

# Audit culture and nursing

Hannah Cooke

# Introduction

- Clearing out my mother's papers after her death I found a letter of complaint to our local hospital
- She complained amongst other things that throughout her stay in hospital her temperature had been taken with a thermometer that shared its home in a holder on the wall above her bed with a dead spider.
- That dead spider seemed to me a symbol of what can go wrong when health care workers routinise care and no longer see the person that they are caring for.

# Introduction

- Over the years my clinical and research work has involved me in a variety of initiatives to improve standards of care such standard setting, clinical audit and benchmarking.
- My experiences as a patient and working with CHCs have left me unconvinced that these various systems have prevented incidents such as those described by my mother-rather they have increased their likelihood

# The development of audit

- In 1991 Pfeffer and Coote commented that quality had become a 'managerial holy grail'.
- Since then the NHS has seen a veritable blizzard of audit initiatives – constantly changing fashions have brought standard setting systems, total quality management, clinical audit, benchmarking, risk management, safety audits.
- Most recently the government has brought performance and quality management together under the 'umbrella' of clinical governance
- DOH measures and targets have also been constantly moving

# Michael Power's critique of audit culture 1997

- Audit is ambiguous and 'epistemologically obscure'
- Audit demands the creation of 'auditable performance'
- Audit colonises organisations yet is decoupled from the reality it seeks to measure
- Audit is a process which must work because it is demanded therefore the 'more it fails the more it succeeds'
- Audit derives from the 'hollowing out' of the state, the fragmentation of public services and the new 'mixed economies' of care

# Audit is 'epistemologically obscure'



- The construction of social quantities is a messy business. It might well be said of economic measures, as it has been said of legislation and sausages, that those who love them should avoid observing how they are made (Porter 1995)

# Colonisation

'The values and practices that make auditing possible penetrate deep into the core of organisational operations' (Power 1997)

- At worst audit may become a 'fatal remedy' (Sieber 1981).
- Practitioners become 'more preoccupied with generating the right indicator than doing the right job' (Pentland 2000).
- Wiener asks 'Are we measuring what is important or simply making important what we can measure ?'(Wiener 2004 )

- Measurement/audit
- “ensures that formerly diverse institutions, practices, goods and so forth become subject to judgement and calculation exclusively in terms of economic criteria.” (Du Gay, Salaman and Rees 1996)



# Decoupling

- The 'messy process' of measuring divorced measurement from the thing that it is being measuring
- Audit then becomes an exercise in impression management
- audits become 'rituals of verification' producing 'certificates of comfort'.
- As audit systems become ubiquitous the focus of organisations moves away from looking at substantive issues such as how care is given.
- Institutions instead focus increasingly on management systems that signify organisational respectability and dependability-ie clinical governance systems.



The question which must be brought back to the surface in every particular case is whether the tail might be wagging the dog (Power 1997 )

# Is the tail wagging the dog?

- 'Audit provides deluded visions of control and transparency which satisfy the self image of managers, regulators and politicians but which are neither as effective nor as neutral as commonly imagined'.

(Power 1997)

# Is the tail wagging the dog?

- 'Against official images of a technical fix I have counterpoised the possibility that audit emerges as a new form of image management ... it is a practice which requires social trust in the judgements of its practitioners and is only superficially empowering to the notional publics which give it its purpose ... ' Power 1997

# Is the tail wagging the dog?

- 'Worse still, audits may turn organisations on their heads and generate excessive preoccupations with, often costly, auditable process. At the extreme, performance and quality are in danger of being defined largely in terms of conformity to the process.' Power 1997

- My own case study research confirmed many of Power's assertion
- The values of audit had colonised the organisation-nurses were fearful and devoted large amounts of time to defensive paperwork
- However neither nurses nor managers believed that audit told them what was 'really going on' at ward level-it was decoupled from reality
- Both groups have developed a variety of informal strategies to tell them what audit does not tell them about ward standards

# Defensive culture and blame

- My research revealed an increasingly punitive climate in many trusts and poor relations between nurses and managers
- *'We have seagull managers here, they fly in from a great height, make a lot of noise, drop a lot of crap, then they fly off again'*
- Distance
- Distrust
- Defensive culture
- Destructive criticism

# The creation of auditable performance has fallen heavily on nurses

- In my research nurses were told 'If you haven't written it you haven't done it'.
- "Documentation is a pressure, I don't just want to be a pen pusher all day ... I end up staying late doing writing to make sure patient care is done ... I'm obsessed with documentation, get frightened, you get pulled up over documentation, if anything goes wrong you've got to make sure everything is documented ... even silly things, had bath, hair done, every conversation with relatives." (Staff Nurse )

# Colonisation

nurses complained that the paperwork matters more than the patient

- “The paperwork is silly.... on admission you have to have a front sheet, assessment sheet, Waterlow assessment, manual handling assessment, nutritional assessment, a different form for everything, referrals to OT, physio, social workers, etcetera, discharge plan. You’ve got about ten forms to fill in, you’ve got an ill patient and you can’t give care because you’re too busy filling out forms.”
- (Ward Sister)

