"In that case," she announced, her voice triumphant, "I will bring her." Having been forewarned, I was more than prepared to keep my end up. Even then, I had to persuade her to remain in the waiting room, finally giving her poor daughter-in-law a chance to articulate some of her health problems. Six months later she came for a hospital appointment on her own.

**Mental health**
Sometimes cultural reasons for non-attendance can be more challenging. Concern was being expressed about a young Bengali woman with mental health problems who had stopped attending the day hospital. The manager asked if I would speak to the patient.

After we talked she reluctantly agreed to come in. Her brother came too and started lecturing me about the stigma of mental illness. ‘You of all people should know no one will send a marriage proposal for someone who attends a day centre and takes drugs.’ I heard later the family took the young woman back to Bangladesh.

Recently, I was at the receiving end of a call for non-attendance. I was puzzled because my appointment had been cancelled by the doctor the previous week. The woman apologised and said: ‘Well, you are a member of staff. Of course you wouldn’t miss an appointment.’

Zeba Arif is a professional interpreter and visiting lecturer in cultural awareness

Nurses need to own the profession they practise. To do so means defining it and feeling comfortable with its written language. Some nurses use phrases that others avoid, some seem unsure why they use their chosen phrase, and some plough a resolutely old-fashioned furrow that pays no heed to contemporary terminology.

The absence of consensus may reflect nursing’s diversity. Or it could mean that no one knows for sure what they are talking about.

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**A dirty work space makes it harder to nurse well, warns Chris Beasley**

I want to share with you some of the most recent developments in the drive to reduce healthcare-acquired infections (HAIs) and improve cleanliness in hospitals. This is a topic of frequent, and sometimes inaccurate, media interest, and I want to set out how I see the role of nurses in driving forward this all-important area.

Acute trusts in England have been set a challenging target of halving the number of methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemias by March 2008. I am confident the NHS can rise to it, as some hospitals are already showing good progress. The latest statistics showed a drop of 6 per cent in MRSA bacteraemias in April-September 2004 compared with the same period in 2003. We will learn from those hospitals showing the biggest reduction.

**New package**
We are working with the Modernisation Agency to develop a package of measures for trusts to use in their fight against MRSA. This includes a tool to plan, measure and review progress, as well as five high-impact interventions based on clinical evidence. These include preventing microbial contamination, preventing central venous catheter infections, reducing surgical site infection, care of ventilated patients and urinary catheter care. We aim to publish this package next month.

While clean hospitals alone are not the solution to HAIs, high standards of cleaning will give patients and their families confidence in the environment. I challenge you to ask what message your healthcare environment sends. Does its general appearance make patients feel confident that everyone knows their job? Or does it send worrying messages?

The patient-led inspections starting later this year are bound to highlight these issues. If patients lack confidence in cleanliness, it may affect their confidence in the staff, and make it harder for them to become true partners in care.

Nurses cannot do this alone, of course, but they have a vital leading role. They will be supported by central initiatives to reinforce local actions. There are now more than 3,000 matrons, backed up by the Matron’s Charter.

The new ward cleaning management system being rolled out this spring will forge strong links between nursing staff and cleaning services. A ‘points and credit’ system will mean matrons can directly influence the overall allocation of cleaning resources. New guidance on contracting ensures that nurses must be involved in setting and monitoring contracts.

At the end of last year I asked directors of nursing how they were implementing the Matron’s Charter. I heard excellent examples of joint working between nurses and cleaning staff at all levels. I know that colleagues in facilities management are keen to share their expertise with us and I urge you to develop these partnerships further. We all have the same aim – to create better environments to support better care.

Chris Beasley is England’s chief nursing officer

**SOLENT NEWS AGENCY**

Good practice based on clinical evidence will help prevent central venous catheter infections

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