True compassion is about knowing how to treat people as individuals

Compassionate care varies according to the individual personalities of nurses, their patients and the conditions that bring them together (reflections January 4).

The focus of compassion in terms of consideration and care can also vary. It may mean doing the best in terms of action, such as putting a cup of tea within the reach of a patient. Or there may be discussion of how patients are addressed. Nurse education already teaches these aspects of care.

Some patients just want things to be done quickly and professionally. They may be in a hurry and see compassion as an inconvenience. Others want time and attention paid to them as individuals. Perhaps true compassion is knowing the difference.

Much of the problem lies with the environment and systems in which nursing care is given, which restrict or undermine the giving of compassion. I am fortunate to work in a minor injuries unit where nurses have the freedom to care, and in a working environment we control.

There still remains the problem of how some patients relate to nurses. It is hard to be compassionate rather than defensive when a patient issues verbal threats or attacks you physically.

Mark Pittman, by email

Even the smallest dose of compassion makes a difference

As a second-year mature nursing student, I am all for students developing empathy, listening and compassion skills (reflections January 4). Compassion, in particular, should be one of the driving forces to becoming a nurse.

Compassion has many forms: a kind word, touch, taking time to listen and actually caring how a patient and his or her relatives are feeling. The focus on compassionate care in undergraduate education should not be the current ‘buzzword’, but embedded into all our practice.

Even the smallest dose of compassion can improve the patient experience.

Antonia Kitching, by email

Physician hits the nail on the head over ‘safe’ staffing ratio

My heart leapt with joy when I read ‘Criticise care standards – but not nursing standards’ (reflections January 25). Consultant physician Alan Roberts hit the nail on the head when he says patients are sicker and more dependent, but nurse-to-patient ratios are kept at a ‘safe’ level, which is lower than a caring level. I have been highlighting the evidence and the reality around adequate staffing levels and skill mix for years, and was beginning to think I was a lone voice. But here you have it first-hand from a physician who is describing the reality of nursing.

I thank him from the bottom of my heart for speaking out not only for nurses, but for older vulnerable patients who deserve better.

Andrea Spyropoulos, RCN president, by email

Voluntary removal from NMC register can be inappropriate

Your news story, ‘Fitness to practise failings sparks major review of nurse regulation’ (February 1), gives the impression that all nurses and midwives who are subject to fitness to practise investigations will have the
option to remove themselves from the register. In fact there are a limited number of circumstances in which voluntary removal will be considered to be appropriate.

These will include cases involving mental health and other long-term health issues, cases where the allegation relates to lack of competence, and instances where the nurse or midwife has already ceased practising and has no intention of returning to practice.

In addition they will include minor conduct cases where there is no public interest in the case proceeding to a full hearing and the allegations have either been admitted in full or there have been findings of fact and a determination on impairment by a panel.

Voluntary removal would not be appropriate in circumstances where the nurse or midwife is facing serious allegations likely to result in a finding of impaired fitness to practise and where there is a public interest in such a case proceeding to a full hearing.

This will be the case in most matters of conduct and in any instances in which striking-off is the likely outcome.

Jackie Smith, acting chief executive and registrar, Nursing and Midwifery Council

WHAT ACTION SHOULD WE TAKE TO SAVE THE HEALTH SERVICE?

How can the NHS cutbacks, downgrading, restructuring and job losses not affect the quality of care we are able to give patients? The NHS will cease to exist as we know it if we allow Andrew Lansley’s Health and Social Care Bill to be implemented.

I marched against the changes to the Health and Social Care Bill, which is in its last stages in parliament.

I am a professor of nursing and a researcher who collects data on the wards through observation. It appears that the government is ignoring the realities of care in acute trusts.

I have seen the pressure nurses and healthcare assistants are under in trying to deliver essential nursing care and attempting to meet trust targets on bed management and discharge. This pressure can lead to difficulties in recruitment, as well as staff not taking breaks, undertaking extra duties and working longer hours.

There seems to be a hidden agenda to privatise the health service and a lack of provision of care to staff who struggle to maintain standards.

Helen Allan, by email

PROFESSIONAL WORLD OF NURSING CAN BE SEEN WITHOUT EXPLETIVES

I was disappointed by Confessions of a Nurse broadcast on More 4 on January 24.

As a nurse who trained in the 1970s and who completed a nurse practitioner degree five years ago, I was shocked and disappointed that the nurse practitioner felt she had to use the ‘F’ word twice in the programme.

Come to the hospital where I am a staff nurse and follow me around. I will show the professional face of nursing – and without any expletives.

Sandy Mewse, by email

CLARIFICATION

The news story, “NMC reveals plans to collect sexual orientation data for fitness to practise hearings” (February 1), stated that the Nursing and Midwifery Council (NMC) agreed last November to increase the amount of data it collects, including the sexual orientation of people involved in fitness to practise cases.

The NMC has asked us to make it clear that it began collecting such data on all registrants in 2009. It is now taking steps to increase the amount of data it collects by encouraging more registrants to provide the information.

NURSING STANDARD


dose of data it collects by encouraging more registrants to provide the information.

Feb 8 2012

Obituary

Wendy Cross
1933-2011
Awarded MBE for nursing Moorgate tube casualties

Wendy Jean Cross, who has died aged 78, spent most of her nursing life with the London Hospital in Whitechapel, now the Royal London, and its associated hospitals.

She was awarded an MBE for nursing casualties of the Moorgate Tube disaster after a train crashed into the end of a tunnel in 1975. Forty three people were killed at the scene and many more seriously injured.

The recovery process was exceptionally difficult because of the confined space, tangled wreckage, heat and lack of air. It took more than 12 hours to free the last survivor. Hospital staff set up an emergency operating theatre on the station platform and Wendy worked for 24 hours.

The youngest of three children, Wendy was born in Ealing, west London. She began her nursing career as a cadet in Felixstowe, Suffolk, and trained as an auxiliary at the London Hospital’s Zachary Merton annexe in Banstead, Surrey.

Wendy joined the hospital’s nurse training school in 1950 and, after qualifying, staffed briefly at Zachary Merton before undertaking her midwifery training at Queen Charlotte’s Hospital. She then transferred back to the Whitechapel hospital and her career niche in the A&E department.

Before the rebuilding of the A&E department, Wendy was awarded a scholarship to study such departments elsewhere, which involved her nursing in Belfast during the Troubles.

She was appointed senior nurse with responsibility for outpatients in 1983, but did not enjoy a managerial role and took early retirement in 1987.

Wendy loved reciting naughty limericks and was also a member of the Pudding Club, preserving the tradition of great British desserts.

Laurence Dopson is a freelance journalist

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