

DATE: 3rd December 2009.

EDITION: First.

ISSUE: Third.



SCOTLAND – UNITED KINGDOM.

LOCATION : Mortimer – Berkshire – England.

DIVISION : Medical.

SUBJECT : Nursing.

AUTHOR : Prof. John Roy Robert Searl.

STATUS : Head of R&D human studies.

Searl has release hundreds of newsletters and books upon his life, work, and the results of that data collected is applied to his views on how a company should be structured to undertake his technology concepts and apply them to the world of reality as a commercial business.

*Searl acceptance of the term: **the world of fantasy or phantasy** – means imagination unrestricted by reality.*

Searl accepts as fact that all products now own; or will be owned by man comes from the domain of fantasy.

*Searl acceptance of the term: **the world of reality** – means the state of things as they are or appear to be, rather as one might wish them to be – something that is real – the state of being real; in other words that which exists, independent of human awareness like this:*



All these images are bulk of atoms, strange how atoms arrange themselves to create an illusion of something to tickle our fantasy into believing that life is great – strange in the domain of reality it is just that to make us fire up our desire trigger of wanting to experience their body in real time action.

Clearly atoms are strange and wonderful products of nature and should be appreciated and not destroyed.

In this third reprint and update that covers **SWALLOW COMMAND NURSING** including flight crew staff on deep space missions will need to be address and I can only address these issues from my own experience on the wards in England; as a nurse before being promoted into the laboratory.

From the number of operations which I have undergone in the UK, has shown I that hospital life of today's staff am quite different to that time I was on the wards.

While in Bangkok my operation there was more like I know what nursing was about, I understand that nursing in Israel are the same in nature.

Therefore nursing standards within **SWALLOW COMMAND** and **FLIGHT CREWS** will be like how I know nursing.

Within **SWALLOW COMMAND MEDICAL** nursing flight crews must understand that getting a degree must entail doing what **SWALLOW COMMAND MEDICAL** need nurses to do; not what we imagine graduates in geography, media studies or woodwork are doing.

I accept that my woodwork teacher Mr Ford who had the social skills of custard; which I have no doubt that he could knock up a coffee table out of an abandoned tree in no time; based upon the fact that he could give you a professional six strokes of his cane on you bottom where he knew that his expertise would sink in, and it did well done Mr Ford.

But you wouldn't want to gather round said table with coffee and biscuits and chat with him afterwards; nope, guess you make some excuse about needing to alphabetise your hair and usher Mr Ford, his grubby overalls, aggressive nature and collection of chisels from your house as quickly as you could.

Anyway, this was a long time ago and I am not bitter about his moments of enjoyment of canning me, but I suspect Mr Ford had a degree in canning bottoms; indeed, he may have had a degree in wood management and some sort of teaching diploma.

I can't help wondering if you may think that he might have just been a bloke with some chisels and his own wood and a cane and so nobody checked his qualifications, but let's assume he was allowed to do his job.

And despite my shrugging contempt for the man, I think it makes sense that he should have to have qualifications to do a job that has something to do with people; even though in this case by people I mean sneering teenage boys.

I agree that it makes complete sense that if we are employed by **SWALLOW COMMAND MEDICAL DIVISION** that we attach value to a job we should attach some sort of social value to the qualification that allow us to do it.

So if degrees have social value, making nursing a graduate profession makes sense, as long as what qualifies the nurse for the degree corresponds with what it is that good nurses do; Searl states that surely, if there is controversy over nursing being an all degree profession, it is about tailoring the degree isn't it?

SWALLOW COMMAND NURSING DIVISION acknowledges that getting a degree entails doing what a nurse needs to do; not what we imagine graduates in geography, media studies or even woodwork might have to do.

When I did my nurse training I didn't give any thought to how much academic credit the course gave me; however, I remember being told by someone smug that it was the equivalent of a weekend photography course ; I did not mind, I had won award for a six year university study, but I had already done a degree in something else and I knew that the nurse training had been a more profound, challenging and developmental educational experience than what I had come before; this you will bear witness too in later documents being reprinted.

