

The pivotal role of nurse managers, leaders and educators in enabling excellence in nursing care

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MCSHERRY R., PEARCE P., GRIMWOOD K. & MCSHERRY W. (2012) *Journal of Nursing Management* 20, 7–19

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Aim The aims of this paper are to present the findings from a discursive analysis of key issues associated with providing excellence in nursing care; and to provide an exemplar framework to support excellence in nursing care and describe the potential benefits when excellence in nursing care occurs.

Background The challenge facing the nursing profession is in ensuring that the core principles of dignity, respect, compassion and person (people) centered care become central to all aspects of nursing practice. To regain the public and professional confidence in nursing, nurse leaders, managers and educators play a pivotal role in improving the image of nursing.

Key issues Excellence in nursing care will only happen by ensuring that nurse managers, leaders and educators are able to respond to the complexity of reform and change by leading, managing, enabling, empowering, encouraging and re-sourcing staff to be innovative and entrepreneurial in practice.

Conclusions Creating healthcare environments that enable excellence in nursing care will not occur without the development of genuine shared working partnerships and collaborations between nurse managers, leaders and educators and their associated organizations.

Implications for nursing management The importance of adopting an authentic sustainable leadership approach to facilitating and supporting frontline staff to innovate and change is imperative in restoring and evidencing that nurses do care and are excellent at what they do. By focusing attention on what resources are required to create a healthcare environment that enables compassion, safety and excellence in nursing care and what this means would be a reasonable start on the journey to excellence in nursing.

Keywords: compassion, excellence in nursing care, healthcare environments, patient safety, quality nursing

Accepted for publication: 3 November 2011

Introduction

According to McSherry and Douglas (2011), Douglas (2011) and Coulon *et al.* (1996), nurse leaders and managers play a significant role in enabling frontline nurses to innovate and deliver high-quality compassionate people-centred nursing care.

In recent years, there has been a growing global concern in Canada (Aiken *et al.* 2002), Australia (Takase *et al.* 2006), Denmark (Hall & Hoy 2011) and the United Kingdom (Morris-Thompson *et al.* 2011) by the public (The Patients Association 2009) nurse leaders and managers themselves that nurses are failing to provide quality compassionate care. In England, Dame Christine Beasley told the Mid Staffordshire public inquiry: 'Nursing did lose its way in the time we were growing the workforce. In doing that not enough attention was paid to values and behaviours and in some cases academic achievement' (Calkin 2011). Similarly, Borland (2011) reported that Dr Peter Carter, Head of the Royal College of Nursing, recently stated that he feels 'nurses can start their careers unable to care for patients because they have spent too long in lecture halls'. Professor Dickon Weir Hughes, Chief Executive and Registrar of the Nursing and Midwifery Council, England, in his witness statement to the Mid Staffordshire National Health Service Foundation Trust (2011) Inquiry highlighted several failings surrounding the provision of quality nursing care Weir-Huges (2011). These concerns raised by nurse leaders, managers and the public revealed poor standards of nursing care that warrant further exploration to see if this is a common trend or has nursing really lost its way in delivering high-quality compassionate people-centred care.

To explore the emerging concern, views and opinions (Discourse) within the media, policy, literature and the nursing press regarding the quality of nursing care, a 'Discursive Analysis Approach (DAA) was used. This is defined by Smith (2007) as a 'qualitative methodology used to analyse themes raised in the text being studied'. A DAA was adopted to critically debate some of the emerging themes surrounding the delivery of excellence in nursing care because it 'helps to study and describe different discourse structures and strategies which are typical of political and media language' (Chernyshkova 2011). The professional, political and public sensitivities surrounding nurses' ability to provide high-quality nursing care is highly emotive and personal because it relates directly to one's lived experience. The basis of which is opinion based, perceptual, interpretable and influenced by major factors

such as workforce demands, working environment, culture(s) and language to state but a few (E. Harvey unpublished).

Not everything that is good about nursing makes its way into the news, media and press headlines. Given the number of press reports and media accounts suggesting that nursing may have lost its way (Parliamentary and Health Service Ombudsman 2011). To counter-balance the negative acclaims surrounding poor-quality nursing care, it is imperative to establish if there is any available discourse illustrating whether excellence in nursing care is a reality and not a myth in contemporary nursing practice?

