I don’t know about you, but I have great trouble getting tablets down. I gag and retch, like a cat coughing up a fur ball.

Equally hard to swallow was the news about nurse Franchesca Morgan, who was suspended from the register for six months after a court conviction for taking some paracetamol from the ward supply. She lost her job and her home as a consequence.

It was theft; she shouldn’t have done it. But as far as I can see, she was between a rock and a hard place. You don’t take paracetamol for fun, you take it because you are ill or in pain.

Would her former trust rather she had gone off sick? No? Then what should she have done? She could hardly leave the ward to go and buy an analgesic.

Maybe she was the only registered nurse on duty. We don’t know, but it’s possible. It’s also possible she hadn’t had a drink or anything to eat throughout her shift. No wonder nurses wind up with headaches.

Of course we shouldn’t take things that don’t belong to us, but is it possible that in such a case it is not because the individual is a hardened criminal, but because at the time, this was the lesser of two evils?

And, come on – a paracetamol tablet costs 0.02p. The nurse took four tablets, together worth less than a penny. She also admitted taking lactulose without permission on one occasion. This is hardly the Great Train Robbery.

A rap on the knuckles would have sufficed. It would make more sense to tackle those whose behaviour is unacceptable on a wider scale – like those who browbeat nurses into coming on duty when they are ill.

And as for the law, you would think the police and courts had bigger fish to fry. One thing is certain, though: we are now another nurse down in the battle to shore up the NHS.

JANE BATES

A punishment that would seem to far outweigh the crime

READERS’ PANEL

Will revising job profiles succeed in changing how nurses are valued?

Reviewing the job profiles of bands 4, 5 and 6 is overdue, but I am sceptical about whether it will bring much change. Nursing staff have taken on a slew of new roles and responsibilities and have risen to this challenge, particularly those in clinical specialist roles, but sadly we have not seen a pay rise as a result. It is of course important that job profiles reflect the changes to nursing practice in the past decade, but unless employers work to improve pay and conditions, staff will continue to feel under-appreciated and overstretched.

Grant Byrne is an occupational health nurse

Any review needs to take account of the needs of existing practitioners, as well as those of the new generation who are not afraid to leave if the profession does not deliver what they expect. Clear role definitions would support workload organisation and safety by ensuring job descriptions align with the qualified and experienced nurse who has taken the role. Recognition of the impact nurses have would mean nurses feel valued. However, that appreciation must be reflected in remuneration otherwise it would be meaningless.

Liz Charalambous is an assistant professor of nursing

Agenda for Change (AfC) is misused and is not fit for purpose. For years, nurses have experienced ‘scope creep’, with more duties added unofficially to their roles. We need to advocate for ourselves to ensure our roles are fair and valued. For a profession regarded highly by the public, our pay holds us back and affects recruitment and retention. No one knows the profession like nurses themselves. I would encourage everyone to train and participate in job evaluations to end acceptance of scope creep and poor pay.

Charlotte Collins is a recruitment and retention nurse

Revising job profiles for nurses in bands 4, 5 and 6 is crucial to reflect and value nurses’ expertise. This revision aims to enhance job satisfaction and retention and ensure nurses work within their scope. It will address the perception that the profession is undervalued. The new profiles are expected to distinguish between band 5 and 6 roles, highlighting clinical specialist skills more appropriately. However, concerns remain that some roles might still need to be banded otherwise it would be meaningless.

Rohit Sagoo is founder and director of British Sikh Nurses

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Readers’ panel members give their views in a personal capacity only

toxic

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volume 39 number 7 / July 2024 / 13