N E W S L E T T E R

of
European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA)

ESGENA-Newsletter, No. 11 August 2002

Contents

Message from the Chair

Dear Colleagues,

The 6th ESGENA conference is forthcoming. This issue of the Newsletter will give you final information about the scientific programme and the ESGENA activities at the occasion of the European conference.

In the last 1.5 ESGENA has worked together with a group of Swiss endoscopy nurses in order to enable an interesting and high qualified meeting.

In 2001 a group of engaged and highly qualified nurses from the University Hospital Basle has already worked as the local organising committee, because at that time Switzerland did not have a national group or society for endoscopy nurses.

In January 2002 the new Swiss endoscopy nurses' society was founded, abbreviated SVEP / ASEP. In the last 7 months the new society has done a great job. Up to now more than 100 Swiss colleagues could be won to become member of SVEP/ASPE. They are very competent partners in preparing the European conference. As Switzerland is a multilingual country, the new society has a bi-lingual name, structure and organisation, representing the two big population groups in Switzerland - German and French. My congratulation to the foundation and good luck for the future of SVEP/ASPE.

In 2001 the participants of the ESGENA Education group worked very hard and efficient. Now the European job profile is finalised and will be published and distributed within the ESGENA membership countries. The next project has already been started: Based on the European job profile we are now working towards the European core curriculum. I would like to thank all participants of the ESGENA Education group for their engagement and enthusiasm.

We are now in the process of preparing the 6th ESGENA Meeting which will be held in October 2002 in Geneva.

The experience with managing the annual ESGENA conferences, the work in different guideline and working parties showed me that nursing or medical societies have close co-operation with the industry. It is a fruitful and efficient co-operation on different levels and fields. Nevertheless, I would like to emphasise that without the support of the industry, societies like ESGENA could do their work.

I would like to use the chance to thank especially the ESGENA sponsors for their generous support and co-operation. This together with the commitment from the membership makes ESGENA possible.

Last but not least, I would like to thank the ESGENA governing board for their hard work, commitment and loyalty. I could always rely on the ESGENA board members who have been very active at EENF- and ENNO Meetings, at the ESGE guideline committee and at the European conference. I am looking forward to continue this fruitful and efficient co-operation.

Ulrike Beilenhoff
President of ESGENA

Letter from the Editor

This issue a few weeks before the European conference will give you updated information about the forthcoming ESGENA Meeting which will be held in October in Geneva.

You will find a great variety of information in this issue of the newsletter. Traditionally, special requests for co-operation are marked with the following sign: "⌦ ACTION required please ☺".

I would like to **THANK** all authors for submitting articles. Their contributions have made this issue of the ESGENA newsletter possible.

The series on "Endoscopy Nurses Education" has been continued in this issue with information from Croatia. We plan to continue this series in the next newsletters. ⌦ **ACTION required please** ☺: Therefore countries which offer special programmes for endoscopy nurses education are invited to present their systems and courses in one of next newsletters.

Traditionally, a special column on web sites of interest offer information from different countries, societies and institutions. In this issue we have summarised web sites of the ESGENA group members. In the next issue we would like to give an overview about guidelines available on the web. ⌦ **ACTION required please** ☺: Therefore countries which have guidelines, standards or recommendations available on different web sites, are invited to present this information in the next newsletters.

Again I would like to stress that we do not expect items submitted to be in perfect English. We know it is difficult and costly for most European colleagues to write in English, but we will help with English if you feel your article or news need correction, etc.

I would greatly appreciate receiving plenty of information which will be discussed and / or published in future newsletters. Thank you very much in advance.

Ulrike Beilenhoff

Illuminating the Future - SGNA-Meeting 2002

17-22 May 2002, in Phoenix, Arizona, USA

18th May 2002, after 7 years back in Phoenix, to attend the meeting of the American Society of Gastroenterology Nurses SGNA.

For seven years I have been member of SGNA and attend their meetings. Because of personal circumstance, I had to pass over. Other European nurses from Belgium, France, England and Iceland also attended the meeting this year. About 1600 nurses are registered.

