Bully tactics
How can trust bosses combat bullying?

Use mentoring schemes
Bullying should not be tolerated in any form whether it is bullying of new nurses by older or more experienced staff, nurses by doctors, new doctors by more experienced doctors or the cleaners by the doctors or nurses.

The only way to combat it is to introduce a 'buddy' scheme where new staff have a colleague they can turn to if problems arise, a shoulder to cry on, but also to provide much needed support during stressful times. This type of scheme could be extended to existing staff via mentoring, with staff trained in the technique and preferably from different wards or departments.

Trust bosses would then have to make themselves available to discuss any problems that arose from these schemes so that staff could see they were taking it seriously and not just paying 'lip service'. Trust bosses need to show that action will be taken if bullying is happening within the trust.

Carol Singleton is a research fellow in general practice

We need consistent policies
Bullying can take many pernicious forms, but progress can only be made once its existence is acknowledged.

How do trust bosses encourage us to express ourselves and widen our knowledge-base? The answer lies in the sphere of seminars, workshops and role-playing exercises. Managers will be particularly adept role players if surveys showing that they are the 'most frequent' perpetrators are correct.

To contact bosses, what is the usual pattern of communication? Via line management, of course. While we wrestle with that, we can only hope that bosses recognise the importance of consistent policies. Ensuring that the message gets across – that bullied staff do not have to suffer in silence – would be a bonus.

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Dress code
Susie Pilling says nurses should lobby for a research-based wound care pack

WOUND HEALING is influenced by many factors and patients are receiving better wound care thanks to research of recent years. Nurses are aware that inappropriate dressings can cause, for example, trauma on removal, and that cotton wool products in contact with wounds can initiate an inflammatory response, cause infection and delay healing.

Yet at present there is no dressing pack which would enable the nurse to carry out a research-based wound care technique available on drug tariff. The only two dressing packs which are available, specification 10 and specification 35, both contain cotton wool balls and a gamgee dressing pad. They do not contain a bag to dispose of the old dressing, sterile gloves, or a plastic tray to collect fluid from irrigating the wound.

With the advent of nurse prescribing, community nurses will soon be in a position to prescribe wound care products and dressings. The dilemma, however, is that the pack available on prescription is inappropriate. The NHS supplies wound care pack option 11 which contains sterile fluid, a tray, gallipot, non-woven swabs, a dressing towel, sterile latex gloves and a disposable bag. This product is more appropriate, but is not available on drug tariff.

Expensive wound care products are available to assist in the debriding and healing process, but little attention has been given to the fundamentals – a dressing pack which would enable nurses to carry out best wound care practice.

The NHS pack bought in by Bradford Community Health Trust is intended to provide community staff with a dressing pack to use on an initial visit. Further supplies are supposed to be obtained via drug tariff, but staff are reluctant to request and use products which are not in the best interest of the patient. Clearly we need an additional dressing pack on the nurse prescribing list and on the general drug tariff.

It has taken great effort to get wound care products onto drug tariff; it took years to get Granuflex and Op-site onto prescription and we are still waiting on the four-layer bandage. Surely the time is right for nurses to lobby for a research-based wound care pack.

The amount of packs used in the community will be the same tomorrow as it was today, but the paymaster may be different. We must have access to the right supplies to enable nurses to use safe wound care practice principles.

Susie Pilling is Primary Care Nurse Adviser, Ridge Medical Practice, Bradford

Trust bosses must get involved
It is only by the development of 'higher values', such as empathy and consideration, that the bully is likely to give up.

If the preventive policy depends on forbidding the behaviour, encouraging the victims and punishing the perpetrators, no lasting change can be expected. Much work in this area suggests that working individually and blame-laying is a waste of time. Bullies can only exist with the implicit permission of passive co-workers who 'do not want to get involved'.

Bringing the team together, expressing feelings openly and giving ownership for the events back to the team for them to solve, are positive ways in which the behaviour of bullies could be changed.

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