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ISSUE NO. 348 FEBRUARY 2017



**SWITCHED
ON?**

'EVERY NURSE AN eNURSE' P9

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

Editor: Daniel Allen
Editorial: 020 7647 3627
Email: bulletin@rcn.org.uk
Web: www.rcn.org.uk/bulletin
Address: 20 Cavendish Square, London W1G 0RN
Classified advertising
Tel: 020 8423 1333
Fax: 020 8423 4382
Email: advertising@rcni.com

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Jobs Fair fixture at Old Trafford

Dates have been announced for this year's *RCN Bulletin* Jobs Fairs. These free events offer a fantastic opportunity to meet employers from the NHS and private sector, charities, the armed forces and recruitment agencies. You can also attend free sessions to help with revalidation and choose from a programme of career development seminars.

Old Trafford, home to Manchester United, is the venue for this month's event, on 9-10 February, where there will be a chance to have your photo taken with the FA Cup. The Jobs Fair then moves on to Birmingham in March, London in April, Glasgow in June, Liverpool in September and back to London in October.

www.rcnbulletinjobsfair.co.uk

Pension information

Are you in or soon to join the NHS pension scheme? Two new films about NHS pensions – short and featuring animation – are available on the NHS Business Services Authority YouTube channel.

One is about important benefits of the scheme while the other outlines what you and your family will be giving up if you decide to opt out. View them at tinyurl.com/joqv4tz and for RCN information on pensions go to www.rcn.org.uk/pensions

Speak up

Nursing staff should feel comfortable raising concerns, but speaking out is not always easy and often takes courage. Now a new RCN publication, *Raising Concerns*, supports you wherever you work, and whether you act as an individual or as part of a group. Alongside a step-by-step guide, the publication looks at your rights and responsibilities; the support and response you should expect; and the differences between sharing concerns and whistleblowing.

📄 Download a copy of *Raising Concerns* at www.rcn.org.uk/publications

Nominate today

The search is on to find the RCN Northern Ireland Nurse of the Year 2017. This is a chance to highlight excellence within nursing and celebrate the huge value of nursing staff. Janice Smyth, Director of the RCN in Northern Ireland, said: "I would encourage all health care staff to look at the categories and consider nominating a colleague. Nurses deserve to be recognised for the invaluable contribution they make."

📄 Apply by 10 February at www.rcn.org.uk/northernireland or telephone 028 90 384 600.

Seacole awards: apply now



The 2017 Mary Seacole Awards are now open for applications. The awards fund projects that aim to improve health outcomes for people from black and minority ethnic communities and are open to registered nurses, midwives and health visitors. Full details of the two types of awards available are on the RCN website at www.rcn.org.uk/mary-seacole-awards and applications close on 5 May. Details of two pre-application workshops are also listed.

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To ensure we deliver the best service, please check we have the correct details for you:

- online at www.rcn.org.uk/myrcn
- by telephoning 0345 7726 100, 8.30am to 8.30pm Monday to Friday.

Or advise us of updates by emailing membership@rcn.org.uk or writing to:
RCN Membership Team, Copse Walk CF23 8XG.



Must, not should

Looked after children (LAC) find it hard enough to get good services without having to switch to variable local standards rather than nationally agreed, a member of the RCN's LAC nurse community told a parliamentary group looking at the Children and Social Work Bill. Karen Hughes said the move would mean the most vulnerable children were likely to have fewer services as local authorities offered the minimum. "Any changes in the health agenda for LAC should become a 'must', rather than a 'should'," Karen said.

Meanwhile, Clare Jacobs, RCN Employment Adviser, gave evidence to a Communities and Local Government Committee inquiry on adult social care. She highlighted the detrimental impact of cuts to community nursing and the need to invest in the social care workforce.

Digital failings

The RCN and other organisations representing 60,000 primary care clinicians in Scotland have called for an urgent and radical change to digital infrastructure to support multidisciplinary services. Responding to the Scottish Government's proposed digital strategy, Theresa Fyffe, Director of the RCN in Scotland, said frail older people and those with complex needs faced serious consequences if changes to their care were not shared in a timely way.

For more on eHealth, see page 9.

Fair pay fight goes on as petition triggers debate

RCN member's appeal for support over pay and hardship attracts more than 100,000 signatories



Scrap the cap!

The debate triggered in parliament by a member's petition to "scrap the cap" represents a huge milestone in the campaign for better pay, the RCN has said.

As *RCN Bulletin* went to press, MPs were set to discuss the 1% cap on nurses' pay that has been in place since 2010. The Commons debate, led by Labour MP Catherine McKinnell, was expected to highlight the financial hardship experienced by many staff. In recent years the pay of most nurses has fallen by 14% in real terms, with some in the profession now dependent on food banks and second jobs.

The debate was staged because more than 100,000 people added their names to an online petition organised by member Danielle Tiplady.

Danielle said: "Nursing staff deserve a pay award that reflects our knowledge, skill and dedication. Colleagues are struggling to pay bills and even turning away from

the profession, and it's time parliament debated why."

