Royal College of Nursing

WING Quarterly

RCN Work Injured Nurses Group

Winter 2005/2006

www.rcn.org.uk/wing

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Further information

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Candidates wanted

The WING Committee is looking for candidates to fill three vacancies. If you're interested in standing for election, please send a completed application form – including a 250-word manifesto – to the WING Office by 20 January 2005. Note that any manifestos running longer than the 250-word limit will be cut to length.

The nominees will be presented in the spring issue of this newsletter, along with a ballot paper. Votes must reach the WING Office by 31 March 2006.

The successful candidates will assume their places on the WING Committee at the next RCN Congress, in Bournemouth. They will be formally presented to members at the WING AGM on April 26, 2006.

For more information, please contact XXXXXX.

From the editor

This has been an interesting year and a time of learning for us all. I would like to thank so many people for their support and friendship. First, Nicola Lee, who is resuming her role as WING Advisor after a year away. We've missed you Nic, and it's great to see you back again.

Judy Morgan worked hard to be 'all things to all people' this year, and has done an admirable job of looking after WING in Nicola's absence. Without her support, I doubt I would be writing this. Thanks Judy.

WING chair Vivienne Ferris has been a wonderful help to me in my first full year as editor. I'd also like to thank the RCN Communications team, in particular Antonio Pineda and Louise Pope, for their patience in steering me through the learning process.

Finally, thanks to all our readers for their ongoing support. WING is a huge group of people from so many backgrounds, united by our problems but also by hope. Christmas can be difficult; but it can also be a wonderful, transforming and hopeful time for us all.

I wish you all a very merry Christmas, and a happy New Year. All the best to you as you face the challenges of 2006.

Barbara Miller

Nicola Lee returns

Welcome back to WING Advisor Nicola Lee, who has returned to the office after taking a year's leave to adopt two young children. There have been a number of changes while Nicola's been away, not least the move from the old green ink to these 16-page editions!

On behalf of all our readers, I'd like to welcome Nicola back and wish her well as she takes up her duties again.

Barbara Miller

A 'welcome back' – and a few 'farewells'

My time as interim WING Advisor has come to an end, and I am returning to my full duties as WING Advice and Administration Officer. A very big welcome back to Nicola Lee – and a farewell to Lori Muir, and Leigh Thorne, who have provided excellent administrative support in the WING office during Nicola's absence. Best wishes for the future, from everyone in the office.

I don't want to fade away without thanking all staff members and WING representatives, especially the committee, Hugh McCullough (the deputy director of RCN Direct) and Barbara Miller, who worked with me and supported me during Nicola's absence.

It's been a challenging year, and I've learned a great deal from meeting and talking to members. I hope the work I've done this year has helped move WING in the right direction.

Judy Morgan

Finding solutions: a personal view from WING's chair

On 11 July, I was invited to RCN HQ in London to speak at 'Finding Solutions', a seminar organised by the RCN, MENCAP, and the Moving and Handling Consortium. The event brought together a range of stakeholders from government and non-government organisations to discuss issues affecting carers and people with disabilities around the field of manual handling.

My presentation was a personal account of the effect a work-related injury has had on my life. I am lucky in that I have family and friends to help and care for me; not everyone has that luxury, and there are many, many people out there with stories similar to my own.

Among them are the hundreds of nurses who get injured at work. While there will always be accidents, I believe we can all work together to minimise the risk of injury by adhering to moving and handling policies and protocols. Nurses should also be encouraged to make use of the hoists and aids that are available now to make their working lives easier and safer. We must strive to prevent the carers of today from becoming the patients of tomorrow.

This was an excellent event which gave carers and those being cared for an opportunity to share their thoughts and experiences.

Vivienne Ferris
Chair

Counselling goes online

Clinical depression is on the rise in the UK. Over 1.3 million people suffer from severe depression; and 90 per cent of them are not getting the therapy they need either due to their reluctance to ask for help or the long waiting lists for counsellors.

Now new research has found that online counselling programmes could provide a solution, offering a cost-effective way of equipping people with basic coping strategies. The National Institute for Clinical Excellence (NICE) has recently approved two online programmes, Beating the Blues and Fearfighter, which are designed to treat moderate depression, phobias and panic.

This story first appeared in *The Times*, 6 June 2005. Find out more at www.timesonline.co.uk , **www.mentalhealthcare.org.uk /youngpeople/anxiety/beatingtheblues** and **www.fearfighter.com**

Packaging breakthrough for pills

Around 90 per cent of all medications are now supplied in foil blister packaging; but people with weak or arthritic hands, or a visual impairment, often find this type of packaging difficult to use. A new product, PillPress, is designed to make life easier.

PillPress consists of a modified plastic cup with an anti-slip silicon pad built into the base which will rest securely on any flat surface. The deep indentations make it easier to 'pop' pills out of their blister packs.

To buy a PillPress, contact REXCOM Europe on 01794 516677, or email info@pillpress.co.uk . Find out more about the product at www.pillpress.co.uk

Exercise makes better workers

Employers who heap on the pressure are damaging their worker's health and their companies' productivity, says JOYCE SPALDING

A study of about 200 workers at three UK workplaces (a university, a computer company and a life insurance firm) found that they were more productive when they took a lunchtime exercise break.

On 'exercise' days, workers spent 30–60 minutes doing activities such as yoga, aerobics, strength training and basketball. Six out of 10 workers said their time management skills, mental performance and ability to meet deadlines improved on days when they exercised. Overall, the study found that exercise boosted employee performance by about 15 per cent.

Government plans dramatic changes to Incapacity Benefit

The government's plans to overhaul Incapacity Benefit are already proving controversial. Disability leaders disagree with the setting of compulsory targets; lobby groups are opposed to benefit cuts and changes to eligibility; and Opposition spokesmen don't believe the changes will ever happen. BARBARA MILLER picks her way through the minefield to set out the key principles for *WING* readers.

IB now: an overview

Incapacity Benefit (IB) has the largest budget in the British welfare system. It is paid in three categories, ranging from £55.90 to £74.15 weekly, with allowances worth up to another £60 a week. The average weekly payment is £84.51.

