

WIN



Journal of the
Irish Nurses and
Midwives Organisation

Latest INMO
CPD education
programme
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World of Irish Nursing & Midwifery

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favour of new
national pay deal**

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**Recognising
gender-based
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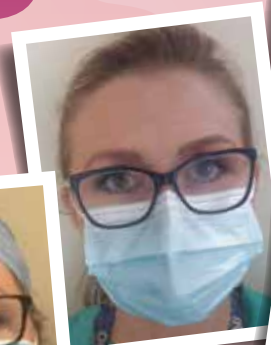
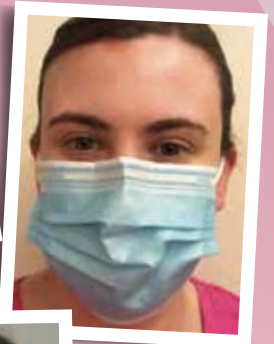
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Frontline activists

INMO celebrates International Women's Day



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Breastfeeding: The best start



Health benefits for infants

Breast milk is the ideal food for newborns and infants. It gives them all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

Long-term benefits for children

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adolescents and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to develop type 2 diabetes and perform better in intelligence tests.

Benefits for mothers

Breastfeeding also benefits mothers. It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.

Support for mothers is essential

Breastfeeding has to be learned and many women encounter difficulties at the beginning. Nipple pain, and fear that there is not enough milk to sustain the baby are common. Health facilities that support breastfeeding – by making trained breastfeeding counsellors available to new mothers – encourage higher rates of breastfeeding. To provide this support and improve care for mothers and newborns, there are 'baby-friendly' facilities in about 152 countries thanks to the WHO-UNICEF Baby-friendly Hospital initiative.

Work and breastfeeding

Many mothers who return to work abandon breastfeeding partially or completely because they do not have sufficient time, or a place to breastfeed, express and store their milk. Mothers need a safe, clean and private place in or near their workplace to continue breastfeeding. Enabling conditions at work, such as paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks, can help.

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Celebrating women on IWD 2021



IN THIS issue of WIN we look at remarkable women within our professions, as part of the celebration of International Women's Day (IWD) on March 8. Our cover feature profiles some of our inspiring trade union reps and activists, and the work they do for all members.

IWD is celebrated or marked around the world in very different ways (page 16). In some countries it is a public holiday, in others a day of protest, or in some it is sadly ignored. We also look at some of the negative impacts of Covid-19 and the lockdown, particularly coercive control (page 42) and domestic violence (page 46).

As nurses and midwives, we must be to the forefront in the provision of professional help in a safe place, where a person can be listened to, recognised and supported to get the assistance that they need to escape violence in their personal lives.

It is both fitting and important this year to highlight the significant role played by women in fighting the pandemic and the effects on women at work and in society as a result of lockdown and government policies. The professions we work in are predominantly female: globally women form 70% of the healthcare and social service workforce. The WHO figures from over 100 countries show that women constituted the majority of nurses and midwives across all continents.

In Ireland, women represent 79% of the public health workforce and 91% across nursing and midwifery grades. This is reflected in infection rates too, with 53% of all infections among women but disproportionately higher at 76.4% in healthcare due to professions such as nursing and midwifery being female dominated. This is not new, it is well documented and should have been to the forefront of policy decisions of government in regard to containment measures being adopted. Decisions on childcare and school closures are the most obvious, with little or no provision made during the first school closures and the same mistakes repeated in January 2021.

When the health service was at its busiest the childcare needs of the workforce were not prioritised or planned for. A recent Yale University study that looked at

female leadership and how it relates to school closures found evidence that countries with more women in their legislatures were more likely to delay school closings, a policy clearly influenced by gender.

In societal terms the indirect impact of Covid-19 on women is an area of concern. *The Lancet* reported last August that the pandemic had deepened pre-existing inequalities, exposing vulnerabilities in social, political and economic systems. In employment, internationally women earn less, save less and are more likely to be employed in informal markets while making up the majority of single-parent households.

Therefore, their financial capacity to absorb economic shock is often lower than that of men. Irish government reports on the initial impacts of pandemic on the labour market similarly found that Pandemic Unemployment Payments were higher in women early in the pandemic – due to disproportionately high levels of women in sectors like hospitality, accommodation and retail. For this reason, the UN has recommended that governments adopt a gender perspective when responding to Covid-19 – a recommendation that clearly requires application in Ireland.

The inclusion of a female perspective in planning and decision making would undoubtedly reflect on the role women have played in all aspects of Irish society during this pandemic and the disproportionate difficulties they have faced in their professional and personal lives. Women are needed in leadership roles both in workplaces and at the highest levels of government decision making. This will ensure that gender consequences are factored into thinking and planning.

Our society needs to do better when meeting the next challenges – including provision for respite and recovery time for nurses and midwives.


Phil Ní Sheaghda
General Secretary, INMO



INMO

Irish Nurses and Midwives Organisation
Working Together

Covid-19


 **BEFORE LEAVING WORK**
Shower if possible and change out of work clothes


 **ARRIVING HOME**
Wipe steering wheel, controls and door handles

 **AT FRONT DOOR**
Pause, Breathe, Reset, Take your time


 **KNOCK ON DOOR**
Open from inside - Step in

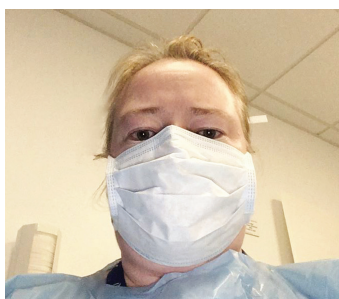
 **PLASTIC BOX AT DOOR**
Doff your work/commute shoes, outer clothes/coat/bag, keys, pens and glasses. Wipe down with damp soapy cloth

 **PHONE**
Kept at work in clear zip lock bag. Empty out of bag into box - wipe phone clean and throw the bag away

 **WORK BAG**
Has to be machine washable - keep in a locker at work and a box by the front door at home

 **WALK STRAIGHT TO SINK/SHOWER**
Don't touch doors, get someone else to open them for you. Wash or shower especially hands, arms and face with soap and hot water

 **YOU ARE CLEAN**
Relax and enjoy your evening



Take care of yourself at this time

Your employer has a responsibility to protect your health, safety and wellbeing at work. Given the extraordinary situation in dealing with the COVID-19 emergency, below are some tips for looking after your own self-care during these times.

Tips

Maintaining your energy levels and personal reserves is a major factor in helping you cope and preventing exhaustion during the current crisis.

Physical Wellbeing

- Maintain a healthy lifestyle: keep hydrated, eat and sleep well, and exercise
- It is important that you take 'at work' breaks
- Don't feel guilty about taking your days off
- Avoid negative coping strategies - excess alcohol, tobacco or other drugs.
- If you are coming off a long shift and do feel too exhausted to drive take a rest before driving and follow the advice of the RSA: pull over in a safe place, sip coffee and sleep for 15 minutes.

Emotional and Psychological Wellbeing

- Your stress levels and psychosocial wellbeing are as important as your physical health
- Remember it is normal to feel sad, stressed, anxious or overwhelmed during a crisis. These feelings are no reflection on your ability to do your job.
- Watch out for signs of stress
- Use strategies that have worked for you in the past to manage stress rather than learning new ones.
- Minimize watching, reading or listening to news about COVID-19 that causes you to feel anxious or distressed.
- Seek information updates, from trusted sources, at certain times of the day rather than a constant stream: www.inmo.ie/Covid19, www.gov.ie/, www.hse.ie

Social Wellbeing

- The support and contact with family, friends and colleagues at this time is vital.
- Some nurses and midwives may have to minimise direct contact with family and friends. If possible, staying connected with your loved ones, for example using video messaging.
- Remember to plan and enjoy contact with family and friends (even if it is virtual).

Support

- Talk to someone you trust or seek assistance from a counsellor
- If you feel you require further support. You can contact the INMO Members 24 Hour Counselling Helpline 1850 670407 or 01 8818047.
- Support is also available from the HSE Employee Assistance and Counselling Services <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/>

PPE

- Staff should have the protective and medical equipment they require to do their jobs safely and professionally. If you are experiencing any issues around PPE, **please contact the INMO's PPE freephone hotline on 1800 320 087, or text 087 719 7188.**

Sources: WHO, 2020; RCN, 2020, www.hse.ie

The INMO Representing and Advocating for Nurses & Midwives during the COVID-19 Emergency



A positive focus with the president

Karen McGowan, INMO president



Executive Council update

THE Executive Council met on February 1 and 2. At the meeting we welcomed Maeve Gaynor who was co-opted to the Executive. We discussed the 'Building Momentum' pay deal and it was unanimously recommended that we would recommend its acceptance to members.

The process of how the vote would be conducted was discussed with MiVoice, experts in self-service and fully managed multichannel electoral services, to ensure the interest of members are met. The ballot resulted in 91.7% of voting members accepting the deal (see page 9).

Preparations for ADC 2021 are underway and again the conference will be run virtually in line with public health guidelines. The themes and guest speakers have been discussed and are being worked on. Documentation will have been sent to each branch and section in this regard.

The branch and section meetings are progressing well in preparation for the ADC, and motions have been submitted. This year the conference will take place over one and a half days. I wish to thank all the branches and sections for all their work during this time.

This month I had the pleasure of giving the opening address to the 'Sláintecare Nursing Challenge' festival. It was a great success with a fantastic line up of guest speakers.

I also took part in a panel discussion at the annual health summit conference, which was chaired by Audrey Carville. Innovation in practice has repeatedly come to the fore during the pandemic and this was one of the main discussions at the summit. Covid-19 has really forced us to think about how we conduct our service and how it has changed our relationship with technology.

This month's Executive Council meeting will be held on March 1 and 2.

Get in touch

You can contact me at INMO HQ at Tel: 01 6640 600, through the president's blog on www.inmo.ie or by email to: president@inmo.ie

Recognising your work

I HOPE you all are well and truly in the process of being vaccinated. The level of infection remains high and I know that for nurses and midwives, be it in the acute setting, public health-care, residential elderly care or intellectual disability settings, this has been an extremely stressful time. I would like to acknowledge the incredible work you all continue to do and your commitment to the nation by working extremely hard during this time. The pace of the vaccine rollout has been extremely disappointing. It is an absolute necessity that all patient-facing healthcare workers are vaccinated. There is no shortage of vaccinators, rather it is the lack of supply that is the constant narrative.

Nurse-led urology clinic in Letterkenny

FOR our March issue of WIN I spoke to Christine McBrearty from the nurse-led urology clinic in Letterkenny University Hospital. The urology clinic was established in 1999 to provide early access nurse-led, one-stop urology assessment for patients presenting with urology complaints.

The urology department moved to a new unit in 2020 and doubled

its capacity. Some services are consultant-led but lots of training is in place to give nurses more autonomy. Eventually advanced nurse practitioners (ANPs) will oversee the running of the clinic and plan to incorporate flexible cystoscopy. Their practice is based on the European Association of Urology guidelines and assessment is the cornerstone of their work. Since 2020 the unit has a clinical nurse specialist and a staff nurse, along with a registered ANP and a candidate ANP. Many referrals with lower urinary tract symptoms can be treated effectively and bladder cancer follow up can be streamlined in nurse-led clinics.

"Urology issues can't wait regardless of the pandemic. With Covid-19 we prioritise cancer care follow up and trial-without-catheter clinics," said Ms McBrearty.

The urology department takes GP and ED referrals and has strict inclusion and exclusion criteria. It runs a number of nurse-led services, including the trial-without-catheter clinic. Recently the unit has started to perform flexible cystoscopy procedures and is the first urology department in Ireland to use disposable scopes. Within the unit, the staff carry out bladder cancer surveillance and people who have gone into retention can now be taken down to the unit from the wards for treatment. This eases the pressure on the day ward. The unit also runs nurse-led bladder instillation clinics, which means there are no delays in accessing care for patients in need.

A recent patient satisfaction survey revealed that patients responded positively, citing positives such as no delays, good social distancing, safe environment, less intimidating than theatre environment, less fuss and friendlier atmosphere. Ms McBrearty outlined the challenges and benefits to establishing nurse-led services within the health service.

"There is often a lack of clarity around nurses' roles. A good solution to this is to set out your scope of practice early on and get buy-in from all stakeholders at the earliest opportunity. Education is a great enabler to overcoming challenges. This type of service can have a hugely positive impact on the wider health service. I would love to see a rollout of nurse-led care of lower urinary tract symptoms nationwide," said Ms McBrearty.