Maybe that profundity did not correspond to anything that was academically measurable – or did it?

Searl accepts that academia has now begun to learn to measure the application of skills, and begun to value them; so nursing is not dehumanised by degrees, rather it is the other way round, universities are lent wisdom and humanity by nursing.

SWALLOW COMMAND MEDICAL DIVISION that its challenge is to drive that change forward, to make sure that nursing curricula are full of things that manifest the essence of nursing, leading compassion and kindness, emotional intelligence and a capacity for wise judgement; which is the requirements of **SWALLOW COMMAND MEDICAL DIVISION**.

In **SWALLOW COMMAND MEDICAL DIVISION** nurses should be better recognised for those abilities and an all graduate profession enables **SWALLOW COMMAND MEDICAL DIVISION** to reward the next generation for those things, if we remain mindful of what it is that must be at the heart of the education.

So what was the result of this document that all nurses employed within **SWALLOW COMMAND MEDICAL DIVISION** must have degrees has sparked a lively debate.

Searl acknowledge that a degree only profession gives them more credibility, and it will make it harder for doctors and managers to restrict nurses development; Searl also acknowledge that this is going to lead to some excellent young people who would make great nurses being barred from the profession; as in my day many students whom I trained with would made great nurses but do not have the academic ability to gain a place on a degree programme; Searl appreciate this feeling amongst students to such an idea of degrees.

Searl in his opinion from his training on the wards those degrees will help to ensure nurses employed in **SWALLOW COMMAND MEDICAL DIVISION** have the knowledge for critical thinking and decision making; Searl is not stating that being a good nurse is not determined by a degree or a diploma but understanding what nursing care is about and putting the patient at the heart the agenda.

Searl understands that nursing at the moment in the UK is the worst paid profession in the NHS and the most physically demanding, and I guess many of you think why shouldn't it be?

This is the only profession that is not educated to degree level; therefore Searl feels that being better educated ought to bring rewards; thus Searl wish to see establish a medical university within **SWALLOW COMMAND** to train all students to a degree level to which they can be proud of.

Agree all nurse training schools were geared up to train students to required levels, and done a great job but never had to my knowledge degrees as such; surely these training schools are universities in their own rights; today there are many training schools within the UK to study for various medical requirements, and on completion you get a certificate stating the course which you have studied and pass required standards.

The question you may well ask is what a university can offer you in training that the training schools cannot offer beside a piece of paper stating you have a degree.

There are many questions in reference to the medical domain which must be studied and an assessment obtained on the best solution for long term mission in deep space for its flight crews and families of **SWALLOW COMMAND MEDICAL DIVISION** whose responsibility covers the care of their families during those mission times and indeed to care for them if unfortunate any flight members should fall ill or die the families must continue to be cared for regardless; as they would had been had they were able to return home to them each day.

Searl today agrees that investing in the health and wellbeing of nurses is never going to be as politically or economically attractive as sending more troops to Afghanistan which needs to be accepted as a fact of reality.

But Searl is a determine individual once set on a concept will not give in until it is a every day event for all to witness, and **SWALLOW COMMAND MEDICAL DIVISION** is a must to be achieve for commercial space operation objectives.

Searl has studied the unrest of the UK nursing staff, and his conclusions are that they are heading down a dead end road, nursing will be hampered by the patient's rights and doctors might prefer not to operate just give them medication and let nature deal with the problem.

If this happens or has happen then Searl understand that doctors and nurses have the right to protect themselves where there are risks involved to refuse to operate; therefore Searl look on the future of nursing and midwifery within **SWALLOW COMMAND MEDICAL DIVISION** has stated there is needs to be focus on improving the health and wellbeing of nurses.

Searl objectives is that all missions staff and their families employed within **SWALLOW COMMAND MEDICAL DIVISION** should have sauna facilities, free salads and all the head massaging you can stand not forgetting the gym so we all end up with a body like this; amazing what a gym can do to you.