There are currently 2.7 million claimants, of whom 1.74 million actually receive payments. In a recent government survey of working age IB claimants, 64 per cent said that their health '... had been affecting their ability to do paid work for more than five years'; 90 per cent 'expected their conditions to last for at least another year.' Eligibility criteria for IB were tightened up considerably in 1996.[1]

Back to work

Alan Johnson, then Secretary of State at the Department of Work and Pensions (DWP), announced the overhaul in February 2005. He stated that 'nine out of ten people who go on to IB want to work again',[2] and that 'a million people on IB want to work.' As the TUC points out in its response to the government's plans,[1] this implies that around 2 million people on IB do not want to work: but is this really the case?

The government has set a target for 80 per cent of all working age people to be employed within the next five years. This includes around 1 million current IB claimants. According to Alan Johnson, the government '... must end the stifling of ambition caused by a system which for too long has assumed that all people with health conditions are condemned not to work and instead live in isolation as passive recipients of benefits. Our radical reform should mean that sickness benefit represents a pause in people's working life, not a full stop.'[3]

IB v. Jobseeker's Allowance

A recent government survey found that 28 per cent of Jobseeker's Allowance (JSA) claimants were still out of work after a year. Among people transferring from IB to JSA, that figure rose to 45 per cent, 'despite the fact that they were very committed to employment, and more likely than other people on JSA to say that they would accept any job they could get.'[1] The Department has also looked at movement from JSA back to IB, concluding that 'moves from JSA to IB/ISS mostly seem to have been appropriate, and were usually caused by the onset, recurrence or deterioration of a health problem.'[3]

Fraud levels

The TUC[1] maintains that IB payments are already inadequate, and that the number of successful claimants has been falling over the past decade. They also discovered that fraud was rare. The DWP's own review of IB supports this: '... it is estimated that the percentage of IBST and IBLT cases that are fraudulent is less than 0.5 per cent.'[3]

The UK has a poor record for funding return to work programmes for disabled people compared to most EU nations. For example, Sweden spends 0.46 per cent of GDP on such programmes; the comparable figure for the UK is 0.022 per cent.[1]

Looking ahead: the planned changes

Under the government's new plans, IB will no longer exist. Instead, claimants will get a Holding Benefit worth £55 a week while their case is reviewed. In the longer-term, payments will be made from one of two schemes.

Rehabilitation Support Allowance (RSA)

Around 80 per cent of all successful claimants will receive RSA of around £74 per week. In return, they will have to attend 'Preparation for work' interviews and take part in 'Return to work' retraining. Claimants who refuse could have their benefits reduced to £55 per week.

Disability and Sickness Allowance (DSA)

The remaining 20 per cent of claimants will receive DSA, which is designed for those with more serious health problems. People on DSA will attend fewer interviews, and can 'volunteer' to return to work. However, *TouchBase* – DWP's own newsletter about disability issues – has stated that people with severe health problems or who are having ongoing medical treatment respond negatively to the idea of work-focussed interviews, and also expressed concerns about how the new system would cope with people with 'fluctuating conditions'. Interestingly, they also admitted that it might be difficult for people to attend their interviews, as not all JobCentres are accessible!

Pathways to Work

The changes will be closely linked to the Pathways to Work scheme. In the areas where Pathways has been piloted, the number of IB claimants successfully finding work is double the UK average, and six times as many people as usual can access New Deal schemes and other rehabilitation projects. The Pathways scheme includes:

- mandatory work-focused interviews
- £40 Return to Work Credit payments for up to one year
- access to a specialist personal adviser
- condition management programmes
- access to the 'Choices' extra support package.

The government plans to extend the Pathways scheme to cover a third of the UK by October 2006. According to government estimates, if the whole of the UK was on the scheme, there would be 110,000 fewer IB claimants leading to savings of £110 million per year.[1]

Responses to the scheme vary. DWP's 2005 *Opportunity* for all report describes it as '... a cutting-edge, joined-up approach ... early evidence shows that thousands have already been helped into work ...', while *TouchBase* states that 'Customers are more responsive, and are focusing on their capabilities rather than their disabilities. They now see a return to work as achievable.'

As part of the scheme, the government envisages GP surgeries as '... the first step back to work, not the route to a life of inactivity.' However, doctors have responded negatively to the idea of placing 'employment advisers' in their surgeries. And while human resources staff have welcomed the idea of being able to record and monitor sick notes, the British Medical Association has described the proposed system as '... not practical; GPs are not there to police the back-to-work scheme for the Government.'[4]

The consequences for disabled people

According to the TUC, '... most people on IB have real problems getting jobs ...' and complaints of 'discrimination and exclusion' from disabled job-seekers are common. 'It is all very well to say that, in a non-discriminatory society, disabled people would have an equal chance of getting jobs, and therefore should have an equal duty to seek employment. We may have anti-discrimination legislation covering disability, but discrimination has not yet been abolished ...'.

The TUC also found that '... the fastest growing category of IB claimants is people with mental health problems ... it is implied that these people do not ... face particularly serious problems getting jobs. This is about as wrong as it is possible to get; all groups of working age disabled people have lower employment rates than average ... and higher "want work" rates.' The average 'want work' rate for IB claimants is 52 per cent, but for people with mental health problems, the rate rises dramatically to 86 per cent.[1]

It therefore seems unfair to restrict benefits as a way of 'encouraging' people to get jobs. Many activists believe that people who are ill or in chronic pain, '... should not have to look for (or stay in) employment. We would not accept this if an employer required it of an employee whose sickness or injury put them in this position temporarily, and the argument applies even more strongly where someone's condition is long-term or permanent.'

The TUC concludes: 'Disabled people should not be required to seek employment, but helping them to do so is worthwhile. It is always worth remembering that 49 per cent of working-age disabled people are already in employment, and no disabled person should ever be written off as beyond any hope of getting a job. But, equally, disabled people face difficulties in getting jobs that are not faced by non-disabled unemployed people and it would be very unfair to use coercive reforms to try to force them into work.'[1]

References

[1] David Batty writing in *The Guardian*, 19 May 2005.

[2] www.dwp.gov.uk , 2 February 2005.

[3] www.peoplemanagement.co.uk , May 2005.

[4] The TUC response to IB, *Economic and Social Affairs*, October 2004.

‘Baywatch’ campaign losing momentum

Despite the efforts of the ‘Baywatch’ campaign, it’s getting harder and harder to find a disabled parking space. BARBARA MILLER reports.

