Stress in hospital medicine: a problem for key hospital staff

Isobel Allen

Many factors which contribute to stress in the workplace apply to both consultants and ward sisters. Both groups find that their roles have become more complex while they have increasingly lost control of their own clinical and professional territory in a managerial culture. The erosion of the key relationship between consultants and ward sisters is of concern and the need for teamworking is insufficiently recognized.

Stress among health service professionals has huge implications. A recently published study, *Stress among Ward Sisters and Charge Nurses* (Allen, 2001), was commissioned by the NHS Executive London. It was designed to build on the findings of earlier research with consultants (Allen et al, 1999) and to examine the factors contributing to the stress of two groups of key hospital staff.

CONSULTANTS AND WARD SISTERS: SIMILARITIES

Lack of control over the working environment is one of the most potent sources of stress in the workplace (Firth-Cozens and Payne, 1999). One of the main findings of the research among consultants and ward sisters was the extent to which both groups felt that they had become increasingly disenfranchised in organizations which had become obsessed with targets and throughput at the expense of care and compassion.

Both groups resented the imposition of tasks related to meeting unrealistic management imperatives, which they considered impacted on their ability to deliver high professional standards of patient care. There was agreement among both groups that management did not share their professional values and did not understand their culture. They also agreed that management took too many decisions on matters directly affecting their work with insufficient consultation and without considering the practical problems for those who had to implement them.

The greatest similarity between consultants and ward sisters was their view that their roles had become increasingly complex, with additional responsibilities being imposed on them by others in an ad hoc manner. Both groups felt that they were increasingly accountable to a variety of stakeholders while increasingly losing control of their own clinical and professional territory.

An important feature of the research was the extent to which neither group felt able to exert any influence over their increasing responsibilities without appearing to be uncooperative and resistant to change. Ward sisters and charge nurses in particular found it difficult to get their voices heard, and there was disquieting evidence of these senior nurses being reprimanded for drawing attention to organizational problems which should have been dealt with by management.

The deplorable state of the infrastructure in many trusts was a source of stress for both consultants and ward sisters and charge nurses. The ward sisters were incandescent about deficiencies in support services, such as domestic, catering and laundry services, over which they had little or no control. Both groups suffered from the lack of investment in the supply and maintenance of modern equipment, and a major complaint among both consultants and ward sisters related to the inadequacies of information technology (IT) and administrative support. One critical care ward sister spoke for many:

> **'I went into this job as a nurse. I didn't expect to have to stand in management meetings and fight for what I would suggest is basic equipment for an intensive care unit. I am actually in the totally embarrassing situation of having a museum that is interested in one of my ventilators.'**

The main source of stress on ward sisters was their anxiety about whether, how and by whom their wards and units were to be staffed each day. They expressed concerns about the level of competence of unknown agency nursing staff, and emphasized the stress caused by the need for constant vigilance on their part to ensure that professional standards of care were maintained. They were aware of the great pressure they put on their own staff and themselves to work extra hours to make sure their wards and units were safe. Most of them took administrative work home with them, thus putting even more pressure on their family lives.

EROSION OF KEY RELATIONSHIPS

Both groups noted the erosion of the key relationship between consultants and ward sisters, often caused by the move away from consultant-based wards and split-site working. This had resulted in ward sisters having to deal with up to 18 consultants on their wards, not surprisingly leading to little opportunity to forge good

Professor Isobel Allen is Professor of Health and Social Policy in the Policy Studies Institute, 100 Park Village East, London NW1 3SR
i.allen@psi.org.uk

working relationships between sisters and consultants, let alone proper teamworking.

Consultants often spoke of conducting lonely ward rounds, unable to find any nurse, let alone the named nurse, with whom to communicate. But these comments were met with hollow laughter from ward sisters who spoke of consultants always wanting the sister to accompany them on their ward rounds, often because they had no confidence in the other nursing staff. But just as the consultants complained of having no nursing support for their ward rounds, so the sisters complained that they could not drop everything for every consultant, particularly when they did not know when or if they were coming.