The welcome reception, always on Saturday night, I had to leave. After one day and night travel, this was a little too much for me at this time.

As usual the program was very interesting with many different subjects to make your choice. Each session took 50 minutes or more. In the States nurses need to collect "contact hours" in order to keep the status of a registered nurse. A registered nurse needs 30 contact hours every two years to stay registered. A 50 minute lecture is one contact hour.

Specialities like Gastroenterology desire a certain amount of contact hours. A "CGRN-certificate" (a special certificate for GI-nurses) require 100 hours within 5 years in total including 80 hours in Gastroenterology. In the Netherlands and most European countries such a system does not exist (except the UK - eds). Only in some hospitals nurses need to bring attendance certificates from conferences and meetings. In some cases to refund their costs or days

On Friday 17th May the registration desk opened at 7.00 a.m. Participants had the opportunity to attend workshops, held by the Industry

On Saturday 18th May, nurses could pass the exam of the CGRN-certificate. An information session for “The first time attendee orientation ” was offered. In my opinion this session is very helpful if you attend such a meeting for the first time.

Every year the organisation committee of the society (SGNA has about 7000 members) has done a lot of work to offer the nurses a valuable congress. Professional speakers, help desks, internet possibilities and a great variety of subjects and sessions are offered.
As an SGNA member registrants get discount as an “early bird”. But without any help of one or more sponsors it will be difficult to finance the participation at this congress. It is very expensive especially for nurses from outside the USA.

On Sunday 19th May, the congress was opened with the opening ceremony, including the Award ceremony. and a state-of-the-Art-Lecture "Futurising the enterprice of nursing".

The Plenary session gave an update about "Advances in Hepatitis C treatment and the hope for the future".
Both subjects have been really interesting and are acute, hot items today. The exhibition was opened in the late afternoon. As usual, this is a good place to walk around, talk to other people, meet friends, eat and drink some of the lovely offered food. And to discuss new and established products as well as new developments.

This year Olympus showed at different tables the inner side of endoscopes, how the cables are settled and what kind of material was used. A good way to get an idea about the expensive construction of these instruments and material.

Over the years I have met colleague’s from different places and countries, with many of them I have built a friendship. So wherever I would like to go, there will be someone to contact, to share our knowledge and ideas.

After 2.5 hours walking around, it was time to move on to the “REGIONAL NIGHT”: Every State within the nurses society shows a great variation about their region. Information, specialities of their State, such as sweets, drinks, pins. A great way to start the first day of this SGNA meeting.

On Monday, 20th May, special workshops and interest groups started early in the morning at 7:00 a.m.
The Plenary session started at 8.00 a.m. with "Reducing liability exposure" and "Creating economic value". The liability landscape is rapidly changing. Understanding these changes and incorporating principles into our practice cannot only reduce your exposure, but bring economic value to your practice or facility as well. These principles include patient satisfaction and patient involvement.

Parallel Sessions offered a variety of topics, such as:

- Advancements in the diagnosis and Treatment of Colo Rectal Cancer
- What every GI nurse and Associates should know about Radiology Procedures
- Adenoma-Adenocarcinoma sequence in the developments of Colon Cancer
- Hepatitis C : Glossary of Terms and Test
- Endoscope Centre Design : Emphasising Functionality and Patient Environment
- Nurse Practitioners : Not just for Family practice anymore !
- The need for Nurse Practitioners in GI practice

At night, we went to an exciting party. Rock and Roll music, Elvis “LIVE” made this into a great event.
So, the music was loud/ real, the food tasty and wonderful drinks. Nothing wrong to spend an evening this way !!

On Tuesday 21st May, colleagues from different countries met at the International breakfast at 7:00 a.m..

The Plenary session covered the topic "From beginner to expert- developing expertise in Nursing". What and how nurses at different stage are taught, influences their learning and sets up, in part, how and whether these nurses go on to develop expertise in nursing practice.

