



# Our students have the answers

INMO student and new graduate officer Neal Donohue says that where there is reason to complain there is reason to take action for change

A COLLEAGUE recently sent me an article entitled 'The normalisation of deviance in healthcare delivery'.<sup>1</sup> This article examines how violations of standards of practice become normalised in healthcare delivery systems. Prior to reading this article I met with a group of students from the INMO Student Section. These students spoke about the effects the nursing and midwifery shortage is having in hospitals. They highlighted how it affects their learning as supernumerary students and how staff are burnt out with the increased workloads.

## Need for change

Interestingly, rather than shy away from the challenge of working in an environment that is notoriously stressful and toxic, these students want to be part of a movement that affects change.

This would seem an insurmountable task and one could disregard the students' enthusiasm considering it to be naive. I asked, how do we do this? How do we change an entire health service that is working beyond capacity, with insufficient resources in the form of staffing and funding, and the demands are expected to grow going forward?

The students' answer was an interesting one, and before I explain I would like to look at how we got here.

## Standards and quality in practice

In 2016 the deficit in nursing and midwifery staffing levels was -3,171. This has increased the workload for the staff remaining within the system. Due to increases in population and increases in patient acuity there is a further strain on the available resources and one must ask the question: how does the increase in quantity of care required influence the quality of care provided?

When did it become acceptable for

a vulnerable and frail patient to lie on a trolley in a corridor for hours with no comfort, no privacy, and no dignity. Is there any person in our society that finds the current experiences acceptable? As explained by Banja<sup>1</sup>, this type of deviance is not the result of criminal or malicious intent.

Although no body wants to take responsibility for this practice, it has become normalised, even justified, by those in authority as a necessity to relieve the pain and suffering of the individual. We carry on regardless.

## Blame

One could easily blame those in authority for these horrible conditions and I'm sure many have been branded as evil and heartless people to find these standards acceptable. However, it is not logical to presume that individuals in governance have the intent of holding patients to ransom in accident and emergency departments.

## Accountability

This is where the student's responses make sense. The students believe finding someone to blame is counterproductive. Rather than lay blame we must focus on accountability and responsibility.

These students have already seen nurses and midwives fill our risk assessments, complete incident forms and INMO disclaimer forms and nothing is done. If managers, directors and all those in governance were held accountable the same way nurses and midwives are then perhaps something would change. Essentially, the students were alluding to the recommendations in the *Sláintecare* Report 2017.

Legislation is needed for national standards in clinical governance and those in positions of authority must be

held accountable for their actions and omissions.

## Advice

When I was a student, one of my mentors gave me some advice that has stayed with me. This preceptor told me that no matter how much I study, and no matter how high I climb I should look at the NMBI Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives at least once a week and reflect on my practice. This is perhaps the best advice any nurse or midwife could give a student, especially considering the current state of the public health service. I have found in recent years there is a tremendous disconnect between the core values of nursing and midwifery and the standards and practices within our health services.

I hope that students will read this and be aware that while you are training and learning, you must not allow institutionalisation and socialisation to impair your ethical and professional standards. Do not rationalise the current practices and experiences as acceptable because there is nothing 'I' can do or because you were not directly the cause of the situation. While we wait for staffing levels to improve you will still be held accountable for your practice.

## Take action

If there is a reason to complain, then there is a reason to take action. If you are interested in making a difference join the INMO Student Section, or you may be eligible to join the Youth Forums.

To join these groups, please contact me, Neal Donohue, INMO student and new graduate officer, at email: [neal.donohue@inmo.ie](mailto:neal.donohue@inmo.ie) or Tel: 01 6640628.

## Reference

1. Banja, J. (2010). *The normalization of deviance in healthcare delivery*. *Business Horizons*, 53(2), 139