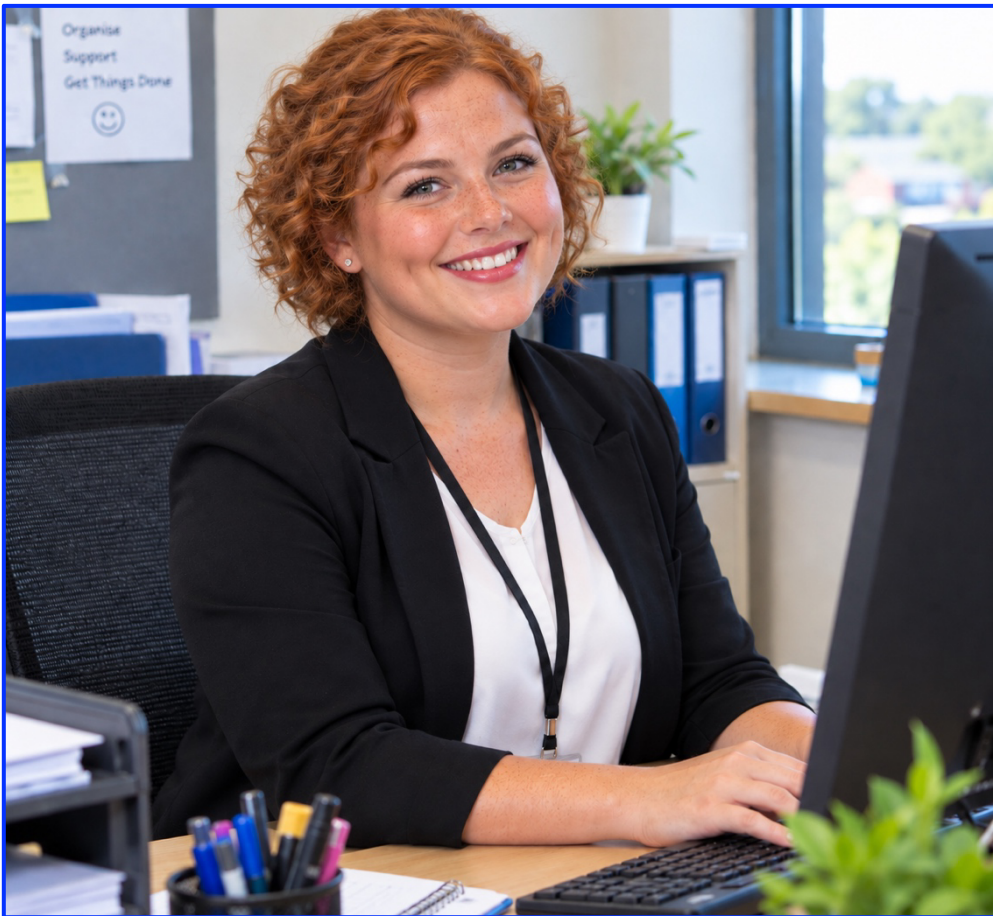


From Office Administrator to an Unsung Contributor to Patient Care

(Ruby Fitzgerald)

I thought I was moving to Edinburgh for a new job. I never imagined I was stepping into a world that would completely change how I saw healthcare — and my own place within it.

When I qualified as Plymouth Office Administrator in England, I was excited to begin my



working life. I had secured a position with a cooperative company that had recently expanded its operations from America, and everything felt new and full of possibility. The company was new. The team was new. The business was growing rapidly —

and I was eager to grow with it.

Two years into my role, life suddenly presented me with a decision I had never expected to make. My dad was offered a job in Scotland, an opportunity he simply could not turn down. My parents began packing. I had a choice. Stay behind in Plymouth, where I had spent my entire life, or leave everything familiar and move to Scotland with them. I had just four weeks to decide.

A Decision Made Out of Necessity

Initially, I told myself I would stay in Plymouth. But there was one problem. I didn't want to be alone. So, reluctantly but practically, I began looking for employment opportunities in Edinburgh. I sent approximately five applications to well-known, long-established organisations. One of them was for a Ward Administrator position within an NHS Scotland hospital. There were only two days remaining before the vacancy closed, so I completed the application and thought very little more about it.

To be honest, the hospital wasn't even my main focus. I was much more interested in the corporate organisations I had applied to. None of them came back to me. Then, exactly three days after submitting my hospital application, I received an invitation to a virtual interview. I genuinely wondered whether it was a mistake. Still, I attended. During the interview, they explained that, although I had never worked in a hospital before, my qualifications and previous administrative experience could potentially make me suitable for the role.

Interestingly, my first employer had encouraged me to complete a short course in English Law. At the time, I had no idea how useful that knowledge might become. Now, the hospital explained that amongst other requirements an understanding of British Law could be beneficial. I listened carefully. Then I waited.

