

LETTERS

We welcome all readers' letters, but reserve the right to edit them or withhold names and addresses. Please write to: The Editor, Nursing Standard, The Heights, 59-65 Lowlands Road, Harrow-on-the-Hill, Middlesex HA1 3AW. email: letters@rcnpublishing.co.uk

Please keep letters to a maximum of 150 words, and include your full name, address and a daytime telephone number

Mind what you post on Facebook where most of the world is watching

The Nursing and Midwifery Council warns nurses to mind what they say on social networking websites such as Facebook (news November 19).

Pictures can also present problems. A Swedish nurse was suspended from her job after she posted photographs on her Facebook page of a brain surgery operation in which she was assisting. She had taken pictures in theatre on her mobile phone and wanted to impress her friends with her unusual job.

The photographs were quickly removed from the site, but there is still plenty of material on Facebook that might be deemed intrusive, offensive or unprofessional.

Most of us use anti-virus computer software to prevent hackers accessing our networks, yet we post our photos, intimate thoughts and correspondence online where almost anyone can see them. Where is the logic in that?

Diana Griffiths, by email

MIGRATION RULES PUT UK'S NEEDS FIRST – YET AGAIN

Nurse migration has always been heavily skewed in favour of the health of people in richer countries (letters November 12). Medact's research shows, for example, that in 2004 the UK saved £38 million in training costs by employing 1,021 Ghanaian nurses (www.medact.org).

Of course people have the right to migrate, but there is a need to address the 'push factors' that cause nurses to leave their home countries in the first place. The money owed for the training of overseas nurses who have kept the NHS going could have helped to alleviate some of the problems that cause people to emigrate.

In 2008, the new points-based system looks set to cream off just the highly skilled workers we want.

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This may mean fewer nurses from developing countries working in the UK, but it is light years away from a fair and equitable consideration of global needs for health and healthcare staff. Our country's priorities have come first yet again.

Marion Birch, director, Medact

AVIATION INDUSTRY SHOWS HOW WE CAN REDUCE HUMAN ERROR

The NHS has much to learn from the aviation industry in avoiding catastrophe, near misses and human error, and adopting a 'no blame' culture where safety comes first (career development November 19).

In health care, we tend to react only when things go wrong and then look for someone to blame. Individuals are punished, often with enormous personal cost, and little is done to address the root causes of

errors and prevent their recurrence. We need to bear in mind that good people can make bad mistakes.

Tom Chamberlain, by email

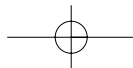
STUDENTS NEED TRAINING IN A BROAD RANGE OF DISCIPLINES

I agree with Stuart Keeling that we should be offering students a better branch structure (student life October 29). I also share Hilary Maggs's concern that the next generation of nurses may not have the right skills (letters November 12).

As a third-year student, I can see that we need to be trained in more than one area to meet the needs of patients presenting with multiple conditions.

I feel at a disadvantage because I have not experienced any form of paediatric, mental health or learning disability training during my course.

NURSING STANDARD



A brief lecture on these subjects is not enough. Short placements in the relevant areas would have been of immense benefit.

Sharon Whitmarsh, by email

NURSES CAN HELP SPREAD THE WORD ABOUT ALCOHOL MISUSE

Congratulations on your recent coverage of the impact of alcohol on the NHS and on society in general (editorial and news November 5, art&science November 12).

As co-authors of *Beat the Booze* (www.beatthebooze.com), a book that aims to give straightforward information about how to combat alcohol problems, we are acutely aware of the devastating effects of alcohol misuse.

The key to progress is to focus on prevention rather than cure and to educate as many people as possible to spot drink problems while they are still psychological, as opposed to physical, addictions. Recovery from a physical addiction is far more difficult.

Alcohol is available everywhere and is ludicrously cheap. As your editorial pointed out, prohibition simply has not worked.

The lobby communicating the message that alcohol can devastate lives is not as strong as that of commercial and political interests that prefer to remain silent, but the nursing profession can play a key role in correcting this situation.

Helen and Edmund Tirbutt, by email

PATIENTS ARE NOW CUSTOMERS WHO MUST PAY TWICE FOR CARE

The decision to allow NHS patients to pay for top-up treatments seems a natural extension of the government's policy of regarding citizens as customers (letters November 19). In today's health service, patients are now customers.

Being treated like customers has led to us being charged on top of what we already pay in taxes for public services. If we visit someone in hospital, or go to an outpatient

appointment, we are charged to use the hospital car park. If we are in hospital we can now have our own individual phone and TV, but at a considerable cost.

Volunteers still run the hospital coffee shop, but on commercial lines, and shops selling flowers, cards and gifts have been franchised. There is even a suggestion that the best way to improve hospital meals and offer more choice is to charge 'customers'.

So it no great surprise that the government wants customers to pay for drugs that the NHS thinks are too expensive. But do we really want a three-tier system of private, basic and state with top-up care?

Blair McPherson, Lancashire

BEING PAID FOR MY BREAK WOULD MAKE A DIFFERENCE

Stephen Bevan, director of research at The Work Foundation, says managers should realise that small rewards and expressions of thanks improve staff motivation (news November 12). 'Softer rewards' – the things that cost little – can make all the difference.

In the hospital where I work as a staff nurse we are not paid for our breaks. Being paid for a half-hour break on an eight-hour shift would make all the difference for me.

Sally Scoggins, by email

STUDENT'S NON-JUDGEMENTAL INSIGHT IS A LESSON TO US ALL

I was delighted to read Leah Susan Scott's 'Spoon number eight helped me to see humanity in a "monster"' (starting out November 5).

This was a valuable opportunity for readers to consider the ethical and moral issues that nurses face when caring for patients who are detained in a forensic secure or prison environment.

Leah's experience reminds us to be non-judgemental in our practice. We often learn the most from some of these complex professional challenges. I would like to

congratulate Leah for her thoughtful insight. Keep up the good work.

We need nurses like Leah.

Ann Norman, RCN professional nurse adviser, learning disabilities/prison nursing

DO NURSES NEED TO BE REMINDED TO MAKE DIGNITY A PRIORITY?

I am saddened that nursing has reached such a point to warrant a campaign by the RCN to make dignity a workplace priority. Dignity is surely one of the fundamentals of nursing care, not some post-registration extra.

I would hesitate to give anyone the title of 'nurse' if he or she needed reminding about another human being's dignity at a time of pain, need and emotional vulnerability.

Liz Sanderson, Alnwick

OLDER PATIENTS DREAD THE ISOLATION OF SINGLE ROOMS

I have 35 years' hospital experience in trauma and orthopaedics, so I was disappointed to read the comments about single en suite rooms in the article 'Planning the future of ward design' (analysis November 19).

Single rooms minimise infection control and make it easier to maintain patient dignity, but the idea that staffing levels will not need to increase with single-room accommodation displays a lack of understanding of workload and practice. When working with a patient behind curtains in a bay, a nurse is aware of all the other patients in that area. If no nurse is visible but someone needs attention, other patients in a bay will ring for help.

About 25 per cent of our patients have some degree of dementia and need constant monitoring, which is easier in bays.

A straw poll conducted among older patients found most of them dread being shut in individual rooms. They feel vulnerable, afraid and lonely without the moral support offered by patients in the same situation as themselves.

Sue Obbard, by email

