

Nursing Practice

COMMENT

“Systems such as red trays erode essential nursing skills”

Last year proved turbulent for nursing, and hospital nursing was in the line of fire for many failings in care. The 2011 Care Quality Commission report on patient nutrition and dignity in hospital unveiled significant deficiencies in essential care. With 17% (n=100) of hospitals not meeting standards, and a further 32% needing to improve, nursing was unfavourably under the spotlight. Accounts of personal care being delivered while privacy curtains were not being drawn properly and call bells left out of reach left many in the profession astonished that such simple but fundamental omissions could occur.

While we accept that nurses must play a part in strategic planning in the health service, professional credibility is lost when the essentials of care cannot be delivered at the very foundations of practice.

The introduction of a vast number of initiatives – such as nutritionally screening all patients on admission, even if the initial nursing assessment identifies they are at minimal risk of nutritional deficiency – has increased paperwork for nurses. Alongside this, red tray systems and red water jugs for those at risk of dehydration/malnutrition have just put a sticking plaster over the problems of poor nursing direction, leadership and the lack of managerial support for good-quality nursing care. These initiatives have been promoted by organisations such as Age Concern and the CQC, which now inspects for them, so they need to be recorded too.

But such initiatives, although well intended, can erode the clinical decision-making skills and development of

critical-thinking skills of nurses. Although I accept there have to be systems to support the delivery of good care in hospitals, I believe we are moving further to system-driven processes. This is where nurses are unable to use their initiative to provide individualised holistic care for patients.

Instead, they follow regimented protocols and standard care plans, which in turn increase workloads unnecessarily and remove them from direct patient contact. For example, where patients have not been started on a red tray or red water jug system but are at risk, a nurse may not act on that risk because of the lack of clinical experience and inability to make a decision.

The prime minister’s plan to improve care in hospital by introducing hourly rounds has infuriated many health professionals. Yet again, the government is introducing a measure that is target driven and will have to be recorded. This creates yet more bureaucracy in a system that is already heavily loaded with pathways that reduce the personal caring patients want.

We need to strip the layers from those systems that are uniformly target driven, and allow nurses to provide holistic care that is individual to the needs of their patients. Senior nurses should be allowed to manage, teach and lead their teams, sharing their experience and supporting the development of practice for junior staff. This is surely what patients would ultimately welcome. **NT**

Neil Wilson is senior lecturer and admissions tutor, pre-registration adult nursing, Faculty of Health, Psychology and Social Care, Manchester Metropolitan University

HIGHLIGHTS

Benefits of long-acting reversible contraception p22

A new approach to mandatory training p18

Pain management for osteoarthritis p25



SPOTLIGHT

Let’s talk about sex for young people’s health

Young people aged 16-24 years make up just 12% of the UK population, but account for nearly two-thirds of chlamydia cases and over half of genital warts cases diagnosed.

Addressing this problem requires services that not only reach young people but also engage them. The article on page 20 explains how combining asymptomatic sexual health screening with sexual health education can increase screening rates while encouraging young people to understand the consequences of unprotected sexual intercourse.

Women often need help to find a contraceptive that suits them and nurses must be aware of all options including long-acting reversible

contraceptives. An overview on page 22 suggests these are highly effective in preventing pregnancy and are considered to be cost effective.



Eileen Shepherd is deputy practice editor of Nursing Times.

eileen.shepherd@emap.com

Twitter @EileenShepherd. Don't miss the practice blog, go to nursingtimes.net/practiceblog