The Call That Changed Everything

Three and a half weeks later, I was offered the job. I was going to Edinburgh. The timing couldn't have been better. My existing employer required a month's notice, but I still had annual leave outstanding. By using my remaining holiday entitlement, I was able to finish earlier than expected and join my parents just in time to help with the move.

I was due to start at the hospital in the first week of November. And, strangely enough, that felt like the perfect birthday present. My birthday was also in the first week of November. I arrived in Edinburgh excited, nervous and completely unaware of what was waiting for me.

Wait... I'm Going to Be Working with Patients?

My first major surprise came when I was told I needed to join the **Protecting Vulnerable Groups (PVG) Scheme**. The purpose was to check whether I had any criminal history because my new role would be within a hospital environment where I could potentially have contact with patients. I remember thinking: *What? Contact with patients?* I was an administrator! I hadn't applied to become a nurse, doctor or healthcare assistant. I was an office administrator. But by this point, I had resigned from my previous job and was committed to moving forward. So, I agreed to the necessary checks and waited.

The PVG scheme process eventually came through approximately five weeks later. That was when I could finally begin. I arrived at work, was shown around the hospital and introduced to my new working environment. Then came another shock. I wasn't going to be working in an ordinary hospital administration office. I was going to be working in a **mental health unit**. My heart was in my mouth.

I had never worked in mental health before. In fact, I had never even been inside a mental health unit. Suddenly, the confident office administrator who had left Plymouth seemed very far away.

Meet “Mrs Leaving”

I was given one week of induction with the administrator who was due to leave the following month. For the purpose of this story, let's call her **Mrs Leaving**. Mrs Leaving had been doing the job for approximately 25 years. Twenty-five years! I had one week to learn from someone who had spent a quarter of a century mastering the role. I remember

thinking: *How on earth am I supposed to take over this job?* Fortunately, Mrs Leaving turned out to be one of the most patient and humorous people I could have asked for. Her first and most important piece of advice was simple: **“Learn the medical terminology — and learn it quickly.”** According to her, once I understood the terminology, everything else would begin to fall into place. So, I did exactly that. I had no choice.

Learning to Stop Being Afraid

I was introduced to the electronic Patient Management System and began what seemed like an endless series of training sessions, many of them online. There was so much to learn. Medical terminology. Hospital procedures. Patient records. Legal terminology. Electronic systems. Confidentiality. Administrative processes. I had convinced myself that everything I needed to know would take at least two years to master. Mrs Leaving disagreed. “You'll learn the rest as you go,” she told me. She was right.

But my biggest challenge wasn't the computer system. It was my fear. I was looking forward to discovering Edinburgh, but suddenly I wasn't so sure anymore. I was nervous about leaving the safety of our office. I worried about encountering patients who might be distressed or unpredictable.

From a Scared Chicken to a Confident Administrator

Mrs Leaving took me aside. She talked to me, reassured me and helped me understand that I was looking at my new environment through the eyes of someone who didn't yet understand it. My transformation didn't happen overnight. During my first week, I was too frightened to go outside and have my lunch in the garde. But something began to change. I became familiar with my surroundings. I became familiar with the people and some clinical stuff from different wards. I became familiar with the language of the hospital.

And, most importantly, I began to understand that the people I had been so afraid of were not simply “mental health patients”. They were human beings. People with stories. People

with families. People experiencing difficult moments in their lives. By my third month, you would never have believed that I was the same woman who had once been afraid to leave her desk to eat lunch outside.

The Administrator Behind the Care

Today, three years since moving to Edinburgh, I know the patients assigned to me by name. I have developed a strong understanding of the medical and legal terminology used every day within the hospital. But perhaps the biggest lesson has been understanding what administration actually means within healthcare. I may not be the person delivering direct clinical care. I may not be the person taking observations, administering medication or making a diagnosis. But my work still matters.

Every patient record that is accurate and up to date matters. Every piece of information that is correctly recorded matters. Every administrative process completed properly can help clinicians access the information they need to provide safe and effective care.

And that has completely changed the way I see myself. I no longer see myself as “**just an office administrator.**” I see myself as a valued contributor to the day-to-day delivery of patient care.

We All Matter in Healthcare

My journey into healthcare wasn't planned. I didn't grow up dreaming of working in a hospital. I wasn't looking for a career in mental health. I simply needed a job in Edinburgh because my parents were moving to Scotland. Yet what began as a practical decision became one of the most important professional experiences of my life. It taught me that healthcare is much bigger than the people we see at the bedside. Behind every patient is an enormous network of people working together — clinicians, administrators, porters, cleaners, receptionists, technicians, managers and countless others.

Some roles are highly visible. Others happen quietly behind the scenes. Every role contributes to the bigger picture. My journey taught me something I will never forget: **You don't have to work directly with patients to make a difference to patient care.**

Sometimes, making a difference means ensuring the right information is in the right place at the right time. Sometimes, it means keeping the system moving. Sometimes, it simply means understanding that your role matters. Because in healthcare, **we all matter too.**