The ‘Baywatch’ scheme was launched in 2003 by *Disability Now* magazine, the Disabled Drivers’ Motor Club and the British Polio Fellowship with the aim of stopping able-bodied drivers using disabled parking bays. The scheme quickly attracted support from businesses including Halfords, B & Q, Somerfield and UCA Cinemas.

Slow response

However, the big supermarkets – ASDA, Tesco, Sainsburys and Safeway/ Morrisons – have been slower to respond. The experiences of Michael Gould, the Liberal Democrat candidate for Cheshunt, are typical. ‘My local Tesco said the parking space problem would be sorted by September 2004, but nothing has been done to date. I’m sick and tired of complaining.’

An ASDA shopper from Halifax, West Yorkshire reported that the situation at his local store had actually deteriorated since the campaign started. An ASDA spokesperson stated: ‘We don’t clamp for a number of reasons. A disabled person may be accompanying someone else who isn’t disabled, or someone might be temporarily disabled and not have a blue badge. If anyone is having trouble getting access to a disabled bay, they must phone the store beforehand and talk to the customer service manager and they will help find them a suitable place to park.’

Council charges

To make the situation worse, more and more councils are starting to charge people for using disabled parking bays. Spelthorne Borough Council in Hertfordshire received 300 protests when it introduced charges recently. The Council replied that they were losing £100,000 each year by not charging disabled drivers, and that the revenue generated would be used to improve existing car parks. According to the Disability Rights Commission, the decision to charge is down to individual councils, despite the duty of public authorities to promote equality for the disabled community.

‘Keep on nagging’

Douglas Campbell, chairman of the Disabled Drivers Association, says the situation looks bleak. In his view, only lottery funding can save the Baywatch campaign. In the meantime, all disabled drivers can do is ‘keep on nagging’ stores.

Read the full version of this story at www.disabilitynow.org.uk/campaigns /baywatch/baywatch_jul2005.htm

On the radar

‘... it is vital that any new system does not penalise disabled people’

Part of the role of the Royal Association for Disability and Rehabilitation (RADAR) is to keep on eye on current political initiatives. Here, they provide *WING* readers with a quick update on new developments.

The Disability Discrimination Act (DDA) continues to be implemented throughout the UK. However, further publicity for future DDA provisions may be necessary, as changes proceed slowly. Government guidance on the definition of ‘disability’ needs to be expanded to include autism, depression and other health problems.

The Department of Work and Pensions (DWP) plans to establish an Office for Disability Issues to co-ordinate the specialist needs of disabled people across a number of government departments. The Department is also planning to look at ways of helping disabled people to live more independently.

Perhaps one of the most contentious issues for the disabled community is the government’s plans to reform Incapacity Benefit (see page X). Then Minister for Work and Pensions David Blunkett has stated that [it is] ‘... absolutely crucial that we distinguish between those who can and cannot work.’ He also stated that ‘... if people are undertaking treatment that will restore them to health and to be able to work, they won’t be touched. If someone is severely disabled, they shouldn’t just be on incapacity benefit – they should be supported with dignity.’

Gulf War Syndrome: a personal

WING member RICHARD HILLING, a registered mental nurse and cognitive behavioural therapist, was posted to the Gulf in 1990. Since then, he has experienced a range of serious health problems.

A sergeant with the Allied Rapid Reaction Corps, Richard had his initial training at Brize Norton. Like all his colleagues, Richard was given a cocktail of medications known as NAPS (nerve agent pre-treatment sets) designed to protect servicemen from the environmental hazards of desert life and the possibility of nerve or chemical gas attacks. The NAPS inoculations included anthrax, hepatitis B, yellow fever, cholera, plague, pertusis and polio.

Richard was already taking Voltarol for his chronic neck pain, and Paramol and Sudafed for sinus problems. Following his NAPS inoculations, he started to experience severe night cramps.

Stress and exhaustion

However, the importance of the NAPS medications was regularly brought home to the soldiers. There were frequent early warning alarms at the camps, and servicemen were issued with respirators and NBC (nuclear/biological/chemical) suits. This, combined with frequent shouts of 'gas!' and rumours about the spraying of tents with organophosphate pesticides and Scud missiles carrying Sarin gas, contributed to a climate of fear. Many servicemen complained of stress-related illnesses, and post-traumatic stress is rife.

By the time Richard served in Bahrain, he was chronically exhausted. He was then posted to Saudi Arabia, where he was exposed to NBC risk. He was also close to the final Scud attack of the war. When the war ended, Richard spent time helping Allied troops demobilise before returning to the UK.

He then developed a number of diverse medical conditions, which he blames on conditions in the Gulf. These include: post-traumatic stress; sleep apnoea; circulatory problems; oesophagitis; oral ulcers; and poor memory and concentration. He is also undergoing tests for basal cell carcinoma. After several years of medical examinations, Richard is now getting a 40 per cent war pension because of his various health problems.

US findings

In the US, military doctors have identified a number of medical problems common to soldiers returning from the Gulf. These include:

- chronic diarrhoea;
- profuse sweating;
- joint/muscle pains;
- stomach pains;
- nausea;
- chronic fatigue;
- memory loss;
- arthritis;
- severe headaches;
- cognitive problems;
- ataxia and vertigo;
- oesophagitis;
- oral ulcers;
- airways problems;
- visual disturbances;
- numbness and tingling in limbs; and
- insomnia/nightmares.[1]

Several US military facilities have studied symptoms suffered by a large number of returning troops, some of whom may have been exposed to chemical weapons. Researchers at the University of Texas have identified three main types of illness, and the chemicals which may have caused them (see Table 1).[2]

The study concluded that: 'There is now mounting evidence that exposure to miniscule amounts of these chemicals can cause permanent brain damage in susceptible people.'

Evidence in the UK

In the UK, studies on the possible physical effects of service conditions in the Gulf War were carried out by Manchester Royal Infirmary in 1997. In 2002, the Illness Research Unit based at King's College London stated that veterans' symptoms were caused by more complex factors than just combat stress (*ibid.*). In August 1994, Gulf War Syndrome (GWS) was the theme of a World in Action documentary.

A few weeks later, *Nursing Times*[4] featured an article about the health problems experienced by two British nursing officers who had served in the Gulf. Both had to be repatriated back to the UK in a matter of days with multiple, life-threatening health problems which they believed were caused by the 'cocktail' of inoculations they were given in a single day and by NAPS tablets.

