involve, inform and consult with a range of staff including porters and caterers.

As a result of their work several changes were instituted, most notably the timing of meals and the choice of food available. It was clear during a visit made by a peer group member that this triad already had working relationships which were favourable to their cooperation in the above exercise. The triad's own statement indicated that "several advantages had emerged" from the triad arrangement, perhaps the most important being that "changes to improve patient care were being influenced by all staff within the unit ... leading towards... individualised care".

Triad 2.11 also concentrated on the innovative role of the sister. The introduction of individualised care had not, they felt, had much impact on 'the patient's day' and they focused on changes to the drug round. Having agreed the desired changes, they held a meeting of staff to discuss their proposals and in October reported enthusiastically about the changes they were effecting as a triad. It was impressive that the nurse teacher appeared to be almost as familiar with the ward, its staff and its organisation as the sister and could thus offer a partnership in effecting change.

Triad 2.12 became in effect *Duo 2.12* as the sister went on long-term sick leave and this was still the case at the time of their updating statement in July. It was therefore difficult to establish the sister's role in piloting the introduction of nursing care plans throughout one hospital, where manager and teacher worked together with carefully prepared statements and guidelines for staff, reporting that "progress and enthusiasm for the scheme is abounding... our commitment is total".

Triad 2.13 also focused on the timing of drug rounds. It was clear that each had an equal commitment to the goal of "altering the set times of drug rounds on the wards in our hospital", but their opportunity to work together on this venture was very limited by virtue of one member being posted abroad and a change of duties for another. Despite this they could report in October that their plan to achieve a change in the former routine had been tried, considered worthwhile and was being adopted throughout the hospital. It perhaps showed the importance of mutually agreed goals and careful planning of the steps to be taken.

Triad 3.6, in a novel type of project for triads, attempted to integrate theory and practice in relation to pain assessment and treatment in a surgical ward. Theoretical teaching on the subject of pain was introduced into the basic curriculum and study mornings were held for qualified staff. Pain assessment became part of nursing care plans. Patient satisfaction and student awareness about this aspect of care were monitored. The project was undertaken because of a concern about the lack of integration, or discrepancy,

between what is taught in school and what is practised on the ward.

Triad 3.7 changed the method of communication within the ward by changing the pattern of report giving. The triad aimed "to look at the pattern of report giving, in order to increase its effectiveness as a means of developing managerial/educational skills for all members of the ward team". They did this at the same time as the setting up of primary nursing and allocation of all students to a mentor. After the night-to-day report was given in the office all other reports were given by the primary nurse to her team around the patient's bedside, involving the patient as appropriate. This triad also showed a video of the ward report, and nurses and patients had evaluated the change.

Triad 3.8 wished to implement the philosophy of nursing process and develop the decision-making skills of the staff nurses. They discontinued task oriented nursing work and introduced total patient care, the ultimate aim being primary nursing. At the time of the presentation they were concentrating on improving care planning, attempting the setting of long-term goals by the team leader (primary nurse of the future) and short term goals by the nurse caring for the patient on a particular day. In doing so, they were endeavouring to help trained staff to evaluate critically their practice.

5. Evaluation and assessment

Several of the projects had evaluative or assessment components but for three, this was the main focus.

Triad 1.9 wanted to prepare the sister for continuous assessment of post-basic students. The members of the triad appeared initially uncommunicative with each other and seemed to have little knowledge of one another. They were apparently conscious at all times of the hierarchical nature of their working relationship. However, they achieved their aim and continued with further preparation for change with a new syllabus. In addition, they obviously benefitted greatly from working together as a team.

Triad 3.9 felt there was a lack of information available to the nursing staff about patients admitted to psychogeriatric care. Therefore, they set about providing more by using a detailed (commercially available) assessment tool with patients currently in a psychogeriatric ward or at the pre-admission stage. This involved teaching the qualified staff assessment and care planning skills. As a result staff knowledge of patients' conditions and needs was considerably increased. Further, it improved the hospital/community liaison i.e. enhanced charge nurse involvement with the community and likewise community psychiatric

nurses with the ward.

Triad 3.10 worked within a mental handicap specialty and conducted an audit using CARE—Continuous Audit of Residential Environment Standards—in one villa. Assessment covered such areas as the organisation (e.g. policy, communication within the system, staff training), support services, life-style of residents and special needs of residents. The heightened awareness of problems as a result of the first audit led to a number of changes and measurement took place after a six-month period, using the same tool.

This triad, due to circumstances beyond their control, lost their charge nurse very soon after the first workshop. Strenuous efforts were made to replace him by involving two other sisters, but this was not possible. The project was therefore valiantly carried through by the teacher and nursing officer. These two had suggested withdrawing from the second workshop but were encouraged to return to share with the rest their problems as well as their achievements.

6. The 'casualties'

Five groups did not develop projects at all—two in the first series, one in the second and two in the third. Of these, three triads attended the first workshop but withdrew before the second.

Triad 1.10, although unable to develop a project, had attended the workshops and described some of the constraints they had, most of which were related to the change in post for all of them. This resulted in problems about the time and space to work creatively together. They took part in discussion and expressed a continued commitment to the development of the role, despite their own personal lack of progress.

Triad 1.11 members had all left the district between the first and second workshop and were therefore unable to attend.

Triad 2.14 attended the first but not the second workshop.

Triad 3.11 had to withdraw prior to the second workshop and **Triad 3.12**, owing to a breakdown in communication, was reduced from three to one member only and therefore a project was not undertaken.

Clearly the movement of staff, staff shortages and other unforeseen circumstances militate against the mounting of innovation, let alone the successful completion of plans. Perhaps it is surprising that the casualties were so few and even amongst those, there were reported benefits from participation in the 'King's Fund Experience'.

Reflections and Recommendations

Looking back at the work achieved over six years, it is obvious that there were many outcomes, both expected and unexpected, not only for the participants in the colloquia and workshops — the triads — but also for the peer group of researchers.

For example, in relation to the triads, was their actual structure as envisaged by the peer group and how did triads operate in practice? What kind of processes did they go through in the workshops and in developing their projects: did they use research findings as hoped and what methods did they choose? What were the effects upon the individuals and groups, as well as upon the organisations within which they were working?

The conferences and workshops evolved from the early meetings of the researchers. What was learnt by the peer group from this experience and what was the nature of the relationship between peer group members and triads?

The chapter concludes with recommendations — or suggestions — which emanate from this apparently unusual, if not unique, experience of peers first sharing together and then working with others in an attempt to stimulate action informed by research.

1. Triads

The structure of the triad

It was expected that triad members be a functional group and would know each other on arrival at the initial colloquium. This was not always the case, despite the criteria stated in the introductory letter. However, even if they did not work together many did know each other well. Further, although the intention was that triads for the workshops would be selected from the attenders at the colloquia (in the first two series, there being no colloquium in the third series) this was not always so. Some triad members had no knowledge that a conference had preceded their workshops.

The notion of the triad was based on the belief that the partnership between the three members would be essential and a key factor in the role development. The manager and the teacher seemed to provide support, to act as a sounding-board for ideas and to enable the use of a wider network of contacts and resources. Their approach within the triad varied from directive to non-directive. In the presentations, there was a tendency for the manager to lead in managerially-related developments and for the teacher to lead in educational

developments. The ward sister in the triad was not always the key presenter; in some cases this seemed to reflect a lack of confidence on the part of the sister rather than a lack of sharing or partnership in the work of the triad. Picking up this point, the peer group asked in the third series of workshops that the ward sister make the presentation.

In this essential partnership it was expected that triad members would meet and work together on their chosen topics between workshops, and that lines of communication would open up and develop within the triad and their organisation. In most instances a pattern of contact and project planning was evident and improvements in relationships and communication were described. However, effective communication did seem to require face-to-face contact which was facilitated by geographical nearness and inhibited by members working on different sites.

