

Building trust and confidence

What our audiences say about the key to better, safer care



Trust is a priceless quality. It's an essential attribute for any public body and has a central bearing on its ability to carry out its role. It needs to be trusted by the public, by its partners and stakeholders, and by those whose work and careers it oversees.

We, the NMC, regulate some of the UK's most trusted professionals: nurses, midwives and nursing associates. This means we're well placed to win the public's trust, which we know is key to enabling the delivery of high quality care for people.

However, there's a consequence. Where we forfeit trust, we may pay a high penalty: starting so high, we have further to fall. And where trust is broken, it can be that much harder to win back. Yet doing so is vital if we are to carry out our responsibilities to the highest level we can achieve.

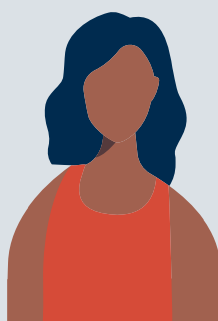
In order to evaluate the level of trust in professional regulation, we've undertaken a study of the values and beliefs that are fundamental to how people view professional regulation in general and the NMC and its activities in particular. We did so among three groups, all of whom can be considered our key audiences.

Our key audiences

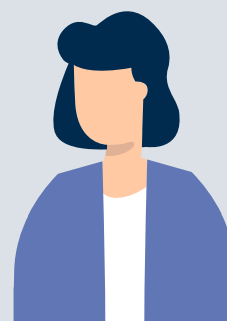
Professionals



Public



Employees



The **first** consists of our registrants: the **nurses, midwives** and **nursing associates** whom we regulate, ensuring they are fit to practise throughout their careers. The **second** are the **general public** who come into contact with those on our register, quite often at times of greatest need. The **third** are **our employees**, who enable the NMC to do the best job possible to ensure our registrants deliver the best and safest care.

The results have proved illuminating and instructive. They have important implications for how we carry out our work, and they bear directly on some critical strategic decisions that await us over the next twelve months as we develop our next organisational strategy. These are to be found in three crucial areas, and they arise at a time when our health and care sector partners face increasing pressure in terms of both demand and resources. How far should we consider contextual issues behind complaints? Are there other respects where both the NMC and the sector should consider change? And if so, how prominent a role should the NMC play in shaping change?

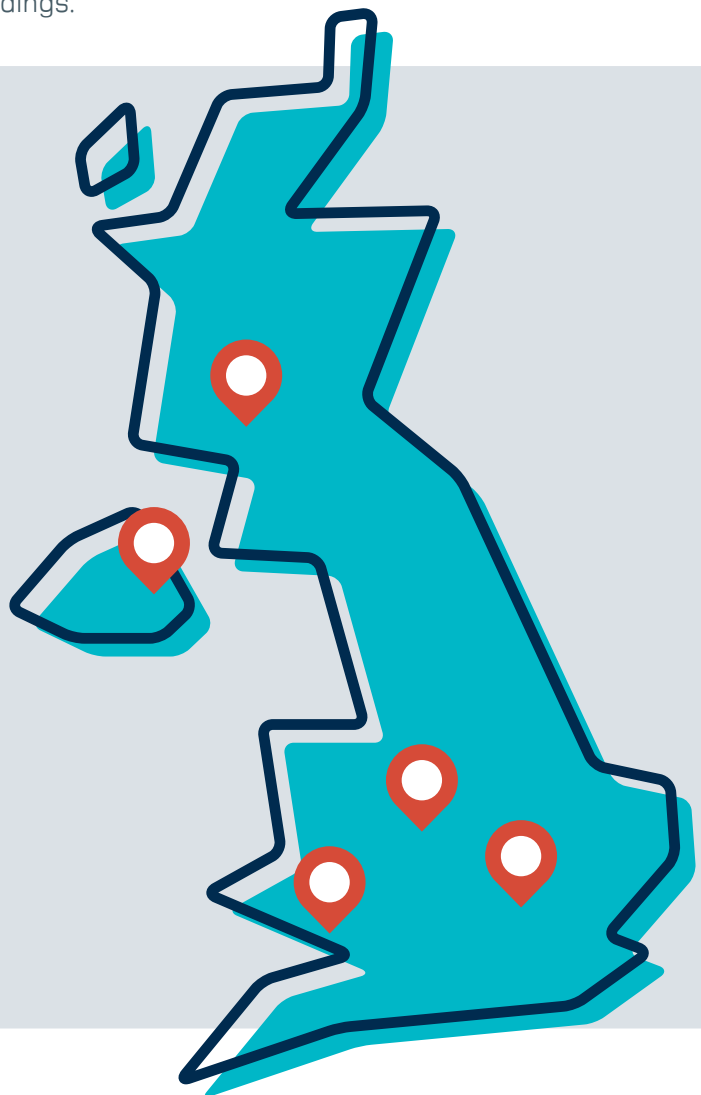
It's worth reminding ourselves why trust is so important in professional regulation. Our work is vital in ensuring that the highest standards of care can be delivered. It's also crucial in maintaining public confidence in nursing and midwifery. We share this aim with a number of partners where it's essential that our insights are considered. The same applies in discussions on health and care policy with the UK government and devolved administrations. These considerations apply with equal force to our fitness to practise (FtP) proceedings, undertaken when it's suggested that individual nurses or midwives have fallen short of the high standards the profession expects.