Christine McBrearty, C-ANP; Sharon Kelly, CNS; Katie Boyle, SN; Sean Diver, RANP

For further details on the above see www.inmo.ie/President_s_Corner

Phase 3 of Safe Staffing Framework focusing on care of the older person

WORK on phase three of the Safe Staffing Framework has begun, as the taskforce met for the first time in February 2021.

The taskforce will look at applying the framework to older person services, including long-term residential care, day services, step down and rehabilitation.

The aim is to secure a methodology of nursing hours per resident day, with a safe skills mix, and a significant advancement of specialist and advanced roles in the sector.

The INMO is represented on the taskforce by Edward Mathews, director of professional and regulatory services.

The taskforce will report back in six months.

The Framework on Safe Staffing and Skill Mix is an Irish-developed model to scientifically determine how many staff – and what mix of disciplines and skills – are needed to provide safe care.

It considers many influencing factors, including patient acuity, dependency, ward type, nurse and healthcare assistant to patient ratio and skill mix. It uses these factors to determine how many nurses and HCAs are needed. Previous staffing plans were often based merely on number of patients or the level of staffing that was in place historically.

Phase one of the Framework focused on general and specialist medical and surgical care settings in adult hospitals. It was piloted in wards across three Irish hospitals in 2016 and 2017, and showed a reduction in patient mortality, length of stay and costs to the health service. Crucially, it also reduced staff burnout and turnover.

Phase two of the Framework focused on developing a similar model for emergency settings. The INMO has had the Framework included in both the 2019 strike settlement and in the recently agreed public sector agreement, Building Momentum, which covers 2021 to 2022.

Dr Mathews said: "The

outsourcing of older person care to the private sector and the creeping predominance of the cost of care model are hugely concerning. The pandemic laid bare in a most extraordinary and distressing way the very significant challenges in this sector. The report of the government Covid-19 Nursing Homes Expert Panel rightly recommended that staffing should be based on need, not costs.

"The work of this taskforce is vital to ensuring the provision of safe and high-quality care to older persons in our communities into the future. Quality care must be underpinned by both safe staffing and skills."

INMO calls for fair sick pay scheme for all workers

THE INMO has called on the government to act now to introduce a statutory sick pay scheme to ensure that all employees are treated in a fair manner when absent from work due to ill health – whether in the private or public sector.

The call came in the Organisation's detailed submission to the government's public consultation process on the introduction of a statutory sick pay scheme in Ireland.

The INMO submission was made in the context of labour market challenges faced by private healthcare providers, the specific difficulties highlighted by the Covid-19 pandemic, and the unique working environment within nursing and midwifery.

While the INMO has negotiated sick pay entitlements for members working in the public service and other locations, in general, workers in Ireland have no statutory entitlement

to sick pay. This is paid entirely at the discretion of employers.

Private sector workers without paid sick leave have to claim illness benefit from the Department of Social Protection when absent from work for health reasons. This benefit is currently considerably lower than normal wages. Almost all European countries legally require employers to continue to pay employees if they are unable to work due to ill health.

The INMO fully supports the campaign to ensure that there is responsibility on employers to provide an adequate sick pay scheme, as ensuring workers have support during times of illness is a basic issue of health and safety.

While the deficiencies in Ireland's sick pay system are long standing, the Covid-19 crisis has highlighted the inequity of these deficiencies. This point was recently supported by the Oireachtas Special Committee

on Covid-19 Response, which pointed out that the majority of staff working in private nursing homes in Ireland have no access to a sick pay scheme. This committee recommended the introduction of such a scheme within the nursing home sector. Similarly, the Covid-19 Nursing Homes Expert Panel recommended a review of terms and conditions for nurses in that sector.

The INMO has long argued against a two-tier public/private healthcare system which has impeded the delivery of safe care. The INMO said the system must be remodelled as a singular system in line with Sláintecare to deliver the standard of excellence available in the public health sector to all members of our community. Recruitment and retention problems within the private sector are inextricably linked with pay and conditions and welfare at work.

The INMO contends that

workers in private sector organisations should be treated no less favourably than that which applies in the public sector. In its submission, the INMO further argued for an appropriate collective bargaining mechanism for employees in the private sector.

INMO director of professional and regulatory services Edward Mathews said: "The right to social protection during sickness is detailed in a number of European treaties and international instruments, and a majority of member states in the EU have established sick pay schemes with Ireland being the exception.

"It is imperative that the government acts now to introduce a fair sick pay scheme, on a statutory footing, to ensure that employees in the private sector are treated in a fair and reasonable manner when absent from work due to ill health."

– David Miskell, INMO professional and regulatory services officer

Public sector members back new national pay agreement

A CLEAR majority of 91.7% of voting INMO members have backed a new public sector pay agreement with the government, which will run from 2021 to the end of 2022.

The 'Building Momentum' agreement will see a reduction in working hours, a minimum 2% pay increase over two years, and funding to finalise the 2019 strike settlement for the management grades in nursing and midwifery.

It also increases overtime pay to pre-2013 rates, commits to the Framework for Safe Staffing and Skill Mix, and improves protections against outsourcing. The agreement renews a commitment to implementing the Sláintecare healthcare system reforms.

Key points of new national pay agreement 2021-2022

- 1% increase in pay and allowances in October 2021 (minimum €500)
- 1% increase in pay and allowances in October 2022 (minimum €500)
- Restoration of cuts for those on salaries over €70k in July 2021
- Process for restoration of hours back to 37.5 per week
- Overtime rates restored to what they were pre-2013, in July 2021
- Fund for the managerial grade increase of 3.28% as confirmed by the Expert Review Group on Nursing and Midwifery

The INMO Executive Council had unanimously recommended to members that they accept the proposals. Over 100 virtual information meetings were held for members across the country.

Voting was open to all

paying INMO members who are directly employed by the public sector or Section 38 organisations. Due to Covid-19, voting was conducted online by an independent voting company, MiVoice. It ran from February 15-19, 2021.

The INMO ballot was one of many public sector union ballots, with similar margins of acceptance in most other trade unions.

The public services committee of the Irish Congress of Trade Unions formally notified the government of acceptance of the new agreement on February 23.

The INMO's claims for Covid compensation (in the form of additional annual leave) for frontline healthcare workers are separate to the agreement.

The union lodged a claim in November last year and is pushing the government for action. At time of print, no formal response on compensation has yet been received (see below).

INMO still awaiting a response on its call for Covid-compensation for nurses and midwives

IRELAND'S nurses and midwives deserve additional compensation for their work during the pandemic, the INMO told the Oireachtas health committee last month.

Healthcare workers in Northern Ireland and Scotland are set to receive a once-off £500 bonus for their work so far. In France, they are to be awarded a €1,500 bonus for their work.

The INMO lodged a claim in November for compensatory leave due to fatigue and over-work throughout 2020, which has not yet been responded to.

The INMO also told the Oireachtas Joint Committee on Health that decisions on worker safety have had "insufficient priority" since the start of the pandemic. The union said that the safety of



INMO president Karen McGowan:
"Despite great risks, our colleagues across nursing and midwifery have made an incredible contribution to the fight against Covid"

healthcare workers has been at risk as a result, while student nurses and midwives have been left with a bad experience of the Irish health service.

The INMO submission also called for improved social distancing in hospitals, mental

health supports for the frontline, childcare provision, and mandatory health and safety inspections in workplaces with clusters or outbreaks of Covid-19.

INMO president Karen McGowan said: "Despite great risks, our colleagues across nursing and midwifery have made an incredible contribution to the fight against Covid. It is a matter of simple justice that the debt of gratitude owed to frontline staff is recognised."

INMO general secretary Phil Ní Sheaghda said: "This has been a long hard year for everyone who works in the health service. Time and time again, frontline healthcare staff have stepped up to provide care in extreme circumstances. It is well beyond time that

their efforts are recognised.

"We have lodged a claim for compensation for our members, given all they have sacrificed and contributed during this pandemic. We are still awaiting a response.

"Ever since the virus arrived on our shores, we have had to push for basic safety for frontline staff. We were forced to launch a public campaign simply to get facemasks. The government refused to classify Covid as an occupational injury until an EU directive forced their hand.

"Even basic issues like childcare for the largely female healthcare workforce were not dealt with when schools closed. It's time for a clear message from government that our frontline nurses and midwives are truly valued."

INMO director of industrial relations Tony Fitzpatrick updates members

Staff losing out by not applying for enhanced practice salary scale

FROM recent meetings the INMO understands that a significant number of staff nurses and midwives have not applied to be assimilated on to the enhanced practice salary scale.

This salary scale was introduced as part of the Labour Court recommendations from the 2019 dispute. The court recommendation outlined the initial process for staff nurses and midwives and senior staff nurses and midwives to assimilate onto the enhanced practice salary scale at their next increment date after March 1, 2019.

Thousands of nurses and midwives completed the application process and were assimilated onto the new scale. However, there remains a significant cohort of eligible staff who have not yet applied for the enhanced salary scale and who are losing out on significant salary increases as a result.

Not availing of the higher salary scale is akin to taking money out of your own pocket and giving it to the HSE. It is still open to all staff nurses and midwives to apply to go onto the enhanced salary scale.

Indeed, the INMO strongly advises staff nurses and midwives who have not done so, to examine the criteria and make an application. Should you experience any difficulties with this, please contact the INMO immediately.

It is important to stress that there is a significant difference in salary for individuals

Table 1: Pay comparison of a staff nurse on enhanced practice salary scale versus staff nurse on the original salary scale

- Staff nurse A and staff nurse B were on the third point of the older pay scale before the agreement with an incremental date of May 1
- Staff nurse A applied for the enhanced practice scale, while staff nurse B didn't apply and so remained on the older scale
- Nurse A applied for the enhanced practice salary scale, progressed on to point 1 of the enhanced scale on May 1, 2019 and will be moving to point 3 of this scale in May 2021, with a salary of **€40,751**
- Nurse B did not apply for the enhanced salary scale, continued on the older scale and is due to go onto the sixth point of the older scale in May 2021, with a salary of **€37,760**
- Note that both individuals are performing the same role but staff nurse A on the enhanced salary scale will be earning almost **€3,000** more per year than staff nurse B
- In addition, nurse A will be earning a significantly higher hourly rate of pay and so all her premium pay will be based on this

who applied for the enhanced practice salary scale, compared to an individual who did not. See example set out in *Table 1* showing a significant loss in salary by not applying for enhanced practice scale.

The example shows how it is extremely important for any individual who has not yet applied for the enhanced salary scale, to do so immediately. Members who require advice with regards to this should contact the INMO immediately.

New graduates

The INMO wants to call out to all nurses and midwives who have qualified in recent years.

and go onto the third point of the scale. This would see your salary increase from €30,609 to €33,388. In one year and 16 weeks' time, you would be eligible to go onto the first point of the enhanced salary scale (€37,161).

These salary scales are available to you now and it is important that you ensure that your payroll department places you on the right increment point and that you avail of the opportunity to go onto the enhanced practice salary scale.

Those who qualified in 2019 and began work as a staff nurse/midwife should now be moving onto point 4 of the scale and should apply for the enhanced practice scale. If you need any advice or guidance on this matter, please contact the INMO.

Location and specialist qualification allowances

It is important that all individual nurses and midwives ensure that they are receiving any location or specialist qualification allowances that are due to them.

Nurses and midwives are showing incredible commitment and dedication during the pandemic. It is only appropriate that you take the time to ensure that you are on the correct salary scale and are being paid for all your hard work and diligence.

Members who need any guidance on salary scales should contact the INMO for assistance.

It is important that you are fully aware of the incremental progression in pay that is available to you, and also when you become eligible to apply for the enhanced practice salary scale.

After one year and 16 weeks you move from point 3 to point 4 of the original salary scale (€34,630), and new graduates are then eligible to move to point 1 of the enhanced salary scale (€37,161).

For example, if you are qualified and commenced employment as a new graduate on October 1, 2020, you will now be eligible to skip the second point of the scale

For advice on salary scales contact the **INMO Information Office**: Tel: 01 664 0610/19



on recent national negotiations and agreements

Nurses and midwives lead the way in Covid-19 vaccination programme

THERE have been many teething problems with the rollout of the Covid-19 vaccination programme in January and February and, in particular, the failure of the IT system purchased by the HSE to fully function, which has been a matter of grave concern.

Following errors in the first phase of the rollout which saw non-frontline healthcare workers (HCWs) being vaccinated ahead of schedule, the unions tied the HSE into a sequencing/prioritisation document that must rigidly be adhered to.

Notwithstanding the above, what must be recognised is

the incredible efforts of registered nurses, midwives and public health nurses as part of the roll out of the vaccination programme. Their agility, flexibility, determination and dedication has been immense and has ensured that the most vulnerable in society and frontline HCWs are vaccinated.

