

## **IN DEFENCE OF NURSES**

Like many, I have been concerned about the way nursing is going. In my view nurses have become defensive, under too much pressure and ready to avert complaints and investigations before they are willing or able to care.

Caring for someone who is ill or disabled is a generous act. It requires a gesture of good will; of wanting to do the best for that person. It requires a generous heart. If nurses are defensive they are unlikely to be generous. They are more likely to be cold, wary and even suspicious of their patients and even more so of their families.

The nurse/patient relationship is in crisis. It is not enough to blame individuals, the problems are widespread. There is something amiss at the heart of the culture. I have been concerned, like many, by the indifference to suffering I have witnessed in nurses and care staff. I think this is symptomatic of a wider cultural problem within the health service and allied independent sector.

Nurses have taken the blame for too long about this lack of care without drawing sufficient attention to the destructive effects of litigation, enforced targets setting, of complaints and cut backs and of huge public expectations. We have allowed the nursing role to be denigrated. Essential care is largely left to untrained staff who are underpaid, over worked and constantly criticised and quickly become hardened and drained if they are not given the right support. We have underplayed the significance of our role and the difference nursing can and should make to people. The fact that nursing staff are trying to care for people when things are difficult, when they are ill or disabled, seems to be forgotten. The fact that nursing staff get tired, stressed and emotionally drained is overlooked and we continue to put enormous pressure on ourselves and each other to strive for unrealistic goals of tough 'can do' perfection which denigrate the very humanity so necessary to good nursing practice.

We need to be kinder to each other! We need to encourage each other and support each other and we need the public to understand that most of the time we are doing our best and not be outraged when they see a nurse having a coffee at the nurses' station.

I once asked my university tutor if he thought nursing was undervalued as a profession because it was predominantly female and he said not undervalued so much as taken for granted, like mothers and wives. However we take these traditionally female roles for granted at our peril. They are the glue which keeps our society together, the care of the young and the old, the sick and the disabled.

I recently experienced first-hand the very best and worst of nursing when my son was taken ill. The nurse who looked after my son in A&E was warm, funny and attentive and put us both at our ease. Vitally, she listened to both of us, relieved my son's symptoms, referred him to various specialists, arranged for somewhere where I could stay and generally made a frightening difficult situation bearable. When my son was moved to MAU the following day, our experience was totally different. My son was left in pain and without fluid. He was spoken to as if he were a nuisance and I was made to feel like a neurotic mother. Both experiences made a huge impact on both of us and reminded me why good nursing is so important.

I am encouraged by the RCN's recent campaign to draw attention to the value of nurses. Good nursing is not always easily quantifiable. It struggles to compete with medicine and in its desire to be

scientific sometimes misses the heart of nursing which is more to do with this generous act of caring. Apart from all the clinical skills, good nurses offer a reassuring presence. They have a calm caring competence, an ability to be unruffled by copious amounts of blood and vomit. They are observant and notice when a patient's condition changes and respond appropriately. They listen and are good communicators. They make the impossible seem possible.

Anyone who has experienced caring for a child or an elderly or disabled relative will understand some of the attributes of what it is to be a good nurse or carer but no one should be deceived about the personal cost and how difficult it is to maintain high standards of care. There are huge pressures and not even the most caring or competent of nurses can sustain this in an unsupportive environment.

I believe most people in care start out with a lot of good will and a desire to help others but they need support. Carers and nurses need encouragement and positive feedback. Although they need to be accountable, the culture of constantly watching their own backs inhibits caring and in fact often leads to resentment. It puts a division between care staff and patients which is very poor soil for a therapeutic caring relationship to flourish.

It is time to take a good hard look at where we have gone wrong. The mantra "if it isn't written down it didn't happen" is chanted in every university lecture and every training session. We need to examine what we are actually saying here. It is saying first: cover your back, look after yourself, defend yourself. Is this a recipe for any positive caring relationship?

I also believe part of the culture of litigation and blame comes from our unwillingness to accept the reality of death and old age. For this reason I also take heart from the recent debates around death and dying that has been provoked by the Liverpool Care Pathway.

Some of the responsibility may come from the health professionals themselves, a kind of hubris that seeks victory over disease and death. Health professions should never be promising all the answers. We do not always have the power to stop people dying or from being chronically ill or disabled and to accept this should not be considered a failure. It is a truth, a fact of the human condition, the only one we can arguably be sure of.

On the other hand professionals can do a lot to help patients and relatives in managing long term conditions or disabilities or on their journey towards death. Before I completed my nurse training I worked for a long time as a carer in a hospice predominantly at night. I know we made a huge difference to people by our presence with them, by listening and remaining calm, by making a frightening, seemingly impossible situation bearable. There is a lot we can do. We can relieve symptoms, we can make people comfortable, we can maintain people's dignity and we can be a source of strength but we cannot always make people better and stop people from dying. Sometimes this is understandably difficult for patients and relatives to accept but it isn't usually anybody's fault. The fact of death and old age is bigger than any of us.

Care needs a more humanistic approach. It needs compassion and kindness. I remember laughing with a kind of despairing irony when a very expensive piece of university research discovered, as though it were a great epiphany, that patients above all want kindness. How can we have ever got to the stage when we don't know this? Kindness and care is what we all need, especially when we are

sick or vulnerable. Compassion is the heart of all wisdom and every great religious tradition. As in any relationship, care needs to be nurtured and encouraged and rewarded otherwise it quickly fades. It needs to be valued. It is not enough just to demand it. We may not have the financial resources to reward carers and nurses but at least we can cultivate an appreciation of what nurses are trying to do in often very difficult circumstances. The public and legal professions also need to accept the consequences of litigation and adding fuel to the blame culture: that it erodes trust and good will and ultimately breeds resentment because unless we have a health care system run by robots there will always be mistakes. Outside investigations need to be concentrated on the real cases of abuse and negligence and not the slightly pink bottoms or the forgotten entries in a turns' chart which are often the casualties of a busy shift.

I am fortunate enough to work in a home where people do matter, where there are living active relationships between service users and nursing staff, where the drive to efficiency and meeting targets has not outweighed the time for real care and it shows in the laughter and banter around the place. However the pressures are mounting. The drive to super-efficiency is ever increasing, as are the complaints from angry relatives and the criticism from other professionals and the ever increasing threat of litigation. I wonder who will be left wanting to care? Nursing should be counted as one of the most privileged and important careers you could choose. The fact that it isn't reveals a lot about our values.

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