And we must not forget one of these foot spa things which you don't have to pay your registration money first and all operational staff will have a teasmaid available, you take the risks to obtain knowledge of deep space then you must be rewarded for the risks involved.

Searl accepts that given the difficult financial climate, we might not get a great deal of investment in actual things; couple hundred foot spas might be a bit steep even for an organisation pulling in the sort of money the NMC does.

Searl understands that in the UK, at this time when services are struggling financially and patient care is threatened by recession, investing in the health and wellbeing of nurses is never going to be as politically or economically attractive as, oh, I don't know, sending more troops to Afghanistan or throwing money in the rubbish banks.

There is no doubt that killing and destroying this planet is more profitable then saving it so future generations may enjoy their time upon it; and all those who devote their life to save life can be rewarded for their efforts for a change, so well done those who do care.

Searl has made his objectives upon the operations of **SWALLOW COMMAND MEDICAL DIVISION** that the need to focus on the health of nurses, and it is a shame that it has not been mentioned in the UK nursing domain when we are investing in healthcare, and Searl will hold that thought and remind you of it when the economic wheel goes round and there is money to spend again.

Except it won't be the same prime minister, will it?

So he won't have to listen, will he?

Searl accepts that the interesting thing about **SWALLOW COMMAND MEDICAL DIVISION** is the idea of investing in nurse's wellbeing is that, in order to make it sound legitimate: has stated about nurses as role models for patients; in doing that he reminded us of a common debate, can we be role models if we don't live perfect lives?

REALITY:

If we smoke, can we talk to people about giving up smoking? It is simple insane to do so.

If we are overweight, can we talk about healthy eating with perceived credibility? Its simple insane.

Searl agrees that there is rather more to the issues of nurse's wellbeing than role modelling good health for patients; Searl knows from his ward experience that nursing requires knowledge, skill and activity but, unlike many jobs, it also demands complex emotional intelligence.

Searl knows from his own ward experiences that nurse manage not only their own emotions; which can be complex and draining in the face of death, pain, loss, aggression, sadness; but also those of others: Searl agrees that we see people at their most vulnerable and most full of despair, fear or uncertainty.

Searl spent most of his life studying people, and has save a few from committing suicide so he knows how to deal with those feelings – and he accepts that all nurses can – or at least they do if they are good at their job; and of course if they are able is an issue that **SWALLOW COMMAND MEDICAL DIVISION** must certify that all their nursing staff can meet this requirement.

That is why **SWALLOW COMMAND MEDICAL DIVISION** places the health of nurses needs to be at the heart of any strategy for of its profession; because a focus on wellbeing begins to articulate the heart of **SWALLOW COMMAND** nursing and it may even begin to construct a culture that can cultivate that heart in a more sophisticated and progressive way than characterising nursing as simply a profession or a science ever can.

Care giving was never a series of deliverable tasks, which **SWALLOW COMMAND MEDICAL DIVISION** but to focus upon the issues of reality such as wouldn't it be progressive if the underpinning emotional complexity of nursing began to be articulated by policy that is the task of **SWALLOW COMMAND MEDICAL DIVISION** is to generate a policy that will care for its nursing staff as they are expected to care for the staff of the company whether it be base or mission crews.

The major issue here which Searl is aware of is that there are two classes of nurse's, first those who joined as bedside nurse's which Searl accepts as important role and are contented to remain in that occupation and secondly, those who wish to develop their skills in more complex nursing; **SWALLOW COMMAND MEDICAL DIVISION** encourages that kind of skill personal.

Searl is aware of the vast number of problems which need to be addressed within the structure of **SEARL INTERNATIONAL SPACE RESEARCH CONSORTIUM COMPLEX**, which acts as the umbrella to all of its divisions regardless is bullying in an organisation that exists to deliver wellbeing is the psychic equivalent of giving you a head massage before hitting you with a cricket bat.

Since the time of Prime Minister Winston Churchill to Prime Minister Tony Blair, Searl sent them a letter informing them what he would implement if he was Prime Minister, but has not sent such a letter yet to Prime Minister Gordon Brown; explain precisely what he would do to terrorists, rapists, drug pushers and comnen, Searl guess they hope that he would not become Prime Minister otherwise they would be lots of empty house and factories closed as such evil people would rush to leave the country to a safer place to operate.