Up to February 12, 2021, 163,800 frontline HCWs had been administered the vaccine, with more than 67,400 having received their second dose. As I write, over 268,000 vaccine doses had been administered.

Nurses, midwives and PHNs have led the way in these

vaccination programmes and have done an incredible job that must be appropriately recognised. As of the week of February 15, 2021, 44,000 doses have been administered to the long-term residential care sector which includes staff and patients. Also, during that week a further 20,000-22 000 HCWs will receive a first dose vaccination and up to 3,000 will receive their second dose.

The numbers are due to significantly increase from the last week of February with 60,000 doses expected to be delivered to HCWs that week. Therefore, by the end of

February, all frontline HCWs should have received their first dose of vaccine and many will have received their second dose.

In tandem, the week of February 15 saw the commencement of the vaccination of those aged over 85 years and practice nurses are actively involved in this process.

Group 4 in the HSE vaccination rollout includes non-patient facing HCWs and should commence in the first week of March. There is also an expectation that March will see a significant improvement in the supply of Covid-19 vaccines.

CRGNs should receive caseload allowance

AS DIRECTOR of industrial relations, I attended an online meeting of the Community RGN Section on January 29, 2021.

There are several key and important issues outstanding for CRGNs that need to be addressed. While the INMO is commencing an engagement with the HSE on a national level, there are a number of matters that can be resolved via local engagement within the Community Care Area.

It was agreed that a plan of action would be put in place

with regards to these matters and a follow up call would take place with the section officers in February.

With a significant number of vacancies in many community care areas, CRGNs are carrying out specific duties of public health nurses and should receive the restored caseload allowance for this.

The caseload allowance was scrapped by the government in 2012, however, the INMO successfully campaigned to have this allowance restored, which occurred in 2017. This is set out

in Department of Health circular 14/2017 and is referenced on the consolidated salary scales and in HSE correspondence of April 5, 2001.

Despite this allowance being restored and sanctioned from July 1, 2017, a significant number of individuals are not receiving this allowance, even though they are undertaking specific duties of the PHN. These matters will be pursued locally with the HSE.

Another important matter discussed at the CRGN Section meeting was the expansion of

the role and function of the CRGN, specifically the growth of the job specification.

Other important matters discussed include:

- Individuals still on temporary contracts despite working for long periods for the HSE
- Weekend working
- Appropriate recognition of the role of the CRGN and opportunities for career progression
- Assimilation to the enhanced practice salary scale
- The need to apply an allowance to the CRGN grade.

Is your INMO membership up to date?

In difficult times the INMO will be your only partner and representative.

If you are not a fully paid up member, you cannot avail of the Organisation's services and support in such critical areas as: safe practice, fitness to practise referrals, pay and conditions of employment, other workplace issues and continued professional development.

Please advise the INMO directly if you have changed employer or work location

Contact the membership office with any updates through the main INMO switchboard at Tel: 01 6640600 or email: membership@inmo.ie



Important message from the INMO



New Independent Clinical Study Reveals Waterwipes® Reduces Incidence and Shortens Duration of Diaper Dermatitis (Nappy Rash) in Premature Babies

Published in *Advances in Neonatal Care*, 'A Quality Improvement Approach to Perineal Skin Care'¹ is the first independent clinical study in a neonatal intensive care unit (NICU) to show that WaterWipes® are well tolerated by both term and preterm infants, including in those less than 30 weeks gestation.

Standardizing perineal skin care guidelines

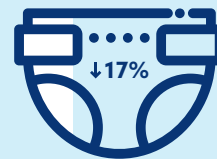
All infants, and particularly those born prematurely, have a less effective skin barrier function compared to that of older children and adults; DD therefore remains prevalent in many NICUs.² Prior to implementation of the Perineal Skin Care Guidelines, the University of Utah's NICU reported a high DD incidence of 46%.

Many NICUs lack a standardized approach to perineal skin, which can result in underestimations in the prevalence of DD, challenges in monitoring improvements in care and varying use of cleansing methods and products. DD has

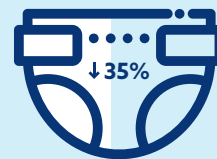
been shown to cause emotional and physical distress in premature infants³ and can also lead to an increased risk of infection.⁴

As part of Utah Hospital's clinical study, a multidisciplinary quality improvement team was formed within the NICU to identify neonatal risk factors for DD – reviewing skin care guidelines and compiling interventions. Following the development of new Perineal Skin Care Guidelines, the team began implementing changes, educating staff, tracking progress and monitoring compliance.

The study of 1,070 premature babies revealed that use of WaterWipes, along with implementation of new perineal skin care guidelines resulted in:



Reduced overall diaper dermatitis incidence in premature babies by 17%



Reduced severe diaper dermatitis incidence in premature babies by over a third

Shortened duration of severe diaper dermatitis in premature babies by more than half*

57%

*3.5 days per 100 patient-days

"Diaper dermatitis (DD) is a major issue for infants in the NICU; leading to increased medical costs, risk of infection and emotional distress for both babies and parents," says Misty Williams, NICU Advanced Practice Partner, University of Arkansas for Medical Sciences, Arkansas, US.

"The reduced incidence and duration of DD in the NICU at the University of Utah Hospital is a great accomplishment for the team. It provides a best in practice case to inspire other NICUs to review current management of DD, use of baby wipe products and to implement guidelines to help improve perineal skincare outcomes and maintain skin integrity for premature babies' delicate skin."



The results of the Utah study mirror the findings of a recent clinical study of 698 full-term babies. The Baby Skin Integrity Comparison Survey (BaSICS)⁵ and Utah study both show that babies cleansed with WaterWipes had a reduced incidence and shorter duration of DD.

WaterWipes are gentle on the most sensitive skin

Research demonstrates cleansing perineal skin with diaper wipes that are free of potential irritants such as alcohol, fragrance and soap can be more beneficial than using cloth and water and can help to reduce skin irritation.^{6,7}

WaterWipes have been specifically developed to be purer than cotton wool and water while offering the convenience of a wipe. Containing just two ingredients, 99.9% high purity water and a drop of fruit extract, they provide gentle cleansing for the most delicate newborn skin and even premature babies' skin.



WaterWipes are purer than cotton wool and water*

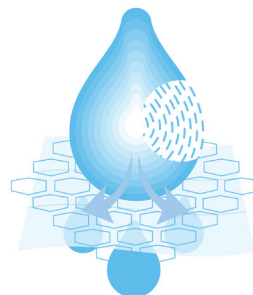


Cotton wool and water*

Water
Impurities and other minerals

Cotton wool
Detergents and impurities

*cooled boiled water



7 step purification process
Removes impurities, softens and purifies the water

Fruit extract
Helps maintain skin integrity

WaterWipes are recommended by midwives and other healthcare professionals worldwide and have become the preferred wipe for many Neonatal Intensive Care Units throughout the UK, Ireland, Portugal, US, Australia and New Zealand*

1. Rogers S, Thomas M, Chan B, et al. A Quality Improvement Approach to Perineal Skin Care: Using Standardized Guidelines and Novel Diaper Wipes to Reduce Diaper Dermatitis in NICU Infants. *Adv Neonatal Care* 2020. doi:10.1097/anc.0000000000000795 [Epub ahead of print] 2. Malik A, Witsberger E, Cottrell L, et al. Perianal dermatitis, its incidence, and patterns of topical therapies in a level IV neonatal intensive care unit. *Am J Perinatol*. 2018;35(5):486-493 3. Stamatas GN, Tierney NK. Diaper dermatitis; etiology, manifestations, preventions, and management. *Pediatr Dermatol*. 2014;31(1):1-7. 4. Pogacar MS, Maver U, Varda NM, et al. Diagnosis and management of diaper dermatitis in infants with emphasis on skin microbiota in the diaper area. *Int J Dermatol*. 2018;57(3):265-275. 5. Price AD, Lythgoe J, Ackers-Johnson J, et al. The BaSICS (Baby Skin Integrity Comparison Survey) Study: a prospective experimental study using maternal observation to report the effect of baby wipes on the incidence of irritant diaper dermatitis from birth to eight weeks of age. *Pediatrics & Neonatology* 2020. doi:10.1016/j.perneo.2020.10.003. [Epub ahead of print] 6. Blume-Peytavi U, Lavender T, Jenerowicz D, et al. Recommendations from a European roundtable meeting on best practice healthy infant skin care. *Pediatr Dermatol*. 2016;33(3):311-321. 7. Visscher M, Odio M, Taylor T, et al. Skin care in the NICU patients: effects of wipes versus cloth and water on stratum corneum integrity. *Neonatology*. 2009;96(4):226-234.

*WaterWipes data on file



INMO protests at closure of older person service in Carrick-on-Suir

THE INMO strongly protested against the closure of St Brigid's Older Person facility in Carrick-on-Suir, Co Tipperary in an online meeting with Minister of State for Older Persons Mary Butler on February 2, 2021.

The facility, which provided 16 respite, short-stay and palliative care beds to the community of South Tipperary, South Kilkenny and East Waterford, was converted to a Covid facility in March 2020 and subsequently closed altogether with no consultation with either representative bodies or the community.

The INMO advocated to the Minister the requirement to re-open short-stay, respite and palliative care service in Carrick-on-Suir, whether on the St Brigid's campus or elsewhere in the town, and spelled



Several INMO activists lobbied Minister for State Mary Butler (above, left) on continuing services for older people in Carrick-on-Suir

out the significant impact that the long-term closure of such services would have for the community in the region.

Minister Butler advised that the only reason for the cessation of services was the condition of the St Brigid's facility and the expense of upgrading it.

However, there was no commitment given to re-examine the need for these services, with an indication that the

services that have been lost were either not fully required or that they could be met elsewhere.

The INMO did not agree with this.

The Minister also indicated that an alternative healthcare facility would be developed on the campus, dealing with chronic conditions. While such a service is to be welcomed, the INMO does not accept that this would address the service

needs of the patients who were so well cared for and valued in St Brigid's.

IRO Noel Treanor said: "The INMO will continue to support the community campaign for the resumption of these services in Carrick-on-Suir, as it perceives the development, rather than the contraction of such services as being integral to the successful rollout of the Sláintecare initiative. In the meantime, we will continue to represent the interests of our members, particularly in regard to the placements of persons in alternative facilities."

He added: "Our members in Carrick-on-Suir remain frustrated at the manner in which this essential facility was closed and once more appeal to the Minister to re-examine the community needs in the area."

Short-term lay off clause removed from contracts

FOLLOWING local intervention, nurse members at South Infirmary Victoria University Hospital in Cork have had an offending "short-term lay-off" clause removed from their contracts.

This clause was introduced by management in 2019 without any consultation with staff or with the INMO.

The issue only came to light with the roll out of the enhanced nurse/midwife practice salary scale last year.

– Mary Power, INMO assistant director of IR

SouthDoc incremental pay restored

TEN nurse members working in SouthDoc telephone triage services in Killarney had their annual incremental progression suspended since July 2018 due to financial difficulties, according to local management. Local negotiations proved fruitless in having this reversed.

It was only when members voted by a substantial majority

to engage in industrial action that management positively engaged with the INMO and subsequently agreed to restore the deferred increment to the relevant members.

This will result in some members being provided with two incremental jumps, others with a further three increments.

The issue of retrospection remains outstanding as well as the restoration of pay to all the nursing staff in this Section 39 funded employment, in line with WRC recommendations that they should have the correction of pay returned on a phased basis.

– Mary Power, INMO assistant director of IR

Incremental credit for previous service

THE INMO recently represented a member in Cork who had difficulty with her incremental calculation based on previous service.

Following engagement with the HSE, the member received full and correct recognition of her previous service and was placed on the correct

increment. In addition, she was then recognised as eligible for the enhanced practice contract. The member received backdated arrears in excess of €13,000 gross pay.

The member lodged this issue with the assistance of the INMO via the HSE grievance procedure.

IRO Liam Conway said: "This case provided a very satisfactory outcome for our member. It is important for members to keep records of proof of service and hours worked, particularly when abroad, as these are verified with the HSE when calculating incremental credit on appointment to the HSE."

Urgent need for upgraded safety measures in hospitals

THE INMO made an urgent call for safety standards to be upgraded immediately to get Covid hospital infections under control.

Thousands of healthcare workers (HCWs) caught the virus in January in outbreaks directly traced to their workplaces. While the number of Covid-19 cases in HCWs is now declining according to the most recent reports by the Health Protection Surveillance Centre, nurses are still acquiring the virus in greater numbers than other HCWs and the general population.

