

Day one NHS organisation is at the top of the political agenda. But what about the vital basics that more and more patients say are being neglected?

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# A crisis in nursing

## Six operations, six stays in hospital – and six first-hand experiences of the care that doesn’t care enough

Just over a year ago, at the RSA, I gave a talk. When I got to the lectern and took a sip of water, I could see that my hand was shaking. I’m usually a bit nervous when I give a talk, but I’m not usually so nervous that I can hardly swallow. I was nervous because the talk was supposed to sound spontaneous enough to work as a live event, but polished enough to work on the radio. But most of all, I was nervous because of what I was about to say.

I had, I told the audience, recently had an operation. It was, I said, my sixth in the past eight years. The surgeon, I said, was lovely, and so was the anaesthetist, and so were the nurses. But I was surprised that the nurses were lovely, because what I’d learnt, during my six stays in hospital, was that surgeons were often lovely and so were anaesthetists, but nurses often weren’t

kind. The first operation, I told them, was on the day we bombed Iraq. I had just been told I had cancer and was still in shock. I was worried, I said, about losing a chunk of my breast, worried that I might get lymphedema from losing my lymph nodes and worried that the cancer might have spread. But I wasn’t, I said, worried about the nursing. It had never occurred to me, I said, that the thing you should worry about when you went into hospital was the nursing.

And then I told them about how, when I woke up from the operation, and was still in pain and still had tubes going in and out of me, I was told by a nurse that I had to get my own breakfast. I could, I said, work out how to clip the drips and drains on to a kind of trolley thing and use it to propel myself to the room with the table and the toast. But I couldn’t work out how, when you’d just lost the lymph nodes under one arm and had drips going into the other one, you were meant to pick up and pour a giant tea pot. And that, I explained, was when I realised that nobody seemed to care whether I got a cup of tea or not.

It was useful, I explained, to learn that the nurses didn’t seem to think things like food and drink had anything to do with them. And to learn that it wasn’t a good idea to press your buzzer. It meant that when I had the next two operations, I knew the important thing was to keep quiet and not to make a fuss.

When I told the audience about the fourth operation, which I had two years ago, I thought my voice was going to crack. It made my heart beat faster to

think about it then, and it still makes my heart beat faster now. I was worried about losing a breast and worried that the chunk of flesh and blood vessels from my stomach that were going to replace it might, as the surgeon had warned me, go black and die. I was worried about having an eight-hour operation and worried that my cancer had come back. But I wasn’t worried about the nursing. I had switched to this hospital because I’d been told that everything that happened in it was good.

It took just a few hours for me to realise that it wasn’t. It took the nurse, in fact, who told me, when I finally pressed my buzzer after waiting two-and-a-half hours for someone to check the blood vessels I’d been told had to be checked every 15 minutes, that she was “busy”. And who, when she finally came back to me, an hour later, didn’t seem to

**I woke up from the operation and ... was told by a nurse that I had to get my own breakfast**

notice I was lying in a pool of blood. And who asked me, when I winced, what was wrong with my stomach. Who didn’t, in fact, even know what operation I’d had.

In that elegant room, in that Robert Adam house, I tried to explain what it feels like to be lying in a hospital bed in so much pain you can’t even reach out for water, and feel that if you press your buzzer, you’re going to make someone cross. I tried to explain what it feels like to hear the groans of people around you whose calls for help aren’t being

answered. And what it feels like to hear nurses who aren’t even trying to whisper complaining about the other patients, and you. I had, I said, and was embarrassed to say this in front of an audience, and embarrassed to talk about losing a breast, never felt so abandoned, or alone. And I said that I thought it was time for nurses to start recognising that they have a choice about whether to do their job badly, or well.

I was on holiday when the talk went out on Radio 4, as part of a series called *Four Thought*. I thought some people might get in touch, because when you write about anything to do with health and hospitals, which are things that affect everyone, people always get in touch. When I wrote a column last February, after a report was released about the care of old people, and said that it was unfair to say that nurses were ageist, since some of them seemed quite good at treating young people badly, too, I got a huge number of emails. Even so, I was surprised. When my talk was repeated, in the PM slot during the NUJ strike last July, I got even more.