Interesting sessions were given by sales people of different companies. They highlighted the role of the sales person with regard to the Endoscopy nurse, patient and products. The majority of these sales people had worked as endoscopy nurses for many years. Their role in their companies were now more focused on teaching (How to use endoscopes and equipment, instruction about cleaning and disinfection, etc.). This way of teaching should prevent expensive repairs and insure save handling for users and patients.

These jobs within companies might be new for some European countries or something which could be intensified in the future. The background and experience of endoscopy nurses are very interesting and valuable in this field. To work together would be great !

On Wednesday, 22nd May, was the last day of the interesting conference.

The Plenary sessions presented new trends in endoscopy, like Capsule Endoscopy.
The last speaker Dr. Pedro Jose Greer from the Mercy Hospital in Miami. spoke about "How one person can make a difference". As a medical intern, he founded, and continues to be the volunteer medical director of, the Camillus health Concern, serving over 10.000 homeless patients a year. A fascinating personality, who put the subject down at a magnificent manner ! What can we do for the world around us, to give some more of yourself ! A valuable message to close the day and a wonderful meeting.

The next SGNA Conference will be held in Atlanta 16- 21 May 2003 under the headline "Traditions, Trends, Tomorrow". (visit: www.sgna.org)

At the final end of my overview I would like to thank my sponsors, who have been so generous, to support me this year again. With their help, they gave me the opportunity to attend this valuable meeting.
They have been supported me for many years. So, I have been able to attend meetings and share knowledge, meet other nurses all over the world and offer my help where ever was possible for me.
I always keep in mind, where ever you go, you'll take something and leave something valuable, even little things

May special thanks to Ms. Marsha Dreyer, Wilson Cook- America and Mr. Keith Spencer, Olympus Europe " THANK YOU FOR ALL YOUR SUPPORT, TODAY AND YESTERDAY"

Christine Petersen RN
Amsterdam
The Netherlands
e-mail: ChrPetersen@hetnet.nl

National Conference for Endoscopy Nurses in France

25-26 March 2002, Nantes, France

At the beginning of this year Marie Paule Lebret, the president of the French society of endoscopy nurses (GIFE) invited me to attend their national meeting at end of March in Nantes. This has been a great honour for me.

The weekend before the meeting I spent a wonderful time with my colleague and friend Christel Krinke and her family in Paris. Together with French colleagues we went to Nantes by train.

A rriving in Nantes I had the chance to do some sightseeing. At a sunny Sunday afternoon I enjoyed the wonderful quiet atmosphere of the old centre and the beautiful historic castle. A Dutch colleague and friend Bernadette de Wolff, born in France, also attended the meeting. We had dinner together with the French board. A nice special French meal in a cosy restaurant and of course with tasting French wine.

The meeting was held at the "Cite des Congress".
The morning session was focused on colo-rectal cancer and included the following topics and presentations:

Endoscopic treatment of colo rectal cancer
- Polypectomy
- Different types of Polyps

Colo-Rectal Cancer: Prophylactic or curative treatment
- Indication, techniques and results of Mucosectomy, Polypectomy
- The nurses role during this procedure

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Palliative Treatment of colo-rectal cancer by placing a prosthesis.
- Indications, material, techniques, results and complications
- Colonic Laser and the role of the Endoscopy nurse

The last presentation of the morning session highlighted the current recommendations and research projects concerning colo-rectal cancer, the prognosis and quality of life. In France every year 35.000 people are diagnosed with colo-rectal cancer.
The whole morning offered very interesting, up- dated presentations given by good speakers, both nurses and doctors.

After a nice lunch with the possibility to visit the Exhibition, we went on with the afternoon session.

The afternoon session was focused on role and tasks of endoscopy nurses. Between November 2000 and June 2001 the French endoscopy nurses society (GIFE) did a survey. The response was very successful 249 from 500 form were answered.

