Interview 4 – Staff nurse

PC: Following the programme how do you perceive role and responsibility amongst different staffing groups?

P4: Erm, I think following the programme, it was very interesting to, to see what other people’s, erm, idea and insight is into your job role and actually I think in a way I feel that for me personally, that’s given me a little bit more erm, what’s the word, erm, me taking my own responsibility a bit more for my job role and actually not assuming that other people, just because I say that I’m a community staff nurse, understand what the actual ins and outs of what my job role is that I do erm, and I found that quite interesting. Erm, I did see and I did realise right through the course that actually I think the physiotherapists, the occupational therapists, staff nurses, they’ve got quite a clear definition of what their job role is and I was quite interested actually to see everyone that was a band 4 or a band 3, their job role really seemed to vary from what area that they were spending more of their time in and I did feel with that it was almost still I really recognised that they weren’t, oh what’s the word, they didn’t seem to have a lot of ownership for their job role in a way because I wonder if they felt a bit too, they do a bit of therapy, they do a little bit of this , they do a little bit of that and actually then for that I feel that sometimes it’s passed to me, right, okay fine, it’s a nurses responsibility to because it’s a nursing need. Erm, but I, yeah I feel that I need, yeah a bit more ownership over what I do as a nurse and actually I’ve not assume that people know what that is, and I think that’s a benefit.

PC: And so for the band 3s and 4s, you said that there was variation depending on where they work , is that more geographical or in terms of work with the therapy team or more with the nursing team?

P4: Erm, I think, I think some of them it was more geographical and who they were in an office with, but they, they seemed to do it, like the way that they were explaining it, they took a very therapy lead on it because they’re with the therapists and they pop upstairs still to see the nurses, erm, and also I find it quite strange in a way that actually although yes we are one team, actually I could name very few people around that table, erm, and I think they felt the same for us, we are almost, because of our geographical area where we are as our nursing team erm it does make me realise that we’re quite isolated over here erm, and would benefit from that being broken down a little bit more [laughs].

PC: So, you said it was quite defined in terms of the professions, so nurses and perhaps therapists or OTs and physios and that sort of thing erm, did people kind of define then around the table, just in terms of the communication during the session what, exactly what they felt their role was in PU prevention?

P4: Erm, yes and, and they did often say but then if there is erm, I just know one person took the example of saying well if there’s a wound then surely that’s when we would back out as a therapy team and the nurses would take the lead erm, I did feel that actually the difference from the first to the second session, people took a bit more realisation that yeah preventing it is everybody’s responsibility and I did notice that and I noticed a difference, I think the first one was almost quite just getting to know each other and defining where, oh no that’s your need, when, when would you step in and where, and I think there is still a lot of, that is almost a bit blurred about actually still how does that overlap and yeah I mean we go in and unfortunately quite often it’s almost too late because often there’s already a wound, whereas therapy’s in a quite a good position to do it as preventive but as they say how do they follow that up, and so it is, yeah. I think, I think everybody was a little bit more, I, I personally found that the conversations that I was having with people, they were a little bit more open for the idea that it’s their role as well as a preventative, erm, but yeah, I do still see there was, you, you saw people say I’m not, I’m not an occupational therapist, I’m a physiotherapist and you’re like…but actually then what’s the difference between them as I’m still unclear until you actually directly ask.

PC: So do you feel that there needs to be a bit more, in terms of just thinking around pressure ulcers, a bit more definition from up high of this is what a physio does in this area, this is what an OT does in this area, this is what a nurse does in this area, and so people will know their…

P4: Yes, yeah and I think from joining the trust, I mean we we were talking about grading and wounds and everything and they say yes but you’ve learnt this in your degree or in your course in your training, no I actually learnt it from being on this specific job role, actually within your training course for a nurse there is very little on pressure area prevention, it is down to the team that you’re with to support you with that training and I do think we’re being very fortunate with that, whereas the therapy teams could probably benefit with some more tissue viability input erm because we’ve had teaching sessions from tissue viability nurses and they’ve come here and we’ve requested that erm, so actually realising that they could probably benefit from a bit of extra support to make it less daunting. I think that’s always the thing isn’t it, it’s a very daunting experience of what am I going to find, erm, so, yeah, I do, I do feel that their knowledge of the, not necessarily the impact, but the grading is still limited and I don’t think that’s down to their training, it’s down to the extra support for being in this role as a community team member of staff. I think we can see it very differently to being in hospital, hospital you’ve got your turn charts and everything like that, that is pressure area prevention, where we’re trying to make it not impact too much on someone’s everyday life, but realise what, yeah, what that can have on the person.

