

FAR TOO QUALIFIED TO WASH AND TALK TO A PATIENT!

Melanie Oakley

BARNA Chair

I am beginning to think I am really old fashioned. I nurse because I wish to care for people. When they are in hospital they are not feeling well and thus they need to be cared for. This should be done with sympathy and empathy. It is the nurse's job to know their patient and what their needs are, and by meeting those needs and planning their care, the patient will get better and be discharged home having had a good experience within the hospital environment. Why then have I not found this the case?

Unfortunately I was admitted to hospital as an emergency admission a few weeks ago. I was admitted in the early hours of the morning and that was really where it started. When I arrived on the ward the porter asked the night nurse where I was to go and she called out the bed number but remained in her seat. The porter was furious that she had not got up, shown us where to go, welcomed me to the ward and introduced herself, in fact he was so angry that he after settling me in he went and told her off, which I agreed with. Throughout what remained of the night a nurse came and took my observations and gave me some four antibiotics, but at no point did anyone introduce themselves or tell me what ward I was in. But I naively thought they would do all of this in the morning, and besides which I felt too ill to worry about it at this point.

The following day I was ignored and if it was not for my fellow patients I would not have known where I was or what the visiting was or anything about the ward. Not one nurse came and spoke to me; oh I forgot a sister did tell me off for having my clean knickers on the table in readiness for going for a shower!

By day 2 I was left wondering how they were able to plan my care as no one had come and assessed my needs or asked how I was feeling. When I was eventually discharged they did not have any idea that I was a nurse

and thus would have appreciated some information. Actually regardless of whether I was a nurse or not all patients need information.

I rapidly discovered that this was probably because they did not know what was happening. The doctors did rounds and told the patients the plan, but this information did not appear to filter down to the nurses on the ward. One example of this was I should have had thromboembolism deterrent (TED) stockings upon admission to the ward. However despite the doctors telling me I must have them, I left hospital having never had a TED stocking near my leg!

I read, as I am sure you do, about informed consent. If you are going to give a patient an injection you tell them what you are going to do and what the injection is for. So when I was sitting on the bed and the sister of the ward advanced towards me with an injection without any explanation I automatically pulled away from her, at which she seemed surprised. She then did explain what it was for and asked did I mind having it, but I felt she had done this in completely the wrong order and was initially assaulting me!

Upon returning home and feeling very sorry for myself I have had time to reflect upon my stay in hospital and the conclusions I have drawn have saddened me. Whilst in hospital I did not feel cared for, in fact I felt I was a bit of a nuisance as I interrupted the nurses having a chat, I was told off as if I were child, and I was not alone in this my fellow patients felt the same way, and we were all disgusted that people were left with bowls for hours whilst the nurses went for their breaks! I kid you not.

If I were reading this I would not believe it. But my conclusion is that nursing is not nursing anymore. I am unsure what nurses think they are there do, but certainly basic care such as washing and talking to the patient appear to be beneath them. They demonstrate

very little empathy or sympathy and quite frankly it made me ashamed to be a nurse.

There appeared to be no collaborative working between the nurses and the doctors, indeed the nurses moaned that doctors congregated on the ward in the morning in readiness to see their patients, the nurses did not accompany them when they saw the patients, unless they were consultants! On the first day I thought it was funny that the patients eagerly awaited the arrival of the doctor, because surely the information about their care was given to them by the nursing staff. How wrong I was, I was soon waiting for the doctors with the rest of them as they were the only people who gave me information about my care and what was going to happen to me!

Maybe I am old fashioned and my expectations were too high, but I do not think so. I work in clinical practice and my staff laugh at me when I say I want the food given to the patient well presented, I always cut toast into triangles and arrange it artfully on the plate and if I can do it so can other nurses. I was admitted on the

Saturday and discharged on the Thursday, and in all that time I did not eat one single bit of food, this was partly because I felt unwell, but also because the food was cold and unappetising. I did mention this to the nurses but they appeared to think this was not a problem! Still I lost half a stone which cannot be bad, but if I had been twiggy from the outset 7 lb would have been a bit of a problem.

Finally if you read my editorial in the last issue of the BJARN you would have noted that I have issues with the names nurses call their patients: well you will be pleased to hear that I was not disappointed I thought that if someone call me sweetheart or sweet one more time I would resort to physical violence! So please please think about the care that you give to your patients. I know it sounds corny but that could be your mother/father husband/wife in that bed, so think about how you would want them to be treated, and at the very least introduce yourself to the patient, which I am sure most of you do.