Patients needing to discuss religion should be referred to the specialists

Does religion have a place in health care? Your readers panel says it does (Reflections January 14), but it is somewhere ‘where angels may fear to tread’.

I agree. Religion and spirituality are a minefield of complex emotions, feelings and beliefs, and should be kept quite separate from the nursing/medical side of patient care.

Just as we go to a specialist when we have broken a bone or have undiagnosed pain or bleeding, when patients need to discuss religion or ask questions such as ‘What is the meaning of my life now?’, they are best referred to the specialists – the chaplains.

Given how overstretched most nurses and doctors are in today’s NHS, hospital chaplains may be the only professionals with sufficient time to assist patients with their religious needs and concerns.

Chaplains play an important role in a team approach to caring for patients. They act as independent advocates and advisers. They can also help advise on whether recommendations for treatment or procedures are permissible for patients of a particular faith.

Chaplains are invaluable in discussing with patients sensitive issues such as autopsy, in-vitro fertilisation, pregnancy termination, blood transfusion, organ donation, ‘do not resuscitate’ notices and the removal of life support.

Chaplains of all faiths will have specialised knowledge of how different medical procedures are viewed by various religious bodies.

They have good listening and communication skills, and can respond to patients needing a different type of support to the evidence-based compassionate care provided by nurses and healthcare assistants.

We need more chaplains in today’s NHS working as a key part of the multidisciplinary team caring for patients.

Helen Evans, by email

**FAITH HELPS US TO UNDERSTAND OUR ROLE – AND TO OFFER LOVE**

Four readers panellists considered the place of religion in health care (Reflections January 14), but seemingly from a perspective of patients receiving chaplaincy care. How about the way in which faith influences our nursing approaches?

Prior to my wedding to a Catholic, I attended lessons with the parish priest and promised to raise my children within the church.

So attending mass became part of the routine, and it began to make a difference to the way I thought about my life and the lives of others.

The last step in my journey to being received into the church was during the theory day of a control and restraint course I was delivering. During my ramble about ethics, and the ‘rightness or wrongness’ of restraint, one of the participants said: ‘You talk about God a lot, don’t you?’

This was in the context of me describing how I regulate my behaviours. I went to see my priest that night and remain, to this day, an active member of the church, parish and school.

In part, my moral compass is set by my faith, and my understanding of right and wrong is underpinned by that framework.

I would suggest that faith plays a part in the working lives of many nurses and their patients – not by evangelising or preaching, but by helping us to understand our role in life – and in offering compassion, even love, to those we care for.

And yes, if the patient requires a chaplain, we will arrange that.

Dave King, by email

**INDIVIDUALS, NOT TASKS, ARE AT THE CENTRE OF OUR WORK AS NURSES**

If we as nurses are to be effective holistic practitioners, we must all be patient-orientated, not task-orientated (Letters January 21).

While nursing is becoming an ever more challenging and pressurised
profession, we must all remember that individuals, not objects or tasks, are at the centre of our work.

We encounter people in a variety of settings, sometimes on occasions of great joy, but more commonly at times of pain, sadness and sorrow.

We meet people at their most vulnerable. It is important never to lose sight of the fact that we are dealing with individuals who deserve the same care and respect we would expect.

Looking around at the world we live in today, life really is too short and too precious. Basic care, consideration and compassion cost nothing.

Basic good manners and a positive attitude can enable us to be effective in our more complex and difficult nursing actions and interventions.

As nurses, we should not seek to be robots or machines completing a task. We must seek to be holistic, flexible and adaptive, meeting the needs of our patients and, where appropriate, seeking to learn and develop not only for our own benefit but for the benefit of others.

Donato Tallo, by email

GUIDANCE ON STAFFING IN A&E IS TO BE WELCOMED, BUT LONG OVERDUE

My emergency department colleagues welcome the recommended minimum staffing levels set out in draft guidance from the National Institute for Health and Care Excellence (NICE).

The guidance should help overstretched A&E units struggling to cope with the rise in patient numbers (Analysis January 14 and Online News January 19).

But there are a number of issues that NICE cannot resolve, not least where these extra trained staff will come from. As things stand, they simply do not exist in our UK system.

We will yet again have to rob other countries of their scarce nurse resources, and this is ethically questionable.

While the NICE intervention is welcome, it is long overdue. There must be staff embedded in the NHS throughout the UK whose responsibility it is to plan and ensure safe staffing.

I would guess they are on pretty good salaries and it would appear they have failed in their duty.

Why is the system failing? There are deep-seated problems from primary health care through to the provision of social services.

Why is the spotlight focusing on emergency departments and our ambulance services? In reality, they are bearing the brunt of a system failure that requires fundamental reform.