The aims of this paper are to present the findings from a discursive analysis of key issues associated with providing excellence in nursing care by reviewing the following. To outline the public and professional bodies' growing concerns that nurses just do not care. To defend the fact that caring and compassion are fundamentals to quality care. To conceptualize what excellence in nursing care is and is not along with identifying factors which precipitate excellence in nursing care. To provide an exemplar framework to support excellence in nursing care and describe the potential benefits when excellence in nursing care occurs.

The public and professional bodies concerns that nurses just do not care

The public and professional bodies concerns that nurses just do not care are founded on media and press reports which seem to be rising. For instance, Narain (2009) and Martin (2010) reported on a case in Northern England where 'an alzheimer's patient lies in a grubby hospital bathroom because of a shortage of beds. Will the elderly EVER be treated with dignity?' Similarly, reported in the *Times Online* that 'patients admitted for emergency treatment at an National Health Service (NHS) Trust were subjected to 'shocking and appalling' care including untrained receptionists carrying out medical checks and heart monitors being switched off, a damning report concluded. ...Some patients were left in pain or needing the toilet, sat in soiled bedding for several hours at a time and were not given their regular medication, the Commission heard'. Furthermore, The Mid Staffordshire NHS Foundation Trust Inquiry (2010) or the 'Francis Enquiry' as referred today continue to highlight issues in the quality and standards of nursing care raising huge questions associated with what and why this is happening, and how can we learn and enhance care

and services from what are unacceptable standards of care and services.

Similarly the Report by the Prime Ministers Commission on the Future of Nursing and Midwifery in England 'front line care' (2010 p. 26) argues that poor care is damaging and even deadly to its recipients, and undermines confidence in services and care-givers. Some employers see cost and quality as trade-offs, but we think the best care is provided at the least cost to the organization. 'It is poor care which brings added financial burdens to the health care organization,' the Royal College of Nursing (2011) told us. 'Money is not saved by reducing nursing numbers and diluting skill mix.'

However to counter-balance the alarming press, media and inquiry reports, it is imperative to argue that not everything in the nursing profession is bad. However, to ensure that nursing is portrayed positively within the media surrounding the provision of quality nursing care there is a perception by both the public and nursing profession that the imagery of nursing requires changing (Report of the Prime Ministers Commission (2010) on the Future of Nursing and Midwifery in England 2010, Jacobs-Summers & Jacob-Summers 2011).

Changing imagery of nursing

The public's imagery and confidence in nursing to provide safe, quality and compassionate care is constantly been eroded and diminished by becoming a mainstream media/news headline(s). Headlines like the British Broadcasting Company (2009), Telegraph (Smith 2010a) and The Guardian (Boseley 2009) demonstrate a growing perception that the quality of nursing is diminishing and that nurses sometimes don't care. Furthermore, Firth-Cozens and Cornwell (2009) suggest nurses are perceived has being uncompassionate.

According to Jacobs-Summers and Jacob-Summers (2011) 'nurses should persuade the media to provide a more accurate picture of the profession, and they should try to create new media themselves. However, there is a continued perception that latterly there has been an erosion of the fundamental principles of care and caring (Care Quality Commission 2011a,b,c). Devolution of care and caring to individuals who are not suitably educated and or indeed qualified for the role and responsibility for the position they occupy. Dr Peter Carter, Head of the Royal College of Nursing, suggests many new recruits were 'not up to the mark'

after degree courses that lacked practical work' (Borland 2011). Carter also makes the point that many aspects of nursing care such as pressure area care and assisting patients to eat and drink have been devolved to Healthcare Assistances. Furthermore, CQC reports demonstrate that nurses have a lack of regard for dignity and respect (Care Quality Commission 2011a,b,c).

Dignity and respect: core attributes of quality nursing care

A challenge facing the nursing profession is in ensuring that the core principles of caring, compassion and person (people)-centred care become central to and underpin all aspects of nursing practice.

The International Council for Nurses (ICN) (2007), p. 1 states that 'inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect'. Nurses by virtue of their professional accountability and contracts of employment have a responsibility to uphold the dignity of those in receipt of nursing care. In spite of this recognition within the ICN and The Nursing Midwifery Council (2008) 'The Code' states that registered nurses and midwives should 'make the care of people your first concern, treating them as individuals and respecting their dignity'. Furthermore, over recent years, in spite of a great deal of investment and publicity with campaigns [Department of Health (2006a,b), Royal College of Nursing (2008a,b)] and dignity champion programmes (Department of Health 2009), there is still a growing number of publications highlighting (Care Quality Commission 2011a,b) that people, and in particular older people, are still being subjected to undignified and disrespectful care by nurses.