# Audit is decoupled from reality

- “All they can see is figures, they are so blinkered, they can't deal with the humanity of it. On paper you can fiddle it but when it comes to reality you can't. This is the trouble, we are run by accountants.”
- “People come in and audit the ward, it's very false, they haven't got a feeling for what the ward is like, they don't live in the real world. Audit is a good thing but it's got to be done properly... They shouldn't just do it for the sake of it, it shouldn't be a blame culture.”  
(Ward Sister)

# Rituals of verification

- **Nurses complained of that audit was a ritual**
- “The manager is very nice but doesn’t come round very often. They don’t look at ward standards much ... They have a total quality assessment once a year. I think it’s just to keep people in jobs – they always say the same things. The managers don’t monitor standards. They wouldn’t know what they were looking at... they’re too keen on paperwork”. (Ward Sister)

# Games of compliance-nurses talked about playing 'tick box' games

- *“The named nurse doesn’t work; we went back at one point, when we were short, to teams and we didn’t give a named nurse but we got into trouble so now we stick a name above the bed.”(Ward Sister)*

# Nurses complained of too many changing goalposts

- “You actually get on this roller coaster and this spinning top because you’d go with one message and before you’d actually finished talking it had been changed and it got changed that many times that we really didn’t know where the hell we were up to – if you want me to be perfectly truthful – you actually ended up looking silly because you were told you were going one way and then you about turned – and going that way – and then just as you started down that way – about turned and you went another way and I suppose, if you pardon the expression, the changes were up and down like a bride’s nightie.” *Ward sister*

# Cynicism and low morale

- “I’m disillusioned with management – the higher you go you lose the real world on the wards – the report on your desk is all glossed up – what people want you to hear.” *Charge Nurse*
- “If I was a bad nurse – I work most shift in charge; who is assessing me, how I give care? – nobody. Junior people might pick it up but if they weren’t confident I could be out there giving poor care. I’d love it if senior people came round and looked at how we are giving care, talked to us about patients – but they never do.” *Staff Nurse*

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'LOOKS LIKE HE'S HITTING HIS TARGETS'

# Ward sisters views of quality assurance

- Presence-nurses emphasised 'being there'-both to observe but also to act
- Emphasised the importance of the 'little things' which could only be seen by close and continuous observation
- Emphasised the importance of 'vigilance'-continuous checking and watching
- Described audit as 'pulling them away' from the patient, the bedside and the ward

# Problems of audit culture

- Goal displacement and gaming
- High compliance costs
- Decline of trust, defensive culture, culture of blame
- Stress, low morale and cynicism
- Ritualism and mock bureaucracy
- Poorly rewarded doing, highly rewarded observing
- Loss of professional values and commitments
- Loss of intellectual curiosity
- Depersonalisation, standardisation

# Recent examples of goal displacement

- Meeting the target matters more than meeting the patient's needs
- BMA survey of 4 hour wait in A and E-2005
- 27% said care of seriously ill or injured patients was compromised by pressure to meet the target.
- 18% said patients were "admitted" to A&E instead of to a ward so they could be counted as being transferred.
- 40% said patients were discharged before they were stabilised or fully assessed
- Example: *patients are discharged following 'long lies' after falls- given fluids and discharged home*

# Audit stifles craft skills

- Craftsmanship names an enduring, basic human impulse, the desire to do a job well for its own sake. Craftsmanship cuts a far wider swathe than skilled manual labour; it serves the computer programmer, the doctor, the artist...In all these domains craftsmanship focuses on objective standards, the thing itself. Social and economic conditions however often stand in the way of the craftsman's discipline and commitment' Sennett 2008

# Indetermination

- Jamous and Pellouille (1970) argued that issues of professional control could be represented as a ratio in which the relationship between the indeterminacy and technicality of professional work would be expressed.
- Indeterminacy= the extent to which the profession was able to legitimate the recognition of tacit knowledge which could not be codified
- Contemporary discourse represents 'variation' as synonymous with poor care rather than care that meets the unique needs of an individual patient
- Nursing researchers such as Benner have uncovered the tacit knowledge of the 'expert nurse' but there has been little recognition of their value
- Example early warning scores vs nursing vigilance

# Codifying care-nurses are being encouraged to become 'care managers'

- Clinical protocols and pathways standardise care-nurses no longer plan care according to individual needs
- This means that patients social and psychological needs are overlooked-but nurses learn less and less about patients' clinical conditions
- Care delivery are no longer expected to be by 'knowledgeable doers'
- 'Modernising nursing careers' envisages nurses specialising according to administrative categories-long term care, acute care etc
- Nurses no longer expected to ask why, to question, to understand how this particular condition affects this unique individual