The processes

The peer group planned the conferences and workshops and had certain expectations about what would actually occur. For example, it was expected that the triads would be able fairly readily to identify an aspect of the ward sister's role for development. In fact, a wide range of topics was chosen. Some came with well developed ideas; a number were already participating in the projects but others had little idea about what they might do and needed help to clarify their ideas and formulate plans.

Further, it was hoped that triad members would develop a sound awareness of research findings, would use the findings in their projects and, as a result, would be able to examine ways of improving patient care, using the ward sister role as the focus for action.

It could be argued that this was a naïve assumption on the part of the peer group particularly given their recognition that those attending workshops would often be unfamiliar with research findings and unused to taking account of them (as suggested by Hunt, 1981). Some groups did use research findings but in others there seemed to be little evidence in the presentations of the use of ward sister-related research. Some were excited by research methods rather than findings but did not always use the adopted method appropriately.

In examining the reasons for this, it became evident that help was required by some:

- to use the library effectively;
- to appraise research findings critically;

- to discuss their implications for practice;
- to mount small-scale surveys on-the-job.

Thus incremental changes to the programme were made, for example:

- sessions with the King's Fund Centre librarian were included,
- a paper was presented suggesting caution and offering guidance with the use of questionnaires,
- peer group members provided increased direction on occasions; for example, they pointed out which studies were most relevant to an area chosen for development by a triad and why they were relevant,
- peer group members made contact by telephone and/or in person with triad members, between workshops, to offer help, to act as a resource and to provide encouragement during their projects.

The outcomes

No formal evaluation of outcome was attempted but clear evidence emerged from the descriptions of the triads and the observations of the peer group members. Although not all the projects chosen were directly to do with developing the sister's role, change did take place which affected the sisters themselves (e.g. by increasing their confidence and knowledge) and the systems surrounding the sisters (e.g. patterns of working; teaching and learning opportunities; encouragement received).

The extent of change varied considerably between triads as did their perceptions of achievement. It seemed that opportunities to review progress on paper and in discussion were helpful. They allowed triad members to acknowledge their 'successes' and to recognise that areas of growth had occurred despite setbacks and, for some, failure to meet their original goals. Several realised that achievements such as increased confidence and the opening up of communication were more important than their original goals.

At the very least it appeared that many of the sisters — and their triad colleagues — had their horizons widened and their awareness heightened about the sister role, and the actual and potential power of the role occupant to achieve change. They were also made more aware, sometimes rather painfully, of the problems and constraints existing when attempting change, many of which can be related to the organisational climate. Examples of this include the problems of time and other resources; the attitudes of others who lack the same commitment; the frustration of finding out that similar — or conflicting — change is planned elsewhere in the organisation when one's own plans are already well developed.

The factors appearing to facilitate achievement included:

- first and foremost the triad concept itself, with, in addition to the sister, one member to provide the necessary managerial support and the other the educational input;
- the use of an external organisation — the King's Fund — as a vehicle to stimulate and legitimise change;
- the chance for time away from the work setting, with researcher support, to reflect, analyse, plan and enthuse;

- the making of an explicit commitment (statement) of action to be taken;
- the opportunity to write about and to present their work to other triads and peer group members in a 'neutral' setting, the King's Fund Centre.

2. Researcher peer group

Personal reflections

Peer group members learned a great deal personally both from their membership of the group and in their experiences with the colloquia and workshops. The changing dynamics of the group were an important factor in the events that took place. (These are highlighted by an 'informed outsider' to the group, Hazel Allen, in the Postscript.)

Members found the experiences enjoyable, in the main, but very challenging. There were, particularly in the first series, personal uncertainties as to the value of what they were doing when working with workshops and triads. The uncertainty arose to some extent as a result of the novelty of being part of such an open-ended heuristic experience. It caused some of the peer group to question their continued involvement, or at least to review their roles, but the fact that most of the original members of the group still remain actively involved is an indication of the outcome of this questioning.

The role of the King's Fund was clearly an important factor in the progress of the group. The King's Fund was prepared to support the group, and the subsequent activities with the triads, both financially and by the direct involvement of members of their staff. Open-ended commitments with professional organisations such as this are rare, but the King's Fund continued to support despite the risks and uncertainty at times about how the venture itself would contribute to its aims and purpose.

Just as the Fund provided a 'neutral' but supportive and valued setting for triads so it did for the researchers. This, however, raises a crucial issue for any further developments of a similar nature — who or what takes the place of the King's Fund?

Expectations and discoveries

The peer group set out with certain expectations: that health authorities would respond to their suggestion of who should attend colloquia and workshops; that triads would choose projects that would directly lead to development in the sister role; that the sister would be the focus of the triad during their work together and in the presentation of their work to others; that triads would use research findings and methods.

As with many such initiatives, reality did not always match the expected; many examples of discrepancies have already been given in the report, but there were also aspects where the reality was far greater than the expectation. Two examples of this were a) the overwhelming response to the invitation to health authorities, albeit in a financially stringent climate, to send not one but three nurses to the colloquia and workshops and b) the tenacity, hard work and enthusiasm of the triad members.

The peer group went through many stages. Disap-

pointment at first led to gradual acceptance of some aspects of 'the reality', and discussions of ways of compromising. This entailed alterations to the colloquia and workshops and to the role of the peer group members; for example, they offered more direction to and increased contact with triad members, particularly between workshops, and saw results in a much clearer focus on the ward sister and her role by the final series of workshops.

The educational approach

The educational approach hinged upon the importance of self-directed learning for participants with peer group members as facilitators of this learning. Although it is difficult to assess the degree of learning and development that took place amongst triads, in the light of the aims of the workshops, it appears that the approach used was both appropriate and valuable.

Moreover, the peer members developed and grew in their roles as facilitators — a factor that was of particular importance to those members of the group with limited previous experience as facilitators. The extent of this growth was certainly not envisaged when the group was first formed in 1981 — but then neither was a move from sharing within the group to using one's own knowledge and experience to help others.

3. Recommendations

Two major recommendations can be made:

1. *The triad concept — of a ward sister, nurse manager and a member of the teaching staff learning together and working in partnership — should be considered as an effective way of developing the*

ward sister role.

If this concept is to be used, however, as the basis for local developments, then from the evidence presented here, the success of the venture may well depend upon:

- a high level of mutual support and commitment within the triad;
- interest, encouragement and practical help with a wide range of resources from key colleagues within or perhaps beyond the local hospital and health district;
- feedback about progress and opportunities to discuss setbacks and successes, both of which are likely to occur in developments in such a complex role.

As Joan Fretwell identified in a paper early in the peer group's work, there seem to be three ingredients which are essential for innovation within the sister's role: support, commitment and an organisational climate which allows freedom to change.

2. *Researcher peer groups should be identified and developed.*

The experience of the ward sister researcher peer group suggests that sharing research experience and discussing research findings is not only stimulating, challenging and enjoyable for the researchers but also leads to the distillation of important themes from the various pieces of research. This creates a powerful 'data base' and gives the potential for better, more comprehensive, dissemination of research findings. Furthermore, linking such a group with practitioners appears to be a valuable way of helping and encouraging nurses to develop research awareness and to use research in their day-to-day work.

Postscript

Nothing will ever be attempted if all possible difficulties must be first overcome'
(Source Unknown)

The importance of the peer group dynamics should not be overlooked — and it was at this level that Christine Davies and Hazel Allen, of the King's Fund were perhaps most appropriately able to make their contribution — setting firm boundaries of time, space and administrative support.

This contribution was written by Hazel Allen who has some experience in peer group dynamics and in psychoanalytic theory and practice. It is a personal viewpoint, not shared by all the group members but considered by all to be a useful contribution, albeit from an observer who did not always interpret as they would have liked or expected.

Administration

Christine Davies's task was mainly administrative, dealing with the services required for each function and attending to notes, questionnaires and summaries of questionnaires, which made for the smooth running of events and easy access to information. However, she brought with those skills an ability to facilitate informal social behaviour by her friendly remarks, jokes and mutual interest giving expression to many personal needs that might otherwise have been frustrated by the more formal limits of the work process.

