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ACTIVATE

WINTER 2022/23
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Royal College
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ACTION

Nursing strikes:
what's your role?

OPINION

What to expect on
the picket line

WELLBEING

Supporting
stressed members

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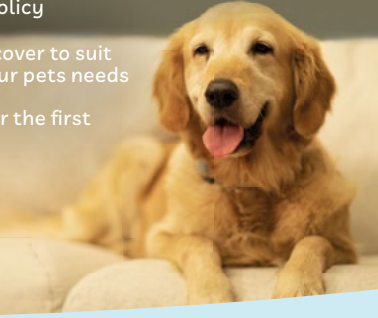


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Looking forward

Welcome to the last print issue of *RCN Activate* magazine, a historic one. It'll likely land with you as we embark on nursing strike action on a scale never seen before in the UK. It will also follow our recent Extraordinary General Meeting, where we focused on transformation and raising standards.

As our active members, you're central to the success of both things. Put simply, we couldn't stage strike action without you. As we head out on to picket lines this winter, you'll play a crucial role in ensuring strikes are both safe and effective (see p6). I want to thank you now for all your hard work, commitment and dedication to the cause.

The voice of nursing is strong. Our members have spoken clearly. And this time we will be heard. As I write this, things are moving fast. The Scottish government has made a new NHS pay offer, which we're consulting members on. We've therefore paused strike action there. Nobody wants to strike, but we've been left with no other choice, in other parts of the UK.

I hope you enjoy this issue – the last one to be printed as we modernise and digitise our communications (see p5) – and make the most of the expanding range of new online content at your fingertips anytime:

rcn.org.uk/magazines

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This issue of *RCN Activate* went to press on 30 November. Find the latest RCN advice and information: rcn.org.uk

Get ready for RCN Congress 2023



You can now submit agenda items for RCN Congress in Brighton next May.

The deadline for submissions is 5 January. They can be made by RCN boards, branches, forums or rep committee members and should aim to spark debate about the key issues affecting nursing.

Submissions for the learning and wellbeing programme are also now open, so put

an idea forward if you feel there's a nursing specialty that needs more understanding.

Applications for voting member places have closed, but general bookings open in mid-January. Accommodation bookings can be made now.

RCN Congress takes place from 14-18 May at the Brighton Centre on the seafront.

Find out more: rcn.org.uk/congress

TOP FOUR

Resources for you

1. **Flexible working pocket guide.** Handy advice to help support members making requests. rcn.org.uk/flexible-working-pocket-guide
2. **Supporting neurodiversity.** How to create inclusive workplaces for nursing staff with unique attributes and needs. rcn.org.uk/supporting-neurodiversity
3. **Stewards handbook.** Updated essential guidance for RCN stewards. rcn.org.uk/stewards-handbook
4. **Work-related stress.** Pocket guide for reps supporting members at risk of burnout. rcn.org.uk/stress-pocket-guide

Nominations open for RCN Awards

Celebrate the dedication of outstanding RCN reps, active members and those who've made a significant contribution to the profession by nominating them for an RCN Award by 16 January.



You can nominate colleagues across several categories, including the RCN Award of Merit, which is the highest honour given for voluntary service to the College, and the Representative of the Year Awards including Learning Rep of the Year, Safety Rep of the Year and Steward of the Year.

Find out more and how to submit your nomination: rcn.org.uk/rcnawards

Goodbye print, hello digital

Earlier this year, we invited members to complete a survey about our magazines. They told us they felt strongly about the RCN taking action to reduce its carbon footprint and said they'd prefer a move to online-only content in different, more dynamic, formats. So, we're making some changes. It means saying a fond farewell to print magazines – including *RCN Activate* – and a big hello to our exciting digital future.

On the RCN Magazines website, you'll find all the familiar articles you know and love, plus even more news and features to support your activist journey. You'll be able to find new articles every time you visit, plus a growing array of videos, audio and more:

rcn.org.uk/magazines



Strike action: what now?

As *Activate* went to press, members and employers had been notified of the first dates and locations for strike action.