The most trusted profession

It was for this reason that we commissioned extensive research from the Stonehaven consultancy. Over a period of five months, it conducted 21 focus groups across the UK, collecting the detailed views of more than 160 people. The people involved in the research were from a range of age groups, genders and ethnicities, and were representative of the general public. Of the people we spoke to in one-to-one interviews, at least five live with a disability. Stonehaven polled a further 5,000 people to gather more evidence and test its findings.

Engaging with our audiences across the UK

- **Birmingham**
- **Lisburn**
- **London**
- **Newport**
- **Paisley**



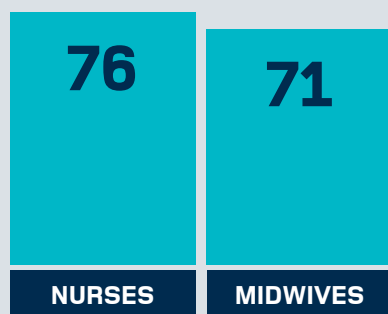
In contrast to some opinion surveys, this research drilled down into respondents' attitudes, uncovering the beliefs and values that underlie their answers. It also revealed both the high expectations they have of those delivering care, and the disappointment and frustration they feel when those expectations aren't met.

The first and most reassuring finding is that the public trust nurses, midwives and nursing associates above all other professionals. A previous IPSOS Mori survey found that nurses are trusted to tell the truth by 96 percent of respondents.¹ This was the highest score for any profession, ranking them above doctors and teachers, and separated by a gulf from estate agents, journalists, politicians and advertising executives. Our own research confirmed this, however we also discovered that the public feel the pressures and challenges of the health and social care system can hold nursing and midwifery professionals back.

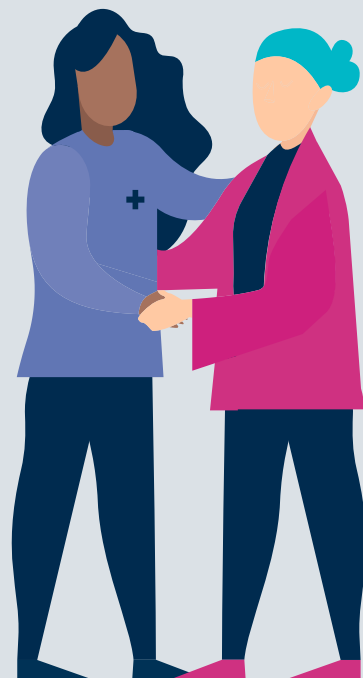
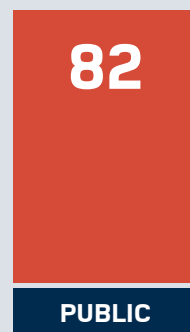
In a second key finding, directly bearing on our role, the public believe in the idea of regulation, and score us a mean of 82 out of 100 in the work we are doing (100 being very well, and 0 being very poorly).