The qualification of endoscopy nurses in different countries were presented by:
- Habiba Sellioui, from Marocco
- Agnes Darquennen, from Belgium
- Hélène Desirat, Christel Krinke and Marie Paule Lebret, from France

In the discussion the situation of standards and training in the Netherlands and Switzerland could be discussed.

At the second conference day, participants had the opportunity to attend different workshops in which new equipment, its use and importance was presented by some companies. The scientific lectures were focused on Oesophageal reflux including Epidemiology, Pathophysiology, the role of the nurse, quality of life of patients, new endoscopic techniques.

The last session highlighted the risk of infection including
- Methods, choice of products for disinfection
- The role of Microbiologist
- Structure of endoscopes

It was very successful meeting. Christel Krinke and I Thanked the nurses and especially the French board This trip has been a really nice experience together with friends and colleague's. I was happy to see them again. I would like to give my special thanks to the G.I.F.E. board members: Marie Paule Lebret, Helene Desirat, Geneviève Deloche (treasure), Maryse Courbet and Patricia Madeline (secretary) and Annie Biron

My special thanks to Christel KRINKE for her hospitality during my stay in PARIS. Thank you for all your friendship and kindness. We will meet again.

Christine Petersen RN
Amsterdam
The Netherlands
e-mail: ChrPetersen@hetnet.nl

Endoscopy Nurses Education - Information from Croatia

Croatia is a small country on the Balkan peninsula with beautiful Adriatic coast. There are four schools of medicine in Croatia and five clinical hospital centres that function as sites of continuous education of medical and nursing students, and of physicians and nurses. Gastroenterology and endoscopy are represented in departments of these centres, as well as in general hospitals and primary and privately-owned practice.

After schooling, nurses must work for a legally defined one-year probationary period, pass state examination, and then they continue with work and continuous education in the field where they are employed, one of which is also endoscopy.

Since 1996 the nurses employed in the field of gastroenterology (departments of internal medicine, surgery, paediatrics and infectious diseases) have been organised in a Gastroenterology section, Croatian Nurses Association (CNA).

Major aims and activities of the Section are the following:
- professional education of all members,
- follow-up and study of professional and occupational issues suggested by members,
- encouragement of continuous professional education of nurses,
- stimulation and rewarding of professional nursing work,
- advancement of current principles and knowledge within and beyond the Section,
- contribution to solution of problems in various areas of nursing activities,

These aims are implemented through various activities:
- organisation of professional meetings,

- organising exchange of professional and organisational information,
- arrangements for national and international study tours,
- active participation in professional meetings, congresses and symposia,
- encouragement of members to submit their professional manuscripts for publication, and collaboration with Editorial Board of the Croatian Nurses Association,
- collaboration with other sections and bodies of CNA, and with other national or international associations of nurses, physicians or other professionals,
- organisation of other activities necessary for achievement of the Section's objectives.

Based on all above, approximately 270 registered members maintain contacts at national and international level (ESGENA and SIGNEA), and find their interest in their participation in the activities of the Section. Also, they organise professional meetings that deal with topics that are of relevance for them:

1. New interventions and procedures in endoscopy
2. Cleaning and disinfection
3. Holistic approach to a patient
4. Continuous education of nurses
5. Formal education of nurses
6. Ethics
7. Management.

Together with the Croatian Society for Gastroenterology, nurses have so far organised five professional meetings (preparations for the 6th one are underway) and two workshops in collaboration with ESGE and ESGENA: Diane Campbell from United Kingdom and Pilar Perez Rojo from Spain participated in the 5th meeting, while Ulrike Beilenhoff, Germany, Christine Petersen, The Netherlands, and Stanka Popovic, Slovenia, participated in one of the workshops.

Gastroenterology Section nurses are also preparing the following:

1. Implementation of the prepared job profile for endoscopy nurses.
2. Organisation of continuous education courses for endoscopy nurses.
3. Preparation of the Croatian core curriculum for endoscopy nurses.

