Opinion

Reviews

Nurse Burnout: Overcoming Stress in Nursing
Suzanne Waddill-Goad
Sigma Theta Tau International Honor Society of Nursing
£24.95 | 288pp
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THIS IS easy to read and, despite my initial reservations about the book being targeted at US readers, it is relevant to UK nursing.

When nurses enter the profession, they want to change people’s lives. This aim can get worn down after years of service, cutbacks, targets and work pressures. Nurse Burnout gives advice on looking after yourself and preventing emotional and physical exhaustion. However, I found the words of wisdom in the ‘practice pearls’ bullet points rather obvious, especially statements such as ‘listen to patients’. But on reflection, we need reminding about the fundamentals of nursing.

The book would be useful for nursing students, nurses completing postgraduate study and managers who have the power to drive changes in the workplace.

Jane Fisher is a community psychiatric nurse in Bolton

Mandy Rumley-Buss
The bigger picture

ONCE AGAIN emergency departments (EDs) are struggling with increased numbers of attendances – up 11% in January. There is no longer a winter in EDs as the seasons come and go and we continue to come under pressure. In addition, staffing is an increasing challenge, with new recruits hard to find as departments struggle to offer them support.

Yet the ED ‘brand’ is trusted by the public, so as timely GP appointments become harder to come by, this is the natural place for people to go. Older frail adults attend in crisis and can often experience long delays waiting to be seen by staff in the ED, as well as specialists. So, how can we, as emergency nurses, support the frailest, oldest patients to get the best quality care as soon as possible?

Older patients who experience longer waits in the ED are likely to have a longer length of stay in hospital. Hospitals are of support in the acute phase of an illness when intensive management that cannot be provided in a patient’s home is required. But older, more vulnerable hospital patients can be more prone to infection and can be left in bed rather than being able to mobilise and continue as they would at home. This puts them at risk of de-conditioning, losing muscle mass, cognitive functioning and ability, and means they may not be able to return home.

For example, every day an 80-year-old woman is immobile in hospital, she can lose up to 10% muscle mass, affecting her quadriceps which she requires to stand and walk (O’Brady and Straight 2014). In a short time, she can go from being independent to requiring a nursing home very quickly.

Emergency care nurses who understand this are well placed to identify patients at risk of increased stay and flag them in the ED and to the rest of the healthcare system. Using tools such as the Rockwood Frailty Scale, Seniors at Risk or PRISMA 7 will help nurses to do this.

Early identification leads to earlier assessment from an acute geriatrician or frailty service. Consider whether your ED has such a process in place. Do you operate a ‘home first’ principle to support getting older patients back to their own environments? If not, can you work with partners in the hospital and community to develop this practice?

Trusts can also join the Acute Frailty Network which promotes treatment of frail adults in the first 72 hours of hospital admission (www.acutefrailtynetwork.org).

While The Emergency Care Improvement Programme offers best practice examples and reference documents (www.ecip.nhs.uk) See feature, page 26

O’Brady A, Straight C (2014) Muscle capacity and physical function in older women: what are the impacts of resistance training? Journal of Sport and Health Science 3, 3, 179-188.