"This is a monumental step in our campaign," the RCN's Chief Executive, Janet Davies, said. "Working at the centre of the NHS crisis, nursing staff are going above and beyond every single day, yet they have endured the public sector pay cap since 2010."

“ Nursing staff deserve a pay award that reflects our knowledge, skill and dedication

She thanked everyone who signed the petition, adding: "We will continue to fight until all nursing staff receive the pay they truly deserve."

The NHS Pay Review Body is expected to report to ministers by the end of February and an announcement on public sector pay is likely in the March Budget.

Help for nurses to lead integrated care



Senior nurses working in strategic decision-making roles or forums around integrated care will benefit from a new RCN toolkit developed to support members to provide confident leadership as they shape, deliver and monitor local services.

Across the UK, there is no single approach to integrating care.

Nursing staff are adapting to an ever-shifting landscape, requiring new ways of working with many partners who may have different priorities and ways of doing things.

The challenge for members is to ensure nursing teams have their say while continuing to deliver quality, seamless care for their patients.

The RCN supports the broad aim of providing quality health and social care that is fully integrated for those using services and their families. The Department of Health (DH) says that delivering this kind of care is essential to improving outcomes for people.

Reducing gaps and inefficiencies in care should also offer some opportunities for financial savings, the DH says.

The new toolkit will support members to influence strategic decisions – whether services have been integrated for some time or are at the start of the process.

It offers a series of themed prompt questions, linked to the Nursing and Midwifery Council code, for members to reflect and take action on. The toolkit is designed to help in a range of scenarios, such as considering a proposal for integrated services or preparing for meetings.

Janet Davies, RCN Chief Executive, said: “We hope that this will be a practical tool to help you negotiate the complex landscape of integration.”



Nursing staff are adapting to an ever-shifting landscape

Download *Integrating Health and Social Care Across the UK: Toolkit for Nurses* from www.rcn.org.uk/publications

Fine fellows

Don't miss out on your opportunity to nominate other members for services to the RCN and wider nursing profession. The deadline for nominations for RCN fellowships and awards of merit is 1 March, with the winners to be announced at RCN Congress in Liverpool. You also have until 28 February to submit nominations for the RCN rep of the year and student information officer of the year. For more information, and to submit your nomination, visit www.rcn.org.uk/renawards

RCN Congress: were you there in the early days?

Do you remember the early days of RCN Congress – or RRB (RCN Representative Body), as it was once known? Ahead of the 50th anniversary in May of the RCN's annual agenda-shaping event, the College is asking for members who attended between 1967 and 1977 to get in touch and share their memories. If you would like to take part, please email congressbulletin@rcn.org.uk or write to: Sarah Abley, RCN HQ, 20 Cavendish Square, London W1G 0RN.



RCN backs NMC decision on nursing associates

The RCN has welcomed last month's Nursing and Midwifery Council decision to regulate the new nursing associate role. The College said the move would help protect those receiving care when at their most vulnerable and enable registered nurses to delegate with more confidence.

The first 1,000 trainee nursing associates began their training last month and a further 1,000 will follow later this year.

Women on Wikipedia

Ever wondered why so few nurses appear on Wikipedia? If so, the RCN library and archives team needs your help to remedy the situation. On 15 February in London, the team will be holding a Wiki workshop, a free session that will include editing training, a chance to find out more about the RCN collections and an editing session to increase the number of RCN past presidents and other nurses on Wikipedia.

Sign up for the free workshop at <https://nursingwiki.eventbrite.co.uk>

IN THE MEDIA



Gareth Arnold RCN Media Officer

Many members have been telling us this winter has been the worst ever for health services in the UK, particularly in A&E. The RCN gained widespread media coverage thanks to a number of members who shared their stories anonymously. One example was a story in *The Times* featuring the experiences of an A&E nurse whose team dealt with patients left on trolleys for up to 23 hours.

Another, on the *BBC News* website, quoted the sister in charge of a major treatment centre, who said: "At one point our treatment area, meant for 20 patients, had 56 patients crowded in corridors and around the nursing station."

The RCN also signed a letter from the Royal College of Physicians and others warning Prime Minister Theresa May the NHS will fail this winter without an emergency cash injection. This was covered by every major national newspaper and the BBC. Labour leader Jeremy Corbyn quoted the RCN's arguments at Prime Minister's Questions, which gained further coverage.

The pressures were also reflected by press coverage across the UK. Peter Meredith-Smith, Associate Director of RCN Wales, told ITV Wales: "Patients throughout the system are not getting the deal we want them to have."

www.rcn.org.uk



Future of nursing dependent on safe staffing levels

Winter pressures prompt distressing stories from the frontline

The current pressures facing the NHS have triggered a huge response from RCN members keen to highlight the often appalling conditions facing patients and staff.

Throughout January, hospitals and ambulance services faced massive demand, with patients reportedly waiting for hours in corridors, and knock-on effects across the health service. Data analysed by *Health Service Journal* then revealed that almost every hospital in England has fewer nurses than it needs to guarantee patient safety.