To combat the problem of Covid-19 infection in healthcare settings, the INMO has repeatedly called for upgrades to safety measures including:

- A national requirement that high-standard FFP2 masks be used in all healthcare settings – not just basic surgical masks
- Distance between beds be



INMO general secretary Phil Ní Sheaghda: "The HSE needs to take control and issue strong national guidance to increase safety standards"

increased from the current one metre minimum to two metres

- Regular testing for all staff in healthcare settings on a rolling basis
- A safety review in each hospital, in particular to reduce footfall and improve decontamination practices.

Some hospitals, such as Cork University Hospital, have already introduced FFP2 masks as standard, but practices vary across the country. The INMO is calling for clearer national direction for masks and other measures. The union has also referred the issue to the Health and Safety Authority.

INMO general secretary Phil Ní Sheaghda said: "We should not have to campaign for basic safety measures in our hospitals, yet we are seeing precious little progress from the HSE.

"Hospital infection rates are out of control. This is directly harming frontline staff and depleting rosters. The HSE needs to take control and issue strong national guidance to increase safety standards.

"Our members are furious that while many were waiting to get their Covid vaccines, HSE policy was leaving them exposed to the virus."

Subsistence payments returned to OHNs

THE INMO successfully pursued the return of subsistence payment on behalf of a number of occupational health nurses through the auspices of the Workplace Relations Commission.

The members were incorrectly advised subsistence payments had ceased and therefore had claimed no subsistence between 2016 and 2018.

When it was realised this was an error, our members pursued their entitlement with the assistance of the INMO. The matter successfully concluded at the WRC with full retrospective applied.

– Joe Hoolan, INMO IRO

Award for delay in grievance process

AN ADJUDICATION Recommendation recently awarded an INMO member €8,000 due to the significant delay in the HSE dealing with a grievance.

The member had lodged a grievance complaint against her line manager, however the process took almost 14 months to complete.

INMO IRO Joe Hoolan said: "The HSE Grievance Procedure sets out specific timeframes for hearings and appeals in order to avoid a prolonged process and unnecessary distress to the parties involved.

"In this case, the complainant waited 14 months before a final outcome was reached on her grievance. The Adjudication Officer found the delay unacceptable and, taking the circumstances into account, made a significant award in our member's favour".

Surge capacity in Midlands hospitals

BOTH Midlands Regional Hospital Portlaoise (MRHP) and Midlands Regional Hospital Tullamore (MRHT) have experienced significant surge in Critical Care Capacity due to the current third wave of Covid-19.

MRHP opened an additional high dependency respiratory assessment unit supported by redeployed critical care staff

and MRHT expanded ICU care into their CCU area.

As in many other hospitals in the country, staffing and skill mix were challenging and the INMO has had ongoing dialogue with management on this. The standard of care in both hospitals is reflected in the hugely positive local media coverage from grateful patients and relatives who

have experienced the services in both hospitals.

INMO IRO Joe Hoolan said: "Like many regional hospitals, both MRHP and MRHT continue to face huge challenges during Covid-19. However, our members continue to deliver the highest standards of care in the most challenging and difficult clinical environments of their careers."

Injury grant and ill-health pension

THE INMO assisted a member to secure continuous payment of the injury grant up to her retirement date. This follows a workplace injury and retirement on the grounds of ill health. The member's ill health

retirement pension has been calculated to include the injury grant up to age 65, when at that stage the payment will be reviewed.

INMO IRO Joe Hoolan said: "Our member suffered a career

ending injury at work and unfortunately had no option but to retire on the grounds of ill health. The confirmation that the injury grant continues to be paid to retirement date was vitally important".

World news



Nurses and midwives in action around the world

Australia

- Silent walk with placards to call for reform in aged care

Canada

- Nurses are exhausted: we must put an end to compulsory overtime
- Nurses are burned out – but Covid-19 isn't over. Will Canada take care of us?
- Stressed and overworked, nurses hailed as 'healthcare heroes' are struggling to find help

Honduras

- Due to lack of nursing staff, 166 health centres have closed

Italy

- Nursing union: "Vaccine denied to nursing and obstetrics students"

Kenya

- Nurses who were on strike turned away from hospitals

New Zealand

- Prime Minister Jacinda Ardern must hear nurses on their own terms
- Family planning nurses to strike

South Africa

- Eastern Cape Health ends contracts of over 600 nurses while its hospitals remain understaffed

Spain

- Union denounces the "forced" transfer of nurses to the Covid hospital

UK

- Female healthcare workers 'at most risk of distress during pandemic'
- Nurses 'on their knees' as staffing shortages bite

US

- Nurses applaud as state marks the end of waivers extending safe staffing ratio

Long may the spirit of International Women's Day inspire female leaders to challenge discrimination, violence and inequality, writes **Dave Hughes**



Remembering the radical origins of International Women's Day



MARCH 8 – International Women's Day was first celebrated as we know it by the United Nations in 1975 and was officially designated as the UN day for women's rights and world peace in 1977.

However, the origins of International Women's Day go much further back to the activities of labour movements in the early years of the 20th century. National Woman's Day was held in New York on February 28, 1909, organised by the Socialist Party of America.

The celebration of women in the early 1900s was the manifestation of a radical women's suffrage movement demanding the right to vote in public political elections. Women in Russia gained that right in 1917 and March 8 became a national holiday marking the achievement in Soviet Russia.

In Ireland too the radicalisation of women was a force at the time and Louie Bennett, the woman credited with the earliest origin of an Irish Nurses Union was a staunch advocate of women's suffrage and a founder of the Irish Women's Reform League in 1911.

The previous year, in August 1910, the International Socialist Women's Conference held in Copenhagen, Denmark, inspired by the American socialists agreed to promote an Annual Woman's Day as a strategy to promote equal rights, including suffrage for women.

In 1911, on March 19

International Women's Day saw over one million people in Austria, Denmark, Germany, and Switzerland mark the day. In the Austro-Hungarian Empire there were 300 demonstrations, including in Vienna where women paraded on the Ringstrasse carrying banners honouring the Paris Commune. Women demanded the right to vote, the right to hold public office and an end to sex discrimination in employment.

On March 8, 1914 in London, Sylvia Pankhurst was arrested in front of Charing Cross Station on her way to speak in Trafalgar Square in support of women's suffrage.

The origins of the INMO come from this radical feminism. The Irish Nurses Union can claim to be the first trade union for hospital nurses in the world. It was marked apart from other organisations engaged with the professions of nursing and midwifery by its focus on achieving improved pay and conditions.

Since 1919, 23 women have held the presidency of Ireland's largest nurse and midwife trade union, and each have displayed a radicalism in meeting the challenges of their era.

The Organisation has had two national strikes and numerous campaigns in the struggle for better, fairer and funded healthcare, pay, conditions of employment and safe staffing. INMO members currently hold the presidency of the International Council of

Nurses (ICN) and European Federation of Nurses Associations (EFN), and are recognised key advocates for midwives at the International Confederation of Midwives (ICM) and the European Midwives Association (EMA).

The radical origins of International Women's Day may not be as apparent today and may have been airbrushed by the UN official designation, but the need for radical feminist organisations has not diminished.

Equal pay, childcare, interrupted career development and shorter working careers with consequent lower pension benefits are some of the unsolved disadvantages facing women in today's developed world workforce. The fate of women in the developing world has not, in many cases, improved from those early days of radical feminism.

Long may the spirit of International Women's Day inspire female leaders to boldly challenge discrimination, violence and inequality.

Only pressure leads to change and big change requires radicals. The story of nurse and midwifery development and their recognition as valued professionals is testament to that.

Dave Hughes is deputy general secretary of the INMO

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#WeAreTeamBB
#FrontlineHeroes
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#HoldFirm

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THANK YOU - GO RAIBH MAITH AGAT

SALAMAT जी शुक्रिया DHANYAVAAD, SHUKRIYAA
NAGODE, IMELA, E SE/O SE, SOSONO ETI ETI

BAIE DANKIE SHONA - WAZVIITA THANK YOU

ENKOSI NGIYABONGA OBRIGADO GRAZIE

LIVHUWA / LIVHUWA / LIVHUWA NGA MAANDA

NDZA NKHENZA NDZI KHENSE NGOPFU INKOMU SWINENE

ZIKOMO KEA LEBOHA KE A LEBOGA, RRA

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If not successful after 12 weeks the patient should be encouraged to make a fresh attempt to stop smoking. **Temporary Abstinence:** See full prescribing information. **Gradual cessation:** See full prescribing information. **Contraindications:** Use in non-smokers, Use in persons hypersensitive to nicotine or any ingredient in the formulation. **Special Warnings and Precautions:** The benefits of quitting smoking outweigh any risks associated with correctly administered NRT. A risk-benefit assessment should be made by an appropriate healthcare professional for patients with the following conditions: - Cardiovascular disease: Dependent smokers with a recent myocardial infarction, unstable or worsening angina including Prinzmetal's angina, severe cardiac arrhythmias, recent cerebrovascular accident, and/or who suffer with uncontrolled hypertension should be encouraged to stop smoking with non-pharmacological interventions (such as counselling). If this fails, Nicorette Gum may be considered but as data on safety in this patient group are limited, initiation should only be under close medical supervision. Renal and hepatic impairment: Use with caution in patients with moderate to severe hepatic impairment and/or severe renal impairment as the clearance of nicotine or its metabolites may be decreased with the potential for increased adverse effects. Gastrointestinal Disease: Nicotine may exacerbate symptoms in patients suffering from oesophagitis, gastric or peptic ulcers and NRT preparations should be used with caution in these conditions. Pheochromocytoma and uncontrolled hyperthyroidism: Nicotine, both from NRT and smoking, causes the release of catecholamines from the adrenal medulla. Therefore, Nicorette should be used with caution in patients with uncontrolled hyperthyroidism or pheochromocytoma. - Diabetes Mellitus. Patients with diabetes mellitus should be advised to monitor their blood sugar levels more closely than usual when smoking is stopped and NRT is initiated, as reductions in nicotine-induced catecholamine release can affect carbohydrate metabolism. Patients with diabetes mellitus may require lower doses of insulin as a result of smoking cessation. - Smokers who wear dentures may experience difficulties in chewing Nicorette Gum. The chewing gum may stick to and may in rare cases damage dentures. Transferred dependence: Nicotine in any dose form is capable of inducing a dependence syndrome after chronic use and is highly toxic after acute use. However, dependence with Nicorette Gum is a rare side-effect and is both less harmful and easier to break than smoking dependence. Danger in children: Doses of nicotine tolerated by smokers can produce severe toxicity in children that may be fatal. Products containing nicotine should not be left where they may be handled or ingested by children. **Undesirable Effects:** See full prescribing information for full list of undesirable effects. Immune System Disorders: Hypersensitivity - Common Anaphylactic reaction - Not known. Psychiatric Disorders - Abnormal Dreams - Uncommon. Nervous System Disorders: Headache - Very Common, Burning sensation, Dysgeusia, Paraesthesia - Common. Eye Disorders: Blurred Vision, Lacrimation increased - Common. Cardiac Disorders: Palpitations, Tachycardia - Not known. Vascular Disorders: Flushing, Hypertension - Uncommon. Respiratory, Thoracic and Mediastinal Disorders: Cough, Throat irritation - Very common. Bronchospasm, Dysphonia, Dyspnoea, Nasal Congestion, Sneezing, Throat tightness - Uncommon. Gastrointestinal Disorders: Hiccups, Nausea - Very common. Abdominal pain: Diarrhoea, Dry mouth, Dyspepsia, Flatulence, Salivary hypersecretion, Stomatitis, Vomiting - Common. Erection Glossitis, Oral mucosal blistering and exfoliation, Paraesthesia oral - Uncommon. Dysphagia, Hypoaesthesia oral, Retching - Rare. Dry throat, Gastrointestinal discomfort Lip pain - Not known. Skin and Subcutaneous Tissue: Hyperhidrosis, Pruritus, Rash, Urticaria Disorders - Uncommon. Erythema - Not known. Musculoskeletal and Connective Tissue Disorders: Pain in jaw - Uncommon. Muscle tightness - Not known. General Disorders and Administration Site Conditions: Fatigue - Common. Asthenia, Chest discomfort and pain, Malaise - Uncommon. Allergic reactions including angioedema - Rare. **MA Holder:** Johnson & Johnson (Ireland) Limited, Airtown Road, Tallaght, Dublin 24, Ireland. **MA Number:** PA 330/37/9 **Date of Revision of the Text:** June 2018. **Legal Category:** Products not subject to medical prescription. Further information available upon request from Johnson & Johnson (Ireland) Ltd. IRE/NI/20-4051

Network for members in special schools

CALLING all members working in special school settings – are you aware that there is a networking group established for you? This group is going from strength to strength and the INMO would like to ensure all members working in special school settings are aligned to it for networking opportunities. Please contact jean.carroll@inmo.ie

High turn-out for Retired Section AGM

THE Retired Nurses/Midwives Section attracted more than 65 members to its recent online AGM. A high level of engagement and feedback from members was extremely encouraging and positive. They were delighted with the opportunity to see so many friendly faces. While it is unlikely that the Section's mini-break planned for May will go ahead, members are asked to keep an eye out for updates to the social calendar. The next section meeting is scheduled for April 22, and there are plans to invite an expert in the field of pensions to address a number of issues that the members have.