It will happen on 15 and 20 December at half of NHS employers in England where we have a legal mandate for strike action, at HSC employers throughout Northern

Ireland and at all but one NHS employer in Wales. If your employer is not on the December list of locations, it will be on the January list, unless formal negotiations with the UK government are held. In Scotland, the RCN has paused announcing strike action as the Scottish government has made a new NHS pay offer, which we're consulting members on. Keep up with the latest developments: rcn.org.uk/news

EGM outcome

Members discussed the findings of an independent review into the culture of the RCN and voted on an important resolution related to Council's leadership of the organisation at our Extraordinary General Meeting (EGM) last month.

The resolution was a question of confidence in Council during the time period investigated as part of the review. It called for current and relevant Council

office holders to step down and not put themselves forward for future elected roles within the RCN. Following a related discussion, the resolution was passed with 93% of the members who voted supporting the resolution. Action resulting from the vote will be announced soon. It won't affect the RCN's strikes at NHS employers in England, Northern Ireland and Wales.

Read more: rcn.org.uk/egm-outcome

Strike action: what's your role?

You can play a crucial part in making our historic strike action a success

The results of our NHS pay ballot mean we have a mandate to call strike action at the majority of NHS workplaces across the UK.

We're pulling out all the stops to make strike action a success and we need your help to fill important roles to ensure strikes are safe and effective.

Our current strike volunteer roles are for members employed by NHS workplaces where strike action can legally happen.

If this doesn't apply to you but you'd still like to support strike action, you can sign up to be a campaign supporter and we'll be in touch soon: rcn.org.uk/campaign-supporter

If strike action is being planned where you work, there are a number of

vital volunteer roles you can undertake.

You could join a strike committee and be integral to how derogations are decided and action is organised.

Or supervise a picket line, making sure we make an impact while complying with the rules of peaceful picketing. Or help mobilise your colleagues to ensure they're ready and confident to strike, using member-to-member texting to increase your reach.

Whatever your choice of role, you'll be a significant part in our history. We're confident the experience will be valuable both personally, and professionally.

Find out more about our strike volunteer roles opposite and sign up now: rcn.org.uk/strike-volunteer



Find out more:
[rcn.org.uk/
strikehub](https://rcn.org.uk/strikehub)

Strike committee volunteer

Local strike committees are formed in each employer where strike action is planned.

Committee membership varies, depending on the size of the employer, and should ideally have: an RCN officer, an RCN steward, an RCN elected branch official, a member who is representative of the area or type of work where the action is taking place, a member who works in management, and a designated person to liaise with the employer. The committee is responsible for making sure the strike is well planned and happens safely and effectively.

If any of the above role descriptions applies to you, joining a strike committee could be a good fit. You can work directly on the committee or provide clinical expertise and advice to ensure patient safety is protected during strikes.

Among the committee's responsibilities is liaising with employers about the withdrawal of non-essential care, while maintaining life-preserving services.

This is done through derogations – exemptions of nursing staff or services from taking part in strike action to ensure the safe continuation of essential life-preserving care.

Picket support volunteer

If you like organising events and talking to members and the public, the picket support volunteer role could be perfect for you. Teams of members will help set up picket lines and distribute campaign materials, meet and greet members, engage the public on the day and much more to ensure picket lines have the biggest impact. If this sounds like you, you might also like to be a picket supervisor, working closely with the strike committee to ensure the picket is safe and adheres to the rules for peaceful picketing.

Digital mobilising for strike action volunteer

As a digital mobilising volunteer you'll use our member-to-member texting platform, ThruText, to answer questions and get members out to the picket lines.

You can support them to take action on behalf of every member of our nursing profession, helping them to feel confident and safe to take part.

The stronger our pickets are, the stronger our voice will be.

‘The solidarity on the picket line was incredible’

Rep Lyndsay shares her experience of helping organise the RCN's first-ever strikes in Northern Ireland

As I listened to the six o'clock news on my drive to work on the first strike day in 2019, I cried. I never thought we'd get to that point. I felt devastated, but we'd been left with no other choice. Chronic staff shortages meant patient care had become unsafe and our pay had fallen behind what nursing staff in other parts of the UK were earning.

