

# LETTERS

We welcome all readers' letters, but reserve the right to edit them or withhold names and addresses. Please write to: The Editor, Nursing Standard, The Heights, 59-65 Lowlands Road, Harrow-on-the-Hill, Middlesex HA1 3AW. email: letters@rcnpublishing.co.uk

Please keep letters to a maximum of 150 words, and include your full name, address and a daytime telephone number

## Compassion and dedication remain the most important qualifications

**I am concerned about the future of nursing and, in particular, the move to educate nurses to degree level (analysis March 10).**

When you are a patient in a hospital bed, will you want a nurse who knows all about the theories of wound care or would you prefer someone who knows how to dress your wound?

When you are grieving, will you want care from a nurse who has studied the theories of the bereavement process, or would you prefer to see a nurse with empathy and the communication skills to help you deal with your grief?

People who are sick and vulnerable do not care if the nurse attending them has a degree. But they do want nurses to do their job confidently and competently.

The most important qualifications a nurse should have continue to be compassion, empathy, dedication and a genuine interest in caring for people.

Mark Dorado, by email



### IF DEGREES ARE ESSENTIAL, WHY IS OUR ROLE BEING UNDERMINED?

I am an undervalued, degree-trained band 5 staff nurse. There has been much coverage in recent weeks about making nursing a more skilled and valued profession through degree-only entry, encouraging a higher quality intake and reducing student attrition rates.

I have also read how some NHS boards plan to cut the number of band 5 nurses in favour of healthcare assistants and how some GP receptionists have undergone training in tasks normally associated with nurses (news February 17). These include venepuncture, vaccinations, vitamin injections and weight and height checks.

If nursing is to be a regulated profession undertaken by graduates,

why is it that people who are less qualified can undertake a short course to perform many of the duties of a nurse? As a graduate nurse, I am still not qualified to undertake venepuncture without further training.

Do we really want all nurses to have degrees or can anyone fill the nurse's role when budgets are stretched and there are pressures on staffing?

Name and address withheld

### INFORMATION CENTRE'S AVERAGE PAY FIGURES ARE NEWS TO ME

The NHS Information Centre claims the average full-time nurse had a basic salary of £28,200 last year, or £32,500 when additions such as overtime and allowances are included (features March 17).

I am a band 5 nurse two days a week and my salary is £26,839. Most of my colleagues are on the same band. Band 6 posts were reduced when our trust underwent restructuring.

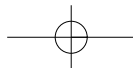
I work as a band 6 nurse three days a week, for which I earn £28,816. I receive no extra allowances – certainly none that would increase my earnings by more than £4,000.

I think I will have a word with my pay office, as my earnings are nowhere near the published figures, with or without overtime.

Lorraine Scaife, by email

### NETWORK LAUNCHED TO ASSIST ACCESS TO HEALTH CARE

Doctors of the World UK (Médecins du Monde UK) has launched MDM HEALTHlink, a new online forum to



improve access to healthcare services for migrants, asylum seekers, refugees, sex workers and other vulnerable groups.

This new network will provide a forum for nurses and other healthcare professionals to improve information and best practice, as well as providing a platform to launch campaigns to lobby policy makers and regulatory bodies.

Visit [www.mdmhealthlink.org.uk](http://www.mdmhealthlink.org.uk) to join HEALTHlink and help to make access to health care a more achievable prospect for all.

Susan Wright, director,  
Doctors of the World UK, by email

#### **NMC IS BEST PLACED TO REGULATE SUPPORT WORKERS**

As a former Nursing and Midwifery Council director of policy and standards, I would like to respond to the call from the chief executive of the Council for Healthcare Regulatory Excellence for the regulation of healthcare support workers to be left to employers (news March 24).

Regulation is not the function of employers. It is a separate operation that is governed through legislation.

The regulator has the primary aim of safeguarding patients and ensuring that processes are in place to provide advice on standards for registration, renewal, good professional practice and removal. The regulation of healthcare assistants (HCAs) is long overdue. I understand this is something that was considered, but not reported on publicly, about a decade ago.

Each individual HCA needs to be fit for purpose and fit for practice. Where they are not, clear processes need to be in place to stop them from practising. HCA regulation will also influence the competencies required to reach registration level and this can only help improve the standards and consistency of training courses.

I agree with NMC chief executive and registrar Dickon Weir-Hughes that the NMC is best placed to undertake this regulation.

Adrian Reyes-Hughes, by email

#### **VAL COWIE – AN INDOMITABLE FIGURE WHO FOUGHT FOR US**

I would like to thank Catherine Gamble for the moving obituary of her godmother, Val Cowie (letters March 24). As RCN head of labour relations during the turbulent 1980s, Ms Cowie played a pivotal role during the nurses' protests for better pay and conditions.

The miners' strike of 1984/85 was a defining moment in industrial relations in the UK. It was a victory for Margaret Thatcher's Conservative Party that left health unions such as the RCN on the defensive.

The new clinical grading structure for nurses was an uphill struggle. It was introduced against a backdrop of a health workers' strike in 1988.

The RCN balloted its members over its no-strike pledge in mid-February and I remember being delighted when a group of miners at Frickley Colliery in Yorkshire refused to cross the nurses' picket line. It marked a turning point.

Ms Cowie was a nurse who did not retreat from the fight. She was indomitable.

Betty Jones, Folkestone

#### **SHARED COMMITMENT SHOULD EXTEND BEYOND THE RCN**

Dame Betty Kershaw says it is unusual to attend an RCN conference or seminar and not find nurse lecturers and practitioners speaking and presenting together, building on a shared commitment to improving care (features March 24).

That is all very well. However, the vast majority of healthcare conferences in the UK are not sponsored or organised by the RCN. I have a particular interest in information technology and telehealth, and I attend many conferences throughout the year. There are usually a good number of hospital doctors and GPs in attendance as presenters and delegates, but few nurses.

The nurses who do attend these conferences usually have to pay their own way, including the registration fee, transport and their

accommodation. In many instances, they also have to arrange cover for their absences from work.

If we are to raise the profile of nursing and encourage nurse research and professional networking, this needs to be addressed.

Anne Miller, by email

#### **POINTING OUT BEST PRACTICE IN TAKING FINGERPRICK SAMPLES**

The photograph illustrating your reader's practice profile on hyperglycaemia (learning zone assessment March 10) shows a healthcare professional taking a fingerprick blood glucose sample from a patient's forefinger.

Best practice favours the use of the second, third or fourth fingers of each hand for fingerprick samples. This helps reduce discomfort and possible damage to the more commonly used forefinger and thumb.

Celine Tracey, by email

#### **WIN A SPA BREAK FOR TWO BY TELLING US WHAT YOU THINK**

Nursing Standard and independent data standards body GS1 UK need secondary care nurses to share their thoughts about hospital ward efficiency.

Ministers are under pressure to reduce public spending and the NHS in particular is coming under increased scrutiny. With an annual budget of more than £100 billion, the issue of NHS funding and how standards are to be maintained in the face of budget cuts is a hot topic of debate.

This campaign wants to communicate the voice of hospital nurses so we can raise awareness of how patient safety can be enhanced, how ward standards and processes can be increased, and how your time can be freed up to focus on patient care.

As a thank you, you will be entered into a free prize draw to win a luxury spa break for two. Please visit [www.nursing-standard.co.uk](http://www.nursing-standard.co.uk) to take part.

Alice Lam, GS1 UK, by email