Fenton and Mitchell (2002, p. 2) argue that 'dignity is a state of physical, emotional and spiritual comfort, with each individual valued for his or her uniqueness and his or her individuality celebrated. Dignity is promoted when individuals are enabled to do the best within their capabilities, exercise control, make choices and feel involved in the decision-making that underpins their care'. Fenton and Mitchell (2002) is a useful definition because it highlights the importance of providing individualized or person (people)-centred care. Furthermore, the definition stresses the need for care to empower people, supporting them with choices and decision making. The definition also stresses the need to treat all people individually highlighting that every

single human being has a right to dignity, it is not dependent upon age, race, culture, religion, sexuality, and the list can go on.

The dignity in care debates goes back several years, with publications addressing dignity in care back in the early 1990s (Royal College of Nursing 2008a,b). There has been some pioneering work; for example, the Cardiff University research 'Dignity and Older Europeans' which was conducted across several European countries (Cardiff University 2004). However, in spite of all this why does ensuring dignity and respect continue to remain problematic within nursing (Care Quality Commission 2011a,b,c).

Caring and compassion fundamentals to quality care

Nursing and caring are synonymous with the term registered nurse and midwife irrespective of title, position, speciality and locality. The patient, carer and or public along with professional, non-professional colleagues and professional bodies expect an acquired standard of knowledge, confidence, competence and skills to highlight fitness for purpose and practice which is aligned to ones own accountability and associated role and responsibilities (Nursing Midwifery Council 2008). To demonstrate the latter the challenge is in ensuring equality and equity of 'care' for example having the time to deliver person-centred care which values and accepts the individual in a warm, comforting, caring and compassionate manner when delivering quality nursing care, treatment and or interventions. This is because proficiency and technical competence in nursing care and treatment has a tendency to be regarded as scientific, detached, mechanistic and at times cold. The challenge for nursing is in achieving the desired balance between scientific and artistic qualities and skills in order to ensure care, compassion and quality nursing at the frontline. How then do we reinvigorate and encapsulate the core and principles, values and skills of caring as illustrated by Ford (1990, p. 160).

'Mr Cook was in the terminal stages of congestive heart failure. He had two myocardial infarctions. He was alone, his family were out of town. We knew he wasn't doing well...When I touched his hand and introduced myself, he squeezed my hand and began to talk... I sat on his bed, and he reached out and held my hand. He talked to me about his life, his family, and the things he wanted to do but wasn't able to...I

ignored everything else that was going on in the unit at the time: and it was busy. I pulled the curtains around one side of the bed because there was some activity coming from that side. I just sat and listened as he spoke'.

Similarly, a patient consultation of community nursing services revealed important issues and challenges surrounding care and caring and the need to explore the issues of dignity, privacy and respect as a major component of nursing care and services in the future. 'I don't care how much you know I just want to know that you care' (Patient Consultation – Hartlepool Primary Care Trust 2004).

The question is does excellence in nursing care exist and if so how would this look in practice and how do we begin the journey? The journey to excellence in nursing must surely focus on defining and conceptualizing excellence in nursing care, provide an exemplar framework of excellence and by highlighting the potential benefits of excellence in nursing.

Defining and conceptualizing excellence in nursing care

The term 'excellence' has proliferated and is been used and applied to represent quality in variety and a diverse range of settings by different professionals, disciplines and organizations. The world of business and management, marketing (Bell 2010), retail and therapy as well as nursing (Department of Health 2011) are to name but a few. However, espousing excellence in whatever we do or provide is one thing but demonstrating that this happens in reality is another. To achieve excellence in personal, professional, organizational, managerial, educational, clinical, research and development and nursing it is imperative to understand what the term means and how it is been applied in practice. Yet the reality of aspiring and achieving this noble goal for every nurse, nurse manager, leader and educator or professional, team and organization is fraught with difficulty and challenge. This is because in spite of the importance and use of the word 'excellence' the term is fraught with confusion, misunderstanding and misinterpretation.

