Pay is now so behind, it’s time to take a leaf out of the junior doctors’ book

If the government thinks a 1% pay rise will be enough to appease nurses, they can think again.

As a retired nurse, I couldn’t believe the derisory 1% pay rise for hard-working NHS staff, a pay rise that comes with the recommendation of what is now a toothless NHS Pay Review Body (RB), which seems to fall behind the government’s plans very easily.

With this 1% pay rise being the norm for the next few years, it begs the question: what is the point of the RB?

The latest gracious rise will do nothing to help morale, retention or career progression. Ironically, my NHS pension increases this year will be more than 1%, as will my state pension.

Agenda for Change career progression is being dismantled every day, with downbanding and vacancies being filled at lower bands, representing yet further erosion of earning ability.

Nurses have fallen well behind in salary progression and it’s time now to take a leaf out of the junior doctors’ book.

Dougie Lockhart, by email

IT IS ESSENTIAL TO ADDRESS THE LOW STATUS OF NURSING IN HEALTH CARE

It was with great disappointment that I found your article on stereotyping male nurses ended up being stereotypical about the problem (analysis, March 9).

It simply failed to address the wider context of how nursing is viewed as a career of low pay, poor career progression and servitude.

Don’t get me wrong – I love my job and profession, but the Nursing and Midwives Council, RCN and education system in general have failed to address nursing’s standing in relation to other health professions, especially in the area of Agenda for Change bandings – the vast bulk of nurses working in the NHS are employed at band 5.

During my many years of sailing tall ships, I have seen a revolution in how careers at sea have been transformed from a male-dominated workforce to one that attracts more and more women. Twenty years ago they might have considered a nursing career.

But in the end the choices children make are influenced by their parents. This might well be an issue of social mobility – medicine can provide it, but sadly nursing doesn’t.

The RCN needs to radicalise its approach to discrimination beyond its fixation with sexuality and race, and start to influence the wider equality agenda, because it no longer does.

Mike Travis, RCN steward

ASSAULTS ON STAFF SHOULD NEVER BE TOLERATED BY MANAGEMENT

I am writing regarding the moving article about a mental health nurse who was assaulted by a patient (features, March 16).

I have been assaulted many times by patients with dementia – again more recently – and am now off sick.

I am having seizures and am waiting to see a neurologist, to find out if the seizures are related to the attack.

As with the case in the feature, I have had no support from management and have been made to feel I should be stronger and get on with it. Many of my colleagues have also been attacked and received no support.

Violence – verbal or physical – should not be tolerated. We put our heart and souls into looking after sick people and I have thought of leaving the profession because it appears to be getting worse.

Capacity or no capacity, we should never have people getting hurt while at work trying to help others. Much more awareness is needed to support staff and make patients realise the consequences of behaving in this way.

I would feel a lot safer working in Tesco because if I were attacked there, security would come straight away closely followed by the police.