Care of the older person webinar

Bookings are increasing for the National Care of the Older Person Section webinar, taking place on Tuesday, March 23, 2021. Please see page 56 for full details and make sure to book a place so you don't miss out – either on the live stream or the watch back later option. Log on to www.inmoprofessional.ie or email linda.doyle@inmo.ie

Key experts address lively OHN Section webinar



Prof Mary Horgan, consultant in infectious diseases, Cork University Hospital



Una Feeney, national chairperson, OHN Section



Dr Paul Litchfield, chair of What Works Centre for Wellbeing, UK



Alan Shortt, motivational speaker

THE INMO's Occupational Health Nurses Section held a very successful webinar recently. Over 110 people booked to attend this event, with both live streaming and watch-back options available. We heard from many experts on the day, including motivational speaker Alan Shortt. Alan talked delegates through the art of communicating online, sharing key tips on how to keep your audience engaged in this online world.

We also heard from Sinead Proos, head of wellness with Laya Healthcare, who reported on interesting research findings from a large Irish study among employees and HR experts into the challenge of the century – Covid-19.

Dr Paul Litchfield, chair of What Works Centre for Wellbeing, also addressed the webinar. Established in the UK in 2015, the What Works Centre for Wellbeing is dedicated to understanding what can be done to improve wellbeing across society. Dr Litchfield has a long track

record of promoting better mental health and has worked to that end with the World Economic Forum, the World Health Organization, the International Labour Organisation, the OECD, the World Bank and the European Commission.

We were delighted to welcome him to our event and learn first hand, even the most simple of ideas that can have a big impact on people's mental wellbeing at work. There was plenty of time to engage and ask questions, and members indicated that they were delighted with these opportunities.

Prof Mary Horgan, consultant in infectious diseases at Cork University Hospital, a familiar face in the media in recent months, kindly joined the event and shared with us important considerations for the months ahead. She took a huge number of questions, some examples being:

- How do we respond to the concerns that some members have about the safety of vaccines, whether real or not?

- What long-term effects of Covid-19 are likely to be seen?
- What are the key lessons from Covid-19 that will make us better prepared for a future outbreak of an infectious disease?
- Is there any evidence that Covid-19 is mutating and is this a factor that might impact on vaccines?
- Should current antigen testing be used as a mechanism to demonstrate that organisations or health and care facilities can open up?
- Is the Covid-19 vaccine classed as a live vaccine or attenuated?

The session finished up with a very exciting "wheel of names" prize draw where 10 lucky winners were chosen. We are extremely grateful to our sponsors whose generous support facilitated this event taking place.

Most webinars run by INMO Professional to date are available for members to view at: <https://inmoprofessional.ie/Home/OnlineResources>.

Empowerment:

On the frontline for the frontline

To mark International Women's Day 2021, Freda Hughes spoke to a selection of INMO grassroots activists from across the country



AMY O'CONNELL is secretary of the Cork HSE Branch and workplace rep in the neonatal unit at CUMH. Having worked in the ED in the Mercy and CUH, she had

already been active with the INMO and was happy to take on her new role when she joined CUMH in 2018. She became active with the strike committee in 2019 and says it was an empowering and rewarding experience, if stressful at times.

"After the strike I spent a lot of time trying to get factual information out to everyone in my workplace and branch to counteract some of the misinformation that was doing the rounds. It's important that staff stay informed and know their rights and entitlements. Information and education are key. If people are informed,

they know what they are entitled to and what to do if they have a problem."

Safe staffing is an issue that drives Ms O'Connell and her colleagues to organise in their workplace. Staff shortages have been further impacted since the onset of the pandemic. Issues affecting the neonatal department sometimes differ from general midwifery concerns, but she says it's good to form a community of reps and see where they can help each other.

"We're stronger together. Everybody is equally important and everybody's voice should be heard. We talk to people about working for the collective good rather than for what will be advantageous to them as individuals. We are always conscious of sectors or wards that might be under-represented and we aim to give them a voice. When you understand the process behind resolving or addressing an issue you start to understand how things work and how to action change."

Ms O'Connell says new activists interested in becoming reps are always welcome. She says that with rep training and peer support, no one will be thrown in at the deep end, but that people should be aware that disputes take time to resolve.

The rep team focuses on strong communication and combating misinformation, and Ms O'Connell says it is vital to have confident well-informed reps who can support people with factual up to date information, but that greater respect for the professions is vital.

"If respect for our professions increases, change will come about and more people will be attracted into the workforce. Better pay and conditions will follow. Our role is often seen as supplementary to the doctor rather than as independent practitioners with our own workload and autonomy. In reality we are at the forefront of patient care and we need to promote the amazing work of advanced practitioners."



ANITA RODDY first became active with the INMO in 1997 and whet her appetite for activism during the 1999 strikes. She now works as a PHN in Dundalk and serves as vice chairperson

of the PHN Section and chairperson of the Dundalk Branch. Her wealth of experience has energised fellow activists in the area.

"If you want to have your say you have to get involved. You can't be on the sideline; you have to step up and be part of it. Knowledge is power – the more involved you get the more informed you become and the better you can represent your colleagues and advocate for your patients. I was motivated by wanting a fair deal for everyone. I wanted our voices to be heard."

Ms Roddy has been involved in many campaigns locally and nationally, including the

1999 and 2019 strikes. She recently engaged in the consultation process around Primary Care Metrics. She said this process was much more effective and informed with the input of PHNs from the INMO to voice the realities of working on the ground day-to-day, along with the procedural and strategic knowledge they brought to the table from their experience in the field of primary healthcare.

"Decisions that affect us should not be made without us. Without a seat at the table, we don't have a say and will just be dictated to by people outside of our professions. The more informed you are, the more you have to say, and the stronger your position is. People need to be reassured that their voice is worth hearing."

Ms Roddy has seen that trade union activism helps to build confidence and conviction and teaches workers that their voices are worth hearing. She believes Covid-19 has given members even more reason to become organised and work

together. From issues around PPE and redeployment to making sure they receive proper directives and protocols from the HSE, the union is a vehicle for change.

"With Covid-19, it feels like we're walking in the dark and it's a very lonely place sometimes, so we need to work together and make changes in order to ensure our safety and the safety of our patients."

Ms Roddy will be retiring later this year. She would love to see more empathy and willingness to listen to nurses from our government and the HSE. She would also like to see more nurses and midwives in leadership and representative roles.

"Greater communication among the grassroots of the union and leadership that amplifies frontline voices will lead to better outcomes for all. We need strong voices from within the professions leading nurses. More representation on national and local bodies would allow us better advocate for our professions and our patients."



EMMA MURPHY is a CNM1 in the ED in the Mercy University Hospital in Cork. Six years ago she became active with the INMO to try to improve conditions for her

and her peers working in EDs around the country.

When the national ED committee was established, Ms Murphy's CNM3 asked her to attend their first meeting on behalf of their department. She was then elected as their official rep on this committee and went on to represent them along with INMO officials in the Work Place Relations Commission (WRC) in 2015.

"That was a really amazing experience. Seeing the INMO general secretary in action was eye opening. It was a long day and we worked into the night. The experience totally changed my view on how the union works and what a union is. I realised

just how hard they fought for nurses and midwives and how much goes on behind the scenes."

Ms Murphy and her colleagues saw the positive outcomes of that campaign in the re-introduction of the CNM1 post for EDs and increased staffing. They also got an assistant director post to manage patient flow. Since that time, she has helped to organise balloting and took part the 2019 strike. She also says that the CUH and Mercy EDs had a number of joint emergency meetings last year to tackle overcrowding.

Ms Murphy says that being a member of a union helps nurses and midwives to look out for each other: "We have to improve our pay and conditions and safety at work. At the end of the day, our priority is our patients, but we also have to look after each other. If we're not looking after each other we can't look after our patients effectively.

"The union provides a wealth of industrial relations knowledge and training and

creates a space for nurses and midwives to work together to advocate for themselves and their patients."

Ms Murphy is education officer with the ED Section and recommends joining your local branch as a great way for people to get involved. She is a member of the Cork Voluntary and Private Branch and says it is a great way to hear about issues from other sectors and plan for working together.

"I think, as nurses, we need to value ourselves more. We need to work together. There are still so many issues around staffing and pay as well as more recent struggles around childcare and vaccinations that came with the Covid-19 pandemic.

"We're amazing and we need to stick together. When I trained I never envisaged myself working through a pandemic and neither did my colleagues. Its been tough and we need to support each other now and avail of the supports offered by our union and our employers."



JACINTA MULHERE has worked in the intellectual disability (ID) sector for many years, as well as being active with both her branch and the RNID Section,

of which she is currently public relations officer. She talks about her activism over the years with the section, outlining how they advocate for better services for the people in their care.

Since becoming student rep in her second year of training, Ms Mulhere has been active with the INMO throughout her nursing career. She has always been passionate about her sector and about workers' rights, so she says that knowing she had union backing really empowered her activism.

Having been involved in strikes in 1997, 1999 and 2019, along with many ID sector-specific campaigns, she has seen the potential of working together to effect change.

"The HSE doesn't see ID nursing for what it is. There is not nearly enough recognition or understanding of our role. They don't see the contribution that we make to helping service users reach their full

potential. They don't see the round-the-clock care that we provide to people with complex needs and the support we offer to their families.

"Nursing care is a combination of thinking, action and skilful interventions. Families and service users recognise our work but our sector feels let down by the state. It's a constant fight. We too experience the pain, anxiety and frustration that family members face while fighting for better services."

Ms Mulhere says that during the Covid-19 pandemic, it has become obvious just how essential the ID nurse is within the health service. People with ID are two-and-a-half times more likely to have a secondary disorder, often leaving them more vulnerable to infection. She sees the RNID Section as a great vehicle to promote ID nursing and fight for a common cause.

"We deserve recognition for the work we do. Families and service users are losing out when we are not placed where we need to be placed. There is a huge need for more joined-up thinking in the sector in relation to how the services are run.

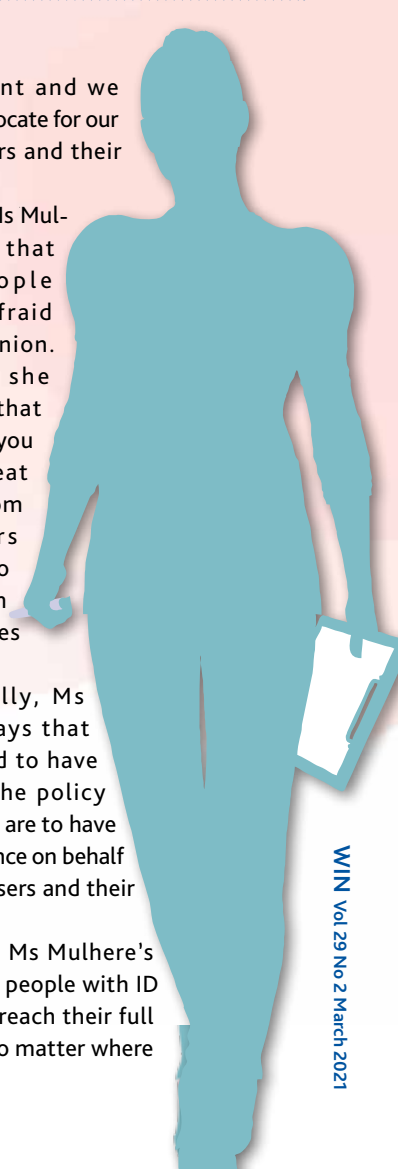
"Policy development needs to become more robust. More voices from our sector at policy level would make a massive difference. Families are so over-stretched at

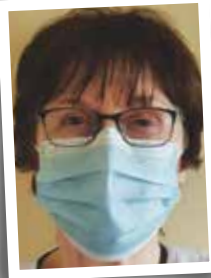
the moment and we want to advocate for our service users and their families."

Locally, Ms Mulhere feels that many people are still afraid to join a union. However, she highlights that in a union, you receive great support from your peers and learn so much from the struggles of others.

Nationally, Ms Mulhere says that RNIDs need to have a seat at the policy table if they are to have a real influence on behalf of service users and their families.