Now, sadly, we're here again. If I can say anything to reassure other reps and members, it's that we know why we've reached this point,

we're doing it for patients and the profession, and the solidarity of members on the picket line last time was incredible.

As an RCN steward, I was part of the local strike committee. This meant I was involved in a lot of organising in the lead-up to strike days. A big part of this was considering derogation requests that came through, approving them when we could be assured they related to life-preserving care, and talking to staff about what that meant for them.

“

We were truly being the voice of nursing



Lyndsay Thomson (left) on the picket line

As a strike committee we also talked to a lot of members beforehand about what to expect and what their rights were. We used our RCN social media channels to keep members informed. Opening up this direct line of conversation with RCN staff and reps worked really well and gave members a lot of support and confidence.

What to expect

On strike days, there were at least two of us, either from the strike committee or other active members, in charge of each picket line. We ran the picket lines from 8am to 8pm, and we'd get

there from about 6.30am to set up. We had banners and placards and a break area, where people could go to get warm, have a sit down and a drink. We'd do shifts on the line, making sure to maintain good health and safety as well as ensuring that the RCN was being well represented as a professional body.

In practice this meant keeping footpaths clear, making sure no one was blocking any emergency access to the hospital, and encouraging people to take breaks.

There were a few negative encounters with members of the public, and tricky

conversations to be had, but overall there was so much support. People were tooting their horns as they went past. Farmers turned up on their tractors with "we support nurses" banners. Medical staff from the hospital came over with hot drinks.

There was a real buzz that we were doing something unprecedented, really taking a stand for our patients and profession. It felt for the first time ever like we were truly being the voice of nursing.

Lyndsay Thomson is an RCN steward and Chair of the South Eastern branch in Northern Ireland

Lyndsay's tips for strike days

- **Know the legal requirements.** Members will look to you to fight their corner if there are issues with management. Know that all the legal requirements have been met, how the derogations have been set up and have the conviction to support members who want to strike but are getting misinformation or resistance from managers.
- **Start conversations early.** Speaking to senior management and HR departments well in advance can help with this. Set up channels of communication as soon as you can. We also had meetings with them throughout strike days so they could raise any concerns and vice versa.
- **Know your local politicians.** Members of the Local Assembly and MPs turned up to the picket lines. Know who the local politicians are and be ready and willing to speak to them. Know what you want to say, be direct and try to encourage them to support nursing staff publicly on their social media accounts if they're sympathetic.
- **Get media savvy.** Talk to the RCN media team if you're asked to speak to the press. It's more powerful if we all use the same messages on strike days. Make sure members are prepared for the presence of journalists and news outlets. It's important to make them aware that any comments they make might appear on TV, radio or newspaper reports. My advice would be to remain professional and measured, but honest.
- **Prepare for the weather.** Look at the forecast. It's likely that strike action will take place this winter. Bring multiple layers, have an umbrella at each of the sites and set up drinks stations to be able to supply people with a hot drink.

Time's up on unpaid overtime

Read how a joint-union mission secured a trust-wide approach to overtime

Nursing staff working more than their contracted hours isn't anything new. However, if they work for the NHS, they should be paid for this time as stated in Agenda for Change (AfC) terms and conditions says Will Malcher, RCN steward and learning rep.

Will, a senior nurse at St Thomas' Hospital, worked with fellow RCN member and A&E nurse Mark Boothroyd and trade union colleagues, to secure the implementation of a standard operating overtime procedure for all nursing and midwifery staff at Guy's and St Thomas' NHS Foundation Trust (GSTT) in London.

The domino effect

During the Omicron wave of the COVID-19 pandemic in England (roughly December 2021 to February 2022), there was a huge amount of pressure on the wards at GSTT. "That's where most of the COVID admissions were ending up," Mark explains.

"There was a lot of staff sickness and that was causing bigger workloads for those who were able to work. Nursing staff were

having to stay really late. At one point there was a nurse-to-patient ratio of two to 28, and this became frequent," he says.

At this time Mark discovered that staff in the intensive care unit were given a one-off overtime payment during the first wave of the pandemic. He decided to ask ward staff to begin filling in overtime sheets, so they could ask for the same payment.

