



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

If I have Seen Further It Is by Standing on the Shoulder of Giants

Citation for published version:

Fawcett, T, Holloway, A & Rhynas, SJ 2014, 'If I have Seen Further It Is by Standing on the Shoulder of Giants: Finding a Voice, a Positive Future for Nursing', *Journal of Advanced Nursing*.
<https://doi.org/10.1111/jan.12556>

Digital Object Identifier (DOI):

[10.1111/jan.12556](https://doi.org/10.1111/jan.12556)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

Published In:

Journal of Advanced Nursing

Publisher Rights Statement:

© Fawcett, T., Holloway, A., & Rhynas, S. J. (2014). If I have seen further it is by standing on the shoulder of giants:: finding a voice, a positive future for nursing. *Journal of Advanced Nursing*. 10.1111/jan.12556

General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.



If I have seen further it is by standing on the shoulder of giants: finding a voice, a positive future for nursing

Reportedly espoused in Latin by the 12th Century theologian and author, John of Salisbury and later attributed to Sir Isaac Newton, we write this piece from a humble acknowledgement of the nursing giants who provided, and who continue to provide, person centred, safe and compassionate care. These giants are, and have been, the champions of nursing: clinicians, educators, critical thinkers, researchers, academics, managers, policy makers, leaders.

This is a time when we as nurses in the United Kingdom (UK) are under the greatest of scrutiny. Under fire from all corners, we are constantly on the back foot, seemingly defending ourselves, our profession, our values and our practice. Drawing on our legacy at this difficult time, we must reflect on our giants, stand on their shoulders to look to the future, see more and add to the stature of nursing. It is from this standpoint that we ask the fundamental questions, where is *our* voice and how can we build ourselves a positive future?

Robert Francis QC stated that he feared for too long that we have all been taking nursing for granted, warning that the NHS ignores the value of nurses "at its peril".

"At its heart and soul it is a profession and a vocation that is devoted to the care of patients. We need to cherish that fact, or it becomes just another job." (Keogh 2014 p.9)

Whilst this is certainly true, we cannot shy away from the reality of poor care. The atrocities which have come to light in recent times have acutely personal faces and the behaviour uncovered is unquestionably unacceptable. It is testament to the principles underpinning most nursing practice, that nurses across the country have shared in the horror and the shame as stories have emerged. However, in order to move forward, nurses need to emerge from the collective cloud which has hung over the profession and move forward to face the challenges of rebuilding and restoring optimism. We must stop eyeing fellow nurses with veiled distrust, producing successive documentation which serves to account for our

behaviour and bringing in reactive and fixed processes which stifle professional judgement. Doubtless many of the local and national developments of the last year will improve patient safety and individual patient care and are to be commended. However, they have contributed to a negative 'mood' within nursing and the energy for positive collective professional development is at risk of being lost in self-recrimination.

Consider this, when poor quality medical care is identified, the cry is that doctors are overworked and under supported. When poor nursing care is identified, the cry is that we are over educated and uncaring. This rhetoric is then, as we have seen, played out in the political, public and media arena, being debated by a majority who are not nurses, have never been a nurse and could never be a nurse. Complaints should be seen as a warning that quality of care is being eroded rather than blaming the nursing profession for declining standards (Aiken *et al.* 2014).

It would appear that everyone is an 'expert' on nursing. We are constantly being told how to care, how to recruit the next generation of nurses, how to regulate the profession, how to educate or not educate ourselves. These opinions are trotted out on a regular basis, and we as a profession, arguably, accept and comply too easily. Our nursing regulatory body has sought to restore the public's confidence by rewriting the code of conduct and radically relooking eligibility for the nursing register. Whilst this may instil public confidence, perversely, this may serve to threaten the self confidence of nurses in both their practice and their profession. The detailed personal scrutiny, focusing on the minutia of personal integrity and competence, could sap energy from a more visionary process of repair and professional growth.

Throughout the history of nursing there have been pioneering figures who have had strong visions for the future of the profession. One such pioneer, Mrs Ethel Bedford Fenwick, Matron of St Bartholomew's Hospital, London and forceful advocate of registration for nurses, was able to see, as early as 1901, that professional registration was necessary to ensure standards of care in the future. Indeed her ground breaking speech to the International Council of Nursing, a global organisation which she founded, encapsulates her amazing vision of what nursing could become in the years ahead.