Jadranka Brljak, RN
chairperson of the Gastroenterology Section,
Croatian Nurses Association,
member of ESGENA and SIGNEA

Zagreb Clinical Hospital Centre
Department of Medicine
Centre for Interventional Gastroenterology
Kispaticeva 12, 10000 Zagreb, Croatia
Phone: +385 1 2388 187, Fax: +385 1 2420 100
E-mail: jadranka.brljak@zg.hinet.hr

STRESS FACTORS, AGGRESSION AND DEPRESSION IN DAILY ROUTINE – SURVIVAL STRATEGIES

Presentation at the 5th ESGENA Meeting on 7 October 2002 in Amsterdam

GEORGE BROWNSTONE, M.D.

I have been asked to speak to you today about the stress of your daily lives on your job, what it can lead to, and what you might be able to do about it. You might wonder who I am, and why I was asked to speak to you. I'm a psychiatrist and psychoanalyst in private practice, and I've worked for many years in public and private institutions. As to my professional qualifications in your field: I'm married to an endoscopist who works in a large hospital in Vienna. She keeps me informed about her work, and through her I've had the opportunity to meet and speak with a great number of your colleagues.

When you first thought about going into nursing, you knew that part of your job would be stressful. But it was the kind of stress that you felt you could deal with, and it might even be exciting, at times; you knew it wouldn't be a boring job. Mostly, the stress you counted on wasn't supposed to lessen the satisfaction that your profession was supposed to bring. Helping people is not only a noble, but a highly gratifying vocation for people like us. You knew you would be dealing with sick people, some of whom are not very nice; some of whom have done their best to ruin their bodies, but come to you to mend them, anyway, people who bleed and fart and defecate and complain at inappropriate times and places. And you knew you'd be dealing with people who died, sometimes despite what you did, and occasionally because of it. The terrorist attacks in America illustrated dramatically how you would be facing genuine, life-threatening emergencies, sometimes catastrophes, where what you did could make all the difference in the world, for the rest of someone's life. Nursing, you knew, all nursing, is inherently stressful, and each branch has its own peculiar brand of stress.

Definition of stress

There are all kinds and degrees of stress, and it can be shown that some stress is good. But what we usually mean, and what I shall be talking about today, is something clearly uncomfortable, a state of emotional strain or suspense, tension, often accompanied by feelings of irritability, depression, and frequently fatigue. It is the emotional reaction we have to circumstances or events which make us feel unsure, inadequate or helpless. Various aspects of your work can lead to this kind of stress.

That which we experience as stressful is highly variable. What is stressful for one person may not be so for another. As in every other area of life, some people love things that others may hate. Beyond that, the specific setting in which you work will in itself be more or less stressful. And lastly, your particular setting will also determine which aspects of your work become stressful. Think of how different it is to work in an understaffed city hospital, or in a model university teaching hospital, or in the orderly office of a private endoscopist. Therefore, different parts of my discussion today will be more meaningful to some of you than to others, but I hope you all hear something you can recognise and use.

Reasons for its development

Patient-Related

As an endoscopy nurse, you have at least a dual function. You are both "nurse" in the more traditional sense, as well as well as "assistant" to a medical procedure. While your patients generally don't require the physical care which is associated with ward nurse duties, in endoscopy it is generally the nurse who is almost single-handedly responsible for patients' emotional well-being. I have not forgotten about the role of the doctor, and his responsibility in this; but sadly, like most physicians who perform procedures nowadays, endoscopists don't "attend" to their patients' emotional needs very much. In some settings they simply don't have the time, but many also use their involvement with the procedure as a shield to hide behind, to avoid more personal contact. But you are with your patients for a brief time before and after the examination, and a necessary part of your duties includes talking with them. However short this time may be, you form a relationship with them, and, for them, this relationship is very important.

Your patients' medical diagnoses, ages and sexes may be different, but they all suffer from a common emotional disturbance: fear and anxiety about the procedure they are about to undergo, as well as about its possible outcome. Most people handle these feelings well, some do not, but all of them feel it, and it will come out in all sorts of ways which you can hear and see, if you only pay attention and understand what's going on. All of these people would profit from the emotional support you could give. And you and they will suffer unnecessarily if you do it badly or wrong.