Process observer

The peer group shared a number of values important to them all and, in particular, the importance of the discrete role of the ward sister. It followed that they valued highly the task they chose to undertake — dissemination of knowledge from their research — and were deeply involved in the work plans. The area of ward sister role was clearly one where they took on the mantle of 'expert', in that they were depended upon for facts, though each had her particular area of expertise.

As the work developed and difficulties emerged which were related to the approaches most suitable for teaching and learning, Hazel's role became more clearly that of process observer and facilitator. That is, her activity in the main was restricted to the factual side of the decision-making process, recognising that information which might be relevant though she herself did not possess it, and reconciling views of different members and taking into account both the avail-

able facts and wishes of the group. In other words, making proposals explicit became an active process.

The group constructed plans out of the information it had at its disposal but also partly from its values — the informality of the exchanges tended to have the effect of making the members more like-minded and produced a consensus of views so that it was only on a few occasions that disagreements were encountered. The participants obviously liked each other and were able through the flexible setting to express that liking in informal interaction. This created a difficulty in that the balance between expressive and task-related behaviour was a tricky one to achieve in the early days of planning the workshops. For some members there were considerable feelings of uncertainty about how these should be arranged, and anxiety became apparent.

According to Freud much of the motivation for group solidarity comes from the strong emotional bonds established between members and the leader. Freud (1922) describes the attitude towards the idealised leader, who, as a parent surrogate, provides the impetus to a group for steering common ideas and standards. This group had no one leader for leadership was assumed by different members of the group according to the topic under discussion; but when the framework of the workshops was initially discussed no apparent authority figure emerged. This resulted in certain regressive features and in characteristic changes in the social behaviour of persons exposed to 'danger': for although they were unable to share the anxiety initially, some members tended to over-idealise others, overestimating their expertise and feeling 'lost' without their guidance. Much of the research sharing had been valued highly and each member felt confident in her ability but a different position was emerging and some doubt was felt as to the success of the outcome.

One of the natural resultants of group life is that members will be asked to assume responsibilities: some were perceived as duties for which they felt inadequately prepared. The attractiveness of the group seemed to be reduced and the source of potential embarrassments. (A phenomenon described by Horwitz, 1954.)

Working through difficulties

Diverse opinions as to approaches emerged between some nurse managers and educationists and this was unresolved in the group; good fellowship hid some dissatisfaction about the uncertainty of individuals'

ability to teach others also and there was considerable flight from the task — the task had been identified but friendship was not enough to support those who were unsure of their ability to fulfil it. This stage of development in a previously co-operative group was difficult to observe and facilitate — although it only lasted for a short time. They wanted to do well and when this seemed open to question the group became dejected: there was a feeling that something had been lost: deeply involved members felt handicapped because they did not know that the task was being approached adequately.

Up to the time of this stage of development both Christine and Hazel had worked in the group but had not been of the group in terms of learning. Now they became the container (Bion, 1959) for feelings of anxiety which blocked the emotional life of the group and it fell to Hazel, as process observer, to get the job done by providing ways for participants to acknowledge reasons for holding up the work and clearing the way for getting on with the task. The structure of the work had been loosely defined, in order to respond to workshop members' needs and this raised anxiety amongst those unused to informal learning/teaching approaches. Allowing free ventilation of these feelings and providing them with the opportunity to see that the success of the course was a shared responsibility — between participants and teachers — helped to build up enough confidence to launch a series of workshops.

Retrospective analysis

On reflection it would have been better to have re-defined the task. The group had worked with loosely structured goals and objectives and the development of the goals which might prove difficult to attain created the anxiety. As Lewin (1959) points out, "An unstructured region has the same effect as an impassable obstacle.

Being in unstructured surroundings leads to uncertainty of behaviour because it is not clear whether a certain action will lead to or away from a goal". There was considerable role ambiguity — who were the experts in structuring workshops? Identifying the answer to this question and formulating a framework to share with the practitioners rather than with each other would probably have reduced the group stress. Anxiety is more easily contained by a greater certainty of approach — this was amply demonstrated by restored confidence at the end of a successful workshop series — reported in the other sections of this report.

This transition phase mirrored difficulties which occur in action research particularly when a change in direction is identified. In particular the open-ended aspect of the work created tensions and, whilst it was barely articulated, the increased pressure of working to a deadline caused irritation amongst those who did not miss planning meetings — demonstrated by a feeling amongst the absentees that their ideas were not listened to.

Until this time Christine and Hazel had been involved and yet detached, acting rather as a lever outside the expert group in order to facilitate the tasks within the group — emphasising the need for space, time and mutuality in such creative development. The advent of the workshops, their own experience in planning them and the vicissitudes of the group caused an integration — the commitment to the workshops being the common bond. Others were also invited into the group but with full agreement of the membership.

This report is an account of the work carried out by the group after this stage of growth and reflects the rich experience of continuity and change. These comments are offered as a source of encouragement, and possibly guidance, to others who are, or will be, involved in similar enterprises.

References and Bibliography

- ALEXANDER M F (1983) *Learning to Nurse: Integrating Theory and Practice*, Churchill Livingstone, Edinburgh.
- BION W R (1959) *Experiences in Groups*, Basic Books, New York.
- BIRCH J (1983) Anxiety and conflict in nurse education, in Davis B (Ed) *Research into Nurse Education*, Croom Helm, Kent.
- DAVIES C (1981) Training for ward sisters; an innovative research and development project, *Nurse Education Today*, Vol 1, No 2.
- FARNISH S (1983) *Ward Sister Preparation: A Survey in Three Districts*, Nursing Education Research Unit, Report No.2, Chelsea College, University of London.
- FRETWELL J E (1982) *Ward Teaching and Learning*, Royal College of Nursing, London.
- FREUD S (1922) *Group Psychology and the Analysis of the Ego*, Hogarth, London.
- HORWITZ M (1954) *The Recall of Interrupted Group Tasks: an experimental study of individual motivation in relation to group goals*, Human Relations.
- HUNT J (1981) Indicators for nursing practice: the use of research findings, *Journal of Advanced Nursing*, Vol 6, pp 189-194.
- KNOWLES M (1978) *The Adult Learner: A Neglected Species*, Gulf Publishing Company, Houston.
- KNOWLES M (1984) *Adragogy in Action*, Jossey-Bass Publishers, San Francisco.
- LATHLEAN J AND FARNISH S (1984) *The Ward Sister Training Project*, Nursing Education Research Unit, Report No.3, Chelsea College, University of London.
- LATHLEAN J, SMITH G AND BRADLEY S (1986) *Post-Registration Development Schemes Evaluation*, Nursing Education Research Unit, Report No. 4, King's College, University of London.
- LEWIN K (1959) *Field Theory in Social Science*, Harper, New York.
- MARSON S N (1981) *Ward Teaching Skills: an investigation into the behavioural characteristics of effective ward teachers*, CNA MPhil study, Sheffield City Polytechnic.
- MASLOW A (1954) *Motivation and Personality*, Harper & Row, New York.
- OGIER M (1982) *An Ideal Sister? A study of the leadership style and verbal interactions of ward sisters with nurse learners in general hospitals*, Royal College of Nursing, London.
- ORTON H D (1981) *Ward Learning Climate*, Royal College of Nursing, London.
- PEMBREY S (1980) *The Ward Sister — Key to Nursing: a study of the organisation of individualised nursing*, Royal College of Nursing, London.
- REDFERN S (1981) *Hospital Sisters*, Royal College of Nursing, London.
- ROGERS C (1969) *Freedom to Learn*, C E Merrill, Columbus, Ohio.
- ROGERS C (1983) *Freedom to Learn for the 80s*, C E Merrill, Columbus, Ohio.
- ROGERS J AND LAWRENCE J (1987) *Continuing Professional Education for Qualified Nurses, Midwives and Health Visitors*, Ashdale Press and Austen Cornish Publishers Limited.
- RUNCIMAN P H (1983) *Ward Sister at Work*, Churchill Livingstone, Edinburgh.
- STAPLETON M (1982) *The Ward Sister — Another Perspective*, Royal College of Nursing, London.