Table 1

Health problem	Possible cause	Physical damage
Sleep/memory disturbance	Pesticides	Basal ganglia damage
Confusion, dizziness, ataxia, uncontrolled rage	Sarin Pyridostigmine	Ganglia nerve cell Loss
Joint/muscle pain and tingling/numbness	Pyridostigmine and DEET	Brain stem damage

view

The official response

However, UK veterans have found it difficult to gain recognition for the health problems they've experienced since returning from the Gulf. According to the House of Commons Defence Committee, '... the MOD have been quick to deny but slow to investigate ... the MOD's response had been reactive rather than proactive and characterised throughout by scepticism and defensiveness and general torpor.'[3]

In December 1996 – six years after the veterans returned to the UK – the MOD commissioned two studies to assess whether they had 'more ill health' than veterans who had served elsewhere. The studies found that Gulf War servicemen were twice as likely to suffer from ill health as those sent to other conflicts, such as Bosnia.[3] In 2004, the Royal British Legion suggested GWS should be included in the statements of case provided to the Pensions Appeal Tribunal when it assesses entitlement to war pensions.

However, the MOD – and its Veterans Agency – have proved reluctant to acknowledge the existence of Gulf War Syndrome. The Lloyd Enquiry[3] identified 35 cases of GWS, and concluded that the MOD was paying pensions to Gulf War veterans only because it could not prove that their illnesses were not caused by their having served in the Gulf. The report stated that 'continuing research is not a reason for not admitting now that the veterans are ill because they served in the Gulf.'

What veterans want

The enquiry found that veterans want:

- acknowledgement that their illnesses were caused by serving in the Gulf
- recognition of the nature of their illnesses
- reassurance about the safety of the multiple NAPS vaccinations
- studies on the effects of high stress levels among Gulf War servicemen;
- recognition of the term 'Gulf War Syndrome' (the MOD calls GWS 'Symptoms and Signs of Ill Defined Conditions')
- acknowledgment of the MOD's failure to deal with them satisfactorily since their return from the Gulf.

Following intensive legal and medical assessments, Richard is currently under the care of his GP and awaiting referral to a consultant psychiatrist. His case is still under review by the Veteran's Agency. He would like to see GWS recognised as a medical condition, and for the government to make a formal apology to all Gulf War veterans.

References

[1] Deborah Mackenzie, 'The disease that never was', *New Scientist*, 6 November 2004.

[2] Deborah Mackenzie, 'Chemical warfare's enduring threat', *New Scientist*, 29 November 2003.

[3] *Independent Public Inquiry on Gulf War Illnesses* (the Lloyd Inquiry), 17 November 2004.

[4] Jane Cassidy, 'Post-war battle', *Nursing Times*, 7 September 1994.

For more information, contact:

- The Trauma Aftercare Trust (TACT): 01242 890 306
- The Gulf Victims Association: Elizabeth Sigmund, 01579 84492
- National Gulf Veterans and Families Association: Maria Rusling, 01482 808730

Back care success across the pond

WING's US representative ANNE HUDSON reports on a breakthrough in back care legislation

The State of Texas has approved the first law which *requires* health care institutions to implement safe patient handling practices. The Texas Nurses Association was directly involved in drafting the legislation, and the new law comes into force on 1 January 2006.

The law states that 'facilities must create policies to control the risk of injuries to patients and nurses when patients are lifted, transferred, repositioned or moved'. It also allows nurses to refuse to perform a manual handling activity which '... poses an unreasonable risk of injury to anyone involved.'

Similar legislation was proposed in California in 2004 but was vetoed by Governor Arnold Schwarzenegger, who declared that the existing workplace injury standards were adequate protection. However, several other American States are presently drafting legislation similar to the new law in Texas.

Find out more at www2a.cdc.gov/phlp

NEW REPORT

A report based on the exploration of nursing practice expertise through emancipatory action research and fourth generation evaluation is now available. This in depth study, entitled ***Changing patients' worlds through nursing pactice expertise 1998–2004*** was produced by Kim Manley, Sally Hardy, Angie Titchen, Rob Garbett and Brendan McCormack. For hard copies contact Hazel Montgomery, Project Administrator, Practice Development on telephone 020 7647 3657 or email: hazel.montgomery@rcn.org.uk . It can also be found as a PDF for download on the RCN publications web site: www.rcn.org.uk/publications

Workers need to take a stand

According to a recent TUC report, nearly 11 million workers in the UK are risking their health every day – by spending too much time on their feet.

The report, published in the TUC's health and safety magazine *Hazards*, states that more than 2 million working days are lost each year to 'lower limb ailments. In some cases, workers were spending more time on their feet than their Victorian counterparts over 100 years earlier.

'It's quite incredible that some staff today would be better off under Victorian working conditions', says TUC General Secretary Brendan Barber. 'There really isn't any need for the excessive standing on the job that this report highlights. Most jobs don't need people to be on their feet all day, and bosses need to get over the fact that someone sat down is protecting their health, not being lazy. Simple adjustments to the way millions of people work will save countless sick days each year and stop British workers from, in some cases, dying on their feet.'

Serious health risks

The health risks associated with prolonged standing include varicose veins, poor circulation, swollen legs and feet, foot problems, joint damage, heart problems and difficulties in pregnancy. Around 200,000 people stated that their health problems were either caused or made worse by their current working conditions. Employees particularly at risk include retail staff, teachers, library staff, production line workers, warehouse staff, museum workers, train drivers, printers, casino staff, engineers – and nurses. And it's not just standing still that causes problems: staff who spend their working day walking are at risk of progressive bone damage to their feet.

> *Simple adjustments to the way millions of people work will save countless sick days each year*

Hazards editor Rory O'Neill highlights the seriousness of the risks faced by workers. 'Britain's stand-and-deliver workplaces are causing disfiguring, disabling and potentially deadly health problems. You don't walk into work to face daily discomfort from varicose veins, bunions and heel spurs. And protracted periods on your feet are not necessary. Employers should provide more seating, more rest breaks and better designed workstations and jobs.'