“We stand now at the Rubicon; and to cross it we need a gilded galley. We must, either go forward or go back.....I claim that the time has come when nurses need their educational centres, their endowed colleges, their Chairs of Nursing, their university degrees, and State Registration, to come to the public, not as strangers, but as professional workers, known and trusted... through the length and breadth of the land.” (Bedford Fenwick 1901 p494)

Nursing today stands again at its Rubicon. Today’s ‘gilded galley’ must be able to navigate the treacherous waters of failed accountability, broken trust and lost devotion. Though not all pervading, our professional guild has become tarnished and the vessel damaged. Picture a Roman galley moving through the waters of the Mediterranean with twin banks of oarsmen working together to pull the craft through the waves. The oarsmen work together, pulling in unity, almost as one. If nursing is to take its ‘gilded galley’ forward, it too needs unity and a common purpose in order to succeed. The pioneering nurses of the past can inspire us but it is today’s nurse leaders who must set the direction of travel and set course for better times. We have failed to direct the agenda and for too long we have been without a collective, visionary voice and an authoritative pride in our profession. We have looked in the mirror and we see a nursing profession that needs to take ownership of itself and take the lead, from grass roots front line nurses to those who are educators, researchers and policy makers.

Debates in the media have raged about the perceived lack of compassion amongst nurses and the erosion of registered nurses’ involvement in so called ‘basic’ care. However, the problem goes far deeper in terms of quality of care than merely that of declining nursing standards. Critically, in their recent study, Linda Aiken and colleagues found that, compared with twelve other European countries, the UK scored poorly on almost all measures, staffing, skill mix, working environment; and yet they found no evidence that they were uncaring or lacking in compassion; quite the reverse(Aiken *et al.* 2014). Equally, as with the Willis Commission, there was no evidence that education led to heartless care, “...the irrational idea that kindness and intelligence are incompatible.”(Willis 2014 p43) Again, quite the reverse in that there was a distinct correlation between the proportion of

graduate nurses giving care and the reduction in both adverse events and risk adjusted mortality rates. For those of us who have the privilege to work in education the suggestion that more education can somehow reduce the compassion of nurses is an anathema.

Nurse pioneers have long understood the need for the nursing profession to change and respond to the challenges of the time. Linda Aiken is an eminent nurse academic from the University of Pennsylvania, not the UK. The comparative images of nursing on both sides of the 'pond' merit examination. Why has it been that as the image of nursing in the UK has, arguably, eroded, that of our nursing colleagues in the USA has risen? The Institute of Medicine *Future of Nursing* report exhorted the need for RNs in the USA to practise to the full extent of their education and training, recognising that highly educated nurse leaders should be at the heart of healthcare redesign and reform (Institute of Medicine 2011). The American report openly acknowledged that nursing is the most versatile occupation within health care and sought to address the key roles that nurses should assume for safe, effective and high quality care. These nurses are seen as enablers of change. This contrasts sadly with the damning image of the UK nurse as over educated and uncaring. Despite this, Francis himself, having seen the worst of care, still firmly asserts that nurses have it in their power to transform poorly performing places of care into centres of excellence, if their voices are listened to (Keogh 2014). Could not this in itself form a unified voice and vision for the future of nursing worldwide?

However, to do this, to grasp the nettle, nursing cannot merely look back with nostalgia at our giants, as comforting as it so often is. The caring professions and their patients (not 'impersonal' consumers if at all possible) are steadily moving into markedly different demographics and disease patterns which challenge their skills, integrating health and social care. They may also be moving from the current notion of shared decision making to new paradigms of care relations embedded in the technological world, whereby the patient, rather than the professional, has ownership of information. Nurses whilst owning and maintaining their values and priorities must be ready to work in a new, disciplined, way and be at the table of decision making. This will serve not to diminish our caring heart but rather to enhance patient centred care by letting well prepared nurses' voices be heard.

Where does nurse education sit with this reality? If it has been established that being educated does not preclude being caring, then the education of the profession can remain centre stage. Education must indeed ensure that nurses practise to the full extent of their potential. Not all nurses will be leaders in the conventional sense, but all can feel empowered to do what they do well and nurse education must be seen as the catalyst for the future of nursing. As educators and nurses we must seize this opportunity to blaze a trail into the future and not cower in the shadow of past events. It is our role as educators to inspire the nurses of the future, to show them the values of nursing and instil in them the pride and privilege in caring for patients at their time of need and to share some of life's experiences with them. Only by finding our own authoritative voice can we do justice to the legacy left to the nursing profession by its many giants.

Conflict of interest

We declare that we have no conflict of interest

Word count: 1,705

References

1. Keogh K. (2014) Ignore the value of nurses at your peril *Nursing Standard* **28**, 9
2. Aiken L.H., Douglas M., Sloane D.M., Bruyneel L., *et al.* (2014) Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study *The Lancet* **383**, 1824-1830 doi /10.1016/S0140-6736(13)62631-8
3. Bedford Fenwick E. *The Nursing Record and Hospital World* December 21st 1901 p493-494
4. Willis R. (2014) *Quality with Compassion: the future of nursing education. Report of the Willis Commission* www.williscommission.org.uk
5. Institute of Medicine (Bleich MR). (2011) *The future of nursing: Leading change, advancing health* The National Academies Press. Washington, DC 2011