“ We all keep going because what else can we do? ”

Media focus on winter pressures promoted members to share often distressing accounts of patient care (see right, and Hot Topic, page 7). "We all keep going because what else can we do?" said one sister in a large trauma unit.

RCN Chief Executive Janet Davies said safe staffing levels were not an optional extra. "Having the right number of nurses is essential to ensure that patients can recover properly."



She acknowledged the crucial role of health care assistants but said hard evidence showed that if patients are to receive safe care, support roles cannot replace registered nurses.

"We need to have enough nurses with the right skills, in the right places – in hospitals, people's homes, schools and care homes. The future of nursing is at stake."

ARE YOUR MEMBERSHIP DETAILS UP TO DATE?

CHECK ONLINE AT MYRCN, CALL 0345 7726 100, OR WRITE TO RCN MEMBERSHIP TEAM, COPSE WALK, CARDIFF GATE BUSINESS PARK, CARDIFF CF23 8XG.

THE VIEW FROM HERE



Ed Freshwater

Chair, RCN Mental Health Forum

I'm pleased that mental illness is high on the Government's agenda, but I have grave concerns about turning the rhetoric into reality. Theresa May's claims of "hidden injustice" in mental health are misleading: for years, charities, professionals and other interested bodies have demonstrated inequalities and stigma through lobbying, research, campaigns, education, policy development and advertising.

The Prime Minister's announcement about mental health first aid training in schools will only be helpful if teachers can access services that respond promptly. A preventative strategy in schools and at home is required. Presently NHS mental health and primary care staff are struggling to cope due to high demand and poor staffing levels.

It's always good when senior politicians get passionate about mental health, and anything that raises the profile of equality and parity campaigns is welcomed. However, we've heard this all before. We've had promises of money that gets swallowed up by acute general services. We've heard the speeches about parity, about stigma, about "hidden injustice" so many times. We've heard that we can, must and shall do better. Yet life chances remain worse for those with serious mental illness, beds are still cut, recruitment is tough, budgets still slashed and services carved up.

Justice is built on deeds, not words. There's a lot of work to do before we get there.

@RCNMHForum



What you've been saying

Valuable China

My mother worked her two retired hearing dogs as Pets as Therapy for many years ("Applause for paws", *RCN Bulletin* 347, p11). Sadly Crunchie and China died five years ago but the good work they carried out is too long to list. They brought love and care to a lonely dying man, encouraged traumatised soldiers to integrate and communicate again and worked with deeply distressed children.

✉ Jo Sica, by email

Creature comforts

My mum has been lucky enough to be able to take her beloved cat into her care home with her. She would otherwise have refused to go and she needed, for her safety, to be

in a nursing home. She and the cat are both comfortable and looked after!

✉ Linda Pink, by email

Calming influence

I have been working in the field of drug and alcohol addiction and treatment and have observed the behaviour of these clients over a number of years. If they were displaying angry, aggressive behaviour and someone came into the waiting room with their dog, the angry client would immediately change their posture, lower their voice and pet the dog – and, importantly, retain a calm persona. I never saw a dog react badly; often a homeless dog with a homeless owner seemed to understand the situation.

✉ Jenni Viner, by email



QUOTE OF THE MONTH

100,000 signatures is a huge achievement and sends a strong message that it's time for change

RCN member Danielle Tiplady who started the petition to scrap the cap on nurses' pay

I'VE BEEN READING...



Susan Cohen's *The Midwife* describes the development of midwifery education and practice from the 18th to the 21st century. The difficulties faced by midwives in the 1920s and 1930s are highlighted, alongside numerous examples of how midwives helped families living in poor conditions. Practice after the formation of the NHS and an overview of 21st-century midwifery are also covered. Illustrated with many photographs, the book would be a good starting point for those wishing to research midwifery's development, as well of general interest to nurses and midwives.
Dianne Yarwood
RCN History of Nursing Society

3 THINGS I BELIEVE



1. Reduced access to CPD funding affects morale and patient care.
2. Recognition of nurses working at advanced practice level is long overdue.
3. Regulation of health care support workers and health care assistants is essential.

Felicia Cox
RCN Pain and Palliative Care Forum

GOT SOMETHING TO SAY?

The *RCN Bulletin* team is always looking for members to contribute to the opinion pages. If you're keen to share your views, email bulletin@rcn.org.uk

HOT TOPIC



Last month saw the pressures facing the NHS compared to a “humanitarian crisis” by the British Red Cross, with stories in the media of patients being treated in hospital corridors and in ambulances due to a lack of hospital beds. RCN members* have been sharing their stories of nursing on the frontline as services are stretched to breaking point.

One A&E nurse said: “I had a patient on an emergency department trolley for 23 hours. Nowhere in the hospital for her or the other patients. All escalation areas had used the spare beds so we didn’t even have a physical bed for her.”

“It’s not just A&E that’s in crisis,” said a community sister. “There is a massive knock-on effect which results

in nurses being told to discharge patients before they are fit, to free up beds, and this means the impact on the community sector is massive.

“Staffing levels in district nursing have not been increased to deal with patients and many of our staff have been sick with stress-related illness because they just cannot cope.”