Upon doing this, he came across some ward managers who had already started to do this – filling in sheets on overtime, giving the reasons for staff staying late, changing it on the roster and allowing staff to take time off in lieu. "So, there was a system in place for recording overtime on some wards, but it was inconsistent across the trust and there was no policy to pay staff for it," says Mark.

Will investigated and learnt that the AfC terms and conditions state all staff on pay bands 2 to 7 are eligible for overtime payments. There is a single harmonised rate of time-

and-a-half for all overtime, with the exception of work on general public holidays, which is paid at double time. Overtime payments apply when an employee's hours exceed the standard hours of 37.5 hours a week.

Cross-union effort

"We set up a weekly meeting to come up with a strategy, and we gathered all the nursing reps at the trust together, so it was a real cross-union effort," says Mark. It proved a good way to share information. "We learned estates staff and radiographers are given



Read more online:
rcn.org.uk/activate

overtime. You can't treat staff within the same trust differently," he says.

Mark wrote a position paper for the trust's pay and policy forum, signposting to the AfC terms and conditions and suggesting a procedure to be implemented. The forum signed this off, and then it went to the managers of the trust. It was finally approved in June 2022.

Going forward, RCN London officers will support members denied overtime payments and help challenge this through grievance. To do this,

“ Sometimes working overtime is a professional duty, but what isn't professional duty is unpaid overtime

members should come forwards via the RCN advice team or their local rep.

“Nursing and midwifery staff at GSTT can now claim overtime in 15-minute blocks, paid time-and-a-half. Every time I say that out loud, I get a big smile on my face,” says Will.

Importance of overtime

The overtime sheets Will and Mark were collecting stated the reasons why the member of staff stayed late. “Almost every time, it came back down to patient care and chronic understaffing,” Will says.

Working overtime and patient safety are interlinked. “If staff are working extra hours and not being rewarded for this, they will be not only tired, but demoralised too. An overtime policy won't necessarily stop overworking or understaffing, but it will make sure that the trust has to record where nursing staff are doing extra hours, and this should then show where staffing problems are sooner,” says Mark.

Will highlights that working overtime can be part of the job. “If you have a patient in cardiac arrest, you're not going to say, 'I'm stopping compressions now as my shift finished five minutes ago'. Sometimes it's a case

of working overtime for professional duty,” he says. “But what isn't professional duty is unpaid overtime.”

Affecting change

The success at GSTT shows the power of nursing staff working together, getting organised and scoring wins for the masses. “My advice to any rep wanting to take action is to identify the people within your organisation who want to action change, gather your local reps and find out details of your staff side committee. A joint approach works much better,” says Mark.

Words by Bethan Rees



Will Malcher,
pictured by Jonathan Perugia



Mark Boothroyd



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**WE'RE STRIKING FOR
SAFE PATIENT CARE**

**WE'RE STRIKING TO
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How to support nursing staff under stress

RCN Mental Health Forum Chair Ellie Gordon shares her top tips for looking after members and yourself

Nursing is a rewarding, satisfying and exciting career, but it's also widely accepted as being one of the most stressful.

Caring for patients, alternating shift patterns and making crucial, quick decisions can all create feelings of stress, which can eventually, over time, manifest as burnout. Added to that, nursing staff have been under increasing pressure throughout the COVID-19 pandemic as well as coping with chronic staff shortages and more recently, concerns about the cost-of-living crisis.

“Nursing staff have a tendency to feel they can solve everything and that they have to stay strong,”

says Ellie Gordon, senior nurse, mental health lead for Health Education England, and Chair of the RCN Mental Health Forum. “We have staff who are really struggling, but there are ways to minimise the effects of stress and calming techniques we can use when faced with circumstances where we feel under pressure.”

What is stress?

Stress itself isn't a mental illness but is a sweeping term used to describe many different feelings, behaviours and symptoms. Most people can identify with the physical, mental, emotional and behavioural responses that signal when we're stressed.