Peer Group Members' Updates

All members of the peer group have undertaken research which involves the sister's role. Most have used and developed their early work. The following summarises the relevant research of current peer group members and includes a selection (rather than a comprehensive listing) of their most appropriate publications. All are willing to be contacted by interested readers.

Margaret F Alexander, RGN SCM RNT BSc PhD

Summary of Research:

Nurse Education: An Experiment in Integration of Theory and Practice in Nursing. 1980. Unpublished PhD Thesis, University of Edinburgh.

This research described the implementation and evaluation of an educational experiment which had as its primary aim the integration of theory and practice in nursing. During the 'theory' component of their basic education i.e. their time in the school of nursing, student nurses went out to the wards to give total nursing care to patients who had been selected because their disease condition was one about which the student was currently being taught.

The student was supervised by her teacher, but ward staff were always involved in the decision about the choice of patients, in giving a report to the student and her teacher about the care they required the student to carry out, and in receiving a report back from the student at the end of her period with the patient.

Ward sisters, staff nurses, student nurses and teachers gave their opinions about the nurse education system prior to the experiment and about the experimental teaching method after it was over. A wide range of findings was obtained relating to teaching and learning in the ward environment, and the experiment was very positively evaluated.

Utilisation of Research:

Implementation of experimental method in curriculum in College of Nursing and Midwifery — both in the modules for which the researcher was responsible and also in other modules. Continuation of study of student nurses' teaching/learning preferences, including attitudes to self-directed study. Creation of a system of "mentors" for student nurses during two types of clinical placement.

Utilisation of findings from studies by other peer group members in work with qualified staff of

the Health Board area in which the researcher was employed as Research Adviser.

Publications:

Alexander, M F (1981) Research training: baptism of fire, in *Research — A Base for the Future?* Proceedings of an International Conference, University of Edinburgh, Department of Nursing Studies, Nursing Research Unit.

Alexander, M F (1982) Nurse education: an experiment in integration of theory and practice in nursing in *Issues in Nursing Research*, Eds. Redfern S J et al., Macmillan Press Ltd., London.

Alexander M F (1982) Integrating theory and practice in nursing, *Nursing Times Occasional Papers I and II*, Nursing Times Vol 78: 24 & 25.

Alexander M F (1983) Integrating theory and practice: an experiment evaluated, in *Nursing Education* Ed. Henderson M S (Recent Advances in Nursing Series) Churchill Livingstone, Edinburgh.

Alexander M F (1983) *Learning to Nurse: Integrating Theory and Practice*, Churchill Livingstone, Edinburgh.

Alexander M F (1984) Learning to nurse: beginning has implications for continuing, *Nurse Education Today*, Vol 4:1 pp4-7.

Alexander M F (1984) Involvement, engagement — ideas in action, in *Getting Ideas ... Across*, proceedings of the 18th Annual Study Day of the Nursing Studies Association, University of Edinburgh.

Present Address:

Professor Margaret F Alexander
Department of Health and Nursing Studies
Glasgow College of Technology
Cowcaddens Road
Glasgow G4 0BA
Tel: 041-332-7090 Ext 420

Rosemary J Bryant, MSc SRN RNT

Summary of Research:

The role and preparation of the ward sister involved in nurse training. University of Surrey - September 1985.

The study is organised around a series of statements regarding the teaching role of trained nurses in the practice setting, made in the covering letter to the General Nursing Council report entitled 'Teachers of Nursing 1976'. These statements concern an integrated presentation of the syllabus; the strengthening of an 'essential partnership' between teachers, managers and sisters; and clarification of, and preparation for, the sister's teaching role.

Interviews were conducted with fifteen ward sisters, exploring their views of statements made regarding their teaching role by the working party, and the form of preparation they would wish to see in the future.

The results suggested that:

1. An integration of theory and practice in the curriculum was hindered by a lack of communication between teachers and ward sisters; and that although sisters sought a 'partnership' with teachers and managers, this was often lacking;

2. Subjects held differing views of the 'teaching' aspect of their role;

3. Subjects generally felt ill-prepared for the role of ward sister, and would like to see preparation for the role linked with on-the-job experience.

A number of suggestions are made for further research.

Utilisation of Research:

Ward sisters and charge nurses responsible for wards to which student nurses are allocated for practical experience, have since March 1985 formed a group on the Teacher Practitioner Preparation Course run in the Department of Educational Studies at the University of Surrey. Other groups are Health Visitors and District Nurses, studying for their Field Work Teacher and Practical Work Teacher certificate respectively. This combined course offers a chance to study the theoretical concepts of teaching and learning, together with relevant aspects of psychology, philosophy and sociology, as well as furthering practical skills in one-to-one teaching.

'Specialist application' sessions explore the requirements of the syllabus for nurse training, of the UKCC and ENB, the roles of nurse teacher and ward sister in developing a curriculum, and the sister's role as a teacher/practitioner of nursing.

It appears that by including the ward sister in such a course they feel better prepared for their role as teachers of nursing, and have a clear understanding of the total pattern of curriculum development and the part which they can play in this.

Present Address:

Guildford Nurse Education Centre
St. Luke's Hospital
Warren Road
Guildford
GU1 3NT

Sally Farnish, SRN SCM HVCert MSc

Summary of Research:

Evaluation of King's Fund experimental training scheme for ward sisters using an action research approach, with Judith Lathlean.

Investigation of the preparation available to sisters and charge nurses for their role through questionnaires in three health districts. The data showed that for this sample, the acquisition of knowledge and skills necessary for their role was unlikely to result from any planned preparation. The sisters identified critical deficiencies in their preparation for key aspects of their role on appointment.

Subsequent Research:

None in connection with role of ward sister.

Utilisation of Research:

Teaching on First Line Management Courses.

Teaching on Diploma of Nursing Course.

Publications:

Farnish S (1982) Thrown in at the deep end, *Nursing Times* 78:10, 404-405.

Farnish S (1983) *Ward Sister Preparation: A Survey in Three Districts*, Nursing Education Research Unit, Report No.2, Chelsea College, University of London.

Lathlean J and Farnish S (1983) *Follow Up Survey of King's Fund Trainees*, Nursing Education Research Unit, Chelsea College, University of London.

Lathlean J and Farnish S (1984) *The Ward Sister Training Project*, Nursing Education Research Unit, Report No.3, Chelsea College, University of London.

Farnish S (1985) How are sisters prepared? *Nursing Times Occasional Paper*, Vol.81 No.4.

Present Address:

39 Clarefield Road
Leicester LE3 6FB
Tel: 0533- 855424

Summary of Research:

Evaluation of King's Fund experimental training scheme for ward sisters using an action research approach, with Sally Farnish.

The evaluation of two schemes — one in Guy's Hospital, London, and the other in Whipps Cross Hospital, Leytonstone — was undertaken from 1979 to 1983. The schemes were based on four premises: that there is a need to train sisters for their jobs, that this training should be ward-based, that the approach chosen should be a joint education and service one and that nurses learn from observing other more experienced nurses.

The research entailed the continuous evaluation of the programme, with feedback of results to inform decisions about change, a follow-up study of course members, and an observational study of a sample of former course members using Sue Pembrey's research as a basis for data collection and comparison.

The results indicated that there is a need to recognise the importance of the ward sister role in the clinical management of care, that roles of sisters should be critically examined, that there should be a specific investment in training and preparation for the sister role which incorporates the opportunity to learn from others. In addition, support for the sister and management commitment to the development of the role are vital components.

The research raised alternative suggestions as to who the training should be for, where it should be held, what should be the structure of the programme, how the opportunity to work with others sisters should best be organised and what should be the theoretical input.

