No money, no home life, no social life – yes I’ll be a nurse

I read with interest your news pages on the International Council Of Nurses (News July 7). I was especially interested in the article about nurses in Ecuador living in poverty – I wondered if other countries print articles on British nurses living in poverty? I’m not referring to the new consultant nurses on their proposed £40,000 a year, or even other grades who at least got some bit of a pay rise. No, for the purpose of this letter I refer to us hard-done-by student nurses.

I am a first-year student, married with two children, and all the associated financial responsibilities that go with daily life. My wife works at our local school and brings home barely £400 a month, yet this was enough to exclude me from applying for any extra bursary payments to boost my present humble bursary of £429 a month – an average of £2.86 an hour over a 150-hour month. So to make ends meet, like many other students, I work as a bank healthcare assistant. For the past ten months I have averaged 60-70 hours a week, barely seeing my children, having no social life and still finding it impossible to make ends meet.

In an age where the government is trying to encourage as many new nurses as possible, where is the incentive? If I hear another qualified nurse say that in a couple of years all the scrapping and saving will be worthwhile, I’ll find a nice corner of the sluice and scream very loudly. Raising newly qualified nurses’ wages can only be seen as a good thing – but if you can’t encourage people onto the first rung of the nursing ladder what’s the point of raising pay? Surely now is the time to give student nurses the recognition they deserve – even if it’s to just match the minimum wage – because until the way student nurses are funded is resolved, nursing in the UK will find itself in an increasingly difficult position.

Clive Stocker
Plymouth

What you teach today will improve nursing tomorrow

It saddened me to read the letter ‘Forced out by a bully on the ward’ (June 23) and that this treatment of students is continuing in these modern times.

When I trained, back in the 1970s, I had a bad placement experience and it was only a good nurse manager who convinced me not to give up nursing. Twenty years later I’m still here and now I’m a clinical assessor.

I realise that some qualified staff have trouble adapting to the new student learning concept. This should not create an open door for bullying and humiliation of student nurses, but a chance to create a better environment within a two-way learning zone.

The qualified staff teaching good basic nursing care and the students in turn put new theory into practice which will relate to better patient care in the future.

So all qualified staff/clinical assessors listen to your students. Remember that what your student learns today they will put into practice when they are qualified.

Ann Sibley
Dorset

Therapeutic touch does need more research

Well well! Claire Rayner’s piece certainly stirred up a hornet’s nest (Perspectives June 16, Letters June 23, 30, July 7). Opponents stemmed from two camps – those supporting therapeutic touch (TT) as a nursing intervention, and those who support nurses’ use of complementary therapies in general. All tell us the therapies are increasingly evidence based.

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