“When tasks overwhelm, the human touch will be missing”

I am not sure there has ever been a golden era of nursing. Certainly, I would be the first to criticise my own training with its flaws and inadequacies, but it did teach me fundamental skills, which I have always thought were pivotal to being a nurse.

I am drawn to the present by my personal experience of being an NHS inpatient and wonder if we are any further forward a year on from Francis. A recently perforated appendix and some postoperative complications have given me time to reflect on the state of nursing.

I was a patient in two surgical wards and a visitor to many different departments for investigation. Once the effects of the morphine had subsided, I became aware of what was going on around me and was saddened by the plight of qualified ward staff.

It’s no secret that nurses are regularly and relentlessly vilified for not attending to basic patient needs in a timely manner or with the dignity and empathy perhaps of a previous generation of nurses.

However, I would argue that nurse training does identify and highlight all the features a good nurse should have. I believe we do understand the importance of fundamental aspects of care. What training does not perhaps account for nowadays is low staffing levels on acute wards.

Jane Cummings, chief nursing officer for England, has recently addressed staffing levels with some vigour stating that we have clear evidence of a link between appropriate staffing and the outcomes of our patients. Yet I witnessed two trained nurses and one support worker on night duty for a busy surgical ward with 28 patients, a few of whom were older and frail, confused or incontinent. We have to questions how much high-quality nursing care can be wedged into one shift with such limited resources.

Nurses juggle. I witnessed a nurse attempt to reassure a patient who had been to theatre while checking their observations and giving intravenous therapy, and helping to take a confused patient off the commode in the next bay. At the same time, the nurse was caring for a third patient who was terrified postoperatively and a fourth who hadn’t eaten any supper and had been sitting in the same position for the last four hours.

Staff were clearly overwhelmed by the amount of technical tasks needing completion. These were done with astonishing efficiency, I noted, but what perhaps was missing was the human touch and attention to detail.

Staffing guidance published in November by the National Quality Board last year calls for “greater transparency” on staffing levels at ward level and outlines expectations for providers and commissioners relating to staffing numbers. Its aim is to give clear advice on how these expectations can be met and takes into consideration local differences to rule out a one-size-fits-all solution.

But is this another welcome document — or nothing more than rearranging deck chairs on the Titanic? NT

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When the first Alzheimer’s drugs became available in the 1990s, hopes were high the disease could be defeated. Even though these early drugs could only slow decline, surely they would be followed by an effective treatment or even a cure?

Two decades on those hopes haven’t materialised, and drug treatments still can neither arrest nor reverse decline. Our review on page 24 discusses updated guidance and highlights causes for cautious optimism on treatment, screening and prevention.

However, the numbers of people with dementia continue to grow, and any new treatments will take years to develop. In the meantime, we need to minimise the effects of this disease by ensuring those who already have it are treated with dignity and respect.

If one in three of us can expect to develop it, it’s in everyone’s interests to become more dementia-friendly.

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