

# Nursing Practice

## COMMENT

### “Specialists are uniquely positioned to share knowledge”

In my relatively new post as director of nursing at the Royal National Orthopaedic Hospital (RNOH), I have spent some time reflecting on the role of specialist tertiary centres in relation to knowledge generation in the NHS.

In an increasingly challenging financial environment it would be easy to sideline practice development, education and research, and focus all resource on delivering services. Although that approach may provide short-term benefits for patients, it is likely to store up medium- and long-term issues as practice slowly falls behind. It is clear to me – and to many others I am sure – that investment in developing nursing knowledge and workforce skill is an investment in delivering quality for our patients.

We have, thankfully, moved away from the notion of “too posh to wash” and “to clever to care”, and into a space where most people recognise that academic ability and compassion are not mutually exclusive. Patients deserve educated and caring nurses, who base their practice on evidence, and who constantly question and develop how they deliver care.

Nursing research has developed significantly years, but my sense is that it is often seen as something academics do – expert practitioners who have great ideas for research projects can feel lost on how to develop their idea or overwhelmed by their clinical workload.

We are privileged at the RNOH to have a great team of nurses who deliver amazing outcomes and experience for our patients, even in what can only be described as a challenging physical environment. As

with many other single specialty organisations, we have a concentration of expert nursing knowledge that is unique and I feel this brings with it a responsibility to take a leading role in shaping specialist practice, not just within the organisation but widely within the NHS.

This can only be achieved through a solid programme of research and education that is developed through partnerships with other providers, higher education institutions and other bodies. I believe education and research need to be integrated into practice – not isolated from it – and tertiary providers have a central role to play in developing these collaborations.

RNOH is working with London South Bank University to develop the Centre for Orthopaedic Nursing Research and Education. Our vision is to create a centre that contributes new knowledge through research, translates this into practice in dedicated nursing clinical research and practice development facilities, and uses this to provide cutting-edge specialist education for nurses in the wider NHS.

In specialist centres we are lucky to work in an environment where patients who have the most complex of problems are cared for by team of nurses with the most expert levels of knowledge and skills. I believe it is our role to open the doors, invite people in, collaborate and take a leading role in developing nursing for the benefit of the wider profession.

If you want to join us, then we’d love to hear from you. **NT**

*Paul Fish is director of nursing at the Royal National Orthopaedic Hospital, London*

## HIGHLIGHTS

**Managing people with carbapenem-resistant infections** *p12*

**Improving end-of-life care in hospitals** *p24*

**Nurses’ role in antibiotic stewardship**

*p15*



## SPOTLIGHT

### The distant despot has a human face

Despite what the national press may say, NHS senior managers are neither faceless bureaucrats nor nitpicking pen-pushers. They play crucial roles in planning services and ensuring they run smoothly.

While a range of factors affect how nurses perceive senior managers, having general managers with no healthcare experience mean the two groups may not connect. They speak different languages and don’t understand each other’s perspective.

Our research report (page 20) discusses a study of nurses’ perceptions of senior managers and how the two groups might better understand each other.

It suggests that adopting the “back to the floor” activity of many directors of nursing might help managers to see the realities of care – and help nurses to see managers as real people, not distant despots.



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