“

Nursing staff often feel that they have to stay strong

Words by
Susan Embley



“Feelings of pressure are a normal part of life and can be beneficial in completing tasks and motivating us, but recurring feelings of panic, anxiety and breathlessness among other stress symptoms are not healthy,” says Ellie.

“It’s really positive that nursing staff now talk more openly about their own mental health than in previous generations,” she adds.

“But there’s still a stigma attached to admitting you’re struggling, so we need to create workplaces and spaces where colleagues feel supported.”

Don't forget about you

During stressful times, it can be easy as a rep to become focused on others’ workplace issues, but don’t neglect your own wellbeing.

A new resource, *Work-related Stress*, has been launched to help learning reps, safety reps and stewards support members who are experiencing work-related stress, and in the guide, there is advice on how to look after yourself too.

Here are some highlights from the guide.

- Decide what your boundaries are and when you will be available. For example, when will you switch your phone on and off? Communicate this clearly with members from the outset and stick to it.
- Try to be clear about how much time you have when you meet with members. You can always meet again if not everything

can be covered in that first meeting.

- Ending meetings can be tricky. It can be helpful to ask: “What are you planning to do next?” or “Where do you have to be now?”
- Be realistic about what can be achieved. You are not superhuman.

There are more tips and advice in the guide for reps. Find the full version on the reps hub.

We’ve also created a condensed version of this in the form of a pocket guide, which reps can order: rcn.org.uk/work-related-stress

 Find out more about managing stress: rcn.org.uk/managing-stress

Five top tips for supporting members through stress

- 1. Actively listen:** acknowledge feelings and concerns and clarify what you can do, such as identifying workplace stressors, giving information or signposting to helpful resources.
- 2. Manager support:** if they have a meeting with their manager, help them prepare, ensuring the focus is on changes the manager can make and support that should be provided.
- 3. HSE help:** you can use the framework of the Health and Safety Executive (HSE) stress management standards to help them identify the six key stressors within their workplace.
- 4. Occupational health:** encourage them to contact their occupational health or employee wellbeing team to access support provided by their employer, such as counselling and relevant workplace policies.
- 5. Further support:** there is an RCN managing stress hub with lots of relevant information for nursing staff, managers and reps: rcn.org.uk/managing-stress. If the person is at crisis point, they should contact RCN advice where advisers are specially trained to triage for RCN counselling services: rcn.org.uk/advice

In front of the lens

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more online:
[rcn.org.uk/
activate](https://rcn.org.uk/activate)

Two active members share their experiences of talking to the media

'If I answer truly, from the heart, my message is clear'

I've appeared on BBC News to speak about nursing pay. Initially I was daunted, because pay and staffing are such important topics and I wanted to make sure I said the right thing.

As a nurse, I was speaking on behalf of the profession, so I had to really think about the wider experience of nursing staff right now.

As a rep, I'm always checking in with colleagues, every day on rounds and in the staff room. They're not afraid to voice their opinions.

In interviews, if I'm asked about something I haven't personally experienced, such as using food banks, I think very hard about colleagues who have and answer on their behalf.

It can be nerve-racking, but the RCN media team and regional officers are very helpful.

They meet you beforehand, give you a brief, and explain the kind of questions you might be asked so you can prepare answers – you'll never be thrown in

front of a camera with no opportunity to prepare.

I may look comfortable on screen, but I'm actually quite nervous. I've had a fear of public speaking for a long time, but I know that if I prepare what I'm going to say, I can do well.

If I answer truly, from the heart, my message is clear.

The BBC filming took about 25 minutes, but the edit was only thirty seconds. The interviewer and the camera crew focus on all the practical stuff, so you don't have to do anything other than get your point across.

I've also done media work virtually, which is even more straightforward. I've since done magazine and radio interviews, too.

Overall, the experience has boosted my confidence. What I'd say to members is that if you feel passionate about nursing, and the staffing crisis we're facing, get your voice heard.

We need to hear from everyone, from all nursing backgrounds and all walks of life.

Leanne McCarthy is an intensive care nurse and RCN steward



Leanne's top tips

- Express your views and make sure to include the experiences of your colleagues.
- Prepare answers so you can confidently and clearly express them if you're feeling nervous.
- Pick three things to convey, so you don't get muddled about what you want to say.

