The nurses have given the right care, but before we can explain why we did things the way we did, the patient and/or family are given an apology. This gives the impression we did something wrong, and makes it less likely that these patients and their families will listen to our explanation about the care that has been provided. Misguided apologies can affect the trust that patients and their families have in their nurses. Apologies should never be made unless it is absolutely clear that we have done something wrong.

Ros McManus, by email

MANY FACTORS INFLUENCE OUR ABILITY TO BE COMPASSIONATE
It was good to read the University of Bedfordshire’s survey of the emotional demands of nursing (News January 15).

The efforts to build emotional resilience are worthy, but there is a danger of falling into the trap of seeing the problem as something in the nurse to be fixed and ignoring the contextual factors that influence our ability and opportunity to be compassionate.

Furthermore, if compassion benefits patients but is a drain on the staff, then it is not compassion. It is co-dependence.

Stephen Wright FRCN MBE, by email

THE RESTRUCTURING THAT HAS LED TO THE LOSS OF 4,000 NURSING JOBS
Sally Gillen’s analysis article, ‘1,000 extra adult branch nurses is good news, at least for 2014/15’ (January 8), is indeed good news.

But we need to bear in mind that NHS restructuring has already led to more than 5,000 nurses losing their jobs. So what we are really talking about is a cut in nursing numbers of 4,000.

Nurses need to fight back against the dismantling of the NHS and stand up for our profession – and our numbers.

Another article in the magazine made me laugh (Reflections January 8). Irene Heywood Jones says that scrapping the five-day week for consultants is long overdue – illness is no respecter of time, days of the week or bank holidays.

I tried in the week before Christmas to get hold of a consultant from a private hospital. I was put through to an answerphone, with a message saying the establishment was closed all week. There were no details of who to contact in an emergency.

Karen Chilver, by email

GOOD INHALER TECHNIQUE IS KEY TO IMPROVING CHILD ASTHMA CARE
I am part of the team at Walsall Healthcare NHS Trust involved in improving asthma care for children (News January 22). Thank you for highlighting our work. It is just unfortunate that the photograph used to accompany the text shows a young child holding an inhaler at an open mouth.

The correct technique should be to use a spacer device with either a mask or mouthpiece, depending on the age of the child. A large part of our work has been to ensure that children and young people are using their inhalers correctly, and this picture gives the impression of incorrect inhaler technique.

Older children may not like to carry a spacer around and other devices are available that they may move on to under the direction of their asthma nurse and GP. However, these devices would be ineffective in a severe exacerbation, so we recommend that all children have access to a spacer device with a metered-dose inhaler when unwell.

Caroline Whyte, by email

INFORMATION ON THE LEADING CAUSE OF CONGENITAL DEAFBLINDNESS
Could I add some background information to Jennifer Trueland’s ‘Understanding CHARGE’ article (Features January 22).

CHARGE syndrome is the leading cause of congenital deafblindness and occurs in approximately 1 in 8,500 to 10,000 individuals. Most cases result from new mutations in the CHD7 gene and occur in people with no history of the disorder in their family.

Further information can be found at www.chargesyndrome.org

Peter Miller, by email

I do new student talks at uni and constantly reiterate to the newbies that if you are here not to wash, toilet etc, then ur in wrong job

@loukgoody

I think nursing is changing and not marketing that change

@IanIreland

Some nurses want to hang on to traditional image. Can’t move on unless we let go

@BunzBird

Personally I blame the media. No positive stories are ever published

@Princessandtoad

Unfounded attacks on nurses by nurses are causing far more damage

@msnaughtycheese

Nurses used to have time to talk to patients and understand the whole person and family. Now only have time for the tasks and paperwork

@annodoremouse

I haven’t met a nurse in my son’s care where I could tell the route through which they qualified

@38linepoem

Crash, bang and bloody wallop! Apparently the sign on my door saying night shift means nothing

#sleepdeprivednurse

@MissRachealD

Follow Nursing Standard @NScomment and join the #NScomment chat on Thursdays at 12.30pm

Karen Chilver, by email