There were some shining examples of good working relationships, but the key to this was often when the consultants themselves worked well together as a team. The ward sisters felt like 'piggy in the middle' because the consultants would not communicate with one another and all had 'their little idiosyncrasies'. One critical care sister noted:

'When you've got your consultants changing the goal posts on a daily basis, you end up wanting to stab somebody. It's very frustrating.'

Many of the problems in establishing good relationships were attributed to 'hostility between consultants'. In general, however, there was thought to be little attempt on the part of consultants to understand the pressures and constraints under which the ward sisters were working.

RELATIONSHIPS WITH JUNIOR MEDICAL STAFF

The importance of the key relationship between ward sister and consultant was underlined by the relationships between ward sisters and junior medical staff. The ward sisters referred to the need to keep a constant eye on the junior medical staff, who were described as 'so junior', often unsure in their basic skills, and lacking proper supervision by consultants. In addition, they were said to be bored by the menial, mundane tasks they were expected to do and to suffer from low morale.

Junior doctors were found to be even more of a problem in the specialist areas of care, accident and emergency (A&E) and paediatrics, especially if they were only 'passing through'. Ward sisters reported that consultants had little idea of the stress this caused them through having to supervise junior medical staff in addition to all their other duties. It was alarming to hear in all groups of the concerns of the ward sisters about the competence of some junior doctors and their anxieties about the safety of patients as a result.

'Dynamic consultants' who provided medical leadership were thought to be very important in relieving the stress of the ward sisters in many ways, not least in ensuring that the junior doctors were properly supervised. Similarly, good relationships between nursing and medical staff often stemmed from the relationship between the ward sisters and consultants. If that was poor or non-existent, it was thought not surprising that relationships at a more junior level suffered.

TEAMWORKING

Much has been written in recent years about the importance of teamworking in hospitals, but this research found virtually no evidence of it. There were pleas among ward sisters for the medical staff and nursing staff to work together as 'partners instead of opponents', and for the development and maintenance of group meetings in which problems could be aired and solutions found. But such meetings can only be sustained if there is a genuine will to recognize their value and to make them work. The need for them must be acknowledged, they must have clear aims and objectives and there has to be a willingness to change practices which inhibit teamworking. Perhaps most important, there is a pressing need for a mutual understanding of the current roles and responsibilities of each member of the team.

Pressures on both consultants and ward sisters were related to the intensity of work in acute wards and units, with both groups recognizing the difficulties of trying to run an elective service alongside an emergency service with nearly 100% bed occupancy.

PATIENTS AND STRESS

Patients were found to be a source of satisfaction to consultants, in spite of the increasing stresses they caused, whereas ward sisters were more likely to note that they had lost much of the satisfaction of their clinical role through having to make sure that the service was maintained.

One of the most striking findings from the recent research was the extent to which ward sisters reported stress not so much from having to deal with very sick patients or even aggressive and difficult patients but from what they regarded as the wrong patients in the wrong place at the wrong time. This was identified as a bed management problem with continuing pressure from further up or down the line for beds to be vacated for the constant flow of patients.

A&E sisters reported having to run an overnight stay ward as well as an A&E unit, with patients waiting to be admitted to medical or surgical wards without the proper facilities. Medical and surgical wards were said to have problems in discharging patients because there was nowhere for them to be cared for in the community. Critical care units reported patients staying longer than necessary because there were no beds for them on the medical and surgical wards, while at the other end of the spectrum they spoke of beds occupied by patients having treatments 'just to prevent the inevitable death'.

There were clear indications in both studies of an increasing lack of peer-group and social support. Consultants had always worked in a more autonomous way than ward sisters, but split-site and community working, decreasing opportunities to meet other consultants and the decline of ward-based consultants had added to their isolation. The ward sisters appeared to be rather detached professionally, both in management and educational terms, and found few opportunities for peer-group support.