Generally the National League for Nursing (2011) suggests that the 'hallmarks of excellence' can be thought of as characteristics or traits that serve to define a level of outstanding performance or service. However, Collins (1986, p. 299) define 'excellence' and 'excellent' as 'the fact or condition of excelling; superiority' and

'outstandingly good of its kind'. Collectively the National League for Nursing and Collins (1986) hallmarks and definitions seems to indicate that excellence is a difficult concept or term to define and articulate for several reasons. First, the term is symbolic with achieving a desired standard or goal which could be individual, team or organizational in nature. Second, achieving excellence is indicative of working through a process in order to achieve a desired outcome which again could be individual, team or organizationally orientated. Third, excellence seems to be an outward expressing of achieving a status or award which recognizes an acquired standard or performance of practice or achievement against a given criteria. Finally excellence is a concept that is associated with outstanding performance.

By comparing and contrasting The National League for Nursing (2011) and Collins (1986) general definitions of excellence with some offered by Institutes, Departments, nurse leaders and academic across health and social care some similarities and differences do emerge.

Taking the National League for Nursing (2011), Collins (1986) definitions and interpretations of excellence into account along with those offered in Table 1 it is evident that excellence is dependent on several key themes: knowledge, skills, quality, support, user and staff involvement, empowerment, collaborating and networking. The challenge for nurse leaders and managers is convincing staff that excellence in nursing is achievable in practice.

Excellence in nursing care: responding to the complexity of reform and change

McSherry and Douglas (2011) suggest that nurses, nurse managers, leaders and educators need to be mindful of the fact, that the future of nursing will be challenged by a major economic crisis, climatic disasters, changes in healthcare politics/policies and societal factors where rationing, spending reviews, efficiency savings and resource allocation are the thing of the future and not the past. Nurses, nurse leaders and managers and educators like other public sector workers and professions will need to ensure the profession is developed and sustained. Sustainability at the frontline of care delivery will only occur by educating and training nurses to unlock the potential associated with excellence in nursing care. Based on the complex backdrop of constant change and reform it is not too difficult to see why individual nurses, managers, leaders, educators and associated teams and organizations

are struggling to keep pace with transforming, reforming or changing services.

Furthermore, it is not surprising that individuals, teams and organizations are not rising to challenge areas of nursing practice that requires enhancement or to creatively innovate or enterprise within the healthcare environments in which they work. The reason for this is not too difficult to highlight as nurses, mangers, leaders and educators strive to get through busy, stressful and demanding workloads. Excellence in nursing care based on the works of Spears *et al.* (2008) is not about working harder, longer or busier, it is about supporting and facilitating individuals to maximize their potential and for teams to collaborate and build partnerships by working closer through adopting a shared working relationship approach to achieving integrated care/services.

Excellence in nursing care according to the Department of Health (2011) and Spears *et al.* (2008) is about encouraging and facilitating teams to work more efficiently and effectively with other stakeholders in an attempt to provide integrated, seamless care and services. Manley *et al.* (2008) indicate that excellence in nursing care is about responding to an ever changing healthcare environment and workforce, the devising of strategies, methodologies and evaluation frameworks to respond to and demonstrate the impact/outcome of change efficiently and effectively. Similarly McSherry and Warr (2008, 2010) suggest that excellence in nursing care is about meeting the challenges posed by professional, societal, political and economic demands in a proactive and not reactive way. So what is excellence?

What excellence in nursing care is and is not

Excellence is an outward expression of an achievement of a desired outcome against a set of criteria, which is above the given or expected standard of practice. Excellence is a very nebulous concept making it difficult to define because it is associated with individual, team and organizations visions, goals and aspirations, which could change, and shift with acquired experience, knowledge and education and training. Achieving excellence in practice is challenging and difficult because it is hard to isolate and differentiate what it is that makes a individual, team or organizations stand out from others based on a given set of criteria, standards and frameworks. Excellence is associated with having robust frameworks, systems and processes in place for the gathering and presentation of evidence against a given set of

Table 1
Defining and critiquing the term/phrase excellence in nursing care and practice