Some nursing staff are even questioning whether to stay in the profession. “I’m permanently exhausted,” said one recently qualified nurse. “I should be happy in my job, but I’m not. I fully understand why so many people leave the NHS and why we have a shortage of nurses.”

**Members agreed to speak out on the condition of anonymity.*

MESSAGE TO MEMBERS



Tom Sandford
Director, RCN England

One of the joys of my job is hearing about the creative, innovative, irrepressible character of those who make up the nursing workforce. Wherever I go in England – and I know it’s the same across the UK – I hear about nursing staff whose care is exemplary, commitment is wholehearted and professionalism is absolute.

Remarkably these qualities remain intact despite almost unimaginable pressures. The past few weeks have given rise to all sorts of terrible stories about the impact of winter pressures causing real suffering for patients – and distress and exhaustion for you. Fortunately for the NHS, you always put care first.

Set against high demand is the shortfall in nursing posts – 24,000 at the last count. There were also predictions last month that sustainability and transformation plans in England could mean the loss of a further 7,000 nursing posts by 2020. Coupled with changes to the way nurse education is funded and the likelihood of fewer applicants, to call this a staffing crisis feels like an understatement.

The current situation is clearly unsustainable but it is only by working together that we can effect change. The petition on pay and the subsequent debate in parliament is evidence of this collective power. That might be little comfort at the end of another long shift – but we are in this together and together we will get through.

www.rcn.org.uk



RCN legal team can help in difficult times

RCN Principal Legal Officer Roz Hooper reflects on recent successes

The RCN’s legal team was here for members throughout 2016 and as I look back on the cases we’ve been involved in I’m pleased people got the support they needed and deserved.

There were surprises. We expected revalidation to make things more difficult for members. It didn’t. The year-on-year increase in other cases happened but it wasn’t as steep as we expected. We also claimed back more than £5.75 million in compensation for members and supported more at employment tribunals than in the year before.

While there were more referrals to the RCN’s legal department for Nursing and Midwifery Council cases than ever before, our figures clearly show that if you have the misfortune to end up at a hearing and you have RCN representation,



your prospects of receiving no sanction or a much less serious sanction are considerably higher.

We are specialists and we have so much more experience in these areas than other legal firms. I truly believe the support we provide is excellent value for money.

8 FEATURES

Leading on lymphoedema

RCN member Margaret Sneddon is at the forefront of efforts to raise awareness among nursing staff of the debilitating and costly effects of lymphoedema



It affects more than 200,000 people in the UK yet few nurses are aware of its serious consequences for health and wellbeing. But now an RCN member is spearheading attempts to raise the profile of lymphoedema, a chronic condition that can cause serious pain and tissue damage.

Margaret Sneddon, Honorary Senior Research Fellow at the University of Glasgow, was recently appointed Chair of the British Lymphology Society (BLS), a charitable organisation that has become the voice of professionals who specialise in lymphoedema. Margaret has campaigned passionately for improved lymphoedema treatment for more than 20 years.

Lymphoedema causes swelling in the body's tissues. It develops when the lymphatic system becomes impaired, resulting in a failure to drain fluid and protein from tissue spaces. Through skin care, exercise, appropriate compression garments and self-

administered lymphatic massage, patients can usually manage the condition themselves.

But if it isn't addressed, lymphoedema causes irreversible skin and tissue changes that require more intensive specialist treatment. Not only is this more expensive in terms of materials and professional time, it also has a greater impact on quality of life: pain, discomfort and vulnerability to cellulitis are all common. Other negative effects include psychological and social problems, as well as the financial cost of having special shoes or clothes made.

Early recognition

Many people have lymphoedema for years before it is diagnosed. Often the disease doesn't present until there are increasing demands on the body as a result of obesity, for example, or infection. So the earlier it is recognised and treated the more successful the outcome, and Margaret says nurses are key to spotting the condition early.

“Many community nurses are increasingly seeing patients with early signs of lymphoedema. For example, when they see people with ulcers they need to be aware that there may be a lymphatic component.”

She adds: “As chair of the BLS, I want to influence policy and work towards equality of access to care and treatment, regardless of cause.”

“By delaying treatment we are storing up many problems with huge financial and social costs. Nurses are in an ideal position to recognise those at risk or with early lymphoedema and, where required, ensure prompt referral.”

Margaret's efforts were recently recognised with a BLS lifetime achievement award for helping to develop awareness and specialist knowledge. Nonetheless, she is fully aware of the challenges ahead. “I'm particularly concerned about our ageing population suffering from co-morbidities. The number of people at risk of lymphoedema is only set to increase.”

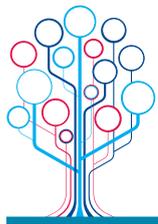
To that end, the BLS established an annual Lymphoedema Awareness Week in 2014 to raise awareness of the condition and treatment options. This year it will run at the beginning of March with activities across the UK.

“I'm passionate about all nurses having sufficient knowledge and skills to be able to recognise lymphoedema,” says Margaret. “Working together, I'm confident we can reduce the prevalence and severity of this condition.”