For instance, patients sometimes appear to be overly anxious, or too curious, or angry, or withdrawn and depressed. At times like this, if you simply respond to the superficial emotion, rather than deal with the underlying fear, the reaction will not go away, and may even get worse. The result will be that the patient will take up even more of the little time you have, and you will become frustrated and irritable. Further, the procedure will likely be more difficult than it would otherwise have been, resulting in more frustration for all involved. I can't go into this in any depth today, but let me just say this: if time doesn't permit you to do more, at least introduce yourself to the patient and shake his hand. This is a very comforting thing for a frightened stranger.

Assistant-Related

The endoscopy nurse's second role is that of physician's assistant during the procedure, similar to a surgical nurse, but with a major difference: your patients are frequently conscious throughout. This job calls for knowing the procedure and equipment, anticipating exactly what is needed next, doing it correctly and often with split-second timing, and doing it while dealing not only with your own anxiety, but also that of the patient, and frequently that of the doctor.

When doing a procedure, you and the doctor, and sometimes one or two others, are a team. The important concept here is ***TEAM***: if a task requires a co-operative effort, it will only be done well if the group really functions as a *team*, not merely as several people who happen to be working together, and this is just as true when the individual members are well-trained to do their jobs. Whether the task is making a bed or flying an airplane, if you're not doing it alone, you'll do it better as a practised team.

Let me back up for a moment. One of the major factors in the development of stress is feeling unsure of yourself, and being afraid that you might make a mistake. Obviously, this is why a student is more nervous than an experienced nurse. What may not be so obvious is that experience alone is no guarantee against the feeling of uncertainty. Even if you personally know what you're doing, you and whoever you're working with are under more stress than you should be, or need to be, if you haven't become a team. You may be certain of what to do and when to do it, but you can't be sure about the others. Even if you're sure of their ability, you don't know that they see things exactly as you do, in every detail. In fact, if think about it, you'll realise that they almost certainly don't. Some doctors want you to push, some don't; some will expect you to do your part independently, watching the monitor, others will want to direct your every move. If a new doctor is left-handed, or shorter or taller than most, he will want you to hand him something a bit differently than you are used to. Becoming a team means knowing, almost instinctively, what the other one is doing, and what they expect you to do. When it works, it's a beautiful thing to watch, like a well-oiled machine. And when it doesn't, you can often feel the frustration under your skin.

Non-Nursing Tasks

There are other aspects of your job, like documentation, data-management and transporting patients, which ought to be assigned to a clerk or an aide, but often aren't. These tasks, which you didn't count on when you chose your career, are frequently experienced by nurses as demeaning. This feeling, although not usually considered stressful, is, in fact, quite so. Being assigned to a task that doesn't make use of talents you yourself highly value diminishes your self-esteem. If this goes on very much, you begin to fear that others may share your low opinion of yourself. Not only does your job satisfaction go down, but you also feel that you're not liked or respected by your colleagues, and can't count on them for support. You begin to feel trapped in a bad situation, and there you have it: the chronic frustration of helplessness. This is genuine stress of a particularly malignant kind, because it's so undramatic it usually goes unnoticed for far too long.

Understaffing

For those of you who work in publicly-funded hospitals, perhaps your greatest source of stress is the overwork caused by understaffing. Internationally, and for a variety of reasons, the demand for health-related services is greater than the capacity of institutions and individuals to pay for it. Over the past 30 years and more, national and local governments have been assuring their citizens that good universal health care is their right. At the same time, they lost sight of the fact that the cost of providing this service was quickly outstripping their own ability and willingness to pay for it. A struggle developed within the health care world for the distribution of these inadequate funds, and the results have so far been dictated much more by politics rather than medical needs. Enormously expensive machines and instruments, like a computer tomograph, have more "headline appeal" than hiring 20 more doctors and nurses for general hospital work, and the one-time costs for such a purchase are less than long-term wages for personnel.

