JANE BATES

Time to ramp up the scare tactics on immunisations

When I was four years old, I used up my life’s quota of courage in one fell swoop.

In those authoritarian days, children submitted to their elders without question. But on my way to the doctor’s for my routine pre-school jabs, I dug my heels in and refused to go.

Instead of dragging me to the surgery, my mother chose a much more effective response to my rebellion: she told me what had happened to children she knew who had contracted diphtheria. By the time she’d finished I was virtually battering down the doctor’s door.

The uptake of childhood immunisations has dropped in recent years. But why, when it’s free and recommended by all the experts? Yes, there are the scaremongers who cause mischief on social media, but I believe the main reason is apathy; our health system is so good that the public expect a cure for pretty much everything.

‘Failing to immunise our children is akin to doing away with the police force because the crime statistics have dropped’

Generations younger than mine have no experience of many serious illnesses. Diphtheria, for example, must seem as remote as bubonic plague – yet it has now reappeared in the UK. Failing to immunise our children is akin to doing away with the police force because the crime statistics have dropped. It’s totally bonkers.

To encourage parents to vaccinate, the government should take the same approach as my mother did with me. Educate them – not with statistics but with real-life examples. Scare the socks off them if necessary and spare no detail, because these diseases we wish to eradicate are grave.

Jane Bates is a retired nurse

READERS’ PANEL

Are employers who insist on unpaid breaks exploiting their staff?

If nurses always took their breaks, I might view this differently. But evidence shows that nurses working through their breaks has become commonplace in the NHS. It baffles me why any employer would find it appropriate for staff to take unpaid breaks – it adds insult to injury for nurses who are already going without. If they want to retain staff, employers should focus on ensuring staff get their breaks before quibbling over whether to pay for them.

Grant Byrne is a nursing student in Edinburgh

@GGByrne

The issue of nurses taking their breaks – paid or unpaid – highlights serious problems in workplace culture, how we value staff and the policies that influence workplaces. Employers are struggling to address the perfect storm of increasing demand and staff shortages, and nurses and other healthcare staff are tired and fed up. Goodwill can only stretch so far. Unless we see significant improvements in staff pay and working conditions, I fear for the future of the nursing profession.

Liz Charalambous is a staff nurse and PhD student in Nottingham

@lizcharalambou

In my experience, paid breaks are common practice: a 15-minute break mid-morning, at the manager’s discretion and provided the unit is safe. Taking this gesture away from staff – especially when many nurses do not take their breaks, or have them cut short – shows a lack of understanding of hospital work and the flexibility required in an unpredictable workplace. Reducing nurses’ paid working hours will further demoralise an already overstretched workforce.

Daniel Athey is a charge nurse on an acute medical unit in Sheffield

@danjathey

Since I qualified, I have never had a paid break. I don’t know if unpaid breaks are the norm and employers that implement them are aligning themselves with other organisations, or whether I have just been unfortunate. Nurses are under constant pressure to deliver patient care, and paid breaks could result in a greater expectation to work through them. If the break is unpaid, it could motivate staff to take the allocated time and step off the ward for those vital minutes to prioritise their own well-being.

Rachel Kent is a mental health nurse in London

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briefing / comment

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