

## The emperor's new clothes- a comment on the Commission on Nursing 2010.

It's perceived as a time of crisis in nursing. Calls appear in the press for a royal commission, so what do you do? First of all you take some of the best hearts and minds of English nursing and put them together on a committee of enquiry. You make sure that you take leaders from the main unions and professional bodies, NHS Trusts, the DoH, academia and so forth - that way they are all bought into the process and would find it difficult to object if they don't like the results. Clever move.

Then you give them a remit that is temptingly wide and visionary, backed by prime ministerial authority but then time limit it to a year. What you don't do is make it a royal commission, which would give them too much freedom to ask difficult questions and comment on the role of the government of the day. And just for good measure, you put a nurse and political minister with established views in charge of the project. But just in case the committee members should get carried away, you make sure that its paid for by the department and governed by a political brief, so that any problems found are "individual" or "systemic" and nothing to do of course with the failings government or departmental policies. The report mentions not a single possibility that government decisions may have impacted upon nurses' capacity to care, but then it would wouldn't it!

Then, although it's all ostensibly about meeting the needs of patients of England, you further limit the vision of the study because those in charge are pretty much all nurses and mostly from within the M25. No matter how gifted they are or how much they listen to patients, they will inevitably look at the world through spectacles contaminated by nursing to one degree or another, and a metropolitan perspective at that. Hence a major enquiry about nursing is conducted by nurses who are hardly likely to question the tenets of nursing and will use buzz words (like "compassion") as givens without explaining them. Thus, like motherhood and apple pie, nursing is such a good thing that there's no need to question some of the underpinning assumptions and therefore let's have more not less of it and close down scrutiny of other options in the process (see for example what the army of voluntary carers and organisations, the legion of complementary therapists, and what other countries might have learned). No, let's keep it ethnocentrically English and nursing. Safe. And in being safe possible new frontiers are kept at bay.

Meanwhile, patients get bit parts to play— a visit here, a comment there; the other professions who have to work alongside nurses are largely sidelined while the profession gets unrestricted control of the agenda. The commission's call for improvements in nursing leadership might resonate with more power if people other than nurses visibly call for and support it too.

Then you take this committee and have them haring around the country trying to come up with a result. You gather lots of views and evidence, but most of it from sources that are already represented on the committee. You claim to look at all of nursing and midwifery, but largely ignore the independent sector employing huge numbers of nurses and the community; most of the debate revolves around hospital nursing.

You try to make the report adventurous and visionary, but because you don't like the word "patient" you go for the clunky "service user" (mentioned over 130 times, while patient gets in only 26 times, and then largely in connection with specific quotes or report titles) whilst not acknowledging the equally loaded set of values that carries. (Look what happened to the responsibilities of rail travel companies when we stopped being "passengers" and became "customers".) During the enquiry, how many I wonder of the "service users" called themselves this – or even wanted to? OK, we can see the good intention of trying to find a more p.c. word than "patients", but then why ally this with glorious inconsistency by hanging on to quaint, militaristic words like "staff" (142 times!) or "junior" or "ward sister"?

In this vision you make sure the sights are restricted – you use language and values that are in tune with these individualist times – about nurses taking personal responsibility, words like capital, mastering

change, being in control, power, to make your point. You add some whinges as old as the hills - that nurses are never really acknowledged or recognised in the face of medical or other powers and public misperceptions and stereotypes. So what if a 15 year old still thinks nurses are doctors' handmaidens? Is that necessarily a problem as opposed to assuming it is? Watch nurse Jackie at work! She had power because she knew what she was doing and had the big heart to go with it, and in her fragile human manner she made life better for patients, because she could identify with them, because she knew the system and how to play it, because she did not need the power of roles or hierarchies but because she had the sapiential authority, the wisdom; that is real power, the power to serve, power under not power over. But no, let's produce a radical report on nursing that is rooted in conventional values, assumptions and presuppositions.

You go on to include lots of warm words about nurses needing support, but gloss over how this might be done, and you almost ignore completely concepts like stress and burnout even though all the evidence suggests that these are at monstrously high levels amongst nurses. The word stress appears only twice and burnout once and neither in relation to specific recommendations.

