To vote or not to vote?
The departure of RCN general secretary Beverly Malone has raised the issue of how she should be replaced. We asked our readers panel for their views.

It is our union, so we should be able to vote

As nurses we need to ensure that we are being heard and our interests protected. This cannot happen if we do not have a say in who will fill RCN general secretary Beverly Malone’s shoes. The NHS is going through a period of redundancies, financial shortages and significant changes. The new general secretary needs to be at the heart of these changes and we need to be sure that the right person is selected. College members should be able to vote for the leader we want to see taking the RCN forward.

Jane Brown is senior clinical governance facilitator at Worcester Acute NHS Trust

The general secretary role needs to be changed

There are a few issues here. What do we want from a general secretary? What is the role of the council’s key officers – chair, vice chair, and so on? What is the role of the president? Can we learn anything from previous post holders? I believe that the voice of the RCN should be the president and that this individual should speak on behalf of the membership and, therefore, the college. The president is the elected representative of the membership. Perhaps we should discuss whether the president’s post needs to be a full-time position to fulfil the remit of voice of the college. The president role should also incorporate chair of council and cover corporate governance issues. The general secretary post should be replaced by a chief executive or chief officer, who should be responsible for the operational management of the college as set out by council. The general secretary role is huge, covering professional, trade union and political activity. Can one person really fulfil these roles effectively and efficiently?

Paul Jebb is matron in the acute care of older adults/stroke services, Victoria Hospital, Blackpool

Elections could cause members to lose faith

The idea that the college’s governing council gets to decide on behalf of college members who holds the post is almost like a comfort blanket. If there is enough trust in the council, members will agree with the decisions made and be content. Giving members the opportunity to elect their own leadership could cause some to lose faith, especially if...
their preferred person is not elected. Deciding who to elect would be a great responsibility – how would members feel about taking this on? And what criteria would members follow to elect the right person? 

Julie Walden is a nursing student at Coventry University

The important thing is to have a real nurse

Letting RCN council appoint the person to the post means that as a member I do not have to weigh up the pros and cons of each candidate. Neither do I have to try to discern whether they have a personal and hidden agenda and if so what that might be. It also allows ordinary members the opportunity to criticise council members if they get it wrong. Yet, allowing the membership to choose would bring the RCN in line with other trade unions. Regardless of how the next RCN general secretary gets the job, he or she must be first and foremost an active nurse and proud of it NS

Christopher Barber is a tutor/assessor at Solihull College in the West Midlands

There is another reason to recommend Margrave of the Marshes. Its subject spans the generations in a way few of us can. Not for him the silos of youth, middle and old age. We often blame the younger generation for the siege mentality of some over-65s. But it need not be so, and any nurse working with older people could do worse than learn from Peel and encourage the view that respect between those at opposite ends of the lifespan should be mutual.

Daniel Allen is a freelance journalist and former mental health nurse

Email: daniel@wave.eclipse.co.uk

On the web: www.nursing-standard.co.uk/students. Send your experience, in no more than 500 words, to thelma.agnew@rcnpublishing.co.uk

I have just finished a six-week placement in an intensive care unit. There were several occasions when, faced with bereaved relatives’ distress, I found myself lost for words. I keep thinking about the wife of one particular patient who I had been nursing with my mentor for several days. All avenues had been tried, but his condition was not improving – the decision to withdraw treatment was made on the ward round.

The patient’s wife was asked to come to a meeting with the consultant in the relatives’ room. My mentor and I joined the consultant and we listened to his explanation of what was going to happen. You could have heard a pin drop. The silence was broken by cries from the patient’s wife; soon she had her head in her hands and was sobbing uncontrollably. I felt tears running down my face. I wanted to say so much to her but the words were stuck in my throat.

Outside the sun was shining; I could hear distant laughter. People were getting on with their lives, not knowing that someone else’s was coming to an end, and a loved one left behind was devastated. I thought how cruel it was that life could so easily be taken away.

The consultant asked the patient’s wife if she understood everything that had been said. Then he expressed his sympathy and left the room. My mentor began talking to the patient’s wife and I offered to make her a cup of tea. At the time I could have kicked myself, but I could not think of anything else to say. I felt useless. My mentor asked if I would stay with her for a while. Then she left the room, leaving the two of us alone. I made the tea, sat next to her, and held her hand; I prayed she would not ask me any questions I could not answer. I listened to what she had to say and tried to comfort her. I felt so much empathy towards her but at the same time I was physically and mentally drained; after a short while I asked if she wanted some time on her own. I left her in the relative’s room and returned to the unit.

When she saw me again she thanked me for being so supportive. I smiled but inside I felt like a fraud. I had done nothing to ease her grief, but she said my sitting with her and listening had been a help. Next time I may be a little more confident about communicating with a bereaved relative. We do not hold all the answers but, by listening and empathising with patients and their relatives, we may just be of some comfort to them.

Adele Lea is a nursing student at Salford University

Simply sitting and listening to grieving relatives can be the support they most need