Subsequent Research:

This project led on to a number of subsequent research projects which directly or indirectly highlight the role and training needs of the sister. These include:

1. the evaluation of professional development schemes for newly registered nurses in three health districts;
2. the evaluation of the London Postgraduate Teaching Hospitals' Programme for Sisters;
3. the evaluation of two ward sisters sharing one post at Charing Cross Hospital.

Publications:

Lathlean J (1982) A researcher's observations in Allen H O (Ed) *The Ward Sister: Role and Preparation*, Baillière Tindall.

Lathlean J and Farnish S (1984) *The Ward Sister Training Project: An Evaluation of a Training Scheme*, Nursing Education Research Unit, Report No. 3, Chelsea College, University of London.

Lathlean J (1986) Education and training for sisters, *Nurse Education Today*, Vol 6, pp 158-165.

Lathlean J, Smith G and Bradley S (1986) *Post-Registration Development Schemes Evaluation*, Nursing Education Research Unit, Report No. 4, King's College, University of London.

Dodwell M and Lathlean J (1987) An innovative programme for ward sisters, *Journal of Advanced Nursing*, Vol 12, pp 311-319.

Lathlean J (1987) *Job Sharing A Ward Sister's Post*, Ashdale Press.

Lathlean J (1987) Are you prepared to be a staff nurse? *Nursing Times*, Vol 83, 36, pp 25-27.

Lathlean J (1987) Prepared transition, *Nursing Times*, Vol 83, 37, pp 42-47.

Lathlean J (1987) Training the teacher, *Nursing Times*, Vol 83, 40, pp 36-37.

Lathlean J (1987) Sisters are united in divided job, *The Health Service Journal*, Vol 97, 5070, p 1132.

In press

Lathlean J, Training for the job of sister, *Nursing Times Occasional Paper*.

Lathlean J, Policy issues in continuing education for clinical nurses in White R (Ed) *Political Issues in Nursing: Past, Present and Future*, Volume 3, Wiley: Chichester.

Dodwell M and Lathlean J (Editors) *Professional Development of Nurses*, Harper and Row.

Present Address:

Ashdale House
200 Lincoln Road
Peterborough PE1 2NQ
Tel: 0733-62030

Summary of Research:

The study published in 1981 was an exploration of teaching and learning 'on the job'.

The main issues explored were:

- the perceptions nurse learners and trained nurses have of teaching and learning in the clinical environment.
- experiences that in trainee's opinions had resulted in significant learning (i.e. learning that resulted in change)
- the behavioural characteristics of trained nurses considered by learners to be good 'teachers'.

The methods used were focused interviews, questionnaires and direct observations of interactions between and trained nurses. The study was conducted in a (two) district school of nursing, the subjects were student and pupil nurses studying for the Register and the Roll (part I) and trained nurses supervising trainees in wards used for practical experience.

Subsequent Research:

Between 1982 (year after publication of thesis) and 1985, 3-day workshops for ward sisters were held in varying locations around the country. The aims and objectives were:

- to encourage service staff
- to consider some of the conditions under which learning takes place and to review the attributes of good teachers and the elements of a supportive learning climate
- to examine their role and responsibilities in relation to the training of the learners in their team
- to value the training role and to actively plan to achieve their potential in the role, given the constraints of the service area.

In all 150 sisters attended workshops. Data collected from the workshops have continued to support the findings of the original research, in particular those concerned with:

- a) perceptions of teaching and learning; 99% of sisters attending the workshops perceived teaching as a didactic activity;

b) ward teaching programmes; few of the sisters attending the workshops were using what could be considered a systematically developed ward teaching programme;

c) feelings about the 'teaching' aspects of a ward sister's role. Negative feelings tended to surface in the workshops. Feelings of confusion about what to teach and how to assess, lack of confidence in teaching and anger at the lack of support and resources to help them meet learner's needs.

Utilisation of Research:

The 3-day workshops (described above) also gave opportunity to disseminate the findings of other members of the peer group.

Publications:

Marson S N (1980) *Ward Teaching Research Project Short Summary*: available from ENB Learning Resources Unit, Chantrey House, 798 Chesterfield Road, Sheffield S8 0SF.

Marson S N (1981) *Ward Teaching Skills: an investigation into the behavioural characteristics of effective ward teachers*, CNAA MPhil study, Sheffield City Polytechnic.

Marson S N (1982) Ward sister — teacher or facilitator? An investigation into the behavioural characteristics of effective ward teachers, *Journal of Advanced Nursing* 1982, 7, pp 347-357.

Marson S N (1984) Developing the 'teaching' role of the ward sister, *Nurse Education Today* Volume 4, No.1 pp 13-15.

Marson S N (In press) *Learning for Change — Developing the Teaching Role of the Ward Sister*.

Present Address:

ENB Learning Resources Unit
Chantrey House
798 Chesterfield Road
Sheffield S8 0SF

or contact ENB Head Office at:
170 Tottenham Court Road, London W1P 0HA

Summary of Research:

A study of the Leadership Style and Verbal Interaction of Ward Sisters with Nurse Learners. 1980.

Nurses in training appeared to consistently identify some sisters as 'good' for learning and others not so. This study was an attempt to identify the attributes of the 'good or ideal' sister. Sisters complete Fleishmans Leadership Opinion Questionnaire LOQ, and nurse learners Completed the Learners Perception of Ward Climate Questionnaire LPWC. Of 102 sisters involved in the study 6 sisters were audio recorded for one week each while they were on duty. The results show that sisters who are approachable, learner orientated and sufficiently directive for the nature of the work have a pattern of verbal interaction with nurse learners that is perceived by the nurse learners to be propitious to them. (Carried out 1977-1979).

Subsequent Research: (1984 & 1987)

As it was planned to use the finding from the above study for ward sister development it was necessary to replicate the main part of the study, not the audio recordings. Using the LPWC nurse learners still identified the same attributes of sister as important for them. In other words the profile for the 'ideal' sister had not changed from 1977 to 1984. The Leadership style for the sisters who were successful in introducing change in the form of the Nursing Process was also identified. During the replication the learners perception of the staff nurse was also explored.

Further replication of 'Ideal Sister' profile April 1987 — profile remains constant.

Utilisation of Research:

1. LOQ and LPWC and the 'Ideal Sister' profile used for feedback to individual sisters on her performance especially in respect of creating a learning environment in the clinical area.
2. Part of the LPWC used by Dr Pembrey in ward sister training.
3. LPWC used by two Health Authorities to identify areas suitable for nurse training.
4. Information on the attributes of the 'Ideal

Sister' used with the work of Joan Fretwell, Sheila Marson, Helen Orton and Sue Pembrey in workshops for ward sister development and refreshment and now in two further Health Authorities.

5. LPWC used by several Health Authorities for ward sisters on continuous education courses particularly ENB 923 and ENB 998.
6. LPWC used by Icelandic nurses to look at ward learning and provide profile for Icelandic sisters. Remarkably similar characteristics identified 1986/87.

Publications:

Ogier M (1981) Ward sisters and their influence upon nurse learners, *Nursing Times Occasional Paper*, Vol 77 No.11, April 2, 1981.

Ogier M (1982) *An Ideal Sister? A study of the leadership style and verbal interactions of ward sisters with nurse learners in general hospitals*, Royal College of Nursing, London.

Ogier M (1983) Ward sister as a teaching person, in Davis B (Ed) *Research into Nurse Education*, Croom Helm, Kent.

Ogier M (1984) How do ward sisters influence learning by nurses in the ward? in Skevington S (Ed) *Understanding Nurses: The Social Psychology of Nursing*, Wiley, Chichester.

Ogier M and Barnett D (1985) Unhappy learners ahead? *Nursing Mirror*, July 17, 161, 3.

Ogier M (1986) An ideal sister — seven years on? *Nursing Times Occasional Paper*, Vol 82, No 2, pp 54-57.

Ogier M and Barnett D (1986) Sister, staff nurse and the learner, *Nurse Education Today*, Vol 6, pp 16-22.