Keen to be on screen?

Email mediateamhq@rcn.org.uk or get in touch with your RCN country or regional media teams.

'I do it for colleagues who don't feel able to speak out'

I've done television interviews on the cost-of-living crisis and the impact it's having on nursing staff.

This is a subject I'm passionate about, and being a rep, I feel like it's my role to give support to members and raise awareness of the issues they're facing.

When I did an interview with BBC News on mileage rates, and how nursing staff were struggling to pay for fuel, I spoke to my colleagues first.

They knew what I was doing and told me how they felt about the situation, and I made sure to incorporate their views. The more experiences we can share, the better.

When I knew I'd be on television, I let my senior managers know. I explained that I would be doing it on behalf of myself and colleagues, for the RCN and not on behalf of the trust.

I explained that I would be doing it in my own time and I thought it was respectful

to let them know, so our relationship is open and honest.

Members shouldn't feel discouraged by a potential backlash from their employer. To that I'd say: hold firm, go with your gut feeling, and politely explain your intentions.

As an outspoken person, it's something I can do for colleagues who might be more apprehensive about sharing their thoughts or experiences.

One thing members should know is that it's often very last minute. Sometimes the interview happens, sometimes it gets dropped, but if I'm on a day off, I'm happy to make myself available in case it goes ahead.

Because of my experience, if an interesting or relevant issue comes up in the workplace, I can contact the RCN to see if they want me to speak about it on television.

People at work recognise me now, and after being on television I get a lot of high fives!

Chuks Ifeajuna is a clinical nurse lead and RCN steward

**Chuks' top tips**

- Follow your instincts and trust that you know how to discuss issues you're passionate about.
- Be polite but push for what you believe in with your employers.
- Play to your strengths, and if you're confident in your voice, use it.

In conversation with: RCN Fellow Tendai Nzirawa

Tendai talks about her pioneering work in the field of maternity care and her mission to address health inequalities for ethnic minority people and vulnerable communities

What did you receive your fellowship for?

I was nominated for a project I led to deliver a unique programme of cultural awareness training for maternity, neonatal and health care professionals. It sought to address health inequalities in maternity care and was part of a wider programme of work to reduce the rate of stillbirths, neonatal death and brain injuries among ethnic minority and vulnerable communities.

What was the need for your project?

According to an MBRRACE-UK report published in 2020, Black women are still four times more likely to die in pregnancy and childbirth than White women. Asian women and those with mixed ethnicity are two times more likely to die than White women.

This disparity could be caused by many things, such as a patient's previous life experiences, racist attitudes, microaggressions, dismissal of concerns and breakdown of trust with any health professional or figure

of authority, which could all affect interactions with maternity services, and lead to poor health outcomes.

These health inequalities were exacerbated by COVID-19. At one point during the pandemic, I was redeployed into a neonatal unit in Broomfield Hospital so I could see the real impact the pandemic was having in a clinical setting.

It was eye-opening to learn what the pandemic revealed about health inequalities among ethnic minority people and vulnerable communities. NHS England had to roll out additional support for pregnant Black and Asian women, as research found heightened risks for these women and birthing people. It showed Black pregnant women were eight times more likely to be admitted to hospital with COVID-19, and Asian women were four times more likely.

What did you do in response?

With the support of my team, I created the Looking Beyond Ethnic Minorities

and Inequalities workstream and worked with several partners on this, including local maternity and neonatal systems, and the Office for Health Improvement and Disparities.

This aimed to establish a support mechanism for our local maternity and neonatal systems to ensure actions were taken to improve access, experience and outcomes for the people identified to be most at risk of COVID-19 or having worse outcomes.

There are some challenges health professionals can experience when trying to support a culturally diverse group. These can include the lack of adequate interpreting services, a reluctance to engage with health professionals due to mistrust, or fears about immigration status.

I also understand that for many ethnic minority groups, health care in the UK can be seen as confusing and often inaccessible due to a lack of appropriate information and a reliance on people having access to digital devices. The NHS system might be

quite different from health care services in their country of origin. Because of this, one of the main parts of the workstream was to deliver a programme of cultural awareness training.