Professional regulation is broadly trusted

Professionals say the NMC is doing well in its performance (out of 100)



Public trust in regulation of nurses and midwives is high (out of 100)



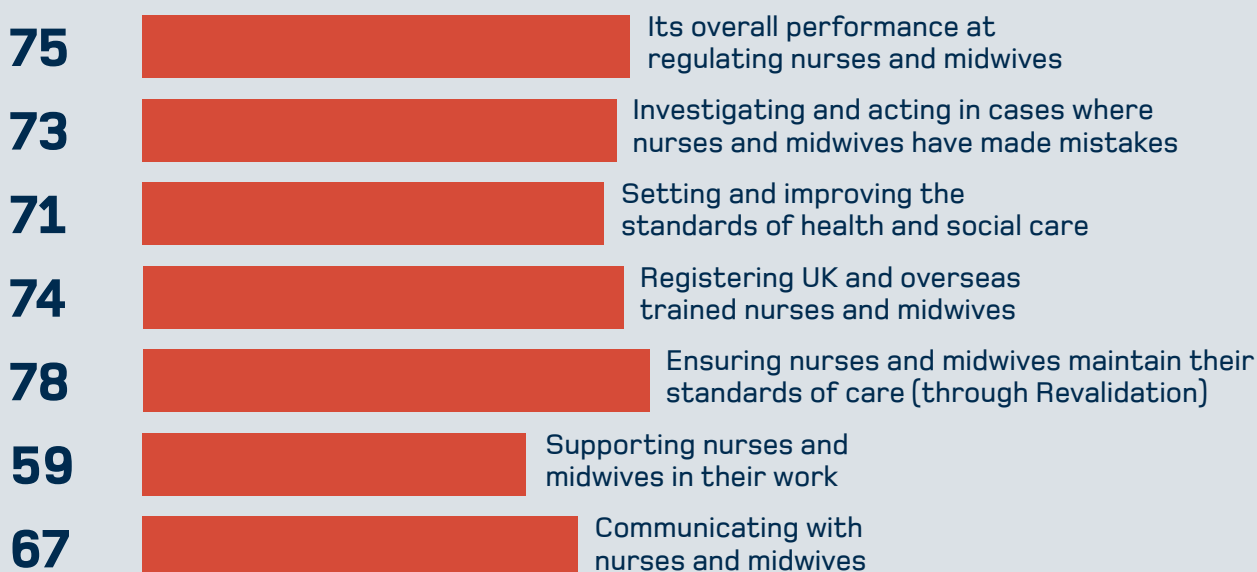
¹ www.ipsos.com/ipsos-mori/en-uk/advertising-execs-rank-below-politicians-britains-least-trusted-profession

There are two caveats here, which may have a bearing on our considerations. The public's detailed knowledge of our role is limited; and while nurses and midwives have a generally high opinion of our role, midwives score lower than nurses.

A closer examination of nurses' and midwives' attitudes is revealing. Both take immense pride in achieving their professional qualifications and status, and their personal identification number (PIN) is the embodiment of their success in doing so. But this comes with a further caveat: many of them do not link their hard-won PIN with the NMC, even though we're the organisation that awards it. When asked to rank the functions of the NMC, they gave the highest approval to our work in ensuring that nurses and midwives maintain their standards of care, in particular through the process of revalidation.

There are other findings of particular interest. Our registrants were least approving of our performance in three key functions: seeking to improve the standards of health and social care; communicating with nurses and midwives; and – at the bottom, with a mean score of 59 out of 100 (100 being 'very confident' and 0 'not at all confident') – supporting nurses and midwives in their work. Given that trust is the key attribute we're considering, these are views that will inform our discussions as part of the development of our next organisational strategy.

Registrants' assessment of the NMC



The same applies to attitudes to one of our core functions: investigating complaints through our fitness to practise proceedings. Paradoxically, this will typically only affect less than one percent of nursing and midwifery professionals, but a sizeable number react against the language around it, specifically that we're there to 'protect the public'.

Such language leaves nurses and midwives feeling alienated – the implication being that the public need to be protected from them. This is particularly interesting considering the near-universal level of trust in which they're held. Nurses and midwives expressed themselves strongly on this issue, objecting to the idea – as one put it – that the NMC should act like George Orwell's Big Brother, watching over them at all times.

However, the public are divided over the notion of 'protecting the public': some found it reassuring and easy to understand, while others felt it belittled registrants and their professional capabilities.