Searl would be a hardliner to clear up this human cancer that is spreading before it is too late to stop, which governments are failing to protect the innocent humans that co-exists to help the country that is failing them.

Searl is aware that one in five NHS employees have experienced bullying in the last year, which another survey into the difficulties of working in the NHS; Searl first action to this is to wonder if two in five are too scared to respond honestly to the survey while the other two did not hear the question properly.

Searl has made this issue clear to the UK government that bullies will be given the cat and nine tails a stroke for each year of their age so they will not forget how old they were when they experience the results of their bullying. Where children are bullying they will receive the birch a stroke for each year of their age, in both cases the punishment will apply to both sexes regardless.

Searl has already a few names on his list waiting to receive their rewards for the crimes they have committed; and you know some of their names.

Searl appreciate that bullying has always confused you, hasn't it? WHY when a good birching or the cat of nine tails can bring such inhuman behaviour to an end fast, why should these evil minds not experience pain as they have caused others. Searl understood God said an eye for an eye, a tooth for a tooth, a limb for a limb and a life for a life. If god stated this as FACT; then how come we are allowing bullying and terrorists to kill without justice and our governments allow them free passage to do so.

SWALLOW COMMAND MEDICAL DIVISION is an organisation that will exists to deliver health and wellbeing to its staff; not as the UK NHS that can construct such destructive relationships among its staff; which makes them feel threatened, disempowered and even afraid; and being a health service it often does it with a smile; like the psychic equivalent of giving you a head massage before hitting you with a cricket bat.

Searl knows that bullying comes in many forms; from the aggressive healthcare support worker who takes a dislike to alternate students, to the inadequate consultant who treats everyone like they are his butler; and Searl understands that staff can feel bullied regardless of their position and that it is insidious; Searl accept that it damages services and dehumanises us all.

SWALLOW COMMAND MEDICAL DIVISION operation intends to stop this behaviour and all members will be a team **A** or **B** or **C** regardless of how many form such teams that shall cover a 24 hour shift operations; so it is helpful to be reminded by various documents that bullying happens and it should not be tolerated.

Searl is aware of how the NHS creates the perfect circumstances for institutional bullying; because it's not just about people being unkind or careless and it's not just about the nature and intensity of the work; it is often about politics, pressure and the threat to jobs and services, and it would be hypocritical not to acknowledge that as being a major issue that **SWALLOW COMMAND MEDICAL DIVISION** must address.

Searl appreciates that at a time when political parties are preparing us for spending cuts; those who work in public services are left bracing themselves for anything from near impossible working conditions to redundancy; which generates insecurity and defensiveness.

Searl ask what sort of culture is it that offers a choice of working in near impossible conditions or risk losing your job. Searl understands where nervous senior managers manage the demands that come from above; unfortunate they have no option but to carry out those demands rather than the needs of those they oversee; which many feel that this is a bullying culture.

Searl accepts that this is one that leaves nurses and others exposed to the machinations of managerialism and the nonsense that is the internal market; but the unions indirectly created today's problem as I warned all in my newsletter what would happen if they continue to demand wages increases on the system unions put in place that the rich would get richer while the poor get poorer; which strange enough I lived to see my prediction become true and now we rip the rewards of that insanity.

What the world has lack were men or women with the ability to see the future situation if we continue on our present course that was what has been missing now that price must be paid.

Searl understand everyone will blame someone else for the problem we are in, but most of them actually elected their union man to represent them and if you agree with his suggestion then you helped to create today's situation; Searl knows these wars also add cost loss that must be paid by all of us regardless.

Goody goodies force governments not to use this force that world had ended the problem quicker and cost far less to achieve that peace; therefore, we all have to pay for that stupidly of a few and everyone, regardless of grade or banding; is going to feel under pressure over the next couple of years or more.