What was the purpose of the training?

Workshops were delivered to professionals working across neonatal, maternity and perinatal mental health services, including midwives and nurse practitioners. The sessions were led by facilitators representing their communities, for example, African, Gypsy and Traveller, Muslim and Asian, as well as asylum-seekers and refugees.

The focus was to understand not just what health care

professionals wanted to learn, but also what these community groups wanted us to learn to understand them better. We did this to ensure that when we talked about culture, we were engaging people from those communities and learning from their experiences in their own words.

This innovative approach provided health care professionals with information about the cultural background of each group, challenging the stereotypes that exist and providing realistic and effective engagement strategies.

Within these workshops, the professionals could ask open and honest questions to different groups and identify

methods to remove barriers and improve engagement techniques as a result. This has been the first phase of the project, and the work has empowered me so much. I'm so proud of it. I can see the difference it's making.

We should broaden access to cultural awareness training. This will start addressing some of the unconscious bias towards ethnic groups, countries, cultures, and customs.

Tendai Nzirawa received an RCN Fellowship in 2022. She is the Maternity Clinical Improvement Lead at the Eastern Academic Health Science Network, Chair of the Paediatric Pan London Oxygen Group, and East of England Regional Lead for the Neonatal Nurses Association.

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Health inequalities were exacerbated by COVID

Read more online:
rcn.org.uk/activate



Words by Bethan Rees

Tendai Nzirawa,
pictured by Steve Baker

Behind the scenes: creating RCN materials

Fertility nurse Francesca and midwife Angela pooled their specialist knowledge to create RCN guidance to improve patient transition between their services

“We tend to work on projects linked to a national demand for knowledge or wider themes in the workforce,” says Angela Cartwright, member of the RCN Midwifery Forum.

“But we also link in with other forums to better understand where our roles overlap.”

Being actively involved with a forum gives members access to a diverse group of professionals, adds Francesca Steyn, Chair of the RCN Fertility Nursing Forum. “By having that access, we have insight into what information members might need,” she says.

Together, Angela and Francesca project-led the RCN’s *Transition from Fertility to Maternity Care* guidance, which aims to raise awareness of possible care pathways for pregnant people, their partners and support networks, as they travel through

fertility treatment and on to maternity care.

Identifying need

Pregnancy following fertility treatment can be an exciting but challenging time.

Health care professionals may not always have detailed knowledge of the processes people have gone through to become pregnant, including surrogacy and the use of donor gametes.

“There isn’t any type of handover from fertility care into maternity services,” Francesca explains. “Often, fertility patients will have gone through a very physically and emotionally demanding process and then if they do finally conceive, they can be quite anxious.

“It can also sometimes be a long wait. We typically discharge fertility patients at around seven

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We wanted to collaborate and to look at how we can bridge that gap

Words by
Becky Gilroy



Read the publication in full:
rcn.org.uk/transition-fertility-maternity

weeks gestation, and they may not see their midwife until 12 weeks, which is a long time.”

Fertility services are excellent in their area of expertise, but once someone is pregnant, staff don’t always have a comprehensive understanding of the care pathway that follows.

It can be hard for them to explain to patients what the next steps will be. “Similarly, as maternity staff, we sometimes don’t know what the patient has already experienced in terms of their care,” says Angela.

“We may be caring for people who may or may not disclose if they have had fertility treatment and we might not know the effect

that experience has had on them. We don’t want to assume that because they’re pregnant, they’re the same as everyone else.”

“There has always been a gap in care when fertility patients leave our services and enter maternity care,” says Francesca. “We wanted to collaborate with our midwifery and early pregnancy colleagues to look at how we can bridge that gap.”

Publication process

While different, but similar, nursing specialties often sit together within the RCN’s forum structure (such as Women’s Health), members aren’t necessarily aware of the different expertise and skillsets each person has. Having open conversations has been essential to bring the guidance to life.

“Once we identified a gap in our resources, we pulled together a project group to help finalise the key themes,” says Angela. “We divided the work between us, from fertility to early pregnancy and then maternity. Then our professional lead guided us in how to compile the resource.”