By delaying treatment we are storing up many problems

🔗 The British Lymphology Society website includes resources on best practice: www.thebls.com



Taking control of digital health

Sceptical about the digital revolution in nursing? Understandable, the Chair of the RCN eHealth Forum tells Lynne Pearce. But don't miss out on the benefits

“Scepticism is something that you practise clinically, so why wouldn't you apply it to e-health implementations?” asks Matt Butler, the new Chair of the RCN eHealth Forum. “The more challenging nurses are, ultimately the better those systems will be. Scepticism can help protect our patients.”

Members at last year's RCN Congress supported a resolution promoting the concept that “every nurse should be an e-nurse”. In practice, this means nursing staff in all settings should be able to harness the digital tools they need to work effectively and be supported to develop the necessary skills.

Promoting the campaign

Now the forum is taking forward this work, with a plan of activities to promote the campaign's key messages. These include webinars and videos highlighting what's currently happening in digital health care, and alerting nurses to the ways they can become more involved in using their expertise to shape the agenda.

“We're trying to address the kinds of issues we're facing as practitioners, providing nurses with digital capabilities so we're prepared for the changes,” says Matt. “But more than that we need to be involved and consulted from the beginning, so that innovations benefit from our knowledge.”

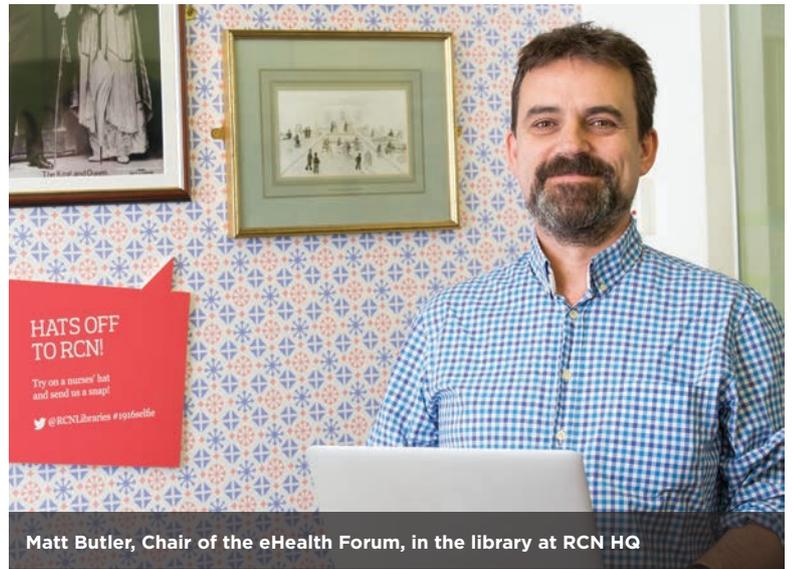
For Matt, nursing and technology staff working hand in hand is pivotal to the success – or failure



The benefits are just too good to turn our backs on

Join the RCN eHealth Forum at www.rcn.org.uk/forums

The Wachter review is available at tinyurl.com/jbfolqn



Matt Butler, Chair of the eHealth Forum, in the library at RCN HQ

– of any attempts at digital transformation. “Plonking an extra PC on a nursing station at the end of a ward is not going to be enough, I'm afraid,” he says. “Those developing the technology need to work in alliance with nursing staff. If the benefits are to be realised, both in terms of costs and improving care, there needs to be much greater clinical involvement in projects. They need to involve and listen to us and when they do, it works well. If they don't, inevitably it fails.”

It's a sentiment echoed in the government-commissioned review led by Professor Robert Wachter, which examined how information technology can improve care in England. Published last year, this independent report concluded: “Just installing computers without altering the work and workforce does not allow the system and its people to reach

this potential; in fact, technology can sometimes get in the way.”

So in the future, will nurses be replaced by robots? “It's the 64-million dollar question – quite literally,” says Matt. “Artificial intelligence is big news at the moment and already we're seeing it deployed in some back-office functions, but we're a long way from replicating any human-type intelligence in nursing. Nursing is so complex and varied.”

Instead, he believes the focus should be on developing the digital capabilities of nursing staff. “That's not just about computers but applying technology appropriate to the setting,” says Matt. “This is to be embraced because the benefits are just too good to turn our backs on. What we're trying to achieve is that nurses take control. Rather than becoming victims of technology, we need to be at its forefront.”



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The history of self-harm

Sarah Chaney, RCN Audience Engagement Manager, describes how her new book explores the culture and history of self-harm – and nurses’ role in changing perceptions and attitudes

Self-harm is a modern concern, right? After all, it was only in 2013 that “non-suicidal self-injury” was included in the *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM-5) for the first time. But the history of categorising self-harm goes back more than a century.

Indeed, it was in the Victorian era that many elements of the modern idea of self-harm were born. While people had certainly intentionally injured themselves beforehand, it was only then that these diverse acts were grouped together. On the surface, there is no obvious reason for this. Why should one man’s attempt to cut off his own hand be somehow the same as another man pulling out his hair? Yet this linking of different behaviours is common to all subsequent efforts to categorise self-injury.