CONSULTANTS AND WARD SISTERS: DIFFERENCES

There were differences between consultants and ward sisters in certain important aspects. The ward sisters saw themselves as managers, and indeed, some had the title of ward manager. Many of their functions were managerial and they recognized this. However, they felt strongly that they were not being given the tools to do the managerial part of their job properly. Some of the stress they experienced was related to balancing their managerial and clinical roles. On the other hand, consultants were less likely to see themselves as managers but primarily as professionals and clinicians. Much of their stress was related to what they saw as managers preventing them from performing their clinical role properly.

Consultants were seen by ward sisters as crucial in creating the environment in which they worked. There were many references in the most recent report to the difference that 'very strong consultants' could make to the wards and units — as long as they worked together. Ward sisters did not consider that they could achieve change on their own, and this added to their perception that they had little control over the working environment.

Consultants were more likely to emphasize the extent to which they had lost power over the working environment. Many of them recognized the benefits of working together to achieve change but stressed the difficulties of trying to get consultants together to speak with one voice. The tradition of the autonomous consultant, fighting for resources for his/her own practice or department, is very deep-rooted, but it is unlikely to help achieve change in a managerial culture which is increasingly adept at dealing with differences of opinion among members of professional staff.

There was little evidence in either study of consultants or ward sisters getting together to ensure that their collective voices were heard. The fact that such an approach would be very powerful in influencing decision-making within the trusts appeared to have passed these professionals by.

CONCLUSIONS

There were many warning signals within these pieces of research of highly dedicated and committed professionals who were often nearly at breaking point. But there was little evidence that the management of the trusts were aware of the extent to which they were under stress. Most ward sisters and charge nurses reported constant crisis management, and there is undoubtedly a danger that their resilience will soon be exhausted. The extent to which consultants feel undermined and undervalued has been highlighted in recent months, and there can be little doubt that there is a major crisis in morale in the medical profession as a whole.

KEY POINTS

- There are many similarities between consultants and ward sisters in the factors which contribute to their stress in the workplace.
- Both groups find that their roles have become increasingly complex while they themselves have increasingly lost control of their own clinical and professional territory.
- Managers take too many decisions on matters directly affecting their work with insufficient consultation or consideration of how these decisions were to be implemented.
- The deplorable state of the infrastructure within trusts, poor support services, inadequate information technology and administrative support, and problems with the maintenance and supply of modern equipment are sources of stress to both groups.
- The erosion of the key relationship between consultants and ward sisters is of concern and the need for teamworking is insufficiently recognized.
- Consultants and ward sisters need to get together to ensure that their professional voices are heard in an increasingly managerial culture.

What are the solutions? The research on ward sisters and charge nurses makes 22 recommendations relating to organizational, interprofessional and professional issues. Many of the organizational issues relate to the lack of support offered to professionals by management and to the state of the infrastructure in so many trusts.

Some issues are amenable to a judicious injection of funds which would pay dividends quickly. The hopeless inadequacy of IT and computer equipment and support in so much of the NHS compared with the most modest office in the outside world is a matter of concern. Maintenance of equipment and proper management of domestic support services is another. Much of the stress reported in both pieces of research relate to what can only be called 'bad housekeeping'. It is not necessarily 'matron' who needs to be brought back, it is often simply a matter of proper management of resources.

Trusts also need to ensure that medical and nursing staff are fully involved in decisions affecting the way they work. The need for clear lines of responsibility and management with proper channels of communication is of paramount importance. So much of this research has exposed the difficulties experienced by health service professionals in establishing who is responsible for what — and in making their voices heard.

The development of teamworking within and across professional groups is clearly a priority, and interprofessional training in teamworking is essential. It is difficult to ensure teamworking when members of the team continue to have different cultures, methods of working and lines of accountability, and, in addition, may not even recognize that they are members of a team. **HM**

Conflict of interest: none.

Allen I (2001) *Stress among Ward Sisters and Charge Nurses.* Policy Studies Institute, London

Allen I, Hale R, Herzberg J, Paice E (1999) *Stress among Consultants in North Thames.* Policy Studies Institute and North Thames Department of Postgraduate Medical and Dental Education, London

Firth-Cozens J, Payne R, eds (1999) *Stress in Health Professionals.* Wiley, Chichester