The importance of context

These attitudes have a highly significant consequence: shifting away from a culture of blame to one of understanding and reconciliation. Where mistakes are made, nurses and midwives – by a very wide margin – want the 'context' of these mistakes to be taken into account. We'll all have our own interpretation of what 'context' means, but some of the terms that resonated with registrants and the public alike included 'bureaucracy', 'lack of funding', and 'insufficient staffing levels'. Their sub-text can be read as referring to the reality of our registrants' working lives in hard-pressed environments, and in teams where funding and resources are a permanent issue.

Among registrants a remarkable 72 percent wanted the NMC to consider 'context' as a priority over 'taking action'. The general public shared this view, although by a smaller margin – 49 percent against 37 percent. The public showed an understanding of the pressures nurses and midwives face. One commented:

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Nurses work long hours and the pay doesn't normally add up. I think they really need to be passionate about caring for people



Keeping pace with change

It's important to consider these attitudes alongside other findings we've made. We asked both the people on our register and the public to rank three descriptors, which we've summarised as follows:

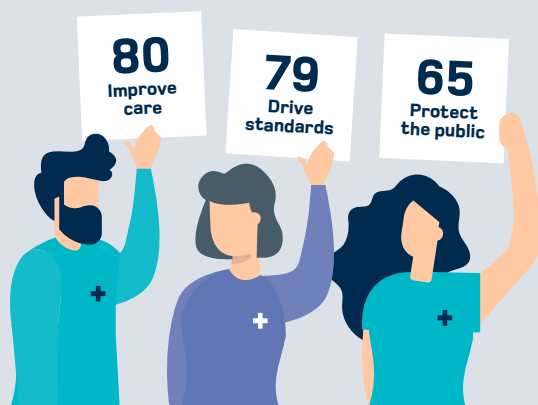
- **protecting the public**
- **driving standards**
- **improving care.**

Among those on our register, 'improving care' came top, with 'driving standards' second and 'protecting the public' third. The public rated 'driving standards' top, 'improving care' second and 'protecting the public' third – although the margins were smaller than they were among our professionals.

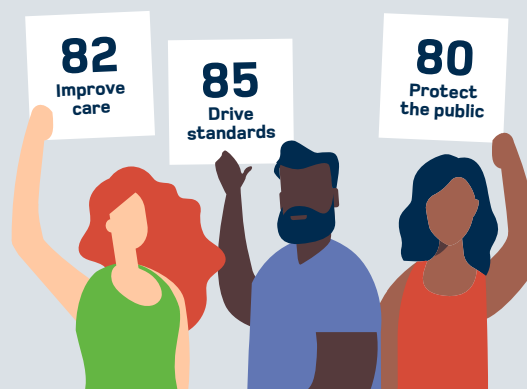
How our audiences rank different messages

We asked 'how confident are you in each of these areas'. 100 is 'very confident'; 0 is 'not at all confident'.

People on our register



Public



Where 'driving standards' is concerned, the public, the people on our register and NMC employees all talked of the need to keep pace with changes in health and care, and technology – one said it was about 'future proofing'. For the public – less aware than registrants of the detail of our role – this was about preserving compassionate, quality care. For nurses, midwives and nursing associates this touches on a procedure that's central to their work and careers: revalidation, the process by which they demonstrate that they're continually reflecting and learning. They revalidate every three years.

This important process helps ensure that nursing and midwifery professionals keep their skills up to date. They have to fulfil a set of requirements, such as providing working logs, feedback and reflective accounts.

Those on our register say this is less daunting than it might appear, and that it gives them the chance to refresh their own attitudes to their work. Encouragingly, our professionals believe revalidation should be made more rigorous to guarantee good practice for them and their colleagues. Some objected to any idea that revalidation should be 'box ticking'. Others spoke in forceful terms, saying that revalidation should be used to 'root out' poor care – but we know that's not what it's about. It's about making sure that professionals are keeping their skills and knowledge up to date, and reflecting on their practice.

The public share these views of revalidation, which they see as a way of ensuring that nurses, midwives and nursing associates stay abreast of advances in care – one talked of making sure the profession is 'fit for an ever-changing environment'.