Simple changes

The TUC has identified four main areas where simple changes could dramatically reduce the risk for employees:

Workstation design

- adjust height of work surface
- provide enough room to change sitting position
- provide foot rails/rests so weight can be shifted
- provide elbow supports for precision work
- padded kneelers
- let workers choose whether to sit or stand
- provide regular rest breaks if standing is unavoidable

Flooring

- flexible materials are best (wood, cork, rubber and carpeting)
- concrete or metal floors should be covered with mats (ideally with slanted edges, to reduce the risk of falling)
- machines should be mounted to minimise vibration
- avoid thick rubber mats which worsen fatigue and increase the risk of falls

Personal protective equipment

- wear footwear with shock-absorbing cushioned insoles
- make sure heels are less than 5cm^2 inches high

Job design

- rotate tasks between groups of staff
- vary tasks to increase the range of body motions and positions
- avoid tasks involving extreme bending, stretching and twisting
- take appropriate rest breaks

Find out more at www/tuc.org.uk /h_and-s/tuc-10406.fo.cfm

Two recent articles from *Disability Now* magazine provide some useful information about facilities for disabled people in two of the UK's major cities: Cardiff and Edinburgh.

Cardiff welcomes disabled visitors

Cardiff is a great destination for disabled travellers. The city centre offers many historic shopping arcades as well as the usual High Street shops, and the city centre is compact and relatively flat. The main area (Queen Street) is pedestrianised.

A selection of disabled transport options make sightseeing in Cardiff very accessible. There's a city-wide network of 'kneeling' buses and wheelchair-accessible taxis (although these charge slightly more than the standard fare). Cardiff also offers 'ring and ride' schemes like 'VEST Dial a Bus' (029 2023 1725). However, facilities for drivers are not quite as good, with comparatively few disabled parking spaces in the city centre.

Just north-east of the city, Roath Park offers excellent disabled access and plenty of sitting areas. There is a large boating lake with its own lighthouse, built to honour Captain Scott who set out from Cardiff on his travels. The park also has a rose garden and tropical conservatory, and there are disabled toilet facilities.

The Atlantic Wharf Leisure Village at Cardiff Bay has an accessible multiplex cinema. At least two films screened each day have subtitles, and audio-described films are shown three times a week. The cinema has an infra-red hearing system. The Leisure Village itself has a 26-lane bowling alley, with two lanes constructed specially for wheelchair users. The complex has several disabled toilets, and their large car park is free.

The Wales Millennium Centre, home to the Welsh National Opera, has a hearing loop system and excellent acoustics. There are 18 wheelchair spaces in the auditorium, and accessible toilets on each floor. Unfortunately the bars and cafes are packed with furniture, so wheelchair users might find it difficult to access these areas.

Accessible Edinburgh

Edinburgh may well be the most accessible city in Britain, with many of the city's world-class sights falling well within the guidelines set out by the Disability Discrimination Act (DDA).

Edinburgh's famous castle may be dramatically perched on a high crag, but there are free Blue Badge parking spaces available and a free courtesy bus running from the car park to the castle. The castle's souvenir and book stores are also accessible, but bear in mind that the site can get very busy and crowded. It's a good idea to get there early if you can. Ticket office staff can provide more information on access.

The Scottish Parliament building, including the café, shop and display area, is fully accessible. Disabled parking spaces are available at the main entrance. You can book tours of the building in advance.

Nearby is 'Our Dynamic Earth', an educational exhibition providing entertainment for visitors of all ages. The fully accessible building has a lift installed.

In Leith, the Ocean Terminal shopping centre offers over 60 plus a wide range of bars and restaurants and a 12-screen cinema. The centre offers good access, and disabled parking spaces. While you're at Ocean Terminal, you can also visit the Royal Yacht *Britannia*. Ramps and lifts mean that every level of the boat is accessible. Audio handsets provide information, and carers are admitted free of charge.

In the city centre, there are a number of accessible cafés and restaurants. Café Hub welcomes children and adults while the Queen Anne Café in nearby Crown Square has views around the city. A ramp provides access, and they have a disabled toilet. If you fancy something a bit stronger, the Scotch Whisky Centre offers lift access to every level of the building. Entry is via automatic doors, and there is a disabled toilet.

For more transport information, go to the City Council website at www.edinburgh.gov.uk . For more information about sites to visit go to the Scottish National Tourist Board website at www.visitscotland.com

Learning to handle

Recent research has highlighted the appalling levels of stress suffered by nurses. CAROLE SPIERS of the International Stress Management and Employee Wellbeing Consultancy looks at some of the simple steps employers – and employees – can take to reduce pressure at work.

The more 'resilient' we are, the better we cope with stress. We can all increase our resilience by learning and developing specific behaviours, thoughts and actions, like:

- having caring and supportive relationships
- making realistic plans and taking steps to carry them out
- having a positive self-view
- having confidence in your strengths and abilities
- having good communication skills
- being able to manage strong feelings and impulses
- having strong problem-solving abilities.

But it's not just down to employees to help themselves. Employers also have a part to play in helping reduce staff stress levels. In November 2004 the Health and Safety Executive (HSE) announced new management standards for work-related stress designed to help organisations address key 'risk factors' for stress.

For each risk factor, the HSE sets out what organisations need to do in order to meet the standard. For example, the risk factor 'demands' covers issues like workload, work patterns and the work environment. To meet the standard, organisations need to make sure:

- the demands they make are adequate and achievable in relation to the agreed hours of work
- people's skills and abilities are matched to the demands of their job
- jobs are within the capabilities of employees
- they address employees' concerns about their work environment.

The guidance also requires employers to carry out a risk assessment for stress in order to highlight problem areas.

A commitment to managing stress

As well as following the HSE standards, employers can take a number of other steps to reduce stress among their employees.

All organisations should have a 'stress policy' which they implement in conjunction with staff liaison groups. Commitment needs to begin at the highest level: there's no point introducing stress management training for line managers, for example, if senior managers have little or no commitment to minimising the pressure the organisation places on employees.

Recruitment and selection

When recruiting, both the organisation and the applicant need to understand the requirements of the post and the potential pressures involved. In a landmark case in February 2002, the Court of Appeal stated that 'there are no occupations that should be regarded as intrinsically dangerous to mental health'. Organisations therefore need to combine an appropriate selection policy with job-specific, practical training.

Management style

Effective communication is often overlooked in management training, yet it's essential to good management. Effective communication includes active listening: engaging with the person you're listening to, understanding what they're saying, and responding appropriately. Good communication at all levels will help everyone in the organisation work with confidence, reducing the scope for stress.

Training

Employees need a combination of experience and appropriate training to cope with changing demands in the workplace. Examples of appropriate training include courses in boosting resilience, time management and communication skills. The latter is particularly important for managers, who need highly developed listening skills in order to understand – and respond to – their team members' needs.

