Nurses must get involved in national debates to be heard

I qualified as a nurse more than 17 years ago and, as a result of that, I have seen three governments run the NHS, continuous changes and a whole host of health-service scandals that have ended in increased scrutiny and criticism by the media and by society. In the past couple of years, however, there have been a number of outrages and passionate debates over the care that is provided within UK hospitals. Added to this, the controversies that have arisen about the Liverpool Care Pathway, together with the Francis report have focused media attention on nursing as never before.

As a respiratory nurse, I am regularly involved in providing care to those at the end of life so the questions arising from debates about the end-of-life care pathway sparked my thinking. As I spend more time providing direct care to patients than any other health professionals, work closely with caregivers and family members, and see patients in their broader social environments, I believe I have valuable insights to share.

I believe that nurses have a unique perspective on caring for patients in a variety of settings – including the hospital, the clinic, the community and the home – and most of us are highly valued by our patients. So why then, during the media debates about the Liverpool Care Pathway, were nurses not seen or heard?

I accept that the issues discussed by supporters and detractors of the pathway should be openly debated and discussed, but I was deeply saddened and concerned that nurse leaders have not put themselves at the forefront of these highly charged public debates, which are very much in the nursing domain.

The clear leader in the debates that have taken place on the Liverpool Care Pathway has been the Association for Palliative Medicine. This organisation took a strong and visible lead and argued its case in support of the pathway. However, national media comments on the Francis report are frequently provided by the editor of Nursing Times, rather than a leader of a nursing organisation. Why are nurses’ voices silent?

While it could be argued that nurse leaders may find it difficult to be seen to be taking sides, I believe it is vital that nurses play an active role in these debates and discussions. We need to be brave and join debates that are relevant to nursing practice, whichever side of the argument our views fall on.

Taking part in media debates is risky, but unless we actively engage rather than remaining silent and unseen our role and insights will go unheard. If we truly want to develop a more open style of health-service culture in which nurses are encouraged to speak openly, surely band 6 nurses on the ward need role models showing them how to do this. They also need powerful and clear leadership, not only within their organisation, but also at a more national level.

Come on – let’s make our voices heard, speaking confidently, loudly and clearly and stating our case. NT

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