We need to promote nursing as a profession to which men will aspire

Your article on how stereotypes about nurses are keeping men out of the profession really grabbed my attention (analysis, March 9).

It is a shame, but hardly surprising, that fewer than one in ten nursing student places are filled by men. I agree it is time for a targeted campaign to pull more men into the profession.

There has never been a campaign to attract men into nursing that compares to the army’s recruitment adverts featuring women.

Society has a role to play. It is considered acceptable for a girl to want to become a nurse, and perhaps even encouraged. This is unlikely, however, for a boy.

To address the lack of male nurses in the profession, promotional activities should be introduced to help change the views and values of society in a positive way and which advocate that it is acceptable to be a male nurse.

Edwin Chamanga, by email

ACCENTUATE THE POSITIVES TO ATTRACT NURSES OF THE FUTURE

Stereotypes and cultural cringe may still be keeping men out of nursing, but the way to solve the recruitment and retention challenges is not gender-focused (analysis, March 9).

Nursing should be made a better choice for the best people.

As a Scottish student, my tuition fees were paid and I received a bursary of around £500 per month with no requirement ever to pay it back.

Even before the UK government announced plans to scrap bursaries, my peers and I still had the highest bursary payment in the UK.

Unsurprisingly, this led to outcry from nursing students in England who would face unthinkable levels of debt to then earn an average starting salary of £21,000.

Nursing is a challenging profession where rewards are often more emotional and intellectual than financial. We can create a positive role model for our young men looking to enter nursing.

Let’s start accentuating the positives.

Joe Somerville, second-year learning disability nursing student, Edinburgh Napier University

LET’S HOPE NEW TRANSPARENCY PUTS PAID TO QUICK-FIX BLAME CULTURE

It was great to read your coverage of health secretary Jeremy Hunt’s latest announcement to improve transparency in the health service (news, March 16).

I reflected on Mr Hunt’s planned measures, including the creation of an independent Healthcare Safety Investigation Branch and legal protection for anyone giving information on a hospital mistake.

He discussed how nurses co-operating with investigations will be given ‘safe spaces’ where they will be supported to speak up to help promote an open culture in the NHS.

What a great concept for our profession, with the aim of learning from when things go wrong and acting on our mistakes to prevent recurrence.

The changes announced by the health secretary will reassure our profession and the public that if things go wrong, the causes will be identified and investigated. Great to see that measures are being put in place to make a safer culture, particularly in the light of the tragic events at Mid Staffs.

I hope these measures will support a shift in nurses’ thinking from a quick-fix blame culture to one that supports the notion that sometimes bad mistakes can be made by good people.

Such an approach supports us to foster openness and thereby provide safer health care.

Beverley Marriott, community matron in Birmingham, by email

REMOVING RANCOUR IN EXAMINING MISTAKES WOULD BE NEW FOR THE NHS

The health secretary’s announcements relating to greater transparency in the
health service (news, March 16) are a welcome development, particularly with regard to reducing mistakes by fully acknowledging and learning from any at an early stage; and modernising the fitness to practise procedures.

It is important all healthcare staff recognise mistakes happen and some are a direct result of someone’s action or inaction, just as it is important for society to recognise not all mistakes occur as a result of someone doing something wrong.

To receive ‘credit’ for an admission before the Nursing and Midwifery Council, an individual is likely to need to show they can reflect on and learn from their own practice. This will require nurses to recognise their part in any mistake, as many already do, rather than trying to shift the blame to others or relying on staffing levels to justify their poor practice.

Having a system that allows for investigations to be carried out in a culture without blame would be a fundamental change for the NHS and for the delivery of health care.

Marc Cornock, by email

THE PROFESSION NEEDS TO COME TOGETHER LIKE NEVER BEFORE
As I prepare to leave the RCN to join the International Council of Nurses, I am struck by what a huge moment this is for the profession.

Over the coming months, crucial decisions will be taken on new roles, staffing and student funding – as well as revalidation going live – that will shape nursing for the next generation.

These are issues on which individual nurses hold passionate, often competing, views. Our strength is in our diversity, but the risk can be that while we are debating among ourselves, others will determine our future.

The profession needs to come together like never before to hold politicians to account.

It was a political decision to exclude health education and public health from the NHS ring-fence, and it was a political decision not to fund more training places or increase pay.

We should never shy away from challenging decision-makers.

Howard Catton, outgoing RCN head of policy

ONE LEGACY OF LORD BRIGGS IS THE VALUE PLACED ON NURSE RESEARCH
The announcement of the death of Asa Briggs – Lord Briggs of Lewes – on March 15 brings to mind the debt the nursing profession owes his wise stewardship of a committee that examined aspects of the profession.

Its 1972 report had lasting influence – in particular, because of the prominence it gave to a role for higher education.

Perhaps its greatest contribution will prove to be its emphasis on research. A single sentence: ‘Nursing should become a research-based profession’ (page 108) provided invaluable support in the endless battle with those who believed nurses were becoming what would later be coined ‘too posh to wash’.

It became one of nursing’s most oft-quoted phrases and has featured in countless articles and presentations.

John Adams, Anglia Ruskin University

FROM FACEBOOK

ON WHETHER NURSES SHOULD SEEK POSITIONS OF INFLUENCE WITH POLICYMAKERS

■ Yes! Without the nursing perspective, decision-makers do not have the full picture. It’s not just a question of wanting to influence policy, it’s a duty.

Natalie D

■ I agree. It’s about time a health improvement strategy. The others are incentivisation and education

Marie Rogers

■ I believe that front line nurses should create policies not non-nursing personnel.

Angie Bristow

TWEETS OF THE WEEK

Sugar tax won’t reduce obesity unless healthy food is more affordable/available
@smbarker1991

The #sugartax should be implemented immediately. 2018 is a long way off, and cases of diabetes are rising exponentially
@jessmurphy94

Even with #sugartax, if the healthy options are still more expensive it won’t help
@Jodi_sparkles

I don’t think people are thinking about the sugars or the cost when drinking sugary drinks
@Emma_Michelle

Wouldn’t need #sugartax if there were more public health nurses/staff to educate
@Mr_PaulWatson

The government is killing the NHS – #sugartax should be used to fund more doctors and nurses
@FatBlerk

They won’t even pay doctors and nurses properly, or invest enough in the NHS, but ooh sugar tax will help. Our government is ridiculous
@Mmords22

Taxation is one arm of a health improvement strategy. The others are incentivisation and education
@AlisonPlace2

Diabetes, rotten teeth, and heart disease penalise the poor.
Government needs to encourage healthy lifestyles with ££
@Pierogi4me

Follow Nursing Standard @NurseStandard ▶ and join the #NSComment chat on Thursdays at 12.30pm