Number	Author(s)	Year	Title/source	Definition	Emerging themes
2	Department of Health	2010	Energizing for Excellence in Care	Is a quality framework for nursing and midwifery that aims to support the delivery of safe and effective care, creating positive patient and staff experiences that build-in momentum and sustainability; this is underpinned by 'Social movement thinking' principles.	Quality framework Support Patient/user/carer experience Sustainable practice
2	Social Care Institute for Excellence (SCIE)	2004	Social Care I nstitute for Excellence	'The experience of people who use social care services, by ensuring that knowledge about what works is readily accessible. We pull together knowledge from diverse sources through working with a broad range of organizations and people. We share this knowledge freely, supporting those working in social care and empowering service users'.	Patient/user/carer experience Knowledge and skills Shared partnership working Empowering and supporting
3	Spears <i>et al.</i>	2008	Journey to Nursing Excellence: Building partnerships for Success Nurse leader	Nursing excellence can be considered nursing care that delivers care to individuals and groups who need the care through the expertise of professional nurses, and this care strives to meet the quality outlined by the best evidence. The components of processes to deliver this type of care and services to patients needs an infrastructure, work environment, and care delivery model that is optimally designed to be efficient, effective, interdisciplinary, and foremost, patient- and family-centred care.	People-centred Professional knowledge and expertise Evidence based User engagement and experience Working environment Partnership and collaborative working Efficient and effective care
4	Department for Health	1999	Department of Health	Clinical governance framework defined as 'a framework through which NHS organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish'.	Quality framework Accountability Quality improvement

criteria. Finally, given the fact that there are so many different accreditation bodies describing what excellence in health and social care is and is not makes it both challenging and rewarding for individuals, teams and organizations to work with and across the various systems and processes in order to demonstrate an acquired standard of practice. It is without doubt that excellence is and will remain a difficult concept to define and recognize. However, as Moullin (2002) suggests that the 'vast majority of people working in health and social care are concerned with the quality of the service they provide'. Moullin (2002) suggests that quality and excellence are interchangeable and may vary depending on: the perceptions, experiences, attitudes and behaviours of people. This is notwithstanding the systems and processes required to gather and present evidence against set standards or performance indicators. The challenge for nurses, nurse

managers, leaders and educators is understanding the precipitating factors which influence excellence in nursing care.

Factors precipitating excellence in nursing care

Excellence in nursing care according to McSherry and Warr (2010) and Spears *et al.* (2008) does not happen in isolation but is dependent on frontline nurses, nurse managers, leaders and educators networking, sharing and collaborating to forge truly genuine working partnerships between and within individual professions and non-professional groups, teams, stakeholders and patients and users of services. American Association of Critical Care Nurse (2001) argue that:

'optimal patient care and the recognition that the deepening nurse shortage cannot be reversed without healthy work environments that support excellence in

nursing practice. There is mounting evidence that unhealthy work environments contribute to medical errors, ineffective delivery of care, and conflict and stress among health professionals. Negative, demoralizing and unsafe conditions in workplaces cannot be allowed to continue. The creation of healthy work environments is imperative to ensure patient safety, enhance staff recruitment and retention, and maintain an organization's financial viability'.

Taking McSherry and Warr (2010), Spears *et al.* (2008) and American Association of Critical Care Nurse (2001) evidence into account, excellence in nursing care in our opinion should be the number one priority of every nurse, nurse manager, leader, educator allied health and medical professional, non professional groups, teams, stakeholders and patients and users of services. Excellence in nursing care through establishing sustainable working environments and cultures, which provide safe, compassionate quality nursing care, is not just myth but reality. The emphasis of change should focus on building authentic, honest, open and transparent communities where the sharing and learning between nurse leaders, mangers and educators is directed towards forging and galvanizing genuine partnerships and collaborations between, practice, education and research. This should be undertaken in parallel to listening and responding to the voice and experience of patients/users/carers so that significant learning from areas of good and those requiring enhancing forms the basis of organizational and behaviour transformation and change at an individual, team and organizational level(s). Nurses, nurse leaders, mangers and educators cannot afford to loose focus or vision in creating sustainable working quality and educational environments and cultures which provides and evidences safe, compassionate quality nursing care because these essential skills illuminate excellence in nursing care. In essence, quality nursing is the basis for quality learning. The impetus for changing nursing in the future lies in reinforcing accountability and scrutiny is increased at the frontline of care delivery.

Nurse leaders [and indeed managers] as suggested by the American Association of Critical Care Nurse (2001) require a shift in focus to that of leading and supporting at the frontline through actively engaging with, listening and responding too those delivering care and who have received care. Authentic visible leadership forms the basis of transformation and sustainable leadership. This is because affording accessibility to and from people is indicative of leading from the front. Authentic visible leadership is essential to eradicate the misperceptions surrounding the imagery and professionalism of nurs-

ing. The challenge is in finding a framework to enable and support excellence in nursing in a logical and systematic way.

