

Nursing Practice

COMMENT

“We must invest in nursing to avoid damaging our workforce”

International Nurses' Day in May prompted a lively discussion on Twitter about the old days of nursing. We swapped stories about ancient equipment and remembered the remedies that have now been proven ineffective. Despite all the self-deprecation, I wonder if we have lost something of value when we threw everything out with the arrival of evidence-based practice and productive ward?

After 30 years of nursing, I am young enough to embrace new ideas and strive to develop excellence in practice, but old enough to remember many things that have been forgotten. For instance, in the past, nurses' physical health was taken account of with provision of free, regular meals and nurses were encouraged to have regular check-ups and their iron levels checked. There was a strong sense of community involvement in the life of the hospital. Student nurses “lived in”, serving to complete the strong bond of companionship that certainly helped get me through my nurse training. I'm not saying it was a golden age, but I wonder: did we lose some of the valuable elements of nursing when we threw away the sorbo ring and egg white and oxygen we used for pressure ulcers?

Recent media coverage has shocked society with the cruel and abusive nature of carers in institutions such as Winterbourne View, and poor leadership and breakdown of joined-up thinking at Mid Staffordshire. World Elder Abuse Awareness Day in June served to raise awareness. Have things improved, stayed the same or got worse? There has been recent media alarm at the lack of hospital beds for patients with mental health needs who are acutely ill as a

result of the closure of many institutions. Society appears to have changed, with less community involvement and an insidious yet stealthy political move towards individualism and capitalism.

There needs to be a sharpened focus on caring for staff so they can care for patients. It's really that simple. Investment in education, adequate staffing levels and good leadership will serve to address the issue of staff disenfranchisement, disengagement and subsequent burnout. A recent discussion on Twitter posed the question: “What if we invest in staff and they leave?” To which the reply was: “What happens if we don't and they stay?” Winterbourne and Mid Staffordshire have shown us the costs incurred and dire results of not investing in staff.

So are things better or worse? Does it even matter? It depends who you ask, but my view is that it is certainly different. I am optimistic that nursing is on course for a brighter future, with evidence that graduate nurses can reduce mortality rates, and staffing cuts can adversely affect patient outcomes.

The enthusiasm, passion and determination of students never fails to amaze me and serves to enthuse others. However, I fear that the pressures in the system are in danger of damaging this fragile beginning and we must protect future vanguards of our profession and work together, old and new, to ensure nurses are cared for and supported to provide excellent care. **NT**

Liz Charalambous is staff nurse, Queen's Medical Centre, Nottingham University Hospitals Trust

HIGHLIGHTS

Detection and management of myeloma *p12*

Managing diabetes in care homes *p20*

How do staff attitudes affect the care of older people? *p22*



SPOTLIGHT

Step back in an emergency and avert a disaster

In a crisis, it's vital someone takes the lead in coordinating the response. Unfortunately, the person best placed to do this is also the one whose skills are critical to this response.

When providing hands-on care in emergencies, it is not possible to stay aware of the wider situation and ensure everyone is responding appropriately.

Our discussion this week (page 16) looks at the “inner and outer circles” approach to crisis response. It involves leaders standing back from the centre to maintain their awareness of the whole situation, and delegating this watching role when they need to step in.

This approach is used by many emergency services, and can be applied to many healthcare situations where a critical response is required. It can minimise the potential for human factors to lead to adverse outcomes.



Ann Shuttleworth is practice and learning editor of Nursing Times.

ann.shuttleworth@emap.com

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