Kevin Davies, by email

IF NURSES ARE BUSY, FAMILY HELP AT MEALTIMES SHOULD BE ENCOURAGED

I totally agree with Zeba Arif that losing sight of compassion can lead to patients being starved (Letters January 14).

When my husband was in hospital following brain surgery, the visiting time was between 10am and lunchtime. Typically, there were not enough staff to help all the patients with their meals.

My husband was struggling and unable to eat without assistance. I started to help him, but was told visiting time was over. I was asked to leave.

It is short-sighted for nurses not to use such offers of help. If I were a ward nurse being offered a helping hand, I would be very grateful. Such offers should be encouraged.

Adrienne Ford, by email

NIGHTINGALE MARCH 1985 SET TO CELEBRATE 30-YEAR ANNIVERSARY

I am helping to organise a 30-year reunion for members of the March 1985 set of the Nightingale School of Nursing, St Thomas’ Hospital, London, on Saturday March 21.

For further information, please email me at carolehelen65@icloud.com

Carole Collier, by email

REUNIONS

Are you planning a reunion or trying to trace former colleagues? Email reunions@rcnpublishing.co.uk with the details and we will post them at www.nursing-standard.co.uk
OBITUARIES

Geraldine Byrne

Geraldine Byrne, principal lecturer at the University of Hertfordshire’s school of health and social work, has died after a short illness.

Born in Newcastle upon Tyne, she was one of nine brothers and sisters. Following her schooling at the city’s Sacred Heart convent, she studied sociology at the University of Sussex in Brighton.

Her discovery of the social sciences became the backbone of her academic career and she drew on sociology to inform her thinking about her nursing work.

Geraldine undertook a graduate nursing programme at St George’s Hospital in London and became a registered nurse in 1985, working in A&E.

Her recognition of the distress, anxiety and difficulty that patients with injuries or acute illness experience led to her PhD thesis, ‘Understanding nurses’ communication with patients in accident & emergency departments using a symbolic interactionist perspective’ (Journal of Advanced Nursing, 26, 1, 93-100). Her findings were published in a number of journals and have informed the way patient anxiety is managed in emergency departments.

Geraldine was appointed a teacher at the Barnet School of Nursing in 1989 and joined the University of Hertfordshire in 1993.

A change in career direction from research to coaching and mentoring fitted well with her ability to enable others to recognise their potential.

She became an Ashridge-accredited leadership and professional development coach, the contributions she made to the NHS and the individuals she coached are immeasurable.

This mentorship work led to her successful collaboration in leading the widely recognised National Institute for Health Research mentorship scheme for health researchers. This was one of her proudest achievements and the subject of her most recent work, published posthumously in November 2014 (Nurse Researcher, 22, 2, 23-28).

Internationally, Geraldine was one of the founders of a European partnership to support and mentor nursing PhD students, and she forged a special relationship with the University of Genoa in Italy.

Geraldine was a devoted and proud mother to her son Daniel, 21, and a loving partner to Dermot.

She endured her final short illness with courage and dignity. Her death is a great and sad loss to the nursing profession. She is hugely missed.

Sally Kendall is professor of nursing and associate dean, research, at the University of Hertfordshire.

Elizabeth Morris

1924-2014

Sister Liz, Catholic nun and nurse tutor noted for her pastoral care in and around Kettering

Elizabeth Morris, known as Sister Liz, died peacefully at Northampton General Hospital on January 13.

Born in Devon, she spent her early years in Ireland and took her vows in 1952 as the only English nun in a German Roman Catholic order with several houses in England.

She was given the name Sister Anita, but was known to all as Sister Liz. She trained as a teacher and taught at the school run by her order in Kettering. But nursing was her true vocation and she undertook the experimental combined SRN/RMN course run by Brunel University and the Maudsley Hospital.

After a post as sister on a ward for patients with dementia in Bow, east London, Sister Liz became a nurse tutor in Greenwich. The care of the dying was always close to her heart and she completed a course in palliative nursing at St Joseph’s Hospice in Hackney.

Sister Liz returned to Kettering in 1983 and worked as a nurse tutor in the Northamptonshire School of Nursing until her retirement in 1991. Many sets of nursing students benefited from her kindly pastoral care and support. At the convent, she took charge of nursing her increasingly frail German sisters.

Retirement did little to reduce her workload, and she became an assistant chaplain at Kettering General Hospital, completing an MA in chaplaincy studies at the University of Leeds.

Sister Liz spent countless hours visiting the housebound of all faiths and none. The sight of her striding around Kettering in her black habit, making yet another visit, was a familiar one.

On the occasion of her golden jubilee in the order, the county newspaper rightly described her a ‘local legend’.

John Adams is honorary research associate, Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland.