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LETTERS

WE NEED TO TALK ABOUT NURSING

Let's think operationallyLorraine N Smith *professor of nursing*

College of Medicine, Veterinary and Life Sciences, University of Glasgow, Glasgow G12 8LL, UK

Reports of appalling nursing care cause shame, bewilderment, and anger. Failure to care is an act of betrayal. Delamothe's editor's choice prompted much discussion among nurses completing their MScHC at the University of Glasgow.¹ These nurses hold nursing to be a caring profession with clinical expertise, good communication, and compassion as the cornerstones of practice.

Nurses do not exist in isolation: they work in a system with other healthcare professionals. Nurses' omnipresence 24/7, their being the largest group in the healthcare workforce, and their ubiquitousness across healthcare delivery mean that they are often the public face of the organisation.

These eight operational points may therefore be worth considering:

- (1) The redeployment of "problem" employees, which moves the person from place to place over time
- (2) The process of identifying problem employees in which they are counselled, advised, educated, and offered further opportunity to perform competently. Some go off sick with stress, return to work, and restart the process

(3) The inability to remove indifferent, demonstrably uncaring people from practice efficiently and with union and management agreed on the way forward

(4) The role of management in recognising and addressing system failures

(5) The lack of resources that has an impact on response times and causes anxiety, frustration, and mistakes on a daily basis, with nurses finding themselves unable to deliver the kind of care they want to

(6) The extent to which poor nursing care represents organisational malaise

(7) That the term nurse is not protected in legislation and therefore may be used for a range of staff delivering front line care

(8) The length of time that the Nursing and Midwifery Council takes to hear disciplinary cases.

Competing interests: None declared.

¹ Delamothe T. We need to talk about nursing. *BMJ* 2011;342:d3416. (2 June.)

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