Globally, Ms Mulhere's wish is that people with ID are able to reach their full potential, no matter where they live.





MAIREAD DOOHAN is a senior staff nurse in St Joseph's Hospital for care of the older persons, where she has served as workplace rep for many years.

Ms Doohan's role involves providing information, advice, assistance and representation, and assisting with any problems that arise. The most common issues concern pension, annual leave, maternity and paternity leave, pregnancy-related illnesses, sick leave, injury at work and career breaks. Whenever there's a problem, she contacts her industrial relations officer and makes sure that she has the full facts before approaching management.

While Ms Doohan was employed as a midwife at Ennis General Hospital, she was inspired by INMO rep Rita Hehir. She started attending the INMO annual delegate conference and meeting peers from

around the country. She says it was great to meet like-minded people who shared similar concerns.

Ms Doohan has been active with the Clare Branch for many years and says she would love to see more people attending their meetings. She is also involved with the Care of the Older Person (COOP) Section and always attends their conferences.

"As COOP nurses, we feel like we are on the bottom rung of the health service ladder. We feel like a forgotten service, so it's important that we have a voice and can advocate for our patients and our sector."

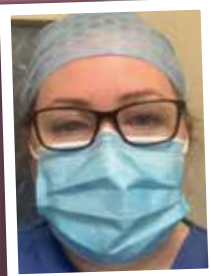
Ms Doohan believes it is important to keep people informed. She urges them to check their pay slips regularly and has spent a lot of time answering queries about the enhanced practice scale. She regularly prints off updates from the INMO and delivers them throughout the wards, highlighting important issues.

With the onset of Covid-19, issues around childcare, redeployment, PPE and vaccinations have been pertinent among

staff. She says there is a lot of fear and, therefore, a need for support from the HSE during these unprecedented times.

Ms Doohan welcomes the national health and safety rep role. Ms Doohan says it is such an asset for employees to have an active health and safety rep on site in all workplaces. She says she would like to see more nurses at policy level locally and nationally, and feels that giving healthcare assistants more autonomy would also free up nurses to provide better patient care. She also fears that, as fewer people join trade unions, their power within the workplace will diminish. She actively encourages young people to join a union.

"I fear that when I retire soon, no one will want to take on the role of INMO rep in our workplace. More young nurses and midwives should get involved in the union and invigorate it. Young people across all sectors should join a union and learn about what they can achieve. A union is only as strong as its members. We are a force together."



MOIRA WYNNE CRAIG has been active with the INMO since her student days, when travel allowances were being cut in the early 2000s.

Inspired by the then general secretary and his deputy and supported by Edward Matthews, Ms Wynne Craig went on to become the INMO rep in her college and joined the ICTU Youth Forums on behalf of the union. Having been bitten by the activism bug, she later fought for her profession on various campaigns and has held a seat on the Executive Council for two separate terms.

Working as CNM2 in the ED at Beaumont Hospital, Ms Wynne Craig is the INMO rep in her workplace and was active during the work-to-rule in 2007, at the WRC talks in 2015 and during the national strike in 2019.

Ms Wynne Craig is a member of the Dublin North Branch and has held the chairperson role on a number of occasions. She says that the branch has a strong cohort of activists who are willing to support each other.

Relationships are formed and knowledge is gained through meeting people from other sectors, she says, stating that nurses and midwives learn about each other's struggles and how to support their colleagues.

Ms Wynne Craig is also active with the ED Section and relishes the chance to connect with her peers from other EDs around the country.

"Alone we can't conquer anything. Together we're stronger. Throughout my career I've seen that when we work together it makes us stronger. The INMO is the foundation block for nurses and midwives; a solid base upon which we can build, making things better for patients and staff. Working as part of a union has been so empowering."

Ms Wynne notes the benefits of being a member of a union. If anything goes wrong, she says, you have support, back-up and legal representation. If a nurse or midwife is called before the NMBI, she feels they are better off being represented by the INMO, who will be familiar with the

system and all its nuances. She says that members often become active in response to a problem or injustice in their own workplace.

"I often think that people are most inclined to join the union when they meet people who have directly benefited from their involvement in a union. When they see how effective trade union activism can be and how much can be achieved, they want to go on and help their colleagues and peers.

Ms Wynne Craig says that the threat of Covid-19 has led to a redoubling of efforts when it comes to health and safety in the workplace, but that the government needs to do more to protect nurses and midwives.

"It is important that we are safe in our workplaces, especially now with Covid-19. We can't provide proper care if we are not properly cared for and resourced ourselves. Covid-19 has focused everyone's minds on safety. We have lost colleagues to this pandemic and we have other colleagues suffering the long after-effects of Covid-19.

"The INMO has been there to support us throughout. However, governments across the world need to recognise the importance and the worth of nursing and midwifery profession, and the impact that we have on a healthy population."



RUTH SCHWARZ trained as a direct entry midwife and has worked at the Rotunda Hospital since she qualified in 2010. Having previously worked in the civil service,

she has been a trade union member all her working life. When her colleagues suggested she would make a good INMO workplace rep, she jumped at the chance. Overcrowding, safe staffing and patient and staff safety are big motivating factors for her activism. She is also a member of the Dublin North Branch.

"I could see how stressed out and down-trodden my colleagues were and I knew I had to do something to try to help the situation. If you can solve the problem early, it doesn't escalate and become a bigger problem. The strike in 2019 was empowering and we knew we had the support of our colleagues throughout the health service. Our strike committee was proactive and our pickets were lively."

Day to day, Ms Schwarz helps colleagues to query their hours or pay and provides advice on other workplace issues. There are

a team of reps in the hospital who link with the INMO industrial relations officer. Staff/patient ratio is a big issue for midwives. NICE guidelines on safe practice promote safe staffing, but staffing levels on the ground often don't facilitate adherence to these. She feels that midwives take on a great deal of responsibility, often without enough support.

Covid-19 has resulted in further staff shortages, which means that staff are being asked to do extra shifts and sometimes can't take their breaks.

"Staff are stressed anyway and living with the fear of catching the virus or passing it on to someone. That's compounded by low staffing levels.

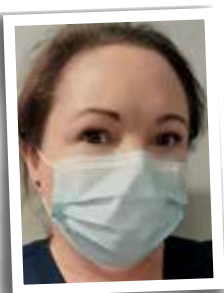
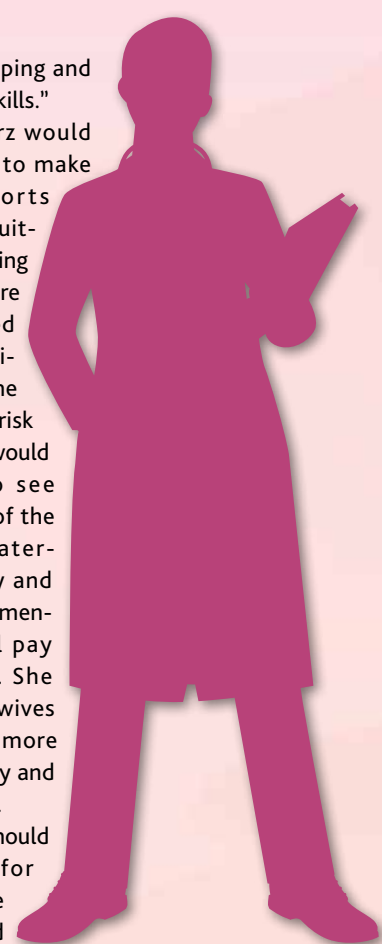
When nurses and midwives organise, Ms Schwarz says they have power in numbers. She says that together they can decide what the pertinent issues are and how to effect change. They cope better and can be much more effective together. She stresses that there is plenty of support for members who want to take on the role of workplace rep, as well as several benefits.

"Being a rep helps you to develop communication and negotiating skills and it also helps you with problem solving, because that is what you're doing. It's

about developing and honing your skills."

Ms Schwarz would like the HSE to make greater efforts towards recruiting and retaining midwives, more midwifery-led care and facilitation of home birth for low-risk women. She would also like to see the roll-out of the National Maternity Strategy and the full implementation of all pay agreements. She believes midwives should have more input at policy and planning level.

"Nothing should be decided for us. We have the skills and knowledge. We deserve a seat at the table."



SARAH MEAGHER is workplace rep in the ED at Letterkenny University Hospital. She has been active with the Letterkenny Branch for seven years and was active on her

workplace strike committee during the 2019 national strike. She is motivated by a drive to improve conditions for staff and patients at the hospital, but also takes a special interest in supporting new staff in making sure they are aware of their rights and entitlements. She is also the health and safety rep for the region.

Ms Meagher was involved in the ED forums after the 2015 WRC agreement and was also involved in the ED Section at the time, although work commitments have forced her to step back recently. A significant element of her work as an activist and rep involves dealing with local issues such as helping people file complaints or draft statements, connecting them with their INMO industrial relations officer

or advocating on their behalf within the hospital.

Ms Meagher works hard to establish a contact person or rep within each department of the hospital so that information, updates and support can be quickly accessed by all. She would like to establish better communication strategies within the Letterkenny Branch, which also encompasses public and community health. She says it is important that these colleagues have their voices heard and their issues addressed.

"I think one of the biggest things is that perception that we're a walkover. Some people outside of the professions still think of nursing as a vocation, but we are skilled and highly trained workers.

"This is an attitude that exists globally. I also believe that communication needs to improve between staff and management locally, regionally and nationally. Improved communication would eliminate a lot of issues that arise because of miscommunication, poor communication or no communication at all."

Ms Meagher believes it is essential that

nurses and midwives organise and get active. She encourages people who are interested in joining the INMO to talk to their local rep and not to worry about having to take on too much. She says that everyone can engage on their own terms and that members can engage through their workplace, local branch or professional section. She says she tells new members about the variety of training, campaigns and events that are available to them, as well as the benefits of being part of a collective.

"Nobody else is going to do it for us and we deserve respect, pay and conditions that reflect the work we do and the qualifications we have.

Ms Meagher says that being part of a union has helped her team to band together during the pandemic.

"Covid-19 has been such a challenge with conditions changing constantly. Having an organised activist structure in our workplace and region meant that we could share information as it came in. The support we get from the union officers means that we are never alone."



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Spotlight on: Kate O'Halloran

'Greater governance role would lead to increased engagement'

KATE O'Halloran is a clinical specialist in forensic nursing at the sexual assault and treatment unit (SATU) at the Rotunda Hospital in Dublin. The Rotunda SATU clinic was the first of its kind in Ireland and was opened in the 1980s. There are now SATU clinics in Cork, Waterford, Mullingar, Galway, Donegal and Dublin.

"It's quite a departure from anything I've done in the past and it is quite a specialised role within the healthcare structure. There's a duality to your role in that you're providing a service that deals with sexual and gender based violence in terms of victim response, but a central aspect of that care is provided by a clinical midwife or nurse specialist within the team who provides holistic care to the patients," said Ms O'Halloran.

Ms O'Halloran's mother and aunt were midwives and her cousins were nurses. She trained as a nurse in DCU, RCSI and Beaumont Hospital and as a midwife through TCD and the Rotunda. She says that being a nurse has been a huge asset to being a midwife. She trained to work in SATU through RCSI. It's a sensitive area with a very specific skill set that touches on lots of different facets, from legal to psychological, to the practical elements in terms of sexual health, infectious diseases and forensics.

At an examination there will be a forensic examiner from a medical or nursing background, as well as a support person who is often a nurse who takes on a patient advocacy role within the room. There is usually a member of the Rape Crisis Centre there to offer support to the patient.

"Our ability to be qualified both as nurses and forensic examiners has provided care that is quite unique. We have a responsibility to the patient and to the court, to provide an objective forensic examination, but at the same time, we have a person who is traumatised and so we need to manage both of those responsibilities," said Ms O'Halloran.

She said that greater respect for the

professions will lead to better outcomes and a stronger health service.

"I think a lack of respect for what we do inherently means that we can be sidelined as a profession, and dismissed or misunderstood in terms of the value and benefits that our profession brings to nursing and maternity care, along with our medical or obstetric colleagues. I think a lack of support or understanding of the scope of what we do, and a hesitancy to provide truly progressive and dynamic roles for nurses and midwives to progress into, is really missing an opportunity to maximise an amazing resource," she said.

The SATU service is a decentralised national service so a lot of its work is done on the basis of national cooperation. Each unit is set up and managed differently. Some are community based while others are co-location services.

Ms O'Halloran spoke about the importance of joining a union. "I think that nursing as a caring profession is often undervalued. This negates a plethora of high-level skills and professionalism required in contemporary nursing and midwifery. Gendered notions of nursing are still prevalent. I think this is a fundamental barrier to improving the attractiveness of nursing as a career. The union is central to challenging this barrier and driving the larger agenda for our professions forward."

