“Caring is a fundamental part of the job, not an optional extra”

My father was in hospital after having had a severe stroke. As I entered the ward for the first time, I saw a poster on the wall advertising “Making Time to Care”, which had been created by someone with the title of dignity nurse. The poster featured a number of ideas on how a busy nurse could create space in a busy schedule.

I was incredulous. I imagined boarding an aircraft to be faced by a poster with suggestions for the pilot about “Making Time to Concentrate”. I also envisaged entering my daughter’s school to see a poster advising people on how teachers might “Take the Time to Educate”. If I went into my bank and saw a poster suggesting ways in which the staff might “Make Time to Get the Sums Right” I would promptly close my account.

The essential element of a pilot’s role is concentration, a teacher is an educator and a bank has to demonstrate that it will not lose my money. These are not optional extras in an otherwise busy day, they are key functions. A nurse’s role is surely about caring? It must be the central task and not something to be done in bits of time that can be freed up.

The care my father received was good in so many ways and yet I arrived on the ward to find him lying naked on his bed in full view of others. This must have been humiliating for a dignified man. He was being called by the wrong name despite the fact that his notes made it clear what he preferred to be called. His Parkinson’s medication was changed – as a result of which his shakes became uncontrollable – and it took the threat of a complaint before his long-established medication was reinstated. His cards and photographs went missing.

None of these things was really a matter of time. Drawing the curtains takes seconds. Presumably the curtains had been read but it had not registered with the nurses what he preferred to be called. I discovered that the change in medication had been a matter of cost to the hospital. Whoever moved the photographs and cards did not care enough to remember to return them. None of these issues is really about time – each one comes down to mindfulness. They are about caring sufficiently to make sure that the things that probably mattered to him most were done.

My father did, however, have a lot of things done to him – things that he grew to dread and things that all the members of our family (he included) knew to be futile. The things done to him appeared to be the priority. His care seemed to epitomise task orientation at the expense of caring.

There appears to have been a flurry of recent reports of neglect and abuse being carried out by nurses in all specialties. The extreme cases illustrate an extreme lack of caring. Examples such as the one I’ve described here demonstrate a subtler lack of care, no matter how well-intentioned the nurses were. How do we put caring back at the centre of training and practice? Can we relocate “tasks” to a position of lower priority?