And the middle of all that you expect nurses to take a pledge thinking that such a thing will make a jot of a difference to the way nurses think and feel when most of them already have that pledge written on their hearts when they come into nursing anyway and ignoring also the possibility that taking oaths can be offensive to some people's belief systems. And supposing we don't take the pledge, or refuse to lose weight and give up smoking and become the paragons of health virtue that is desired? Do we get written warnings, demoted, struck off when we fail?

Along the way you forget somewhere that nursing has never been populated by angels, whether it be old (Nightingale) or new (Nurse Jackie) heroines – these people were good at what they did/do in part because they are flawed human beings. The perfect nurse does not exist and never has, what works is developing nurses who are self aware enough to manage those limitations and turn them to good, not trying to create superficial pledges to bind everyone to some mythical homogeneous workforce. Unity and uniformity are not the same thing. Not recognising this, you put aside and do not stand up for the possibility that what works best for patients is nurses who are fully human, warts and all, not paragons of virtue.

And also along the way you advocate an all graduate profession, despite the clear reservations of Alan Millburn's report last year. With the best of intentions and no matter how you fiddle the entry gates, all graduate professions tend to become all middle class professions. Such a homogenous workforce would not reflect the diversity of the people we serve – so much for our commitment to diversity.

Then while you are it, you ignore all the evidence that change in nursing, universally agreed desirable, is always brought about by engaging with those we want to change; that top down authoritarian approaches to change in nursing always fail, and that nurses are sick to the back teeth of them. So what do you do? You load the report with words of compulsion – “must”, “should” for example are mentioned over 300 times. Individual responsibility crops up over 40 times but corporate or collective or political responsibility barely get a look in.

Knowing the members as I do, I cannot imagine one of them not behaving honourably, and my hunch is the same applies to the PM. So what has gone on? Is it a case of the suffocating power of the DoH (something of with which, having been on secondment, I am more than familiar). Has the possibility of the award of gongs stifled assertiveness? Who or what bought them?

The advantage of a royal commission would have been to set the findings in an a-political context. As it is, the present report is just too close to a particular government. All well and good if that government gets re-elected (though I suspect the impending financial restraints may kick the report into touch

anyway); certainly a different government is highly unlikely to take any notice of it. Either way, my hunch is that this report like so many others before it, will generate some debate at the time and maybe some cosy promises, but in a generation's time, another commission will look at nursing, refer to the present one and say in effect, nothing much has change – there's still a theory-practice gap, there's still a lack of value for nurses and nursing, nurses still lack power etc. etc. But if all these things were not ongoing components of nursing, what would there be for us to struggle against? And if we have succeeded in eradicating these bedevillments, what would we have become? The virtuous angels, the perfect champions of patients - or would we, like the pigs in animal farm have become the very thing that we once so despised.

On the other hand we may have a new government in power. They are hardly likely to follow a Labour party policy if that is so! Thus, either way the report will probably be watered down at best or simply shelved at worst.

The outcomes of the commission are not particularly challenging. Few people have objected to it. And yet I contacted half a dozen friends who would be considered well known leaders in nursing and found a peculiar phenomenon. Nobody was that offended by it, but nobody was enthused by it either, yet chose not to speak out in part because it did not inflame them enough or because they were diffident about offending what is after all a distinguished team of nurse leaders, and sometimes friends.

Few of us would object to strengthening the ward sister role, or registering support workers, or developing nursing leadership. Most of the recommendations of the commission are already under way or agreed upon in various quarters of nursing. So what am I left with? Its essential blandness, its lack of venturesome vision, its absence of fire for the heart and soul of nurses and nursing. Perhaps I expect too much, maybe evolution is always better than revolution. But re-reading the report I'm just left with sense of something missing, like fish and chips without the salt and vinegar or strawberries without the cream. Maybe I'm just getting old and have become too long in the tooth in nursing, but all good recommendations inspire, fill you with hope, a vision of a better future, a sense that an issue has been fully grasped in its breadth and its depth and clear pathways are mapped out for collective and individual responsibility and commitment. I wanted the smell of fresh coffee. Instead I feel I've been passed a lukewarm indeterminate drink in a polystyrene cup.

*Rev. Prof. Stephen G Wright FRCN MBE*

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