“We should not dismiss the value of Nightingale wards”

When one of my relatives had a stroke in 1994 and was admitted to hospital, she was cared for on a Nightingale ward. I was relieved because, having done my nurse training on these wards, I knew she would have people around her – there were usually about 20 patients to a ward – and that, if she was in distress, there would always be someone around to alert the staff.

However, she was later moved to a four-bed section where one patient was unconscious and another in great pain. I felt this was dreadful for her – she needed to be in a room where there was more life around her. Subsequently she was moved to a separate room and later to a hospital where there were small units where none of the other patients was able to get up to find staff if there was a problem. Nobody seemed to be keeping an eye on her and it was difficult to find nurses to alert them to her needs.

Had she been on a Nightingale ward, she would have been more visible to staff. Instead, I felt her needs were ignored. She had a nasogastric tube but no one seemed to be paying attention to whether she was feeding sufficiently. She ended up losing so much weight she was unable to fight off infection and she passed away.

If my relative had been on a Nightingale ward, I would have felt more confident that her needs were being addressed when I wasn’t there.

I would like to bring back Nightingale wards. Having a mixture of patients makes for a more stimulating environment. Patients develop camaraderie; they get to know each other and, if they see someone who seems in need of support or care, they can let staff know.

These wards also help to inspire more confidence in staff’s abilities – relatives can see them looking after patients, unlike smaller units where care is less apparent.

Nurses gain satisfaction from knowing that when they go off duty they have done the best they can during that shift. But a small unit is not the best environment to get an overview of the care that has been given by the nursing team.

Nightingale wards have been criticised for their lack of privacy and dignity. While these are valuable needs, if I’m unwell, all I’m concerned about is that someone notices how ill I feel. When I go home, I won’t be talking about the inconvenience of not having my own toilet and the embarrassment of using a bedpan – I will just be grateful to have recovered from my illness.

I would like the profession to take the positive aspects of the Nightingale wards and see them tailored to today’s needs.

Why don’t we have a debate about Nightingale wards while we still have older nurses who remember them and who know the difference between them and other units?

This would ensure we don’t lose something really valuable because, ultimately, we could create a ward system that’s better than the ones we have now and that would benefit not only patients but also nurses. NT

Deborah David is a former auxiliary nurse in London

Spotlight

Train care home staff to reduce delirium distress

Many older people who go into nursing and care homes do so because they have age-related cognitive problems.

However, staff should not assume that confusion or agitation in residents is a sign of dementia. It may be due to delirium, particularly if this behaviour is out of character.

Delirium can often be reversed, so prevention is the best policy. To achieve this, staff need to understand the disorder and its risk factors. Unfortunately, limited resources, difficulties in providing training and high staff turnover can make this a challenge in nursing and care homes.

Our research report (page 22) describes a study on an educational package for care home staff. This shows that they are able to learn about delirium, risk factors and prevention, and to help reduce residents’ risk of developing this distressing disorder.

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