Furious “Miss A”

While researching my book *Psyche on the Skin*, it struck me that the first few chapters were dominated by the writings and views of doctors, usually male. Where nurses did appear, it was often as former patients. “Miss A”, for example, a 23-year-old factory worker whose self-cutting was treated by psychoanalysis in 1912, was so furious at her treatment by the local doctor that she gave herself 10 years to become his equal and enrolled in nurse training.

In contrast, much of what I explored in recent decades was associated with nurses and service users, not psychiatrists: from the



Nurses, I found, were more likely to look beyond diagnosis and conceive of a bigger picture to self-injury



Sarah Chaney with her new book

founding of the Crisis Recovery Unit for self-harm at the Maudsley Hospital in 1992 to discussions of “safer self-harm” and person-centred care. Nurses, I found, were more likely to look beyond diagnosis and conceive of a bigger picture to self-injury.

So why should we care about the history of self-harm at all? In my book, I explore five very different ways of viewing self-harm within mental health care, from the 1860s to the present day. Sometimes these are surprising. Who today would assume that self-castration was evidence of the natural selfishness of men, and even a threat to civilisation? But that’s what many Victorian writers concluded.

If the theories of 100 years ago are ridiculous to us now, which of our

ideas will seem just as ludicrous to future generations? People change, ideas change, and so too does self-injury. And if we don’t look beyond the categories, these changes are easy to miss.

For information on the RCN Mental Health Forum go to www.rcn.org.uk/forums

Free copies

We have five copies of *Psyche on the Skin: A History of Self-harm* to give away. Please email bulletin@rcn.org.uk with your contact details and “Psyche on the Skin” in the subject line before 15 February. Winners will be chosen at random.

12 FEATURES

Beating the bullies

Too often nursing staff experience bullying and harassment from colleagues in their working lives. Lynne Pearce finds out what you can do to tackle it



If you think you're being bullied, talking to someone you trust can help



Very pressured environments can bring out the worst in some people

About a quarter of almost 300,000 respondents to the latest NHS staff survey said they had experienced bullying and harassment in the previous 12 months – a proportion that has barely altered over the last four years.

“Bullies thrive in certain organisational cultures,” says Kim Sunley, RCN Senior Employment Relations Adviser. “This includes those that are target-driven and hierarchical. And, although it’s no excuse, very pressured environments can bring out the worst in some people.”

But although bullying is common, many nursing staff still struggle to cope with it at work. Even recognising that it’s happening in the first place can be a challenge. “Sometimes there can be a degree of self-doubt,” says Kim. “The feeling of ‘am I really being bullied?’. Talk to someone you trust and check out how you’re feeling with them.”

It’s also important to remember that bullying may not be as overt as name-calling or public belittling. “It’s not always obvious,” advises Kim. “It can be

about consistently undermining your professionalism, for example. It’s unwarranted and destructive criticism, rather than constructive feedback. And it’s more persistent than a one-off remark or incident. That’s why it’s so important to keep a diary of what’s happening, so you can see if there are any patterns.”

Protect

In Scotland, hearing from RCN members that bullying remains a significant issue prompted a series of free workshops. Run

in six different locations around the country, from August to November last year, the half-day workshops attracted more than 100 participants. “Bullying is an issue that comes up year in, year out,” says Alison Manners, RCN Scotland’s Professional Learning and Development Lead. “Our workshops were practical and focused on what individuals can do to empower themselves.”

After looking at what constitutes bullying behaviour and the many different forms it may take, the sessions explored ways members can protect themselves. These include projecting self-confidence and practising assertive behaviour. “If you’re a passive kind of person, there can be a danger that bullies see you as a soft target,” says Alison. “But one thing we’ve made clear throughout is that bullying is never your fault. A common theme is that people think bullying happens because they deserve it and it means they’re not very good at their job. It can become a toxic circle.”

For those already being bullied, Alison acknowledges it can be hard to turn things around. “Your confidence is probably shredded,” she says. “But by trying out some of the techniques from the workshops at an early stage, perhaps in a new job, there is evidence that it can head bullying off at the pass.”

Both Kim and Alison agree that a formal complaint should be a last resort. “It’s not an easy option,” says Kim. “Pursuing an informal approach can sometimes be less stressful and more effective.” She advises talking to the person who is doing the bullying, if you feel able, and preferably at an early stage. “Sometimes people are unaware of their behaviour and the effect it has on others, until it’s pointed out to them. It can become second nature,” adds Alison.