Raising awareness

Before stress management can become an integral part of corporate culture, most organisations will need to raise awareness of work-related stress. In particular, managers will need to learn to recognise the early warning signs. This can be achieved by monitoring sickness absence (especially short-

stress

term), carrying out confidential staff surveys, observing working relationships (especially team dynamics), and investigating changes in attitude and behaviour.

Stress management training can build on this by teaching employees about the nature and sources of stress, its effects on health, and strategies for reducing it. In itself, training can help to reduce stress symptoms such as anxiety and sleep disturbance; and it has the advantage of being relatively inexpensive.

Employees also need to know how to raise concerns about work pressure (informally and formally) – for example by speaking to their supervisor or manager, through an existing grievance procedure, or under a dedicated stress policy. Organisations must make it as easy as possible for employees to speak up about stress at work without fear of recrimination or any other negative outcomes.

Mediation and negotiation

In mediation, the parties in a dispute express their views, establish common ground, and move towards a mutually acceptable solution. In negotiation, the aim is to reach agreement on a course of action that satisfies at least some of the claims of both sides.

Access to mediation and negotiation are therefore vital in enabling workplace disputes to be resolved before they escalate into stress-inducing or bullying behaviours which can be much more difficult to resolve.

Employee counselling

For employees who need specialist support, or who have taken time off work as a result of stress, Employee Assistance Programmes and counselling services can be an important resource.

In February 2002, the Court of Appeal ruled, *inter alia*, that 'any employer who offered a confidential counselling service was unlikely to be found in breach of duty of care, by the courts'. Organisations should therefore think seriously about offering counselling alongside other support services.

First contact counselling teams

These teams are made up of employee volunteers who are trained in basic counselling skills and given ongoing training and supervision. They're often used as a 'first contact' for other employees, providing an active listening service and dealing with work-related problems such as stress, bullying, change and mediation.

Employee Assistance Programmes (EAPs)

An EAP provides confidential counselling and information. To work effectively, it needs the backing of senior management. Although EAPs can play an important role in helping to deal with stress-related problems, they are no substitute for active listening on the part of managers. Managers must also be careful not to interpret an application to the EAP as suggesting a lack of confidence in their own ability to deal with stress-related issues.

What not to do

Some organisations choose to offer complementary therapies such as reflexology, yoga and massage can be helpful. However, these need to form part of an holistic approach to reducing work-related stress and increasing resilience, rather than being expected to resolve underlying problems on their own.

Organisations that introduce these kinds of 'stress-busting' initiatives without a solid foundation of stress management training and employee counselling may end up adding to problems of work-related stress. There is a risk that employees will become frustrated and disillusioned, and feel that their employer is paying lip service to the problem rather than taking it seriously.

Ultimately, reducing workplace stress and building resilience is largely a matter of common sense and good management practice. Employers and employees share the responsibility for reducing stress, so they need to be prepared to listen to each other and work together.

This kind of partnership can only occur where there is a 'healthy', resilient work culture that promotes intelligent two-way dialogue between managers and employees; where concerns can be raised in the confidence that actions will be taken; and where everyone in the organisation recognises stress as an unnecessary and unacceptable drain on creativity and resources. Or, to put it another way, a culture where healthy ways of working have become so ingrained that the need for the management standards will no longer exist.

For more information, contact Carole Spiers on sb@carolespiersgroup.com or 020 8954 1593.

Hands up to combat MRSA

Could a simple antiseptic hand screen hold the secret to reducing hospital infections? WING Committee member VIVIENNE NORSWORTHY shares her experiences.

On a recent cruise holiday, we were asked to use an antiseptic hand screen every time we entered or left an area where food was being served. The ship's medical officer had issued a directive to everyone on the ship with the aim of avoiding cross infection in all food preparation and consumption areas. Antiseptic was also provided on the ship's gangway to make sure people coming on board did not carry infection with them.

This would have been a time-consuming and frustrating process if the antiseptic had been in a conventional lever-activated dispenser. However, this dispenser – shaped like a sphere, and situated at chest height – was activated simply by passing your hand under the nozzle.

The dispenser deposited a measured amount of antiseptic into one hand, which you could then rub into the other – usually while you were still on the move. The solution was absorbed within less than 30 seconds and left no trace on the skin. Using the disinfectant quickly became a habit.

It is generally accepted that the best way to combat the spread of MRSA is through better personal hygiene, using antiseptic creams, solutions and gels. However, current dispensers and hand cleansing methods are not user-friendly. I believe the device used on the ship – which coped with over 2,000 passengers entering and leaving – could be ideal for use on hospital wards. Dispensers could be positioned at the entrances to wards and eating areas, and even at the main entrance to the hospital. All staff, patients and visitors could then disinfect their hands quickly and easily when entering or leaving.

Nursing Times Live

Judy Morgan, our Advice and Administration Officer, represented WING on the RCN stand.

The RCN stand. L to R: Maggie White (deputy director of the Scottish Board); Ursula David (RCN direct membership administrator – database team); Carmel Young (WING Scotland volunteer); Judy Morgan (WING advice and administration officer)

The 2005 *Nursing Times* Live exhibition at the Scottish Exhibition Conference Centre on 14 and 15 September proved a great success. Scottish WING volunteer Carmel Young and myself represented WING on the RCN stand. It was a delight to meet and talk to so many members, prospective members and staff about WING's work over the two days.

At an open ceremony on the 14th, Andy Kerr, the Minister for Health and Community Care, presented the Scottish Evidence into Practice Awards.

On behalf of WING, I would like to thank Juliet Adkins (RCN's marketing co-ordinator) for organising the event and getting WING involved for the first time. Also, special thanks are due to Carmel Young, for her continual support and hard work in raising the awareness of WING in Scotland.

WING Scotland volunteer Carmel Young worked alongside Judy Morgan on the WING stand.

Carmel Young handing out the popular 'Right for nurses, right for patients' necklets. She was joined by Kim Mason from Fife

I met up with Judy early on the first day. It was a pleasure to catch up on all WING news! We were soon joined by Maggie White and Kevin Bye from the Edinburgh office, and many members stopped at the stand to add their support.