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Registrants report that working logs, feedback and reflective accounts are less daunting than they might appear

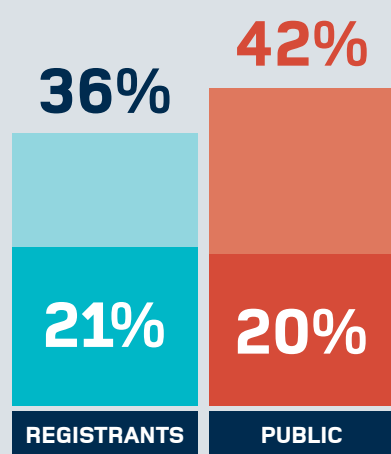
There's a positive connotation for the NMC too, as these attitudes imply a belief in the role and effectiveness of regulation. Ensuring that revalidation is robust is clearly within our competence. It's also something we'll be considering as we develop our new strategy, as well as helping us to attain our goal of driving standards – shared by registrants and the public alike.



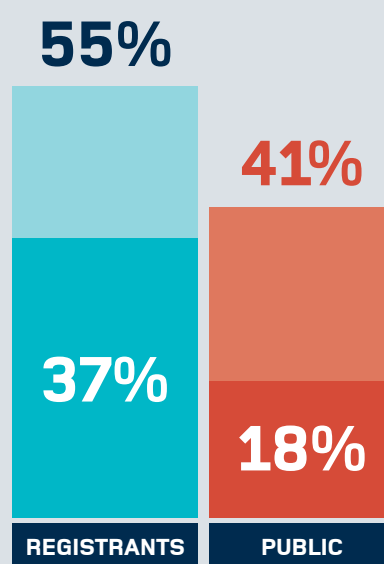
A broader role?

In our research, we returned to a question we'd posed about the importance of investigating complaints for the purpose of protecting the public. This time we omitted that option and posed a binary choice. Should the NMC stick to its core role of regulating nurses, midwives and nursing associates? Or should we seek to have a broader impact on the quality of health and social care? By offering this choice – and in the interests of clarity – we made plain some of the implications of our earlier questions. Among the people on our register, the result was clear, showing a majority of 55 percent in favour of seeking to play a broader role, with 36 percent against. The public was almost evenly split: 42 percent in favour, with 41 percent against.

The NMC should stick to its core role of regulating nurses and midwives



The NMC should seek to have a broader impact on the quality of health and social care



Strongly agree



Somewhat agree

When we posed the question in a different way, the results were even more striking. We asked nursing and midwifery professionals if they felt the NMC should highlight the need for nurses' and midwives' working conditions to improve, 'making sure they have time to care'.

A remarkable 92 percent agreed, outranking every other option they were offered. For the public, 62 percent saw this as the most important role the NMC could potentially play. One recent patient was even aware of nursing and midwifery professionals becoming ill from the pressure they faced and leaving the profession. It's important to note here that actively working to improve conditions is not in the NMC's remit as a professional regulator.



The public support the idea of the NMC adopting a more prominent role in supporting the work that nursing and midwifery professionals do

It's at this junction that the findings of our research appear to align. When complaints against nurses, midwives and nursing associates are investigated, they should not be considered in isolation from the difficulties and constraints of their working conditions. The attitudes of people on our register towards revalidation show they're as concerned as anyone about the need to maintain professional standards.

The public also support the idea of the NMC adopting a more prominent role in supporting the work that nursing and midwifery professionals do. They still want accountability – and transparency – when things go wrong, and don't want this part of the NMC's role to be diminished.

But their overriding view is that lessons should be learned when mistakes are made, so that there's a beneficial outcome where pain and suffering have occurred. This in turn embodies the concepts of reflection and personal learning that are central to our new approach to fitness to practise.

Our strategic choices

These findings are particularly helpful as we consider our strategic choices. Should we move away from the language of “protecting the public”? How should we work to ensure that care is consistent and of the highest quality, taking into account the workplace pressures that nurses, midwives and nursing associates have to contend with? And should we adopt a more prominent role in driving and improving standards across the sector, in the interests of our professionals and the public alike?

In pondering these questions, we'll be clear about the limits of our role as a professional regulator, and seek to influence others where appropriate.

In the meantime, we have one great advantage: the trust the public places in the people on our register. As regulators, we must demonstrate that we are worthy of this trust, too – and this in turn will give us the confidence to reach the right decisions.



NMC Nursing &
Midwifery
Council

We're the professional regulator of nurses, midwives and nursing associates. We work with these dedicated practitioners to ensure they have the knowledge and skills to deliver consistent, quality care that keep people safe.

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