And what nearly all the people who wrote the emails said was that they’d had terrible experiences of nursing, too. Julie (I can’t, for legal reasons, supply surnames) said that she had been “on the receiving end of degrading treatment”, which had left her “with a permanent dread of ever having need to enter hospital again”. Keith said that he “was shocked by the attitude of the nursing staff” and still “shudders” when he experiences “mirrored” hers as “an



A nurse at Queen Elizabeth Hospital in Birmingham helps to move a patient. Many people complain of poor treatment at hospitals GETTY

expectant mother, a daughter of a very sick mother, a patient having emergency surgery and a mother of a daughter who had an accident”. Sue said that she was “berated by the night nurse” for ringing her bell and “sobbed for 15 minutes with the relief of leaving the ward”.

Diana watched her father “fighting for breath” and “thrashing around in blood-stained sheets” while five or six nurses “laughed and joked about their recent holidays”. Caroline was told by the midwife who was meant to be helping her through labour that she was busy “eating her biscuits”. Lesley woke up from her operation for breast cancer and was given a drink “reluctantly”, by a nurse who wouldn’t stop reading her magazine. Bronwen, who had open heart surgery, said that there were plenty of nurses “hanging around chatting, sometimes on mobile phones”, but not many who seemed to want to do “their job”. Denis “woke up in something akin to corrective treatment camp” where he saw “elderly confused people being threatened in quiet corners” and patients “being verbally abused”. Ruth found the nurses looking after her elderly parents “disinterested, unapproachable and cross”. Emily, whose husband was in intensive care for two weeks, said that the nurses seemed to have “time enough to grumble and chat”, but “were too pressed to answer a patient’s call”.

There were a lot of emails from retired nurses. Jennifer, who spent three months in hospital after a car crash, was “shocked by the attitude of the nurses” and “left with a sense of grieving” about her profession. Maggie said she felt “angry” and “ashamed”. Sheila “despaired” of the “present situation in nursing”. Margaret said that she, and

and “abused”. A businesswoman spent £1,000 hiring undercover carers to look after her mother at hers because she believed patients who didn’t have “a friend or relative to come in and help look after” had “no chance”. A midwife overheard a colleague telling a woman in labour to “hurry up, or I will cut you”.

These experiences may not be the norm. Newspapers tend not to fill their pages with stories of things that went well. And the people who respond to a newspaper column, or radio programme, talking about bad experiences of nursing are likely to be the ones who’ve had bad experiences of their own. But the emails, and the stories in the press, and the stories of people I’ve spoken to, and the reports into the care of the elderly which seem to suggest that the best thing to do when you hit 65 is invest in a noose, have convinced me that there is a problem with nursing in this country, and that that problem isn’t going to go away.

**Lesley woke up from her operation for breast cancer and was given a drink ‘reluctantly’ by a nurse**

many of her peers, were ashamed to admit they were nurses because of “the reputation of too many unkind, selfish, disinterested and uncaring people” who should “never bear the title” of a nurse. Alison said that she had started to assess the wards her elderly mother was put on for their “level of cruelty”.

Claire, a nurse who became a GP, had been “horrified” to see nursing “depart from its caring role”. Penny, a consultant in a hospital, said that she often had to “spend five minutes just trying to find a nurse to inform” about the patient she’d just seen. Judy, a mental health nurse, said she was often “appalled” that “seemingly OK people could be quite so uncaring”. Dominic, a GP, said that it “astonished” and “angered” him that we were spending “ever more on advanced, high-tech treatments” while “neglecting the basics”.

The stories in the emails are very much like the stories that seem to come out almost every week in the press. A teacher who spent nine “nightmare days” at her local hospital told the *London Evening Standard* that she “could never recommend” that anyone should go there, “even if someone was dying”. She was, she said, “neglected”, “threatened”,

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**MORE NURSES. BETTER PAID THAN EVER – SO WHY ARE STANDARDS GOING DOWN? SEE OVERLEAF**