Top tips to tackle bullying

- Be aware that bullying can take many forms and it’s not always easy to spot more covert kinds. Examples include: setting unrealistic deadlines or workloads; taking the credit for your work; criticising you behind your back. “The growth of social media has also led to online bullying,” says Alison.
- Remember that while “manager to subordinate” bullying is probably the most common, it can also be peer to peer, inter-professional or even subordinate to manager.
- To help you recognise bullying is happening, look at what your body is telling you too, advises Alison. “If you feel sick, nervous or have an upset stomach every time you come into contact with someone at work, then it may not just be coincidence,” she says.
- Share what’s happening with a trusted colleague or friend and talk through the situation.
- Keep a diary of what’s happening, writing down details as soon as possible after the event. The RCN leaflet, *Bullying and Harassment at Work: A Guide for Members*, has a sample template. This includes prompt questions such as what happened? Who was involved? How did you feel? Were there any witnesses?
- Walk tall, look people in the eye and dress professionally. “It can alter the way people treat you,” says Alison. “An air of confidence is like a little suit of armour, helping to protect you.”
- If you feel able, raise the issue informally with the person who is bullying you or speak to their line manager. “Name the behaviour,” advises Alison. “If they are shouting at you, or rolling their eyes, say that’s what they’re doing, rather than ‘stop being horrible to me’.”



If you’re a passive kind of person, there can be a danger that bullies see you as a soft target

Resources

- *Bullying and Harassment at Work: A Guide for Members*, published as part of the RCN’s *Healthy Workplace, Healthy You* campaign tinyurl.com/jgkyjyr
- Tackling bullying and harassment in the NHS – resources developed by the Health, Safety and Wellbeing Partnership Group tinyurl.com/zazpwam
- *Preventing and Dealing with Bullying and Harassment in NHS Scotland* tinyurl.com/ze8n4f5
- The Social Partnership Forum’s package of resources, advice and guidance, backing its collective call to action on tackling bullying tinyurl.com/jk7eal
- The RCN’s Counselling Service offers support to those with work-related issues, such as bullying www.rcn.org.uk/counselling

The changing face of district nursing

A member of the RCN District Nursing Forum is leading a two-year research project examining the impact on the district nursing profession of a specialist qualification

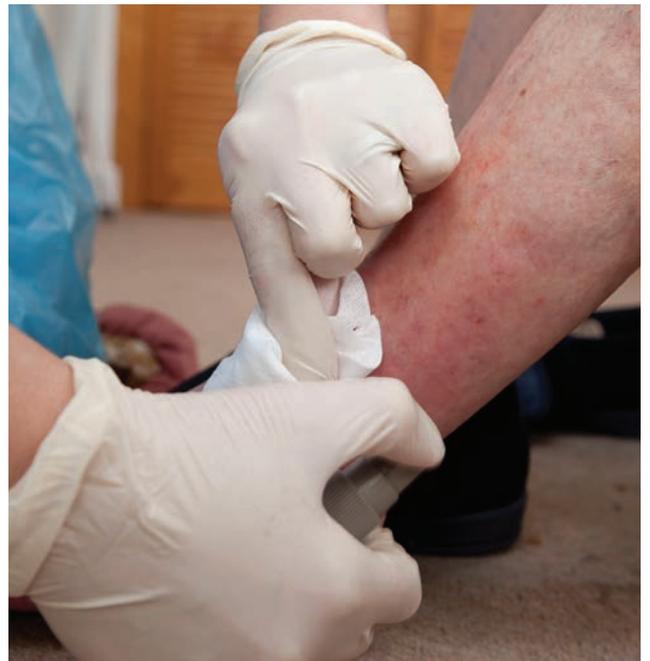
“Delivering nursing care within the community has undergone significant change and modernisation in recent years,” says Dr Julie Green, a lecturer in nursing. “My study will be looking into how the specialist practice qualification [SPQ] in district nursing has helped district nurses become more assertive.”

The qualification was in the spotlight at RCN Congress last year after the forum called for all district nurses who hold caseloads to have it. The forum committee believes the SPQ is essential for those who lead complex teams in the community. “In this challenging environment, it is essential that district nurses are assertive and inspirational managers, leading their teams effectively, ensuring

prioritised allocation of visits and successful negotiation with the wider multidisciplinary team,” says Julie.

About 90 SPQ students are engaged in the research, which involves a questionnaire and interviews. A year after they’ve completed the SPQ, participants will complete the assertiveness scoring and some will undertake a further brief interview. “The aim of my research is to establish whether educational interventions and supported clinical practice have an impact on the assertiveness of students during the SPQ course and in the year following qualification,” adds Julie.

Join the RCN District Nursing Forum at www.rcn.org.uk/forums



Reaching the unreachable in the fight against TB

RCN member Hanna Kaur is passionate about her job as a tuberculosis (TB) specialist nurse and helping some of the vulnerable members of society it affects. There were about 6,000 cases of TB in England in 2015 with almost 40% of those affected living in London.

“TB is a bacterial infection that mainly affects the lungs, but it can affect any part of the body and can be fatal if left untreated,” says Hanna. “My role involves trying to reach those people who might be affected or supporting them to complete treatment. I work with different people, but vulnerable



All nurses are in an ideal position to control the spread of TB

groups include prisoners, homeless people, refugees and non-registered migrants.”

With the launch of Public Health England and NHS England’s collaborative tuberculosis strategy (CTS), of which Hanna is a part, new cases of TB are falling. But the incidence among people who are homeless, have drug or alcohol misuse problems and those in prison has not declined and the aim is to reduce health inequalities.

