Sunshine and showers in nurse training

Further to Rose Mitchell’s and Darren Savarimuthu’s comments (letters June 20, July 4), I think they both need to look at why they wanted to be nurses in the first place.

I have a mortgage and bills to pay and am up to my eyes in debt. I took on a part-time job last year, but gave up because I was exhausted - now I've had to get another because I've got no money.

I left a good job in banking to start training, but nursing is what I've always wanted to do. I love the interaction with patients and am fascinated by the things I learn on the wards and at college.

Nursing is a vocation and if you want to be rich you’re in the wrong job.

Of course I would love the bursary to be increased and it would probably encourage more people into the profession. But the job is still caring for people however much you get paid, and that’s what I want to do.

Rose and Darren should look at what it is they don’t like about the training? How can you say you are being exploited? No one is forcing you to be a nurse. We all knew what the bursary was when we applied and it isn’t going to change dramatically during our training, so why don’t you just get on with it and stop feeling so hardened done by.

Jenny Mytton
Staffordshire University

I agree with the Rose Mitchell’s comments, ‘All Students – home and overseas – are exploited’. One of my biggest problems, apart from bad pay, is having to work between two ideals. The university which preaches the ideal ‘you are not there to work you are there to learn’, and the placement with ‘it wasn't like that in my day’ or ‘this is the real world’.

Having just returned to college after a placement I can make beds – 15 in half an hour – but I can’t monitor blood glucose levels. I can admit patients, but please do not ask me to discharge any of them. I can bed-bath a patient, but don’t ask me to join the doctor’s round as I don’t know which doctor belongs in which team or what their protocols are.

I thought about talking these problems through with placement colleagues, but decided that it wouldn’t be worth the aggravation, heartache or stress.

Frustrated? Yes. Disillusioned? Definitely, and learning to keep myself to myself.

R Roberts
Gloucestershire

Do more to keep students with good records

I have followed all the discussions in Nursing Standard on recruitment and retention of nurses in the health service with interest. I want to know why we do not do more to keep the students we have.

As qualified nurses, how many of us realise that if a student fails an essay more than a set number of times, they are discontinued from the course?

The result is that it is acceptable for students to have a poor placement record, fail most of their essays and still pass on resit. But they cannot have a good placement record and fail an essay on resit. Would it not be more economical and better for everyone if we aimed at a better balance between theory and practice?

Kathleen Wilson
Caithness

Racism casts shadow of shame over profession

I was glad to read Daniel Allen’s ironic comments on recent government and King’s Fund reports suggesting that racism in the NHS is still pervasive (perspectives July 11). I had read about these reports in previous issues of Nursing Standard (news June 20 and June 27) and felt what is the point in these ongoing studies when nothing changes? Report after report is produced confirming what we already know: that racial harassment and bullying in the NHS are rife. What is the answer? Why is it still happening? I can’t understand it and shame on our profession if we allow it to continue.

Name and address withheld