Throughout my training I have been in no doubt that the child branch is right for me. When it came to my first day on a paediatric ward I experienced those ‘new placement’ nerves, accompanied by excitement that the real training was going to begin. Unfortunately, I only had four days on the ward – not long enough – but I was determined to make the most of it.

My mentor was a senior nurse with several years’ experience. She included me in the tasks of the day and explained conditions and treatments. I felt valued and useful and left the shift looking forward to the next days.

Odd question
On day two I observed her as she spoke to the mother of an 18-month-old boy. ‘Do you think your child is well?’ she asked. ‘You’re the nurse, look at his chart, check his observations.’ I thought. The lecturers had been drumming into us the fact that observational skills are crucial and here is my ‘star’ nurse asking a parent if the child was well or not.

Outside the bay she said to me: ‘Ignore the parents at your peril. They know their children, they have the skill and knowledge to care, but this is not right.’ Food for thought, I figured, and pondered on it, agreeing that parents are ideally placed to identify any changes. Paediatric nurses have the skill and knowledge to care, but this needs to be combined with the personal knowledge of the individual child’s parents.

On returning to the boy later that shift, the nurse found he had a temperature of 38°C and was miserable. She used her professional knowledge and gave appropriate nursing care. Now, having listened to lecturers and read paediatric literature, I am six months from qualifying and I still hear that voice saying: ‘Ignore the parents at your peril.’

This month, the mother of a child who had an ENT operation told me her daughter was not well. Bells started ringing in my head, but her observations were stable. I decided to record my observations of her every 15 minutes. For half an hour her respirations increased. After bringing the situation to the attention of my mentor, I bleeped the junior doctor on call. Soon the registrar was called and the girl was returned to theatre, where she was intubated and transferred to a paediatric intensive care unit for ventilation. She returned to the general hospital after two days and her mum thanked me for taking prompt action and not dismissing her concerns. I merely explained that as children’s nurses we ignore parents at our peril.

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You could probably name the handful of people who have most influenced your working life, the people you look up to and respect, whose opinions you have always cared about. No doubt at some point as a nurse you will have come across, and admired with wonder, some effortlessly cool and competent qualified nurses who just seem to do everything right, every time, for every patient. Their confidence in what they do inspires trust in everyone around them. They tend to be the nurses who give every impression of thoroughly enjoying their work. These are the nurses who are just made for recruitment campaigns.

Making a positive difference to people’s lives is likely to have motivated quite a few, but there is often also a nurse family member or friend lurking somewhere around who exerted some influence, sometimes unknowingly, when the decision was made, because actually every nurse is a walking recruitment advertisement.

Tempting
If your working life is an absolute nightmare, you’re hardly likely to recommend nursing as a profession to anyone other than your worst enemy. But if you’re reasonably happy most of the time, you might feel quite inclined to tempt potential recruits into the profession. The best employers, of course, recognise this and look after their employees. Nurses who feel valued, who are thanked, who enjoy an employee-friendly working environment, whose ideas are listened to and — imagine — acted on, will spread the word about their employer and about the profession. It’s the magnet hospital principle in action.

Of course, it would help enormously if nurses could also comment on their excellent pay, but nursing still has a way to go on that one. Unless, of course, there’s a consultant nurse out there getting top whack on the consultant nurse salary scale. Now that would be something to shout about.

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