New year, new resolve to take loo breaks

Brexit may not mean Brexit, but this time of year does mean resolutions

It is dividing the population. One half is sinking into melancholic dread about the future, while others see an exhilarating view of a new horizon. No, not Brexit, I’m talking about new year. Personally, I don’t see much point in celebrating an arbitrary date on the calendar when we are all partyed out after Christmas, but that’s just me.

And all those resolutions. This year, which will almost certainly be a challenging one for the NHS, we nurses should make our own.

1. We resolve to go to the loo when we need to, even if some pipsqueak is threatening you with a ‘disciplinary’ if you leave the ward for a nanosecond. If you need a wee, you need a wee. This is enshrined in the Universal Declaration of Human Rights (and if it isn’t, it should be). No one can think straight with a full bladder.

2. We resolve that we will never assume a patient understands what we mean. For example, we will desist from asking for a ‘sample’ (urine, obviously) because over the years we have been presented with everything from lemonade to seminal fluid, and all points in between.

3. We resolve that we will no longer take it for granted that the chair in front of us, the only chair available in the whole hospital, will be able to take the weight of that rather large patient. Believe me, it won’t.

4. We resolve to set an example to the populace by resisting the ward chocolates. We will just say no. Except for the salted caramel ones, and those round ones with the squidgy middle. And the rest.

So that’s 2019 sorted then. And whether you love it or loathe it, happy new year, and may all your Brexits – and truffles – be soft ones.

Jane Bates is an ophthalmic nurse in Hampshire

Is it time to abandon the idea that support staff can solve the nursing shortage?

It is clear that registered nurses are vital to patient outcomes. Support staff are valuable, but as it becomes increasingly difficult to staff clinical areas, I am concerned they may be seen to be a quick fix. We need a radical change in the system, including making nurse education more attractive and financially viable. Support staff are only part of the solution. It is unfair and immoral to expect them to solve a problem this government created.

Liz Charalambous is a staff nurse and PhD student in Nottingham

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It is clear that registered nurses are vital to patient outcomes. Support staff alone cannot fill the gaps left by nurses, and people are kidding themselves if they think they can. But in the current climate, with the scrapping of the bursary, the uncertainty of Brexit and the retirement time bomb, we need to look at alternative ways to fill gaps. Until we have a sea change in recruitment things are only going to get worse.

Daniel Athey is a charge nurse on an acute medical unit in Sheffield

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Working in an area with a shortage of nurses, I am acutely aware of the recruitment challenges. Support staff alone cannot fill the gaps left by nurses, and people are kidding themselves if they think they can. But in the current climate, with the scrapping of the bursary, the uncertainty of Brexit and the retirement time bomb, we need to look at alternative ways to fill gaps. Until we have a sea change in recruitment things are only going to get worse.

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Nursing support staff do a fantastic job, but the clue is in the title – they are there to support our work, not replace us. There is simply no substitute for a registered nurse, with research showing time and again that diluting the skill mix is harmful to patient outcomes. It is time our profession fought back. Politicians must realise that nursing is about more than tasks, and that quality can’t be delivered on the cheap. Given our pay, I would say we’re already a bargain.

Grant Byrne is a nursing student in Edinburgh

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