Nurses, doctors, managers, cleaners, all will be expected to make savings or sacrifices; for me that am not a problem I have been doing that for years due to criminals robbing me; Searl accepts they may even have to make choices that feel uncomfortable for a greater good, which has for too long been defined by politicians you neither respect nor trust; yes Searl understand to you this is a bullying culture.

The only way which Searl can see that you can do anything about it is to begin to realise and articulate the fact you are in; doctors, nurses, cleaners and managers, bound not by the restraints of public spending but by our responsibility to best practice, innovation, high standards and professionalism.

SWALLOW COMMAND MEDICAL DIVISION feels that maybe it's time to forget the false divides of banding, profession or job title and unites around a willingness to defend services together; from Searl observations the best way to stop bullying and corrosive culture must surely be to help each other do the right thing.

From Searl observations it appears that bullies do not accept they are in the wrong and organisations do not want to deal with them so bullying continues that is why within **SWALLOW COMMAND MEDICAL DIVISION** bullies will learn what pain is: as this company shall never allow bullies to get away freely without pain to remind them that in a civilise world bullying shall not be tolerated under any condition. Searl understand that you feel that the NHS is itself a bully; because a caring organisation full of people who do not care at any level above the clinical one.

Searl also understands that this feeling also applies to many other business outside of nursing; at the same time Searl understands that there are those that when they started their community psychiatric nurse post were bully and as a result of this, they do not accept any inappropriate behaviour; they now immediately challenge bullying in an assertive and professional manner.

Searl only know too well that the only way to deal with a bully is to stand up to them; Searl know this is simplistic but it's also true, as he has had to stand up to bullies also; but not involved in the nursing domain; Searl states that at both psychiatric hospital where he was employed he never had any bullying from any staff member, and sincerely trust that no patient that he cared for ever complain about him bullying them.

Searl is aware that a number of nurses have been off work suffering from stress due to five or more months of bullying by a senior nurse; Searl understand that if these nurses did not love the job they do, he feel certain that they would have left nursing for good because of this experience. Searl is also aware that nursing is not the only job that has bullying; Searl has had school teacher working with him who had to give up teaching because children threaten him so often; creating stress because he could not do anything to stop them due to the stupid laws that are now in place, that you cannot cane children who are persistent threat to staff or other class mates.

So children run wild with knives and guns injuring and killing teachers and classmates as a game and the law encourage them to do so. If the law is going to act in such an insane way then we must be prepared to stand the loss that incurs from such laws.

And nurses get attacked often with no one to help them; and even doctors are known to be killed by those they try to help; which is similar to my case of being robbed to stop you from getting this technology so you can have a better life expectancy then you have on offer at this time; the law is not interested in what you have lost out on; what they do not understand is that they have also lost out of a better life health wise.

There are many issues in UK nursing domain which requires to be addressed, unfortunate in this company there are many domains that requires up dating and therefore documents have to be split up into divisions of information; if nature is kind to me to remain with you for a little longer, much of this up dating will be completed.

I shall just update one more issue in this update that relates to relationship counselling it is a sad situation from where I sitting, just a simple example of what I mean.

We visited our allotment yesterday to find that our fish are missing; we had four of them in a little pond and frankly, we haven't seen them for a while; I rather hoped they grown legs and wandered off towards the library but my daughter Joy said this was a silly thing to hope for because, if they had, the foxes would have got them and anyway the library is shut.

Then my wife found a dead rat and insisted I do something with it; like what, I asked wondering why I am in charge of dead rats; turn it into gloves; play it at scrabble; take it waterskiing; you're not big and you're not clever she said; to my knowledge I have never claimed to be clever but try to be helpful; then she insisted that I get rid of the rat.

But I'll be honest, I don't know what to do with a dead rat; strange I feel I should; I feel a proper man would know where monkeys stick their nuts and follow suite and he would know where the fish were; anyway we argued about what to do with dead rats and I buried it quite near the artichokes; I thought it was better than her suggestion which amounted to grating it and sprinkling it on the dahlias.