PC: Okay, so thinking about the programme then for a second, from a therapy point of view do you think that they were, there was kind of an increasing awareness for them of how they fit into the puzzle?

P4: Yes, yeah, I do, I do think so and even just things down to say ordering equipment and say, well I say that actually I would only ask for a therapy referral if it was something beyond my basic knowledge of actually what I could do to prevent it erm, or, or, a kind of, now looking back after the second session I had a conversation with someone that actually I don’t know what is causing this, I could do with someone from a different opinion, different area of expertise to say actually have you thought about this, and for that reason we’re having a joint visit today with therapy to try and see if we can get to the bottom of what is causing something, erm, and yeah I think that will be really beneficial, but it was only because of that course that we thought actually no let’s just go together and not duplicate and that’s been a really big benefit.

PC: Good, okay so do you think that there is then a greater awareness of erm like the impact of a collaborative approach?

P4: Yes, yes, yeah, and actually what you can get done effectively in an hour’s session rather than lots of to and fro and everybody effectively uses their, their, individual, yeah their, their skill as that job role to yeah then give the best possible care to that individual.

PC: Alright, so everybody who was around your table, you know the people that you spoke to during the sessions, did everybody feel like you, was there responsibility, or were there any dissenting voices?

P4: Erm, there were a few, erm, but I almost, almost feel like it was those that either, and there was one voice that was fairly new to the team, but they’d never worked in the community before. I think as a role on a ward it wouldn’t be their job role, it wouldn’t be what they would, they would look to be as part of an assessment that they would do so that was very different for them, erm, but also think, I mean even in the year that I’ve been with the team, erm, the way that we do assessments, they are much more from a nursing point of view, they are much more therapy based now to try to incorporate everybodys, what you would look for in an assessment together and I do think that some people around the table that have been with the team a very long time are not really at that point of willing to change, erm, but I, yeah, you’d hope actually with a bit of reflection they then would, but I guess that’s also down to the individual line manager rather than the actual course, erm, yeah.

PC: So I suppose within that do you think has confidence, attitude or involvement in pressure ulcer prevention changed in the team?

P4: Yes, I think, yes, I’d say definitely erm, confidence I think for some members their confidence still needs to be supportive and I think that actually the course recognised that they need more support erm and respons…yeah, what was it?

PC: Attitude

P4: Attitude, yeah I think also attitude of it is everybody’s responsibility and whether you’re going in for a blood test or a full assessment you still should be, that should be a natural thing that you err are aware of what potential, you’re just seeing them for a one off blood test, why are we now seeing them for a one off blood test when we weren’t seeing them before and just thinking outside the box a bit, I think that yeah the course really highlighted that.

PC: Excellent, erm, something that came up in the previous interviews was kind of a proactive vs a reactive approach to things, you know having to be reactive to stuff when it comes in. Do you think, has any of that changed as a slightly more preventative thought if you like?

P4: Erm, I’d like to say yes, but I think just because of the length of the course I think a lot of it is yeah learnt behaviour on what kind of is almost, yeah, I think it will take a longer course and more erm, what the word, yeah, a longer duration of support for that to be able to change, erm, I personally think the idea is there but whether or not it’s feasible to put it into play at the moment erm, I don’t think it is, erm, and I think that’s also because we haven’t done the course with the entire team, so yes you want to be a leader of change and be more about prevention erm, I think it still comes down to capacity and timescale you wouldn’t want to, erm, but yes it has made me think about that.

PC: I guess, I mean another thing that was highlighted before was the sort of organisational factors that surround that as well and the factors of actually working in the community as well that make it very difficult to achieve that.

P4: Yeah

PC: I suppose really the last question, although I might jump back in, in terms of just general questions, as a last question of the last interview I asked about an ideal world, you know what you felt like an ideal world was of pressure ulcer prevention. Has anything changed for you on that?