She would like to see nurses and midwives play a greater role around governance.

"We're only just starting to establish a national governance framework. We have a national clinical director, who was appointed from a medical background, but as of yet, we don't have an equal appointment in terms of nursing leads. So despite the fact that we're a multidisciplinary service with predominantly specialised nurses and midwives providing a significant portion of that care nationally, we have no nursing/midwifery leads at a national level. If we had more of us participating in shared governance structures it would lead



Kate O'Halloran: "In leadership, compassion should be a central pillar because it creates strong connections"

to increased staff engagement, improve patient outcomes, and our professionals would be part of the solutions to issues of efficiency, retention and the advancing of quality care at all levels," she said.

Ms O'Halloran believes nurses and midwives can bring a wealth of experience to leadership roles but notes that the approach implemented is central to effectiveness and success in leadership.

"In leadership, compassion should be a central pillar because it creates strong connections between people. It will lead to more positive individuals and teams at an organisational level, a huge decrease in job-related stress, increased effective organisational commitment, increased psychological wellbeing for all people involved in the workforce and, of course, that will lead to the biggest things that organisations are interested in, which is reduced staff shortages and absenteeism, and a more cost effective and driven service."

This article is part of our Nursing Now series. Nursing Now is a worldwide campaign that aims to achieve recognition of nurses' contribution to healthcare, gender equality, the economy and wider society. The aim of the campaign is to improve health globally by raising the profile of nurses worldwide and influencing policymakers and supporting nurses to lead, learn and build a global movement. For more information visit www.nursingnowireland.ie. All interviews are carried out by Freda Hughes. You can contact her at: Freda.hughes@inmo.ie



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His 14th walk in the park since the day he started BETMIGA¹



Prescribing Information: Please read the Summary of Product Characteristics (SPC) before prescribing. **Presentation:** Prolonged-release tablet, containing mirabegron 25mg/50mg. **Indication:** Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome. **Posology and method of administration:** The recommended dose is 50 mg once daily. A lower dose of 25mg is recommended for specific patient populations (renal and hepatic impairment) as well as in specific patient populations in combination with strong CYP3A4 inhibitors such as itraconazole, ketoconazole, ritonavir and diltiazem. **Renal impairment:** End stage renal disease (GFR < 15 mL/min/1.73 m² or patients requiring haemodialysis): Not recommended. Severe renal impairment (GFR 15 to 29 mL/min/1.73 m²): Reduce dose to 25 mg. Severe renal impairment and concomitant strong CYP3A4 inhibitors: Not recommended. Moderate renal impairment (Child-Pugh B): Reduce dose to 25 mg. Moderate hepatic impairment and concomitant strong CYP3A4 inhibitors: Not recommended. Mild hepatic impairment (Child-Pugh A): 50 mg. Mild hepatic impairment and concomitant strong CYP3A4 inhibitors: Reduce dose to 25 mg. **Hepatic impairment:** Severe hepatic impairment (Child-Pugh Class C): Not recommended. Moderate hepatic impairment (Child-Pugh B): Reduce dose to 25 mg. Moderate hepatic impairment and concomitant strong CYP3A4 inhibitors: Not recommended. Mild hepatic impairment (Child-Pugh A): 50 mg. **Mild hepatic impairment and concomitant strong CYP3A4 inhibitors:** Reduce dose to 25 mg. The tablet is to be taken once daily, with liquids, swallowed whole and is not to be chewed, divided, or crushed. It may be taken with or without food. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients (see the SPC for a list of excipients). Severe uncontrolled hypertension defined as systolic blood pressure \geq 180 mm Hg and/or diastolic blood pressure \geq 110 mm Hg. **Special warnings and precautions for use:** Renal impairment: Betmiga has not been studied in patients with end stage renal disease (GFR < 15 mL/min/1.73 m² or patients requiring haemodialysis) and, therefore, it is not recommended for use in this patient population. Data are limited in patients with severe renal impairment (GFR 15 to 29 mL/min/1.73 m²); based on a pharmacokinetic study a dose reduction to 25 mg is recommended in this population. This medicinal product is not recommended for use in patients with severe renal impairment (GFR 15 to 29 mL/min/1.73 m²) concomitantly receiving strong CYP3A4 inhibitors. **Hepatic impairment:** Betmiga has not been studied in patients with severe hepatic impairment (Child-Pugh Class C) and, therefore, it is not recommended for use in this patient population. This medicinal product is not recommended for use in patients with moderate hepatic impairment (Child-Pugh B) concomitantly receiving

strong CYP3A4 inhibitors. **Hypertension:** Mirabegron can increase blood pressure. Blood pressure should be measured at baseline and periodically during treatment with mirabegron, especially in hypertensive patients. Data are limited in patients with stage 2 hypertension (systolic blood pressure \geq 160 mm Hg or diastolic blood pressure \geq 100 mm Hg). Patients with congenital or acquired QT prolongation: Betmiga, at therapeutic doses, has not demonstrated clinically relevant QT prolongation in clinical studies. However, since patients with a known history of QT prolongation or patients who are taking medicinal products known to prolong the QT interval were not included in these studies, the effects of mirabegron in these patients is unknown. Caution should be exercised when administering mirabegron in these patients. Patients with bladder outlet obstruction and patients taking antimuscarinic medicinal products for OAB: Urinary retention in patients with bladder outlet obstruction (BOO) and in patients taking antimuscarinic medicinal products for the treatment of OAB has been reported in postmarketing experience in patients taking mirabegron. A controlled clinical safety study in patients with BOO did not demonstrate increased urinary retention in patients treated with Betmiga; however, Betmiga should be administered with caution to patients with significant BOO. Betmiga should also be administered with caution to patients taking antimuscarinic medicinal products for the treatment of OAB. **Interactions:** **Pharmacokinetic interactions:** Mirabegron is a substrate for CYP3A4, CYP2D6, butyrylcholinesterase, uridine diphosphate-glucuronosyltransferases (UGT), the efflux transporter P-glycoprotein (P-gp) and the influx organic cation transporters (OCT) OCT1, OCT2, and OCT3. **Pharmacokinetic interactions involving the potential for other medicinal products to affect mirabegron exposure:** Increases in mirabegron exposure due to drug-drug interactions may be associated with increases in pulse rate. **Strong CYP3A4 inhibitors:** See Posology and administration above for dose adjustments recommended during concomitant use of strong CYP3A4 inhibitors in patients with renal or hepatic impairment. Mirabegron exposure (AUC) was increased 1.8-fold in the presence of the strong inhibitor of CYP3A4/P-gp ketoconazole. **CYP2D6 inhibitors:** No dose adjustment is needed for mirabegron when administered with CYP2D6 inhibitors (or in patients who are CYP2D6 poor metabolisers). **Inducers:** Inducers of CYP3A4 (such as rifampicin) or P-gp may decrease the plasma concentrations of mirabegron. No dose adjustment of mirabegron is required as this effect is not expected to be clinically relevant. **Pharmacokinetic interactions involving the potential for mirabegron to affect exposures to other medicinal products:** **Inhibition of CYP2D6:** Moderate and time dependent inhibition of CYP2D6 by mirabegron may result in clinically relevant drug interactions. CYP2D6 activity recovers within 15 days after discontinuation of mirabegron. Caution is advised if mirabegron is co-administered with medicinal

products metabolized by CYP2D6 with a narrow therapeutic index such as thiazolidine, Type 1C antiarrhythmics (e.g. flecainide, propafenone) and tricyclic antidepressants (e.g., imipramine, desipramine). Caution is also advised if mirabegron is co-administered with CYP2D6 substrates that are individually dose titrated. **Inhibition of P-gp:** Mirabegron is a weak inhibitor of P-gp. For patients who are initiating a combination of Betmiga and digoxin, the lowest dose for digoxin should be prescribed initially. Serum digoxin concentrations should be monitored and used for titration of the digoxin dose to obtain the desired clinical effect. The potential for inhibition of P-gp by mirabegron should be considered when Betmiga is combined with sensitive P-gp substrates e.g. dabigatran. **Fertility, pregnancy and lactation:** The effect of mirabegron on human fertility has not been established. Betmiga is not recommended during pregnancy and in women of child-bearing potential not using contraception. Mirabegron should not be administered during breast feeding. Refer to SPC for full guidance. **Driving and use of machines:** Betmiga has no or negligible influence on the ability to drive and use machines. **Undesirable effects:** Summary of the Safety Profile: the safety of Betmiga was evaluated in 8433 patients with OAB, of which 5648 received at least one dose of mirabegron in the phase 2/3 clinical program, and 622 patients received Betmiga for at least 1 year (365 days). In the three 12-week phase 3 double blind, placebo controlled studies, 88% of the patients completed treatment with this medicinal product, and 4% of the patients discontinued due to adverse events. Most adverse reactions were mild to moderate in severity. The most common adverse reactions reported for patients treated with Betmiga 50 mg during the three 12-week phase 3 double blind, placebo controlled studies are tachycardia and urinary tract infections. The frequency of tachycardia was 1.2% in patients receiving Betmiga 50 mg. Tachycardia led to discontinuation in 0.1% patients receiving Betmiga 50 mg. The frequency of urinary tract infections was 2.9% in patients receiving Betmiga 50 mg. Urinary tract infections led to discontinuation in none of the patients receiving Betmiga 50 mg. Serious adverse reactions included atrial fibrillation (0.2%). Adverse reactions observed during the 1-year (long term) active controlled (muscarinic antagonist) study were similar in type and severity to those observed in the three 12-week phase 3 double blind, placebo controlled studies. The following adverse reactions were observed with mirabegron in the three 12-week phase 3 double blind, placebo controlled studies. The frequency of adverse reactions is defined as follows: very common (\geq 1/10); common (\geq 1/100 to <1/10); uncommon (\geq 1/1,000 to <1/100); rare (\geq 1/10,000 to <1/1,000); very rare (<1/10,000); not known (cannot be established from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. The adverse events

are grouped by MedDRA system organ class. **Infections and infestations:** Common: urinary tract infection. **Uncommon:** vaginal infection, cystitis. **Psychiatric disorders:** Not known: Insomnia*, confusional state*. **Nervous system disorders:** Common: headache*, dizziness*. **Eye disorders:** Rare: eyelid oedema. **Cardiac disorders:** Common: tachycardia. **Uncommon:** palpitation, atrial fibrillation. **Vascular disorders:** Very rare: Hypertensive crisis*. **Gastrointestinal disorders:** Common: nausea*, constipation*, diarrhoea*. **Uncommon:** dyspepsia, gastritis. **Rare:** lip oedema. **Skin and subcutaneous tissue disorders:** Uncommon: urticaria, rash, rash macular, rash papular, pruritus. **Rare:** leukocytoclastic vasculitis, purpura, angioedema*. **Musculoskeletal and connective tissue disorders:** Uncommon: joint swelling. **Renal and urinary disorders:** Rare: urinary retention*. **Reproductive system and breast disorders:** Uncommon: vulvovaginal pruritus. **Investigations:** Uncommon: blood pressure increased, GGT increased, AST increased, ALT increased (*observed during post-marketing experience). **Reporting of suspected adverse reactions:** see below. **Legal category:** POM (S1B) **Marketing Authorisation number:** EU/1/12/809/003 - 25mg EU/1/12/809/010 - 50mg. **Marketing Authorisation holder:** Astellas Pharma Europe B.V. Sylviusweg 62, 2333 BE Leiden, The Netherlands. **Further information is available from:** Astellas Pharma Co., Ltd, 5 Waterside, Citywest Business Campus, Dublin 24. Phone: +3531 467 1555. Summary of Product Characteristics with full prescribing information available upon request. **Job number:** BET_2019_0002_IE **Date of preparation of API:** 27 May 2019.

Reporting of suspected adverse reactions: Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via:

HPRA Pharmacovigilance
Earlsfort Terrace, IRL - Dublin 2
Tel: +353 1 6764971
Fax: +353 1 6762517
Website: www.hpra.ie
E-mail: mdsafety@hpra.ie

Astellas Pharma Co. Ltd
Tel: +353 1 467 1555
E-mail: Irishdrugssafety@astellas.com



Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick



Covid risk for pregnant HCWs

Q. I am a staff nurse working in the intensive care unit (ICU) in the public health sector and am currently 26 weeks pregnant. I have been advised that I am classed as 'high risk', given the increased risk of exposure of Covid-19 in my place of work and, in particular the ICU unit. What protocols are in place to protect pregnant healthcare workers?

