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Giving voice to quality and safety matters at board level: A qualitative study of the experiences of executive nurses working in England and Wales

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ABSTRACT

Background: Recent reports into egregious failing in the quality and safety of healthcare in the UK have focussed on the ability of executive boards to discharge their duties effectively. Inevitably the role of executive nurses, whose remit frequently includes responsibility for quality and safety, has become the object of increased scrutiny. However, limited evidence exists about the experiences of the UK's most senior nurses of working at board level.

Objective: We aimed to generate empirical evidence on the experiences of executive nurses working at board level in England and Wales. We posed two research questions: What are the experiences of nurse executives working at board level? What strategies and/or processes do nurse executives deploy to ensure their views and concerns about quality and safety are taken into account at board level?

Design: Qualitative interviews using semi-structured interviews.

Setting: NHS England and Wales.

Participants: Purposive sample of 40 executive board nurses.

Methods: Semi-structured interviews followed by a process of thematic data analysis using NVivo10 and feedback on early findings from participants.

Results: Our findings are presented under three headings: the experiences of executive nurses working with supportive, engaged boards; their experiences of being involved with unsupportive, avoidant boards with a poor understanding of safety, quality and the executive nursing role and the strategies deployed by executive nurses to ensure that the nursing voice was heard at board. Two prominent and interrelated discursive strategies were used by executive nurses – briefing and building relationships and preparing and delivering a credible case. Considerable time and effort were invested in these strategies which were described as having significant impact on individual board members and collective board decision making. These strategies, when viewed through the lens of the concept of "groupthink", can be seen to protect executive nurses from accusations by board colleagues of disloyalty whislt also actively restricting the development of "groupthink" within the board.

Another finding of note was that executive boards may not be permanently fixed as either unsupportive or supportive as participants described how certain boards that were initially unsupportive adopted a more supportive attitude towards matters of safety and quality.

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Conclusions: These highly positioned nurses can provide invaluable advice and support to boards around matters of quality and safety. However, the work of nurse executives remains an under-research area and more work is needed to better understand the ebb and flow of power and influence at play within hospital boards.

What is already known about the topic?

- Very few studies exist that document the experiences of nurse executives working at board level in the UK or internationally.
- In the relative absence of research findings, evidence from inquiries and governmental reports into recent serious failures in patient safety in the UK provide important information. For example, these describe how the actions or inactions of dysfunctioning executive boards contributed to such failures.
- Nurse executives have been identified internationally as important members of executive boards, especially with regards to issues of protecting and promoting care quality and patient safety.

What this paper adds

- This study demonstrates that executive nurses make a valuable and significant contribution to board decision making, although not all board or board members are supportive of executive nurses and are not always focused on matters of quality and safety.
- The study describes several strategies deployed by nurse executives to ensure that board members take account of quality, safety and nursing matters when making decisions.
- Building relationships, credibility and an evidence base that supported the need to focus on quality and safety were important strategies used by the vast majority of executive nurses.

1. Introduction

Executive nurses are the most senior nurses within healthcare organisations, often having lead responsibility at board level for key elements of the care quality and patient safety agenda, such as nurse staffing levels, infection control and patient experience. As the most senior leaders of the largest portion of the health workforce, nurse executives have been identified internationally as having the potential to contribute unparalleled understanding of the quality of care that is being provided within the organization. (American Organization of Nurse Executives, 2007; Department of Health, 2013; The King's Fund, 2010) However, even though executive boards (see Box 1) of healthcare organizations have been identified as particularly influential in demonstrating commitment and organizational priority to quality and safety, (Dixon-Woods et al., 2013) there have been longstanding concerns in the UK about the lack of attention NHS boards afford to quality and safety, especially compared to the attention given to finance. For example, a 2007 report in the UK described difficulties in reconciling cleanliness and the management of hospital acquired infections with the fulfillment of financial targets (Healthcare Commission, 2007).

More recent inquiries and reviews (Francis, 2013; Keogh, 2013) into egregious failings in the quality and safety of hospital care in England have also invited questions about the primacy of financial considerations over patient safety at board level, as well as the ability of nurse executives and boards more generally to deliver the necessary leadership around patient care. As a result, the Francis public inquiry(Francis, 2013) reinforced the call for more nursing influence at board level as nurses 'can provide invaluable advice and support to boards on a whole range of matters' and 'are well placed to resist corporate pressures to "toe the line" when patient safety is at stake' (p. 1526).

However, remarkably little research exists that explores the role and influence of senior nurse leaders in nurturing the culture change that government and healthcare organizations aspire to. For example, a recent large scale synthesis of evidence focusing on the performance of NHS boards (Chambers et al., 2013) made no mention of nurse involvement at board level and an international review of the literature (Parand et al., 2014) on the work of boards within the context of healthcare quality and safety discovered only one paper (Mastal et al., 2007). An in-depth mixed methods study (Mannion et al., 2016), published during the writing of this paper, provided some excellent insights into board governance in 4 NHS case study sites. However, providing a detailed understanding of executive nursing at board level was not the objective of Mannion et al. and only one study was discovered in our review of literature that provided such a level of insight. A narrative report (The King's Fund, 2010) of qualitative observational data provides detailed insights into the challenges confronted by nurse executives working on hospital boards in the UK, although few details about the study design are included. The report concurs with the findings of others(Francis, 2013; Mastal et al., 2007) when stating that 'clinical quality occupies a fragile position in many NHS boardrooms' (p. 26) but that nurse executives are well placed to change this and have some success in doing so.

We address this gap in the literature as our study aimed to generate empirical evidence on the experiences of executive nurses working at board level in England and Wales by examining their accounts and experiences of working at board-level. Our objective was to offer a better understanding of the role of executive nurses by developing seldom-heard and important insights into the attitudes, actions and experiences of some of the most senior