P4: Erm, no I wouldn’t say so because I think, I think the ideals are still there of what actually, I can’t remember what my answer was to be honest, erm, but I would say it’s still working, yeah, collaboratively but not yeah, just not overlapping with each other and duplicating assessments and work that someone else has done.

PC: So efficiency?

P4: Yeah, yeah becoming more efficient and erm to be honest actually knowing the staff in the other teams better, I think actually, I think that, yeah definitely took that from the course , yeah knowing each other better would be a big benefit because if you did just need a bit of advice and didn’t need to do a full assessment you could do that, as I say yes we’re great because our matron is therapy but she’s the only person I ever really ask about advice for so she probably feels quite bombarded with that [laughs] from our one team erm, so yeah in an ideal world you’d know everybody a bit better and have your whose on duty that day.

PC: Okay, so you might have answered this indirectly already, but I’m just going to throw it out as a general question really, how did you find the programme?

P4: I found it good, erm, but I do think it would benefit from being longer, erm, so over a longer time period or maybe with, erm, I thought for me erm, there wasn’t a lot that I didn’t think oh yeah I didn’t know that but I think it was things that I’ve forgotten that I did know, erm, so for me the level of erm what the course was asking of me I thought was very relevant, however I was thinking that particularly in our team we’ve got some newer band 4s and newer band 3s that actually it was quite erm, it could be above their level and maybe they would need a bit more support with that. And actually I think if they do need more support with it then actually we need to be making sure they’re getting it because actually I do feel that it’s information that everybody should be aware of and skills that everyone should be able to have when you’re in a community team, erm, so.

PC: Were they highlighted during the group sessions where there was a kind of discussion by band 3s band 4s?

P4: Yeah, I think, I think things like terminology and things like that with, I’ve picked up over the years, but they erm, that sort of thing was highlighted erm and what we mean by by things and also yeah also for the therapy teams as well erm.

PC: Okay, so you mentioned time period, was the length of the actual session on the day or in terms of length of the overall programme?

P4: I think length of the overall programme, but maybe with an additional session in there as well. I think it being a half day was a good amount of time. I think any longer than that you just, it’s too much for you to try and absorb erm but maybe an additional, another teaching session of some sort, erm, in the middle to almost yeah, you’ve initially introduced it and then support it and actually see what the results are at the end yeah.

PC: Okay, and obviously there was roughly a 4 week gap between the two sessions, erm was that too long or too short or was that beneficial in anyway?

P4: I think it was a good amount of time but I did also think actually err um for anybody to be erm, try and collaborate and put it in to play, it was very difficult to try and find a patient that was appropriate for that so maybe a couple of extra weeks, maybe would have given us that window of opportunity, but thing is it’s also just knowing what’s on your caseload isn’t it, I mean we could have been bombarded with things that would have been appropriate you just don’t know, but erm, yeah I think any, yeah too much longer and yeah people would have almost forgotten one session to the next and erm yeah what their thoughts were on it.

PC: So just thinking about the particular sessions now, either session 1 or session 2, were there particular things that you liked and or disliked in those sessions?

P4: Erm, I liked having erm people from different areas to discuss and kind of go over pressure area points and yeah tissue viability and erm from a therapy point of view, but erm, no I don’t think there was anything that I disliked about it, no.

PC: So having the, so particularly the group work sections where obviously there were a variety of different groups and different professions around the table, was that particularly beneficial?

P4: I think it was beneficial but I did notice that it was, I mean there was four nurses present, I think it would have been beneficial is there was potentially a few more to, not even up the odds, but erm, the table that I was on, I was the only nurse sat round it, erm and yeah I think, I think that’s also down to a personality thing isn’t it, just quite strong personalities being round the table anyway, erm, but I think also as I say I’ve only been qualified for a year, having a more experienced nurse around the table and being able to say how things have changed erm would have been beneficial as well erm, just from, just from yeah, pure mix of, yeah skill mix.

PC: Yeah, so bit more of an equal mix

P4: yeah

PC: around the table, okay

P4: Yeah, because the other table had both matrons on it and yeah

PC: Just going back to the group discussion side of things as well, did it highlight anything that you were unaware of?