Margaret Baker from the Glasgow office helped us distribute over 100 WING Scotland contact forms, designed to evaluate the needs and requirements of local WING members. We also handed out WING joining forms and about 200 copies of the WING Guide. Judy and I visited many of the other exhibitors, all of whom knew of at least one nurse who would benefit from being a WING member and agreed to forward WING literature to their contacts.

The event was very busy at times, with many enquiries from students and newly-qualified nurses. Some of my old work colleagues came to support us, too. The most sought-after 'freebie' was the Scottish pink necklet. As you can see from the picture, I took to keeping a supply on my arm!

A friend indeed

WING Committee member CAROL SEYMOUR breaks into verse to tell *WING* readers about the comfort she finds in the companionship of her faithful dog, Zante.

Six years ago, things were pretty grim
Builders in, making such a din
Our old dog became ill, perhaps just a pill?
My companion gone, everything went wrong
The house was so empty
Life seemed so bleak
Another dog? Not what I'd seek
Round all the dog's homes, looking for a face
Didn't want a puppy, bought in haste.
Then this little bony bundle, with great big ears
Huge amber eyes, that brought on the tears
ZANTE!!
Three days later, she came home
Now I knew, I'd never be alone
Three weeks of nights, howling and crying, and scratching at the door
Three weeks of sleepless nights, and pacing the floor!
Then I gave in, and brought her in with us
Oh what love, and such a fuss!!
Settled and slept as quiet as a mouse
From that day on happiness in our house!
I wake in the morning, feeling stiff and sore
Wondering whether I can go on any more
In comes Zante, 'Mum, it's a lovely day,
Take me over the park, so that we can play!'
In the car we go with stick, ball and bags
and all the time the tail, wags and wags and wags!!
Then we return for coffee and a rest
and I know how much I owe my great big pest!!

Zante is a rescue dog from the Dog's Trust. She and her four sisters had been dumped as puppies. We trained her to retrieve, so that I can take her out for exercise for us both. I take her to a park with plenty of seats so I can rest if I need to, and I use a 'Helping Hand' to pick up her ball on a rope.

Having Zante has made me feel confident enough to go out alone again. Even when I really hurt, I always feel better for it. It's a daily achievement. Zante always seems to know when and where I hurt, and is never far away.

Disabled city guides now available online

WING Committee member CAROL SEYMOUR is a member of the Disabled Drivers Association. The Association's magazine recently reported on a useful information service for disabled people.

'Disabled' is an information service which aims to make life easier for anyone with hearing, vision or other mobility-related access concerns. It features information about access to towns, cities and other specific areas for shopping, business or pleasure. You can find it online at www.disabledgo.info

The site was set up by wheelchair user Gregory Burke and includes guides to 18 different cities and areas. The guides are designed to provide access solutions for disabled people, their friends and families. All venues are visited and reviewed for parking provision and toilets.

Voting rights in jeopardy

During the 2005 General Election, 66 per cent of all polling stations were inaccessible to disabled voters. The Polls Apart campaign survey found that accessibility had improved by only 3 per cent since the 2001 election. A spokesman for SCOPE, which ran the survey, said, 'One polling station was a disgrace. The ramp was over six steps leading to the basement.'

While 60 per cent of all polling stations had level access, and 62 per cent offered ramps, only 34 per cent met all access requirements. Ruth Scott, SCOPE's campaigns manager, commented, 'The results show that despite Disability Discrimination Act duties, the stock of accessible community buildings has not significantly increased.'

Read the full story at
www.disabilitynow.org.uk/news_jun_006.htm

Surgery v. rehabilitation

Researchers at the Nuffield Orthopaedic Centre in Oxford have compared treatment outcomes for 350 back pain patients. Their findings showed that surgery may be less effective than rehabilitation, as well as costing almost twice as much. Of the sample of 350 patients, 30 went on to require fusion surgery.

The full version of this story appeared on www.reutershealth.com on 24 May 2005.

Checking accessibility in High Wycombe

NANCY DOVEY, chair of WING London, recently took part in an accessibility survey in High Wycombe.

Nancy is a front-of-house volunteer at the local museum, which is run by Wycombe District Council. She recently attended the council's disability awareness course, where the Disability Discrimination Act was discussed in detail.

The course also looked at proposals to make the town centre more accessible for disabled people. One proposal involved installing a lift at the museum, which is otherwise completely accessible.

Course attendees were given a list of all the public sites in the town and sent out in pairs to check on access. Two pairs used wheelchairs, while the others wore shaded spectacles. Nancy said afterwards that the survey had proved '... very interesting and eye-opening.'

WING waves goodbye to Liz Curwen

For two months over the summer, this year, Judy Morgan was joined in the WING Advice and Administration Office by Liz Curwen. We would like to thank Liz for her efforts on behalf of WING members, and wish her all the best for the future.

Liz Curwen, WING's temporary admin assistant

The path to happiness

WING Vice Chairman GRAHAM LAKE on a recent thought-provoking encounter.

A 90-year-old, petite, poised and proud man, who is fully dressed each morning by 8am, hair fashionably combed and neatly shaved, even though he's blind, moved to a nursing home today. Why? Because his wife of 70 years died recently, leaving him alone.

After many hours of waiting patiently in the hall of the nursing home, he smiled sweetly when told his room was ready. As he manoeuvred himself to the lift, I described the room in detail, right down to the eyelet sheets that had been hung at his window.

'I love it', he stated with all the enthusiasm of an eight-year-old receiving a new puppy. 'But Mr Jones, you haven't seen the room yet', I replied. 'That's got nothing to do with it', he said. 'Happiness is something you decide on ahead of time. Whether I like my room or not doesn't depend on how the furniture is arranged; it depends on how I arrange my mind. I've already decided to love it.

'It's a decision I make every morning when I wake up. I have a choice; I can spend the day in bed thinking about the parts of my body that no longer work, or get out of bed and be thankful for the ones that do. Each day is a gift, and as long as my eyes open I'll focus on the new day and all the happy memories I've stored away.

'Old age is like a bank account. You can only withdraw from it what you've put in. So, my advice to you would be to deposit a lot of happiness in your bank account of memories. Thank you for your part in filling my memory bank.

I am still depositing.'

Remember, there are five simple rules for happiness:

1. **Free your heart from hatred.**
2. **Free your mind from worries.**
3. **Live simply.**
4. **Give more.**
5. **Expect less.**

Have your say: join the disability debate

Does risk management put disabled people or health professionals first? Is it 'little more than an excuse for discrimination'? And how can we achieve a balance between protection and independence?