Making matters worse is another wonderful modern invention: committees and conferences. The Hygiene Team or the Team Supervision, or, like this one you're sitting in right now, the Stress Conference – these things have become a regular part of hospital life. Each of them is important, and designed to enrich you and add your professional expertise. BUT: each of them takes time – time away from your already overloaded working day.

The situation as it now stands is that all of you have much more work to do today than your colleagues had 30 years ago, but relatively fewer personnel to do the job. And this job is not like making automobiles or computers - it's

not an assembly line. The care of patients is an individual, personal, time-consuming affair, which can only marginally be made less time-consuming by technology - and many technological advances in medicine have resulted in individual people having to do more, rather than less. Basically it comes down to this: if you ought to spend 15 minutes doing something, then you have to have those 15 minutes available. If you don't, it won't get done right, and it may not get done at all. And doctors are in the same boat.

Just to round off the picture, consider that in real life one or the other of you, just like everybody else, will be sick now and then, or go on vacation, or be on maternity leave, or have to miss work for some other perfectly valid reason. You know the situation: those of you who are left will still have to do all the scheduled work, which is now just too much.

You end up feeling like a small dog. If a Pekinese goes for a walk with another Pekinese, he does fine - he does whatever he has to do, and he still has time to sniff the world, roll in the grass, and enjoy himself. But if he goes out with a long-legged Great Dane, the little guy will have all he can do just to keep up. No more rolling in the grass - he'll barely have time enough to pee. He'll get home at the end of the day with his tongue hanging out, exhausted and unhappy, and he won't look forward to the same thing tomorrow.

This is an extremely complex problem, with aspects beyond those I have mentioned, and there are no easy solutions. The economics of health, and especially the health care of a nation, are quite different from the economics of automobile manufacturing. The situation is becoming worse, and must be remedied before it breaks down altogether. Even now, you probably make mistakes you wouldn't otherwise make, and I'll bet there are times, more often than we feel comfortable talking about, when you don't follow good procedure because you simply don't have the time. There is very little you can do individually about this situation, but you must urge your professional organisations to make themselves heard loud and often in the political arena, continually informing those who shape government policy about appropriate standards of care.

Consequences, including inappropriate coping attempts

Chronic stress is not good for you. Chances are, you would probably like to be a good nurse and do a competent job, and you try hard to do it. If you are overworked, which is chronically stressful, and then you're also frustrated about something else on the job, you might begin to feel generally worn-out and irritated. You don't look forward to going to work next day, and when you're there, you find yourself feeling isolated, bitter and let down – by your colleagues, your doctors, your head nurse – and easily get angry with your patients. To protect yourself, you tell yourself you're taking it all too seriously, and you easily slip into a morose indifference. "Who cares?", you say to yourself, and as your commitment diminishes, so does the quality of your work. The problem is, of course, that your indifference is a fiction. You *do* care, and when you take stock of yourself, and see how you're becoming, you don't like what you see. More severe reactions to this are relatively uncommon, but include depression, alcoholism, and drug abuse – which is more common among doctors and nurses than is usually admitted.

Remedies

Let me begin this last part, about possible survival strategies, by describing two common situations:

The first is a haemorrhage during a polypectomy. Such bleeding is disturbing partly because it has been caused by the doctor during what is usually a relatively benign procedure. It is also an acute high-level emergency, which must be treated efficiently, before the patient bleeds to death, and demands the clockwork skill of both endoscopist and nurse. This requires a high level of expertise, routine and trust, which can only be gained and retained with regular practice. On a unit which does few of these procedures, the doctors and nurses involved should practice together at least weekly, to make sure not only that they know exactly how to do what they have to, but also to ensure that the proper materials are stocked immediately at hand. If this is the case, the stress is manageable. If not, panic can ensue, and the patient's life could be lost. This is not only a tragedy from the patient's side, but possibly also for the team, since they would know that while the bleeding was unavoidable, the death was possibly not. If you've done a good job, the patient has the best chance, and even if you're not successful – and you won't always be - you'll know that you did the best that was possible, and you won't be able to accuse yourself, or your colleagues, of murder.