Present Address:

(for further information on research or workshops)

Meadow Springs
Cobo Road
Castel
Guernsey
Channel Islands
Tel: 0481- 54633

Summary of Research:

Ward learning climate and student nurse response.

The project was concerned with student nurse learning on the ward and the related role of the ward sister. Four nurse groups (student nurses, ward sisters, nurse tutors and clinical teachers) completed 395 questionnaires which investigated their attitudes and perceptions regarding the ward. Student nurse reactions to particular ward experiences were also examined.

Evidence showed that the learning climate of a ward existed as a reality for students and that their satisfaction and happiness (or lack of them) were directly related to particular ward encounters.

It proved possible to describe and measure various dimensions of climate (i.e. teamwork, consultation and ward sister awareness of the needs of subordinates) and to differentiate between two extreme types of climate, namely 'high student orientation' (HSO) and 'low student orientation' (LSO).

The identification of crucial elements of HSO climates has given rise to the possibility of encouraging appropriate ward sister attitudes and behaviour.

The conclusion is drawn that the sister is above all the key person who determines the nature of the learning climate in her ward.

Utilisation of Research:

Climate measures have been/are being used:

1. in ward sister training programmes including workshops for ward sister development;
2. to aid the selection of training wards by schools of nursing staff;
3. to illustrate the relationship of research to nursing practice in various research courses.

Subsequent Research:

Ward Sister Development Project: A three year research project begun in 1987, funded by a consortium of Health Authorities.

The overall purpose is to evaluate the effectiveness of 'Action Learning' as a means of developing ward sisters' managerial and leadership skills.

Aims:

- a. to create opportunities for ward sisters to introduce changes at ward level through 'Action Learning' workshops;
- b. to investigate the effect of 'Action Learning' on
 - i. participant sisters
 - ii. students nurses and the ward team
 - iii. learning climate;
- c. to enable line managers above the level of ward sister (including the UGMs and DGM) to gain understanding of organisational constraints and opportunities as they operate at ward level.

Publications:

Orton H D (1981) Ward learning climate and student nurse response, *Nursing Times Occasional Paper*, Vol 77 No 17.

Orton H D (1981) *Ward Learning Climate*, Royal College of Nursing, London.

Orton H D (1983) Realities of ward climate, in Davis B (Ed) *Research into Nurse Education*, Croom Helm, Kent.

Orton H D (1984) Learning on the ward — how important is climate? in Skevington S (Ed) *Understanding Nurses: The Social Psychology of Nursing*, Wiley, Chichester.

Orton H D (1986) Storming the ark, *Nursing Times*, Vol 82 No 1.

Present Address:

Helen D. Orton, Principal Lecturer
Department of Health Studies
Sheffield City Polytechnic
36 Collegiate Crescent
Sheffield S10 2BP
Tel: 0742- 665274 Ext 3253

Susan Pembrey, RGN FRCN Diploma Social Administration PhD

Summary of Research:

The role of the ward sister in the management of nursing. A study of the organisation of nursing on an individualised patient basis.

A method is described of identifying ward sisters who manage ward nursing on an individualised patient basis. The study draws on organisation and management theory. Fifty sisters were observed for completion of a daily nursing management cycle in relation to each patient and each nurse. A classification of the total daily activity of the ward sister based on the concept of the role differentiation was developed. The methods of data collection were interviews and continuous observation.

A minority of the sisters managed the nursing on an individualised patient basis. The degree to which the ward sister completed the management cycle activities was proportionally related to the extent to which the nursing was organised in relation to individual patients and nurses. Exercise of a formal managerial role was associated with high role differentiation. Characteristics of sisters identified as managers included academic qualifications and professional post-basic training which exceeding the sample average, and evidence of learning from role models rather than from formal management training.

The relationship between management of the nursing and individualised nursing of patients is discussed. Implications for the development of the role of the ward sisters and research arising from the present study are outlined.

Subsequent Research:

Evaluation of ward sister training (unpublished)

Utilisation of Research:

Development and running of development programme for ward sisters, Oxfordshire Health Authority. Thirty five sisters have completed the programme. The study instruments are used to record base-line data of the sister's performance.

The 'management cycle' noted by other researchers and writers, teachers and the Distance Learning Centre, South Bank Polytechnic.

Publications:

Pembrey S (1980) *The Ward Sister — Key to Nursing*, Royal College of Nursing, London.

Present Address:

84 Victoria Road
Oxford OX2 7QE

Jill Rogers, BA MPhil

Summary of Research:

Continuing Professional Education for Qualified Nurses, Midwives and Health Visitors. A survey and in-depth case study of the provision of continuing professional education for qualified nurses including sisters, conducted from 1983 to 1986.

The study was in two parts. First, a survey of all Regional and District Health Authorities was conducted. The great majority of authorities responded and provided information about their provision for continuing professional education for qualified nurses. The data concentrated on the provision for nurses working in clinically orientated posts in both hospital and community environments. The second part — a case study in two District Health Authorities — was designed to explore the attitudes of qualified clinically-based nurses, nurse managers and nurse educators to continuing professional education.

A report of the study is available which describes the results of both parts and makes 26 recommendations about the ways in which continuing professional education for qualified nurses could be developed.

Jill Rogers was also involved in earlier research work which provided information about the career patterns of sisters who had completed a JBCNS Certificate course.

This study was based on a large sample of nurses and a postal questionnaire was used.

Publications:

Rogers J (1983) *The Follow Up Study of the Careers of Nurses Who Had Completed a JBCNS Certificate Course*, Volume 1, DHSS, London.

Rogers J (1983) *The Study of the Qualified Nurses*, Volume 2, DHSS, London.

Rogers J (1987) Limited opportunities, *Nursing Times*, Vol 83, No 36, pp31-32.

Rogers J and Lawrence J (1987) *Continuing Professional Education for Qualified Nurses, Midwives and Health Visitors*, Ashdale Press and Austen Cornish Publishers Limited.

Present Address:

Publisher
Austen Cornish Publishers Limited
Austen Cornish House
Walham Grove
London SW6 1QW
Tel: 01-381-6301

Summary of Research:

The aim of the study carried out in 1975-77 was to identify problems experienced by ward sisters at work and to examine the sisters' views about their difficulties. A case study approach was used with a small sample of 9 sisters from medical and surgical wards in a city and a rural district general hospital in Scotland. The main methods selected were non-participant observation to record the content and pattern of sisters' activities, and in-depth interviews.

In the publications, the sisters' work and its problems are considered under eight headings:

1. *Sister and the patient*
 - Sister as manager and clinician
 - Accountability
2. *Sister and the learners*
 - Sister as teacher
3. *Sister as co-ordinator*
 - Interruptions
 - Availability
 - Being 'in control'
 - Sensory awareness
 - Being 'too busy'
 - Being 'too quiet'
4. *Sister and nursing officer*
5. *Sister and doctors*
 - Sister as interpreter of the 'nursing viewpoint'
6. *Learning the job*
 - Training on and off the job

7. *Keeping up-to-date*
 - Continuing education
 - Introducing change
 - Isolation
8. *Conflict in the role*

Utilisation of Research:

— Within basic, in-service and post-basic education programmes;

— Within experimental courses in Scotland for the continuing education of experienced sisters and charge nurses.

Publications:

Runciman P J (1980) *Ward Sisters' perception of problems in their work role*, MPhil Thesis, University of Edinburgh.

Runciman P J (1982) Ward sisters: their problems at work — 1 and 2, *Nursing Times Occasional Papers*, Vol 78, Nos. 36 and 37, pp141-144 and pp 145-147.

Runciman P H (1983) *Ward Sister at Work*, Churchill Livingstone, Edinburgh.

Runciman P H (1986) Holding a tiger by the tail - the ward sister and Griffiths, *Senior Nurse*, 5, 3, pp8-10.