An exemplar framework to demonstrate excellence in nursing care: the Excellence in Practice Accreditation Scheme (EPAS)

Excellence in nursing care has become synonymous with leadership and management, patient safety, quality, clinical governance [Integrated governance as preferred today] and evidence-based practice (McSherry & Warr 2008). However, how can excellence in practice support the reforming and transformation agenda for nursing? Excellence in practice is about harmonizing an integrated and collaborative partnership approach through Practice Development (PD) and clinical governance (Manley *et al.* 2008). Practice Development is defined as 'a continuous process of developing person-centeredness' (Manley *et al.* 2008). Clinical governance is 'an umbrella term for all issues and concepts that clinicians know and foster, including standard setting, risk management, training, reflection and professional development' (McSherry & Pearce 2010). Used collectively, PD and clinical governance offer an integrated approach to enhancing and evaluating practice. Furthermore, both PD and Clinical Governance embrace Bassett's (1996) ideals of acting in partnership, providing support between clinical practice, education and management, enabling them to increase research utilization.

Essentially 'Evidence-based Practice' and 'Evidence-based Services' can only be achieved by staff who are 'Evidence-Informed' that is having the knowledge and skills to support decisions and action in practice with evidence (McSherry *et al.* 2002). Furthermore, the above can only be achieved successfully through: effective team working, multi-professional collaboration, communication and by having a vision and values based on openness, honesty and transparency (McSherry *et al.* 2003, McSherry 2004).

Within many organizations there is an attempt to provide evidence of quality services and standards through several organizational accreditation frameworks. For example, the Care Quality Commission (Care Quality Commission 2011a,b,c), NHS Litigation Authority Clinical Risk management Standards (2011), Charter Mark (2012), European Foundation Quality Management (2011) and Investors in People (2011). The potential merits and demerits of these frameworks are well cited. By providing a given set of criteria for measuring a given practice to a set standard(s) or level

of excellence or duplication of effort, time and support collecting, collating and presenting the evidence. To this end, Teesside University (2011) and The Practice Development Team (McSherry *et al.* 2003) undertook a review of some of the above organizational accreditation schemes and associated standards was undertaken and consensus of what excellence in practice core standards would look like was established (Table 2).

After the identification of the core standards, a series of sub standards and what constitutes evidence was identified (Table 2). Collectively the term was called the Excellence in Practice Accreditation Scheme (EPAS) (McSherry *et al.* 2003). The aim of EPAS other than reducing the burden of inspection and review through offering a framework for collecting and presenting evidence within a clinical governance framework (Pugh *et al.* 2005) was to promote excellence in practice and create healthcare environments that enable compassion, safety and excellence by facilitating teams and organizations to focus on team building, working environments, integrated care and evaluating the impact in and on practice (Royal Bolton Hospital National Health Service Foundation Trust 2010).

To achieve an acquired level of excellence requires several of the following of key stages (Table 3).

The demonstration of an acquired level of excellence (Table 2) is achieved by undertaking a 360 multi-dimensional approach to collecting, collating and presenting evidence which is peer reviewed and testified by: undertaking patient/user interviews and distributing questionnaires, through staff interviews and question-

naires by analysis of documentation, review of recent and on-going audit and through showing the impact of user feedback by evaluating care and service interventions (Teesside University 2011). Essentially EPAS aims to build an organizational culture and working environment where leadership and management work in harmony through offering collaboration, partnerships, teamwork, best evidence through evaluation, sharing, disseminating and celebrating practice. A successful EPAS accreditation requires a vision, goals and a philosophy where a collective set of attitudes, beliefs focus on offering continuous quality improvement, evidence of evaluation and dissemination (Royal Bolton Hospital National Health Service Foundation Trust 2010).