Fears about safety and concerns about exploitation can lead able-bodied people to limit the opportunities available to disabled people and restrict their independence. *Disability Now* magazine is putting the spotlight on the issue by launching a debate, 'Whose risk is it anyway?'

To share your views on equal opportunities for disabled people, log on to www.drc.org.uk

Are you sitting comfortably?

If you use a computer, take a few minutes to work through this checklist, says Joyce Spalding. It could help you avoid serious health problems in the future.

First things first

- Try not to slouch. Keep the curve in your lower back.
- Sit right back in your chair. Let the backrest support you.
- Remove obstructions that prevent you sitting upright.
- Organise your workstation to help you sit upright.
- Put documents in a holder. Do not lean to read.
- Stop every so often and relax.
- Get some exercise. During breaks, stretch your legs.

Make sure your arms and shoulders are comfortable

- Adjust your seat height so your forearms are horizontal.
- Align your hands with your forearms, and try to work with your wrists straight.
- Use a footrest if your seat is too high.
- Adjust your screen angle to suit your sitting height.
- Rest your arms whenever you can.
- Avoid arm and wrist activities during work breaks.

Check that you can read the screen easily

- Put your copy stand close to your screen.
- Adjust the height of the stand so it's the same as your screen.
- Adjust the height of your screen to minimise head and neck movement.
- Vary your viewing distance every two or three hours.
- Adjust your screen to avoid reflections where possible.
- Sit sideways to the window. Avoid having windows behind you.
- Use window blinds on bright sunny days.
- Clean your screen with approved substances only.
- Adjust the screen brightness, especially if light levels change.
- Rest your eyes during work breaks.
- Get your eyes tested at regular intervals.

Remember: we never value our health until we lose it.

Danger: dead-end job

People whose jobs are dull, repetitive, and lack challenges are most at risk of heart attacks. Doctors at University College, London, studied the heart rates of over 2000 civil servants and discovered that people with 'dead-end' jobs have lower heart rates and are less able to adapt to demanding situations. This increases the risk of irregular heartbeats, which can lead to heart attacks or sudden death.

The full version of this story appeared in the *Daily Mail* on 8 June 2005.

It's official: **chocolate is good for you**

Researchers at Tufts University in Boston studied the effect of eating chocolate on 20 people suffering hypertension. Ten volunteers ate a bar of dark chocolate every day for two weeks, while the other 10 were given white chocolate. White chocolate does not contain flavonoids, the chemicals found in cocoa powder. The results showed that the dark chocolate group had improved cardiac function and lower blood pressure.

The full version of this story appeared in the *Nottingham Evening* Post on 20 July 2005.

A little extra help

A new report suggests that people with mental health problems need tailored help to get back into work.

To date, support for this group has been limited, and there is evidence of discrimination within the job market. The *Mental Health in the Mainstream* report, released in early 2005 by the Institute for Public Policy Research (IPPR) and the charity Rethink, puts forward a number of options including talking therapies and specialist return-to-work training.

The report also suggests that Incapacity Benefit (IB) should be replaced by an Earnings Replacement Allowance. IPPR's Jennifer Rankin explains that people interviewed for the study were worried that if they returned to work, but found they were unable to cope, their benefits would be stopped.

'The allowance would need to be more responsive to the particular issues around mental health than Incapacity Benefit has been', she says. 'It would need to take better account of the fluctuating nature of mental health problems. In this more flexible model the benefits system would be more like steps that people can go up and down than a "cliff".'

In principle, the IPPR supports the government's plans for reforming IB (see page three), although more detail is needed about how the new system will be structured. There was also qualified support from the Sainsbury Centre for Mental Health. 'How do you classify someone with varying levels of depression or schizophrenia?' said a spokesman. 'But [the plans are] a good step forward.'

The full version of this story appeared in the *Health Service Journal* on 17 February 2005. Find out more at www.hsj.co.uk and www.ippr.org.uk

Chair's report: winter 2005

Having my annual flu jab last week has really brought home to me how fast winter is approaching. It may be a cliché, but I can honestly say that this year has flown by.

While the overall number of WING members has remained pretty constant at around 2,200, we have welcomed a continual stream of new members. Since we changed our remit to cover illness as well as work injuries, demand has increased and the enquiries we get are much more diverse. We have also said goodbye to a number of members: thankfully, many recover and return to work, while others are redeployed to areas that better suit their level of health.

One of the things that inspired and helped me during my own 'journey' was reading about the personal experiences of other WING members. I would therefore like to encourage members, old and new, to think about sharing their stories. You don't have to give your name if you don't want to and remember: your experiences could really help someone in a similar situation.

At our last committee meeting on 28 September we had a busy schedule. The committee was pleased to see that WING

is now listed in the RCN student handbook, and will be pushing for a more prominent and detailed profile in next year's edition. We also discussed the evaluation of the UK pilot of the Matching Service which is coming up in January, and I would ask all those who have participated to provide feedback when requested.

The committee is continually striving to raise awareness of WING's presence among RCN activists. Sadly, we hear all too often about members who were not referred to WING when they should have been. I will be speaking to RCN activists in Northern Ireland in December, and at a number of training sessions in 2006. I hope that these will be rolled out nationwide.

Many of you will be aware of the consultation on a new professional membership structure for the RCN which is currently taking place. At present, we don't know how the changes will affect WING. Please look out for consultation updates in the RCN Bulletin and other publications, or visit the RCN website (www.rcn.org.uk).

Finally, the committee welcomed the return of WING Advisor Nicola Lee. On behalf of the committee and WING members I would like to say a heartfelt 'thank you' to Judy Morgan, who worked extremely hard during Nicola's absence to maintain a high standard of work and dedication to WING members.

I would also like to take this opportunity to thank Hugh McCullough, deputy director of RCN Direct and Nicola Lee's line manager. The committee is very grateful to Hugh for his support during Nicola's leave.

Seasons greetings, and best wishes for the New Year.

Vivienne Ferris
Chair

Beat stress online

A new website, www.stressbusting.co.uk , offers stress-relieving tips and links to further information about stress management, including a directory of therapists and practitioners. There's also a stress measurement tool, a reviews of the latest books. Sign up to receive the stress-busting technique of the month, or just drop into the relaxation zone.

Merry Christmas and a happy New Year to all our readers from everyone at WING

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