To be a nurse is to build up a back catalogue of patient encounters – some sad and challenging, some joyful, and many somewhere in between. These often brief therapeutic relationships will sometimes galvanise you to innovate and improve services, they may change the way you think of the profession or send your career in an unexpected direction.

Here, five nurses reflect on the patients who have notably inspired their practice.

It is more than 30 years since Debbie Green met that patient, yet she says ‘I can remember it as though it was yesterday’. Particularly vivid is an early conversation about his condition. ‘The registrar was talking to him about fractured vertebrae and saying we were going to send him to Stoke Mandeville, where the National Spinal Injuries Centre is located.’

The patient didn’t understand quite what he was being told, and so asked Ms Green for an explanation. ‘I said: “Well, basically, you’ve broken your neck.” And that hit home. He was crying. Of course he couldn’t move his arms, so I was wiping his tears.

‘And he said: “What are they going to do to me at Stoke?’

‘It is full circle for me. It is just amazing I had been that nurse who didn’t know what to do to support a patient with spinal cord injury. And now I support nurses and other clinicians in caring for such patients’

Debbie Green, spinal cord injury specialist nurse lead for the south, Spinal Injuries Association
One Saturday night in the late 1980s, a young man was physically thrown out of a nightclub in Luton and sustained a cervical spinal cord injury as a result. He was taken to Luton and Dunstable Hospital, admitted to the orthopaedic ward, and cared for by a junior sister. This encounter would shape her entire career.

‘It is full circle for me. It is just amazing I had been that nurse who didn’t know what to do to support a patient with spinal cord injury. And now I support nurses and other clinicians in caring for such patients’

Debbie Green
Mandeville? I replied: “I don’t know. I don’t know what they’re going to do.” Because I didn’t.’

This stayed with Ms Green for several days. ‘I was really upset that we didn’t know what to do, that we didn’t know what to tell him, that the doctors didn’t know what to do.’

Ultimately she decided to speak to the director of nursing. ‘I told her the story, and that I felt something needed to be done.’ It led to Ms Green being seconded to Stoke Mandeville to complete an eight-month course in spinal cord injuries.

‘There were about 100 patients there, all young people with paraplegia and tetraplegia. And I remember thinking how tragic it was for those people, but also what good lives they could lead if they had the right rehabilitation – which is what they were getting there.’

In time, Stoke Mandeville became Ms Green’s professional home. She spent almost 25 years there, ultimately as matron for the outreach service – supporting spinal injuries patients in district general hospitals before they transferred to Stoke Mandeville. Today she is a specialist nurse for the Spinal Injuries Association, offering similar support.

‘Hospitals will call us and we go out and write a care plan for their patient with spinal cord injury,’ she explains.

‘We also write emergency care plans for people who are living at home, so these are ready if the person is taken into hospital. We do lots of education – teaching the NHS, private organisations, care agencies, district nursing services.

‘It is full circle for me,’ she says. ‘It is just amazing I had been that nurse in a district general hospital who didn’t know what to do to support a patient with spinal cord injury. And now I support nurses and other clinicians in caring for such patients.’

‘A gentleman I’d known since my teens came in with his wife,’ he says. ‘She’d collapsed at home and he’d been unable to rouse her. We got her through the CT scanner pretty quickly, and she’d unfortunately had a catastrophic bleed on her brain.

‘So I made them as comfortable as I could in resus. And I sat holding his hand while he sat holding her hand.’

Once the patient had died, Mr Osborne performed last offices and arranged for her husband to go home with a friend. Mr Osborne then walked back into resus. ‘And I kicked one of the clinical waste bins across the department out of frustration,’ he remembers.

‘You go into healthcare to help people and you can’t always do it. Although in hindsight, just being there, and supporting him, was something that I could do.

‘It really did drive home to me the need for empathy. When
people come into the emergency department, they’re often in pain, scared, sometimes alone with no support network. Being able to understand that and incorporate that into how you care for them is really important.’

Family’s plight inspired me to strive for greater professional autonomy

Georgiana Neculau, lead nurse for inherited cardiac conditions service, University Hospitals Birmingham NHS Foundation Trust

As she looked through documents relating to a young man who had died of an inherited cardiac condition, there was a piece of information that gave Georgiana Neculau pause. ‘He had exactly the same date of birth as me,’ she remembers. Specialising in sudden cardiac death inevitably means confronting very sad situations, but that small coincidence somehow made the patient stand out.

His parents stood out too. They had complex needs and were living some distance away, which is not an uncommon situation since inherited cardiac condition services are regional. It meant the care they received – intensive screening and counselling to better understand what had happened to their son, and to understand whether it was a condition that might also affect others in the family – had to be provided over six or seven separate hospital visits. And these trips meant a two-and-a-half-hour journey each way.