Present Address:

Senior Lecturer — Research Development
Queen Margaret College
Clerwood Terrace
Edinburgh EH12 8TS

Appendix 1

Members of the Peer Group

Professor Margaret F Alexander, formerly Senior Tutor/Research Adviser, Highland College of Nursing, Inverness, then, Nursing Adviser, Welsh Office and now, Head of Department of Health and Nursing Studies, Glasgow College of Technology.

Mrs Helen Evers, Senior Research Fellow, University of Warwick. (Resigned 1983).

Miss Sally Farnish, formerly Research Associate, Chelsea College, and now, Health Visitor, Genetic Services, Leicestershire.

Dr Joan Fretwell, Senior Research Fellow, University of Warwick. (Resigned 1984).

Miss Judith Lathlean, formerly Research Fellow/Project Director, Nursing Research Unit, King's (formerly Chelsea) College, University of London and now, Freelance Researcher.

Miss Sheila Marson, Director, ENB Learning Resources Unit, Sheffield.

Dr Margaret Ogier, formerly Senior Tutor, Emma Ferbache School of Nursing, Guernsey, and now, Freelance Researcher.

Mrs Helen D Orton, Principle Lecturer, Department of Health Studies, Sheffield City Polytechnic.

Dr Susan Pembrey, formerly Area Nurse - Clinical Nursing Practice Development, Oxfordshire Health Authority, and now, Senior Nurse - Clinical Nursing Practice Development, Oxfordshire Health Authority.

Miss Phyllis Runciman, formerly Research Associate, University of Edinburgh, and now, Senior Lecturer - Research Development, Queen Margaret College, Edinburgh.

Mrs Mary Stapleton, formerly Senior Nursing Officer - Research, Worthing Health Authority and now, Nurse Specialist - Information/Planning/Research, Worthing Health Authority. (Resigned 1986).

Dr John Birch, formerly Divisional Nursing Officer, Gateshead Health Authority, and now, Chief Nursing Officer, North Lincolnshire Health Authority. (Joined June 1981 - Resigned 1983).

Mrs Rosemary J Bryant, formerly Senior Tutor - Continuing Education, St Luke's Hospital, Guildford and now, Director of Nurse Education, South West Surrey Health Authority. (Joined October 1981).

Dr Sally Redfern, Senior Lecturer in Nursing Studies, King's (formerly Chelsea) College, University of London. (Joined February 1983 - Resigned 1984).

Miss Jill Rogers, Research Officer, University of London, Institute of Education and Publisher, Austen Cornish Publishers Limited. (Joined May 1984).

Appendix 2

Invitation Letters to Conferences and Workshops

1. February 1983 (First series)
2. December 1983 (First series)
3. July 1984 (Second series)
4. January 1985 (Second series)



King Edward's Hospital Fund for London

King's Fund Centre
126 Albert Street
London NW1 7NF

Telephone 01-267 6111

Director: W G Cannon MA FHA

February 1983

How should the role of the ward sister be developed in the 1980s?

WORKSHOP 1983 - 19 and 20 April; 18 and 19 October, at the King's Fund Centre

This workshop has been planned in response to your expressed interest in examining the role of the ward sister in more detail.

It would be unrealistic of us to assume that exactly the same team will be able to attend the 1983 Workshop as in 1982. We are aware that staff move and change their responsibilities. However, to restate a criteria in the initial information letter, 'there is an essential partnership in the provision of good patient care and consequently the opportunity to attend will be limited to those districts able to send a unit/area team of three - a ward sister, nursing officer and a member of the teaching staff'.

The four days - two in April and two in October will comprise a 'course'.

The broad aims are that at the end of the workshop participants will be able to:

1. define the concepts of role and apply them to their own work and that of others within the team and organisation.
2. determine work goals and discuss possible techniques for developing and achieving them.

Team tasks will be set and there will be an evening session on the first day. For those of you living outside London, overnight accommodation may have to be a consideration - we regret we do not have such facilities at the Centre but a guesstimate of the finishing time on the 19 April, would be 8.00 p.m./9.00 p.m.

The faint hearted should read no further for effort will be required which will involve work not only during the course days but also when returning to the District between April and October. For those of you who are able to continue your interest, please be assured that workshops which we have organised along similar lines have proved enjoyable as well as worthwhile.

The number of participants will be strictly limited in order to allow for an acceptable working ratio of facilitators: participants. The inclusive charge per day for each participant will be £12.50 i.e. £50.00 for the four days, and this will include coffee, lunch, tea on all days plus the evening meal on the first day. Cheques should be made payable to King Edward's Hospital Fund for London and the closing date for applications will be Friday 25 March. We regret telephone bookings cannot be accepted.

Hazel O Allen (Miss)
Assistant Director



King Edward's Hospital Fund for London

King's Fund Centre
126 Albert Street
London NW1 7NF

Telephone 01-267 6111

Director: W G Cannon MA FHA

December 1983

How should the role of the ward sister be developed in the 1980's?
An UPDATE for triads from the 1983 workshops

Thursday and Friday 12th and 13th July 1984 at the King's Fund Centre

'To continue the discussion of work goals for triads and the techniques used/being used for developing and achieving them.'

You will recall Hazel Allen's summary at the workshop in October which pivoted around the triangle of dream, reality and self-interest.

In the realm of *self-interest* we are hoping those triads who wish, will be able to return to the King's Fund Centre on the 12th and 13th July in order to share *their reality* with us. July will be almost one year on from when most triads were able to put their dreams into action and such a time span is thought to be a good test of time for most innovations.

We fully appreciate that during this same time span, membership of triads may well have changed. Therefore in the light of this reality and if necessary, different individuals will be welcomed. The fundamental criteria to participate in the workshop however, remains unchanged:

'there is an essential partnership in the provision of good patient care and consequently the opportunity to attend will be limited to those districts able to send a unit/area team of three - a ward sister, nursing officer and member of the teaching staff'.

For those participants coming some distance it might be useful to know that we intend starting on the 12th at 12.30 with lunch and end on the 13th at approximately 3.30pm. (This information might help you to plan how many nights you will need to be away).

The inclusive charge per day is £12.50 for each participant i.e. £25 for two days - this will include lunch and refreshment breaks on both days plus an evening meal on the first day. The evening arrangement on the 12th is in order to give participants and facilitators an opportunity for informal discussion thereby making optimum use of the time together.

Cheques should be made payable to King Edward's Hospital for London and the closing date for applications will be Friday 30th March 1984.

Christine Davies (Miss)
Project Officer, Education and Training



King Edward's Hospital Fund for London

King's Fund Centre
126 Albert Street
London NW1 7NF
Telephone 01-267 6111

Director: W G Cannon MA FHA

July 1984

The Developing Role of the Ward Sister - Can We Offer Signposts for Tomorrow's World? A CONFERENCE at the Centre on Friday 16 November 1984

During 1982 we organised two, well attended, conferences focusing on the key, pivotal role of the ward sister. Subsequently, in 1983, a small number of participants were given the opportunity of developing in more detail, aspects of their priorities related to the role of the ward sister and the way it continues to emerge in response to patient care. The commitment and outcome of this more detailed work has encouraged us to offer a similar scenario for 1984/85.

The aim of the November conference is to continue to illustrate the need to develop the role of the ward sister; the speakers will be mainly those who have been involved in ward sister research studies and presented for an audience not usually involved in research appreciation.

It is hoped that by raising the awareness of participants to the research findings, they will be able to examine ways of improving patient care given the ever present doubts, anxieties and realities of organisational constraints. Following the conference there may be an opportunity for the King's Fund continuing to support those wishing to become involved in further work on the preparation and development of ward sisters. This future work might be in the form of workshops which will focus in more detail on some of the research signposts and their practical applications. More information about this possible future development will be given at the conference but such an activity would, obviously, depend on demand and the support of Health Authorities in this continuing education initiative.

We are committed to the belief that there is an essential partnership in the provision of good patient care and consequently the opportunity to attend will be limited to those districts which are able to send a team of three - a ward sister/charge nurse, his/her immediate nurse manager and a member of the teaching staff.

