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REFLECTIONS



VOICES
The passing years have softened Sharon Dennis's attitude to class reunions

People are often amazed when I reveal I have known some of my best friends since I was five years old. Our relationships have seen us through several decades, triumphs and tribulations. We do not have much need for Friends Reunited, the website that links school friends who have lost touch.

I must admit, however, I am intrigued by the possibilities of Nurses Reconnected (www.nursesreconnected.com), a website that helps nurses renew old professional friendships. I used to be incredulous at adverts in nursing journals calling for those who were members of set 300 to return to St Elsewhere, 30 years after they trained, for a reunion. Nowadays I have more understanding of the drivers behind this sort of initiative.

The emotional labour expended in the practice of nursing creates the need for peer support; the presence, absence, quality or withdrawal of this support can leave an indelible mark on the individual's psyche. Similarly, experiences with service users, whether positive or negative, may stay with us and shape future interactions.

If I was to look up people from the past it would be for different reasons. There are a few patients I nursed that made quite an impression on me; I would be interested to know how their lives have panned out. There are also some colleagues who I would like to thank, some for the challenges they set me which increased my resilience and resourcefulness, and others who nurtured, guided and believed in me.

Having experienced the benefits of support I have tried to provide the same for others. Hopefully that is the best thank you I could give.

Sharon Dennis is RCN south east regional co-director

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Pressing for action

Sue Roberts explains recent changes to the Press Complaints Commission's mental health reporting code

In among a great deal of good reporting, a minority of newspaper stories persist in giving the impression that high-security hospitals are full of 'nutters'. Then there are stories that suggest the streets are unsafe because people with mental health problems are out to 'get' ordinary people.

If you are a nurse working in mental health you may well have come across such insensitive and inaccurate reporting. Perhaps you have read an article about your patient or your hospital that is not right. How did it make you feel? Angry and powerless?

The good news is that it is possible to challenge press misrepresentation. If you or someone you are responsible for is directly involved in a story you can complain to the Press Complaints Commission (PCC). Newspapers and



magazines in the UK have signed up to a code of practice which covers accuracy, privacy and discrimination against individuals. In addition to the code, the PCC offers specific

guidance in a number of areas. Its guidance note to editors on the reporting of mental health has recently been updated.

This note covers the use of discriminatory language that might cause distress to patients with mental health problems and their families, and that could interfere detrimentally with their treatment. Stories that label someone as a 'basket case', 'nutter' or 'schizo' contribute to a climate of public fear and rejection.

Recent cases

The note also draws attention to the relevant Mental Health Acts and points to terminology that should be avoided. People detained under the Mental Health Act 1983 are in hospitals, not prisons, they are patients not prisoners. The note also directs editors to a number of organisations that can provide them with information on mental illness.

If a newspaper or magazine appears to you to have broken the rules of the code of practice, the PCC will be happy to investigate.

A doctor from a mental healthcare centre complained recently about an article that criticised the care provided by the centre. The article claimed that a nursing student had

told a woman to 'go away and pull herself together'; later that day the woman killed herself.

After the PCC investigated, the newspaper published an apology to the clinical staff. The paper accepted that the nursing student had not told the woman to pull herself together and that the suicide was not related to the contact with the healthcare centre.

Sometimes editors do more than print an apology: they go out of their way to learn from the complaint. In another recent case involving a regional newspaper, a man complained that a series of articles misrepresented the care home where his wife was a resident. The husband said that staff were excellent, menus were varied and hygiene standards were high – yet the articles had given the opposite impression.

SOME EDITORS GO OUT OF THEIR WAY TO LEARN FROM THE COMPLAINT

The editor of the paper visited the home and spoke to staff and the complainant. He agreed that the home was clean, modern and professionally staffed, and was enjoyed by residents and their families. He also asked the management to send him information about events at the home in future.

There are plenty of accurate and responsible articles in newspapers and magazines about people who are being treated for a mental health illness. The PCC does not formally record trends in complaints about mental health stories, but these days there appear to be fewer complaints about offensive language.

This does not mean that we should get complacent. What the papers say matters. And there is still room for improvement NS

Sue Roberts is external affairs manager at the Press Complaints Commission

If you have a complaint about an article in a newspaper or magazine go to www.pcc.org.uk or telephone 0845 6002757 for more information



Statins have a cruel twist in their tail, finds David Newnham

Peering into his screen, the GP seeks out my vital statistics. 'Remind me,' he says, like a fortune-teller fishing for clues. 'Have you had a heart attack yet?' Not quite yet, I assure him. Is it overdue?

Your chance of having one in the next ten years is now 20 per cent,' he replies. 'It's your age. I am afraid. Fifty five next week?'

He points an accusing finger at my date of birth, and I resign myself to the near certainty of premature death. And to think that I still have so much to give. But the doctor has a cunning plan. 'How do you feel about statins?'

Statins? My poor old heart leaps. I have heard so much about them, yet never dared hope that one day, I might be deemed worthy. Is there any reason not to? Could I still handle heavy machinery, should the need arise?

'They do not reduce the risk of bowel cancer,' he warns, ignoring my fatuous question. 'But they don't increase it either.' Okay, I say. It's a deal. But my words are drowned by the clatter of his printer.

Clutching my paper trophy, I am halfway to the door when he hits me with the bad news. 'One thing with those,' he says. 'You can't have

OutsideIn

grapefruit juice.' Grapefruit juice? Never touch the stuff, I tell him. But 48 hours into my new, extended life, I begin to experience an unexpected side effect. The supermarket is selling big pink ones, three for the price of two, and I have a sudden craving for that citrus tang.

Grapefruit. As I read the word, the wasted years flash before my eyes. If only I had known then what I know now... 'Too late for me,' I mutter, popping three sun-blushed beauties into my trolley. 'But the kids might like them.'

David Newnham is a freelance writer

REFLECTIONS



Dress to impress

Bring back the frills and bizarre hats, says Jane Bates

An older patient, a former military man, stared at one of our consultants with disapproval. 'Your collar's untidy – Sah!' he barked.

The consultant mumbled an apology and adjusted his disorderly neckwear. This doctor lives a hectic life professionally and has several small children, so it is no wonder the neatness of his collar is not a priority. However, he is aware that the public expect a certain degree of professionalism.

Which made me think, do nurses present a dignified front? Do we feel confident, even proud, of the image we present to the public?

I had a letter from a nurse in Cambridge who feels we lost our unique professional identity when the old-style nurse uniforms were discarded in favour of the cheaply manufactured garb we wear today.

A study in Ireland showed that nurses in tunics and trousers are subject to more aggression from the public than when they wear dresses. I suspect this is because the traditional uniform makes them more easily identifiable as nurses. It is a mode of dress that commands respect.

When I trained more than 30 years ago, individual hospitals had their own particular uniform – including hats – which could be bizarre and flamboyant but gave us a sense of pride and belonging.

What is more, the fact that all hospitals were different gave the patients something to while away the hours with: 'I am sure that at the General the staff nurses wear pink and the sisters dark blue, but at the Infirmary it is light blue and polka dots. Oh look, here comes one in green.'

We are all in need of a morale boost at the moment. Why not chuck out our New Labour utilitarianwear and bring back the belts, buckles, cuffs, frills, and even the splendid hats?

Jane Bates works in outpatients in Hampshire

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