The benefits of excellence in nursing care to an organization, team and individual

The benefits of fostering excellence in nursing care through the Excellence in Practice Accreditation Scheme are far reaching and rewarding through empowering, engaging, enabling, encouraging, enlightening individuals and teams to advance practice through adopting innovative and creative ways in the quest for quality (Pugh *et al.* 2005). The process is evolving and ensures that actions and omissions are evaluated in practice. Excellence in practice is a framework or vehicle with the potential of promoting multi-disciplinary collaboration and partnerships because it is 'universal' the standards identified are relevant to all health and social care professionals or clinical and non-clinical staff. 'Unifying' the standards

Table 2

Core Excellence in Practice standards deemed essential for facilitating the 'creation healthcare environments that enable compassion, safety and excellence in nursing care' in practice

Core Standard	Explanation of the core standard
Working in organizations	Explores the initiatives under the policy outlined in <i>Improving Working Lives</i> (DoH, 2002) and concentrates on team development, communication and the sharing of information.
Collaborative working:	This standard focuses on multiprofessional working and development as the main issue for achievement of quality improvement.
User-focused care	The main theme of the transforming and reforming agenda is incorporating users' views/experiences into the development and evaluation of practice (Department of Health 2000). The theme focuses on the standards to be reached to achieve this in practice.
Continuous quality improvements	Within all quality improvement systems that have been introduced into the health service over the past 12 years, the inclusion of improving the quality of care has always been an issue (NHS Executive 1999b). Can the individual and the team incorporate the concept of quality issues in everything that they do? This standard aims to make quality part of everyday working practice.
Performance management	To manage effectively is to improve performance and user satisfaction. This theme concentrates on how this can be achieved in practice.
Measuring efficiency and effectiveness	To demonstrate efficiency and effectiveness in practice is to show how the systems can be measured and audited to illustrate developments and improvements in practice.

Table 3

Stages and process in the Excellence in Practice Accreditation Scheme

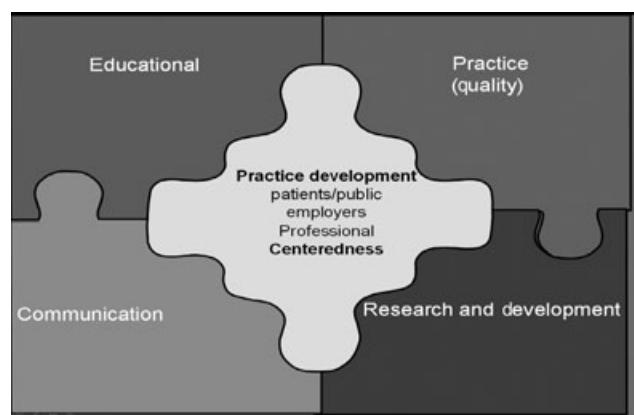
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- Stage 1: Initial enquiry followed up with a letter and information leaflet
 - Stage 2: Formal presentation made by the team to the unit, ward or department
 - Stage 3: Formal letter to proceed with the accreditation process is endorsed by organizational management
 - Stage 4: Formal application and purchase of Excellence in Practice Accreditation Scheme Pack
 - Stage 5: A baseline assessment is undertaken of existing practices. This informs the development of a strategy and action plan
 - Stage 6: Final accreditation over a 3-day period with notification of the outcome at the end of the visit
 - Stage 7: Conferment of award resulting in the presentation of an official certificate and attendance at the University of Teesside academic award ceremony
 - Stage 8: Review at 18 months to ensure standards are maintained
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emphasize the importance of team working, partnerships building in creating an organization culture and working environment where honesty, probity and openness are at the heart of innovation. 'Practical' the framework focuses on promoting and identifying excellence in practice. Practice denoted in terms of managerial, clinical, and educational and research. 'Essential' assuring quality and maintaining safety for all is not negotiable. 'Healthcare' cannot afford the opportunity to enhance communications and relationships between individuals, teams and organizations along with the systems, sub systems and the processes within which we operate. 'Crosses all professional boundaries' are imperative because the excellence in practice standards and benchmarks cross all clinical and non-clinical staff personnel along with the associated systems and processes in which they work.

Furthermore, EPAS affords a fantastic opportunity for developing an integrated governance approach to creating healthcare environments that enable compassion, safety and excellence in nursing care.

Figure 1 according to McSherry *et al.* (2003) and McSherry and Warr (2010) details how EPAS encourages teams and organizations to focus on developing excellence in practice by targeting key areas, which ultimately influences quality. These are as follows. 'Communication' associated with developing new and creative ways of information retrieval along with maximizing Information Technology to enhance effective channels of communication within and between members of the team and organization (McCabe & Timmins 2009). Excellence in nursing is about informing the team through e-bulletins news and letters. Provides easier and quicker ways to access information perhaps by utilizing the Websites and more importantly widen participation of practice developers and users. 'Research and development' is an essential aspect of excellence in nursing (Royal College of Nursing 2003). This is in order to support individuals in accessing research support and to focus on evaluation of innovation, enterprise and tech-