Hanna, who joined the RCN Public Health Forum committee in October, has been representing the RCN as part of the strategy.

She says. “Since the launch of the CTS there have been several significant steps including a national TB programme and a review of the TB nursing workforce. Although my role is specific, all nurses are in an ideal position to control the spread of TB by identifying new cases. This can be done by recognising signs, symptoms and risk factors for TB. By supporting patients to complete their treatment and preventing new cases, transmission rates and cases of TB can be reduced.”

Find out more about TB at www.rcn.org.uk/tuberculosis

Combating malnutrition in patients with COPD

The RCN has endorsed guidance designed to assist health care professionals in identifying and managing people with chronic obstructive pulmonary disease (COPD) who are at risk of malnutrition. The consequences of malnutrition in COPD are associated with increased health care costs, increased mortality, longer hospital stays and more frequent readmissions.

“Nurses play a key role in the treatment of patients with COPD,” says RCN member

Michaela Bowden, who was on the expert panel that developed the guidance.

“These guidelines will assist them in assessing the nutritional status of patients, putting appropriate nutritional care plans in place and referring on for dietetic input when required.”

Download *Managing Malnutrition in COPD* for free from www.malnutritionpathway.co.uk/copd

Better understanding of learning disabilities

Helping nursing students to communicate well with people with learning disabilities is the focus of a new RCN booklet produced with help from members of the RCN Learning Disability Forum.

Simon Jones, Chair of the forum, said: “This publication aims to highlight to all pre-registration nursing students what their programme of study should offer around the health needs of people with a learning disability, increasing the students’ competence, regardless of what setting they work in.”



The Needs of People with Learning Disabilities: What Pre-registration Students Should Know can be downloaded from www.rcn.org/publications

Women’s health matters

Keep up with the latest developments and news in the ever-changing, fast-evolving area of women’s health nursing by attending the RCN Women’s Health Forum Conference at RCN HQ on 23 March.

Useful for nursing staff in primary, secondary or private health care, the conference features an exhibition and covers a vast range of updates on topics including premenstrual syndrome through to bleeding problems, women’s cancers and menopause.

Attendance at the event also counts towards CPD for revalidation.

Book your place at www.rcn.org.uk/WH2017

Action on cancer

Members of the RCN Cancer and Breast Care Forum have been working on a framework to help those working with people with cancer.

Dr Susanne Cruikshank, Chair of the RCN Cancer and Breast Care Forum, said: “Just as cancer affects everyone in different ways, we all have the power to take various actions to reduce the impact that cancer has on individuals, families and communities. As a forum, we are in the process of launching a career and education framework in cancer nursing. This will help anybody who cares for someone affected by cancer.” To find out more about the forum’s work, visit www.rcn.org.uk/forums

Book your place at www.rcn.org.uk/WH2017

THE VIEW FROM HERE



Angela Roberts

Lead nurse for primary care, Conwy and Denbighshire

Primary care nursing is an exciting and challenging environment to work in, with nurses contributing significantly to the care and wellbeing of the practice population. Practices offer a range of roles such as advanced nurse practitioners and nurses delivering chronic disease management and minor illness clinics, as well as more recognised roles in relation to screening, health promotion and immunisations.

To encourage new nurses into primary care a new practice nurse trainee role has been developed in Wales, which will offer a 12-month clinical placement within local GP practices. This is a unique role that will enable junior nurses to learn the fundamentals of practice nursing in a safe working environment. New knowledge and skills will be achieved through a programme of learning that will include an accredited university course, regular mentorship, peer support and clinical supervision.

Within these placements nurses will be provided with the opportunity to work alongside other key health care professionals and develop their understanding of how primary care nursing fits in with the changing health care environment. Nurses are currently being recruited into the posts and will start employment in the practices within the next few months. It is hoped they will develop into skilled, competent practice nurses and will continue to build on their experiences strengthening the nursing workforce within GP practices.

www.rcn.org.uk/forums



16 EVENTS

For details of more events visit the region and country pages of the RCN website or go to www.rcn.org.uk/events

RCN International Nursing Research Conference 2017

Sharing new knowledge

5-7 April

University of Oxford Examination School, 75-81 The High Street, Oxford OX1 4BG

The RCN Research Society hosts this annual conference for health care professionals and academics involved or interested in research relevant to nursing.

Delegates from around the world will come together to share new knowledge and innovations, and stimulate debate on nursing-related research and policy. Keynote speakers include Trish Greenhalgh, Professor of Primary Health Care Sciences, University of Oxford.

Professor Michael Traynor, from the Research Society, said: "The conference has a friendly and inclusive atmosphere where delegates can share their research and get advice and feedback on their work from peers and experts. It's a good mix of NHS and university-employed nurses interested in research."

A range of topics will be covered, from children's experiences of being in isolation in hospital to engaging the public in eHealth. The programme also includes fringe and social events. The conference counts towards valuable CPD hours, which can be used as evidence for revalidation.

🕒 Visit www.rcn.org.uk/research17 for details on how to book.



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