‘I thought if we could have a service that combined all of this, and perhaps if I could take a more autonomous approach, I’d be able to better support these families.

‘I had already been in inherited cardiac condition services for a couple of years by that point, but I was still relying heavily on the consultants,’ says Ms Neculau. ‘This case was the starting point for me expanding my horizons, to take on new challenges, new training, to look into what else I could do and get better and more skilled at what I do.’

She began a course in non-medical prescribing, then undertook a master’s degree in genomics. All of this now means she is delivering several nurse-led services that offer families a one-stop-shop approach. What previously might have involved multiple visits to separate specialties can now simply involve a consultation with Ms Neculau – or one of the other nurses in the service who have followed the same path of additional training.

It is also possible for families to receive much more immediate information on test results. ‘We would have a consultant see families after the tests, but how do you ethically divide five slots for 20 different patients that all equally needed them? Now on the day when they come for tests, they also have the option of seeing a nurse afterwards to give them the result and make up a follow-up plan.’

‘I thought if I could take a more autonomous approach, I’d be able to better support these families’

Georgiana Neculau

She began a course in non-medical prescribing, then undertook a master’s degree in genomics. All of this now means she is delivering several nurse-led services that offer families a one-stop-shop approach. What previously might have involved multiple visits to separate specialties can now simply involve a consultation with Ms Neculau – or one of the other nurses in the service who have followed the same path of additional training.

It is also possible for families to receive much more immediate information on test results. ‘We would have a consultant see families after the tests, but how do you ethically divide five slots for 20 different patients that all equally needed them? Now on the day when they come for tests, they also have the option of seeing a nurse afterwards to give them the result and make up a follow-up plan.’

‘I thought if I could take a more autonomous approach, I’d be able to better support these families’

Georgiana Neculau
Ms Neculau’s mission to offer even better support to people affected by these conditions continues. She is one of the lead nurses for the sudden unexpected death pilot that is seeking to improve referral pathways in the event of such a death. And she is considering beginning a PhD, with a view to advancing thinking on the potential of nurse-led services.

‘Nurses can bring a lot to the table. They’re incredibly skilled individuals, but perhaps we’re not always enabled to flourish to our full potential. So if we can have more autonomy, gained through training and through experience, then we can reach more people.’

Elaine Davies, team lead for special school nursing service, North Tyneside and Northumberland, Northumbria Healthcare NHS Foundation Trust

For Elaine Davies, a specialist community public health and school nurse, the sudden death of a young person has inspired further efforts to ensure the voices of those she cares for are heard and heeded.

‘A number of our children and young people have life-limiting illnesses. One such young person had been with us in school for a number of years and he died suddenly in hospital,’ explains Ms Davies. ‘He was a great advocate for young people with special educational needs and disability (SEND) as an active member of the local SEND youth forum.’

In tribute to this young person, and continue to amplify the voices of others with similar needs, Ms Davies was inspired to work with her nursing colleagues and the local authority to produce a short film.

‘It is about the importance of keeping children and young people’s voice at the centre of what we do. We worked with the young people to explore how can we ensure this basic right is met.’

The video was launched at the National Association of Independent Schools and Non-Maintained Special Schools (NASS) and the School and Public Health Nurses Association (SAPHNA) conference in July and is available on both organisations’ websites.

Yusra Pasta, general practice nurse, Melbourne Community Health Centre, Leicester

Yusra Pasta was a nursing student when she met a patient whose worries had been compounded by a language barrier.

‘She didn’t speak English and started speaking to me in her language which, thankfully, I understood,’ Ms Pasta remembers.

‘She’d had major surgery but told me she’d not understood anything about her care, what had been going on. So I went through her notes, told her what was happening, updated her, and gave her reassurance.’

Today Ms Pasta is a nurse at a busy GP practice in Leicester, which is one of the most multicultural cities in the UK.

‘A lot of patients don’t speak, read or write English so I felt like a lot of information was being missed in terms of their care,’ she says.

‘We’ve working to keep children’s and young people’s voices at the centre of what we do’

Elaine Davies

‘A lot of information was being missed among patients who don’t speak English’

Yusra Pasta

She now often switches into other languages to help patients understand their condition and care. Such conversations are often a chance to dispel myths.

‘In Islam, we’re taught to look after our bodies,’ she explains. ‘But it might be that lack of education means that patients can’t carry that forward into their lives. We could be the person to make that difference, to help them with their quality of life.’

Claire Read is a health journalist