nology. A major aspect of practice development and service improvement initiatives and activities is to focus on impact and performance assessment and management-offering opportunities for enterprise and consultancy as possible ways of enhancing/resourcing activity in the future. 'Quality and patient safety' is associated with encouraging and engaging nurses to develop new and creative ways of involving the patient and public in facilitating change and evaluative processes. Protects and supports the position of the person [people] centred in light of policy and change. Focusing on demonstrating the impact of practice development and service improvement on patient and organizational outcomes is essential. 'Education' is associated with developing innovative and creative educational programmes specifically devoted to PD and service improvement. Adopting a stakeholder and partnerships approach and collaborative working between Universities, Trusts to devise creative and innovative ways of accrediting staff involvement with PD and service improvement activities is imperative along with providing easier access to tools

**Figure 1**

Integrated governance approach to creating healthcare environments that enable compassion, safety and excellence in nursing care.

and techniques for practice developers. 'People, patient/public/employers/professional centeredness' is about retaining the humanistic aspect of caring central when advancing and evaluating practice (Manley *et al.* 2008, McCormack *et al.* 2010).

Essentially, EPAS offers a professional and holistic framework for illustrating excellence in practice. More fundamentally is the feedback emerging from users of EPAS which shows it has the potential to deliver what it says 'Excellence in Practice and in creating healthcare environments that enable compassion, safety and excellence in nursing care'. The latter can be attested through stakeholder engagement and feedback: 'This is a model of excellence that the team is willing to share with others and have demonstrated that they are committed to providing care which is focused on the needs of patients and carers' (Darlington Primary Care Trust 2007); 'This is the first not only for the NHS Lothian, but for Scotland. Accreditation by the university would mean so much to the staff – and to the service as a whole' (Stuart Cameron Healthcare Governance Facilitator (Cameron 2008); and 'These are people who don't let organizational and professional boundaries get in the way of their ambition to provide outstanding care and these awards are our way of thanking them and celebrating their achievements' (Chief Executive of County Durham Primary Care Trust in Hartlepool Mail 2007).

Implications for nurses and nurse managers

Nurse managers, leaders and educators undoubtedly pay a pivotal role in creating and enabling excellence in nursing care. The importance of adopting an authentic sustainable leadership approach to facilitating and supporting frontline staff to innovate and change is imperative in restoring and evidencing that nurses do care and are excellent at what they do. By focusing attention on what resources are required to create and enable care, compassion, and excellence in nursing care and what this means would be a reasonable start on the journey to excellence in nursing. Excellence in nursing is about facilitating and supporting individuals, teams and organizations to achieve their true potential by inspiring, encouraging, motivating, facilitating, resourcing and ensuring the sharing and learning from all stakeholders and users of the service. Excellence in nursing care should not be an optional experience by a minority but for all. By exploring the ingredients associated with the EPAS nurse managers, leaders and educators have a original framework to focus their attention on ensuring and assuring that our healthcare environments and

those working within it operate in an open, honest, transparent culture that proactively facilitates and supports the creation and evidencing of efficient and effective safe quality compassionate care in the future. To restore the imagery of nursing, all nurses need to understand they have a role to play in sharing and disseminating when things go well. Sharing and celebrating the provision of excellence in nursing is the only way to shifting perceptions surrounding poor-quality care.

Conclusion

Excellence in nursing care will not occur without the development of genuine shared working partnerships and collaborations between nurse managers, leaders and educators and their associated organizations. Excellence in nursing care is a reality and not just a myth providing organizations change their attention to understanding more about exploring the hidden ingredients locked within the key components of PD, service improvement, clinical governance and evidence-based nursing. This is because within these attributes associated with excellence a truly remarkable recipe for reform and providing an integrated service and care may be found! The EPAS is a catalyst to integrate theory and practice and to work with health and social colleagues in developing and advancing [evaluating] practices. Furthermore, through EPAS the complex world of organizational behaviours, leading change and the relative merits and demerits of accreditation frameworks are critically reviewed and guidance given on how a generic excellence framework can provide an overarching framework to support the creation healthcare environments that enable compassion, safety and excellence in nursing care. Through adopting a Discursive Analysis Approach (DAA) the present study has attempted to illustrate how perceptions and opinions can be used to understand complexity surrounding the delivery of excellence in nursing.

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