Of course the argument continued; she said I lost the fish, which is not strange for a wife to say, as I have found if they cannot find something it is you who have moved them, like you have move my glasses I left them here, now they gone you must have move them, that is correct Susan and after spending hours of searching and just about giving up I looked in the one place that I never expected the refrigerator and behold there smiling at me were the missing glasses. I shouted Susan to come to see where she had left them.

I said she killed a rat, words were said, and artichokes were thrown; but it's OK, we probably won't need counselling; which is good because if we did we might be able to waste NHS resources to get it.

I shouted Susan to come to see where she had left them. She came, but insisted that she never left them there; of course we know that is what a wife would say, so I pointed out that they cannot walk or open doors and shut them behind them; and I am not yet that hungry that I need to eat them; Susan what you need is a jolly good spanking she replied yes, so I gave her a good spanking wasting my time which she run to her bedroom contented as she was rubbing her checks as she went.

Searl understands that there are times when couples hit a rocky patch, a bit of help and support can stop it spiralling out of control, and that is why Searl wants within **SWALLOW COMMAND MEDICAL DIVISION** a section termed couple therapy to be available to its staff; Searl say why stop with married people after all many children have arguments.

Let us face reality here is just one example my friend's 13 year old daughter had an argument with a boy recently about the colour blue that ended up with her getting a black eye, cut lip and missing tooth which shows that this boy is unstable and cannot communicate upon issues in a logic manner; this just not just apply to children, adults are more likely to use knives or broken glass when they fail to be able to cope with communication issues – they are mentally handicapped, in a number of cases the solution is the birch or the cat of nine tails; otherwise lock them up for life to protect the masses.

Searl has become a hardliner due to his experiences through life and though he agrees at the idea of making therapy more widely available within **SWALLOW COMMAND MEDICAL DIVISION** as part of the increasing access to psychological therapies initiative which he introduced a few year ago to provide treatment to members of the staff who are really ill once the company is fully active.

Searl felt that it was a good initiative that **SWALLOW COMMAND MEDICAL** will save money on unnecessary prescribing and provide appropriate treatment for a range of problems; which are health problems, not treatments for dissatisfaction.

Searl understands that there is a difference between recognising the usefulness of some therapies for people who may have a mental health problem and imagining that every activity of life; from falling out to being sad; must be pathologised and treated by a bloke in an expensive chair; Searl realises that not all problems require such action.

If in the UK we cannot afford cancer drugs we cannot afford relationship counselling; Searl expects that there may be someone somewhere suggesting that saving marriages makes some kind of weird economic sense but they are probably a therapist looking for work.

As Searl sees it, if we want to maintain a health service in the UK; one that attends to the needs of people with cancer, depression or dementia; we need to protect it from the vagaries of therapy culture and political guesswork; Searl always understood that the UK NHS treats ill health not unhappiness and it already has plenty to spend its money on.

Searl can observe the reality around him and appreciates how important and fragile the perception of the NHS is that the hospital environment is alien to some people, as their perceptions are built on TV programmes and it may be good that future nurses see another side of nursing other than that in daytime soap operas, where nurses sit and wait to be asked out by Dr. Lookingood.

Searl agrees that if potential students are so immature that they are put off by silly dramas then perhaps we don't need them in **SWALLOW COMMAND MEDICAL DIVISION**; Searl agrees that the people who write the dramas should spend time in the NHS and find out what really goes on in accident and emergency or on the ward which he understands from actually hands on experience that explains why Searl understands why these are called dramas for a reason; they would hardly be entertaining if they just show the day to day lives of nurses.

Searl is not a fool, he has worked the wards and do not feel that TV programmes are the problem from the world of reality he imagine the salary is the real turn off.

This completes the update for this document which is release by authority of:



Prof. John Searl: head of Research upon human behaviour for the operation of **SWALLOW COMMAND MEDICAL DIVISION** when it goes active.

This article has been updated to show the present day status of the UK NHS related problems from which Searl will base his operational functions so that **SWALLOW COMMAND** do not suffer from such problems but will stand out as a symbol of hope for all who are employed within this company.