In anticipation of the interest in such a day we would urge prompt application to avoid disappointment but **PLEASE** we would ask that prompt applications **INCLUDES** the three applicants being fully cognisant of the outline in this letter.

The attendance fee for the day is £36.00 i.e. £12.00 per person, this amount includes morning coffee, lunch and afternoon tea. Places can only be allocated when the attendance fee has been received - a receipt will always be given if requested. Sadly, delays in processing applications through health authority channels can sometimes mean the loss of a place at a conference and we regret, telephone or provisional bookings cannot be accepted. The closing date for the conference is Friday 7 September. Your triad will be informed after this date if it has a place and any further information prior to the conference will be sent out at that time.

Christine Davies (Miss)
Project Officer, Education and Training



King Edward's Hospital Fund for London

King's Fund Centre
126 Albert Street
London NW1 7NF
Telephone 01-267 6111

Director: W G Cannon MA FHA

January 1985

The Developing Role of the Ward Sister - Can We Offer Signposts for Tomorrow's World? WORKSHOP 1985 - 11th and 12th March; 24th and 25th October, at the King's Fund Centre

This workshop has been arranged in response to the need expressed by senior nurses to continue examining the role of the ward sister in more detail.

It would be unrealistic of us to assume that exactly the same team will be able to attend the 1985 Workshop as attended the conference in 1984. We are aware that staff move and change their responsibilities. However, to restate a criteria in the initial information letter, 'there is an essential partnership in the provision of good patient care and consequently the opportunity to attend will be limited to those districts able to send a team of three - a ward sister/charge nurse, his/her immediate nurse manager and a member of the teaching staff'.

The four days - two in March and two in October will comprise a 'course'. The broad aims are that at the end of the workshop participants will be able to:

1. define the concepts of role and apply them to their own work and that of others within the team and organisation.
2. explore possible local initiatives and discuss proposals for achieving them.

Team tasks will be set and there will be an evening session on the first day. For those of you living outside London, overnight accommodation may have to be a consideration - we regret we do not have such facilities at the Centre but the finishing time on the 11th March will be between 8.00 pm and 9.00 pm.

The faint hearted should read no further for effort will be required which will involve work not only during the course days but also when returning to the District between March and October. For those of you who are able to continue your interest, please be assured that workshops which we have organised along similar lines have proved enjoyable as well as worthwhile.

The number of participants will be strictly limited in order to allow for an acceptable working ratio of facilitators: participants. The inclusive charge per day for each participant will be £13.50 i.e. £54 for the four days, and this will include coffee, lunch, tea on all days plus the evening meal on the first day. Cheques should be made payable to King Edward's Hospital Fund for London and the closing date for applications will be Thursday 7th February. We regret telephone bookings cannot be accepted.

Hazel O Allen (Miss)
Assistant Director

Appendix 3

1. Checklist of daily work priorities *

Checklist of daily work priorities

1. A ward sister/charge nurse has a great number of different jobs to do each day. Please read through the list and tick the jobs you feel are the important ones for you to do. Then please read through the list of jobs you have ticked and place an extra tick against the jobs you feel are the most important ones for you to do.

The important daily jobs for me to do are:

1. accompanying the consultant on his round.....
2. asking the nurses to report on their work.....
3. doing a ward round of the patients.....
4. writing the nursing notes/Kardex.....
5. allocating the nursing work.....
6. supervising the patient's meals.....
7. accompanying the senior registrar on his round.....
8. giving some nursing care to patient(s).....
9. giving the nurses a report on the patients.....

	1
	2
	3
	4
	5
	6
	7
	8
	9

Are there other tasks you would do each day? If so, please list below:

2. Ward sisters/charge nurses sometimes feel they have not enough time for some parts of their work. *Are there some aspects of your work that as a ward sister/charge nurse you would like to give more time to?*

* Both Checklists are reproduced with the kind permission of Dr Sue Pembrey

2. Checklist of work problems *

Checklist of work problems

A ward sister's work always has a number of problems which make the job more difficult, or stops you from doing it as you would like. Please read through the list and for each item tick whether it is a problem, or is not a problem for you.

In your job as a ward sister is this a problem?

	YES	NO
1. Getting extra help when the ward is very busy	<input type="checkbox"/>	<input type="checkbox"/>
2. Doctors not giving patients enough explanation	<input type="checkbox"/>	<input type="checkbox"/>
3. Being unable to complete one job at a time	<input type="checkbox"/>	<input type="checkbox"/>
4. Admissions arriving in the ward before their beds are ready	<input type="checkbox"/>	<input type="checkbox"/>
5. The design of the ward	<input type="checkbox"/>	<input type="checkbox"/>
6. Student/pupil nurses allocated for too short a time	<input type="checkbox"/>	<input type="checkbox"/>
7. Getting conflicting orders from different doctors	<input type="checkbox"/>	<input type="checkbox"/>
8. Not enough nurses who can supervise or teach	<input type="checkbox"/>	<input type="checkbox"/>
9. The number of patients who are transferred to or from the ward	<input type="checkbox"/>	<input type="checkbox"/>
10. Getting patients notes or X-rays	<input type="checkbox"/>	<input type="checkbox"/>
11. The feeling that you have no one really to turn to for help	<input type="checkbox"/>	<input type="checkbox"/>
12. Having to lend nurses to other wards	<input type="checkbox"/>	<input type="checkbox"/>
13. The number of dependent/handicapped patients	<input type="checkbox"/>	<input type="checkbox"/>
14. Having to have extra beds in the ward	<input type="checkbox"/>	<input type="checkbox"/>
15. Interruptions from the doctors	<input type="checkbox"/>	<input type="checkbox"/>
16. Arranging the off duty to give adequate ward cover	<input type="checkbox"/>	<input type="checkbox"/>
17. Getting ward furniture/equipment repaired or replaced	<input type="checkbox"/>	<input type="checkbox"/>
18. Trained staff moving frequently	<input type="checkbox"/>	<input type="checkbox"/>
19. The number of tests the doctors order	<input type="checkbox"/>	<input type="checkbox"/>
20. Interruptions from the telephone	<input type="checkbox"/>	<input type="checkbox"/>
21. Getting the ward cleaned properly	<input type="checkbox"/>	<input type="checkbox"/>
22. Nurses going off sick for the odd day or so	<input type="checkbox"/>	<input type="checkbox"/>
23. The number of separate medical rounds in the day	<input type="checkbox"/>	<input type="checkbox"/>
24. Interruptions from the nurses	<input type="checkbox"/>	<input type="checkbox"/>
25. Patients being discharged at too short a notice	<input type="checkbox"/>	<input type="checkbox"/>
26. Being given, or having to keep, unsatisfactory staff nurses	<input type="checkbox"/>	<input type="checkbox"/>
27. Getting doctors to keep to the hospital drug rules	<input type="checkbox"/>	<input type="checkbox"/>
28. People always coming to the ward sister	<input type="checkbox"/>	<input type="checkbox"/>
29. Patients who should really be in other wards	<input type="checkbox"/>	<input type="checkbox"/>
30. Getting enough linen	<input type="checkbox"/>	<input type="checkbox"/>

Other problems (please specify)

Appendix 4

The Introduction of Change: Sheet for Recording Stages

Discuss the inherent difficulties in introducing change and ways in which these difficulties may be minimised		
<i>Specific objectives</i>	<i>Content</i>	<i>Methods</i>
1 Discuss the factors which may lead to a need for change		
2 Describe the steps which can be taken to bring about the change and the reasons behind each step		
3 Identify areas where a change in practice may improve standards of nursing within her own clinical area		
4 Plan a strategy for introducing this change		
5 Implement this plan		
6 Evaluate the results of the change in practice		

*From: The Training Ward Programme, Oxfordshire Health Authority
Reproduced with the kind permission of Dr Sue Pembrey*