The second example is the situation in which the doctor, trying to do an ERCP, has now hit the pancreatic duct for the 27^{th} time instead of the common bile duct, and can't admit failure. He first begins to blame the equipment, and, sooner or later, the nurse. To begin with, this is bad practice, period, and cannot be condoned. When it does happen, however, the unit has to have a conflict-resolution mechanism in place to deal with it. A regular staff meeting, weekly, if possible, is best, at which such an incident can be openly discussed among the doctors and the nursing staff. If this does not happen, a poisonous atmosphere can develop, which will negatively affect everyone in the unit over time.

The best remedy against stress is good prophylaxis, and the best prophylaxis is a high level of professional competence within a generally good working atmosphere. Professional competence is everyone's individual responsibility, but it's easier to achieve on a unit that has a "culture of excellence", which is actively supported by the

head nurse and the unit chief. Knowing you're competent automatically builds self-respect, and if you all know you're all competent, you will respect each other fully and easily. In such an atmosphere, where you know you can count on each other professionally and emotionally, it is unlikely that stress will ever build up to intolerable levels.

As a last thought, I'd like to underline the roles of the head nurse and unit chief, the "mother" and "father" of the unit's staff. It is a good and legitimate morale-builder for staff to know that "someone up there" is interested in and looking after their well-being. Endoscopy nurses are often quite isolated from the professional and social mainstream of the rest of the hospital, and can easily begin to feel unnoticed. It is the responsibility of those in charge to be interested in the professional and emotional needs of their staff. Regular meetings with the doctors and nurses of the unit, no less than monthly, at which issues can be ventilated before they become problems, and active support for attendance at conferences and courses, are the best means I know of ensuring that your unit will be a good place to work, and a good place for patients to come.

Georg Brownstone M.D.
Psyhoanalyst
Girardigasse 3
A-1060 Wien
e-mail: georg.brownstone@chello.at

Web Sites of Interest for Endoscopy and Gastroenterology Nursing

The World Wide Web has been established as the most important medium for communication, collaboration and information. Consequently, a great variety of information is also available on the net for medicine and nursing as well as for gastroenterology and endoscopy.

In order to help our members to find interesting information and to contact different professional bodies, societies and journals, ESGENA will continue this column with web sites which might be of interest to nurses and associates working in gastroenterology and endoscopy.

As there are so many sites available we will focus in each issue on one area of websites which will also be included in the *LINK* section of the ESGENA website.

If you know of any good and useful sites please let us know and we will include them in further issues

⌦ ACTION required please ☺:
We want your web site addresses.

If your national societies, nursing association or official bodies offer interesting web pages or if you find interesting information on the Internet, please send this information to: Ulrike Beilenhoff (newsletter editor). The information will be published in the new column of the ESGENA Newsletter. Thank you very much for your support.

Christiane Neumann
Ulrike Beilenhoff

ESGENA Group Members on the WEB

Country	Society	Web sites
Europe	ESGENA	www.esgena.org
Austria	IVEPA	www.ivepa.at
Belgium	AIEVV	www.aievv.be
Croatia		www.hums.hr
Czech. Republic	SSDEPC	http://www.lfhk.cuni.cz/kcvl/stranky/END-UNIT/endunit1.htm
Denmark		www.gastroendoskopi.dk
Finland		www.ge-goitajat.org

France	GIFE	http://perso.wanadoo.fr/endoscopie.gife
Germany	DBfK	www.dbfk.de
Germany	DEGEA	www.degea.de
Germany	DPV	www.dpv-online.de
Great Britain	BSG-EAG	www.bsg.org.uk
Italy	ANOTE	www.anote.org
The Netherlands	SEA	www.nvgesea.nl
Slovenia	SES	www.zveza-dmszts.si
Spain	AEEED	www.prous.com/aeeed
Sweden	SEP	www.segp.nu