P4: Erm, not overly, I wasn’t aware that they managed their, like things like for what they do like managing their own caseload and how they do that, that’s very different to how we work, erm, I did, I did feel that when I was asked questions about what we did there was quite a lot of, they seemed very surprised, erm, over things and that comes down to what we as nurses do for pressure areas and things like our required number of visits depending on the grading of the wound, or of the pressure area, and if there was a sore erm and how we very strictly keep to that, erm and they weren’t, they weren’t aware of that and that’s again not something that I would expect them to be aware of because that’s something that we would manage. Erm, but otherwise no, it was…

PC: Just in terms of err attitudes and perceptions of different professional groups to pressure ulcers, was there anything that kind of surprised you?

P4: Erm, it surprised me a little bit how much of a erm, I just, like afterwards reading people’s notes it did surprise me a little bit still how particularly band 3s erm, say if they were dropping off therapy equipment, they’d drop off the equipment and leave and there wouldn’t be an assessment after that and I think afterwards they were saying that actually no they would make an effort to, which was good, to do a more thorough actually this could be the last contact you have with somebody and I didn’t realise that quite often they don’t have an opportunity to follow up for people and that was something that I could see them discussing with each other that maybe they do need to be doing that and that would actually be beneficial because that would still be yeah prevention and it would be yeah a part of applying more even with those ideals, but erm, no nothing really yeah stood out on that one me.

PC: I suppose in general, one thing that came up a bit from our previous, previous focus groups and interviews and things and actually some of the ones that we did with the team here was erm, people were making the point about it’s important to have the informal conversations, a chance to actually be able to have that kind of discussion if you like…

P4: Yeah

PC: … so just generally and not necessarily related to pressure ulcers, just to kind of bring the team together, did you get a sense of that?

P4: Yes, I think yeah that really did help, particularly having quite a few new staff recently erm and I do think we need to do more of that and actually they say hopefully they can come to MDT or something like that, but again I still don’t think that that’s the appropriate environment for that to be happening, erm, it would almost be better if things like lunchtimes and just getting to know people on a more, yeah, co-worker level would be beneficial, much more beneficial erm and I’d hope that we would start to do that a bit more if it can be facilitated.

PC: And I guess that’s where having the two different locations makes things just a little bit more difficult?

P4: Yes

PC: So you mentioned that potentially it was difficult within the four weeks to find someone appropriate on the caseload to try and do some joint working, collaborative working with, were you able to do that?

P4: Erm , I wasn’t within that time frame erm but it has been organised for outside that timeframe, yeah

PC: Okay, so I know that we’re only a few days post the second session, but do you feel like there’s been any changes in the team just in terms of mindset if you like in pressure ulcer prevention?

P4: Erm, no no

PC: And, nearly final, I might have one more question after this, did the programme provide time to highlight the barriers and facilitators to different groups becoming involved in pressure ulcers?

P4: Yes, yeah, no I did find that and it kind of appropriately highlighted it rather than making individuals stand out, it was just everyone could recognise that there, yeah, that there were barriers what needed to be worked on.

PC: Was everybody on the same page around the table, were they all highlighting the same sort of things?

P4: I think from a geographical point of view everybody highlighted that and that was absolutely fine, erm, I think it took a few people a little bit longer to acknowledge that actually okay fine if you do feel that there is a barrier, it’s not just about that other team getting in contact with you, you need to be the one making the effort as well and I think that that was yeah recognisable in the second session erm and yeah people did realise that, things, little things like swapping contact details and that sort of thing, having the office number for here, so well actually that’s kind of basic when you first start sort of thing but no one’s ever got round , an opportunity, going round to do that, yeah.

PC: Often there are these little things aren’t there, you just think that actually that would make things so much easier if we had that.

P4: Yeah

PC: Yeah, okay, and really was there any other comment that you wanted to make about the programme, anything that you would change for the future if it was going to be repeated?

P4: Erm, no, I don’t, I don’t think so, erm

PC: Other than perhaps making it a bit longer

P4: Yeah making it a bit longer, and then also maybe having, because I don’t think you had any band 3s or band 4s from our team, and I think that would have been interesting to see because again I think they’re very much got a nursing head on them, whereas yeah they’re kind of there to be a bit of both and the same, just I think, I think yeah, the mix, but I do also know that comes down to when we were effectively free and having two people, being in on the same day, but yeah I think I think there’s the skill mix erm that would have been potentially beneficial.

PC: Thank you so much