Once the information was collected as a document it was reviewed by an extensive group of external stakeholders and the project team, then the RCN publications and design team took over to make the final product.

Angela understands that most members are stretched for time, but her forum work takes up approximately one day a month. Other forum members were also more than happy to get involved and share the workload.

Angela learned a lot from the process, improving her knowledge to feed back into her clinical role. However, initially she was daunted.

“I have imposter syndrome,” she says. “I always think everybody else knows more than I do, so actually joining the forum was a huge step for me.”

While being involved in a forum is positive for continuing professional development, it can also be very fulfilling, as well as an opportunity to get involved with the wider profession.

“Don’t steer away from work you don’t recognise,” Angela adds. “It’s an excellent opportunity to do some research and learn more. If you don’t have the expertise, forum work allows you to get the expertise in the room with you.”

Francesca also found the process rewarding, and she represents the forum at events and on other projects such as guideline committees and stakeholder groups. She says: “It’s a fantastic opportunity to have my finger on the pulse of what is going on in my sector and the wider nursing profession.”

How to deal with feelings of failure

Student activist Jade discusses the challenges of not always succeeding and how we can learn from it

Before studying to be a nurse, I was a maths teacher. I often came across students who believed they were “rubbish at maths”. This sometimes became a self-fulfilling prophecy with many students failing before they even began. I worked with them to build their confidence, helping them to understand that doing well in anything is about trying, getting it wrong, learning and trying again.

Continuing to grow

There are always those who get something right first time. And there are those who need more attempts to achieve a goal. Both deserve praise. It's a fact of life that all of us will fail at some point, and to manage this we need to build resilience.

A failure could be an assignment we didn't pass or a job we didn't get. As part of the process, we often receive feedback about where we went wrong and how we could do better next time.

On placement, I'm often told that feedback is a gift. Although this can be true, it isn't always the easiest gift to receive. As well as giving

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It's a fact of life that all of us will fail at some point



feedback to us, the practice education team also take feedback from us so that they can learn from having fresh eyes and perspectives. Knowing our opinions matter helps us feel valued and boosts our confidence.

It's important we don't take feedback personally. It can help to work towards a growth mindset where failure is part of the learning

curve and not the end of a journey, or a limitation of our ability.

Imposter syndrome

Another issue some of us might be affected by, even when things appear to be going well, is imposter syndrome.

Nursing students and staff at all levels can feel like

Jade's tips for combating feelings of inadequacy

- Acknowledge how you're feeling**
I do this by keeping a journal. It can also be helpful to share your feelings – you might be surprised by how many others feel the same way, even those you look up to.
- Celebrate your own success**
However small they are, and never downplay your achievements.
- Build each other up**
Be proud of the achievements of others without judging yourself. When your time comes, chances are they will be proud of you too.
- Be honest about things that didn't go well**
There is no shame in getting something wrong, let's normalise it.
- Take the risks required to progress**
Put yourself out there.
- Listen to your own self-talk and keep yourself in check**
It's important you're kind to yourself just like you would be to patients and colleagues.
- Finally remember**
To quote Winston Churchill: "Success is not final, failure is not fatal: it is the courage to continue that counts."



Jade Hunt, pictured by Alex Young

they aren't as capable as everyone thinks they are, or that they're not worthy of praise.

Have you ever felt inadequate and doubted yourself? Or felt like a fraud, that others will "find you out" and that you shouldn't be in the nursing profession? If so, it is likely that you're experiencing imposter syndrome.

Nowadays, many hard-earned successes are shared on social media. These successes should be celebrated but it can also give us a slightly skewed view of how well everyone else is doing or how easy other people are finding their time at work.

Theodore Roosevelt said: "Comparison is the thief of joy." Feeling as though we

aren't doing well enough or that everyone else is doing better than us can be hard. Seeking help and support from those around us can be a good way of learning to acknowledge our achievements.

Jade Hunt is studying adult and mental health nursing and is the RCN Students Committee member for the South West.

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Chris Benson
Director of Patient Care,
St Peter’s Hospice