As per the government guidance, 'very high risk' or 'vulnerable' healthcare workers (HCWs) should not be at work. It is advised that pregnant HCWs will be defined as either 'high risk' or 'very high risk' given the increased risk of exposure of Covid-19 in healthcare settings. Please see www.hse.ie (*guidance-on-fitness-for-work-of-healthcare-workers-in-the-higher-risk-categories January 2021.pdf*)

Firstly, a workplace pregnancy risk assessment should be carried out by the line manager for all pregnant HCWs. Pregnant HCWs should be deemed 'high risk' and should work from home if possible. However, some clinical work and duties that involve working closely with others or face-to-face contact may be possible where testing of patients and staff is regularly carried out and certain controls, for example PPE, is effective in managing the risk. However, it is also advised that pregnant HCWs in this category should be allocated to patients, and duties, that have reduced exposure to patients with, or suspected to have, Covid-19 infection. It is specifically recommended to avoid rostering pregnant staff to Covid-specific units or wards, and redeployment to lower risk duties should be considered

Pregnant HCWs who meet certain criteria may be defined as 'very high risk' and should be referred to Occupational Health for assessment. The criteria for 'very high risk' are listed as:

- Black, Asian and minority ethnic (BAME) background
- Being obese (BMI > 30)
- Pre-pregnancy co-morbidity, such as pre-existing diabetes and chronic hypertension
- Maternal age ≥ 35 years
- Adverse social circumstances

Pregnant HCWs with other underlying health conditions or pregnancy-related complications may also be considered 'very

high risk', subject to assessment by Occupational Health, in consultation with the HCW's obstetrician or other specialists involved in their care. 'Very high risk' HCWs must be facilitated to work from home.

If you are working in an area where the risk cannot be eliminated but you do not meet the criteria for 'very high risk' you may be allocated to low risk wards/units or to lower-risk duties. If this is not possible and the risk of exposure to Covid-19 cannot be managed through effective controls, then you may be facilitated to work from home.

Premium payments during SLWP

Q. I have a question in relation to premium pay. I had been advised by contact tracers that I was a close contact of a confirmed Covid-19 case. I had no symptoms but subsequently received a positive test result, I had to self-isolate. During this time, I would have had premium earnings due to weekend work and night duty. When I received my salary, I noted that the premiums were not included in my pay while I was on special leave with pay (SLWP). I spoke to my employer who advised that I was not entitled to premium earnings while on SLWP. Is this correct?

No, this is an incorrect response from your employer. In the case of employees who come within the scope of HSE HR Circular 064/2020 Special Leave with Pay for Covid-19 Premium Payments, the amount payable includes unsocial hours premium payments.

Please note that "unsocial hours premium earnings" is an umbrella term that refers to a variety of premium payments/allowances based on an employee's rostered hours of work, which vary depending on the roster worked in a specific period. It includes, but is not limited to, night duty, time and one-sixth, Saturday allowance, Sunday premium etc.

The calculation excludes overtime payments with the exception of regular and rostered over-time payments. For the purposes of calculating this element of SLWP, the employee's unsocial hours premium payments and, if applicable, regular and rostered overtime payments will be averaged over the preceding six-week period.

Know your rights and entitlements

The INMO Information Office offers same-day responses to all questions

Contact Information Officers Catherine Hopkins and Karen McCann at
Tel: 01 664 0610/19

Email: catherine.hopkins@inmo.ie, karen.mccann@inmo.ie
Mon to Thur 8.30am-5pm; Fri 8.30am-4.30pm



- Annual leave
- Sick leave
- Maternity leave
- Parental leave
- Pregnancy-related sick leave
- Pay and pensions
- Flexible working
- Public holidays
- Career breaks
- Injury at work
- Agency workers
- Incremental credit



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Are you experiencing fatigue and over exhaustion? Yoga and meditation are well known to regulate the stress response and re-balance the nervous system. Our short restorative yoga classes are an invitation to find the lost connection of mind and body, they will help you relearn the art of relaxation while developing the skills and abilities to self-soothe through yoga poses. Each class is different and will end with some meditation which will enhance your healing capacity.

**For more information log on to
www.inmoprofessional.ie**

Aparna Shukla who will provide this training is a nurse, midwife, and certified yoga and MBSR teacher. From the age of 8, Aparna has practiced yoga and is in a unique position to combine scientific knowledge with ancient wisdom.

Classes will be provided online using Zoom every Thursday morning for the month of April at 9.00am for 45 minutes. Joining is easy, once registered, you will be sent instructions on how to join the day before the class begins. Previous experience of yoga practice is not necessary.

These 4 classes are also available to non-members for a fee of €40

**EVERY
THURSDAY
IN APRIL 2021**

(8, 15, 22, 29 April 2021)

9.00am to 9.45am

BOOKING YOUR PLACE IS ESSENTIAL

Tel: 01 6640641/18 | education@inmo.ie | www.inmoprofessional.ie

INMO EDUCATION PROGRAMMES



*Continuing professional development
for nurses and midwives*

*New online
courses for 2021,
in response to
Covid-19*

Retirement Planning Webinar

Thursday, June 10, 2021

Planning for retirement is even more important today than it has ever been. There are many things to consider as you approach retirement. It's good to start by reviewing your finances to ensure your future income will allow you to enjoy the lifestyle you want. INMO Professional, in partnership with Cornmarket Financial Services, has developed this online webinar to help support our members. The webinar will briefly cover the following: superannuation, AVCs, lump sum and investments. Places must be booked in advance to join this webinar. Visit www.inmoprofessional.ie to book your place. This event is free for INMO members.



Training Delivery and Evaluation *(next available dates)*

QQI Level 6, Category 1 approved by NMBI and awarded 30 CEUs

Due to popular demand, our Training Delivery and Evaluation programmes for March and May are now completely booked up. This five-day programme provides nurses and midwives with the knowledge, skills and competence to deliver, assess and evaluate a training provision. It is scheduled to take place again on the following dates: September 28, 29, and 30 and October 12 and 13, 2021. The fee for this course is €550 (INMO members). This training is due to take place online, pending further review. For more information, contact Marian Godley, course co-ordinator, by email at marian.godley@inmo.ie or visit www.inmoprofessional.ie



New Programmes on Special Offer for INMO Members

INMO Professional continues to develop and offer a wide range of short online programmes, all of which are approved by the NMBI. As demand for courses is high, we continue to offer members a special rate – book three and get the fourth programme free. To avail of this offer, call 01 6640641/18 or email education@inmo.ie

On completing a programme, a digital certificate of participation will be emailed to you, along with allocated CEUs.

SPECIAL OFFER

Maintaining your competency, maintaining your registration

March 2021

PULL OUT



Steve Pitman
Head of Education and
Professional Development

COVID-19 remains the central issue for the health service, and reducing infections and rolling out the vaccination programme are fundamental to combating the virus. There is no doubt the consequences of the pandemic will be felt for a long time. The physical and psychological impact of working on the frontline during the pandemic requires increasing attention. To maintain the nursing and midwifery workforce and to ensure that adequate staffing is available to deal with delayed care post Covid-19, the health service needs to develop strategic interventions to support staff. There is an ever-increasing demand for nurses and midwives across the world. It is vital that this valuable resource is safeguarded and that action is taken to demonstrate compassion, care and commitment for healthcare workers.

Nursing Now

Nursing Now has announced that the Nightingale Leadership Challenge has been extended until 2022 and renamed the Nursing Now Challenge. The aim of the challenge is to create leadership development opportunities for 100,000 nurses/midwives in more than 150 countries by the end of 2022. Further information can be found at www.nursingnow.org/nightingale/ Nursing Now has also launched Nurses Together, an initiative that aims to build the capacity of nurses to advocate for nursing at a policy level to effect change. A tool kit and other resources have been developed and can be download from the Nursing Now website.

NMBI updates

An update to the NMBI Code of Professional Conduct and Ethics has been approved by the NMBI and is expected to be published over the coming months. This update primarily addresses changes in legislation that have occurred since 2014. The NMBI quality clinical learning environment guidance document is also expected to be published over the coming weeks. The NMBI has also issued a call for expressions of interest in the nurses and midwives panel of expert witnesses for the fitness to practise department of the NMBI. If you are interested, further information can be found on the news section of the NMBI website.

CJ Coleman Research Award

The CJ Coleman Research Award, which recognises the research of nurses and midwives, has been launched for 2021. The award of €1,000 is open to INMO members who have completed a research study or change project. The winner of the award will be announced at the 2021 ADC. For information and a link to the application form, see www.inmo.ie or www.inmoprofessional.ie The closing date is April 9, 2021.

International Nurses Day and International Day of the Midwife

The international days of the nurse and midwife are celebrated in May. The theme for this year's

International Day of the Midwife (IDM) is 'Follow the data: Invest in midwives'. The IDM takes place on the May 5, with further information and resources available from the ICM website. It is also worth noting that the *State of the World's Midwifery 2021* report will be published to coincide with World Health Day on April 7. International Nurses Day takes places on May 12. The theme for 2021 is 'Nurses: a voice to lead – a vision for future healthcare'. More information is available on the ICN website. The INMO will be leading the celebrations in Ireland with more details to be made available in April.

Midwifery and nursing festivals

The midwifery and nursing festivals held in February were a great success, with approximately 1,500 attendees over the two days. The sessions are available to view at www.inmoprofessional.ie (see page 48).

INMO Professional online courses

INMO Professional continues to develop online courses for members. These hugely popular courses are delivered by experienced trainers and practitioners covering a range of clinical and professional topics. Newly developed courses include:

- Online legal course
- Renal care
- Paediatric asthma care
- Tracheostomy care
- Leading strategy and strategic planning
- Health psychology for nurses and midwives
- The sociology of health and illness.

Following considerable interest from members in the free wellness morning retreat on March 18, INMO Professional has arranged a series of sessions. These have been designed for INMO members experiencing stress from working in unprecedented times. Four 45-minute sessions will run throughout April. If you are interested in attending a course, visit www.inmoprofessional.ie

INMO section conferences and webinars

The Care of the Older Person Section will be hosting a free webinar on March 23. Section and branch AGMs will take place in February. For further information, please contact jean.carroll@inmo.ie

On-site Education

INMO Professional offers an extensive range of on-site programmes facilitated by expert practitioners. If you are interested in booking one, email marian.godley@inmo.ie or call 01 6640642.

Delivering courses and writing for WIN

If you have expertise in clinical or management practice, email: education@inmo.ie or Tel: 01 6640642. We are also interested in hearing from members who would like to write professional and clinical articles for WIN. Please email steve.pitman@inmo.ie

Online Education Programmes

Tel: 01 6640641/18
Email: education@inmo.ie



All of the following programmes are category I approved by the NMBI and allocated continuous education units
Fee: €30 members; €65 non-members
Time: 10am-1pm

Check out our new online courses by logging on to
www.inmoprofessional.ie



Keep your CPD up to date • Extensive range of programmes • NMBI category I approved • Digital certification provided

Mar 9 Improve Your Academic Writing and Research Skills

This course is designed for those undertaking third-level programmes. It will assist participants in completing their written assignments and prepare the student for academic study which requires efficient literature searching, research critique and accurate referencing skills.

Mar 10 Delegation Principles and Practices

This short programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with health care assistants. It explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn the difference between clinical and managerial delegation and how delegation differs from assignment of a task. Guidance will be provided on the assessment of a delegate's experience and role, and how best to match appropriate clinical supervision to a specific delegated function. The professional, legal and quality of care issues involved when deciding to delegate a function will also be explored.

Mar 11 Risk Management and Incident Reporting

This programme outlines the core principles of best practice in managing risk, underpinned by the philosophy and care needs. At the end of the session, participants will be enabled to: understand key terms and definitions related to risk management in healthcare; outline the stages of the risk management process based on the international standard and framework for risk management; outline the five steps of risk assessment; understand the purpose and maintenance of a risk register and complete accurate records of incidents for incident reporting.

Mar 16 Introduction to Effective Library Search Skills

This course is for those who would like to develop information-seeking skills for clinical practice, reflection or policy development.

Mar 18 Morning Retreat informed by Mindfulness-based stress reduction (MBSR) practices

This online wellness morning retreat is mindfully designed for nurses and midwives experiencing stress from working in unprecedented times. These practices will support nurses in minimising compassion fatigue while nourishing and nurturing their body, mind and spirit. Visit www.inmoprofessional for more information. There is limited availability and it is free to members.

Mar 24 Introduction to Oncology: Terminology and Patient Pathways

This short programme is aimed at nursing staff with an interest in oncology or working with cancer patients. As good communication with patients and families is crucial in oncology, keeping up to date with terminology is a challenge. This course will increase your confidence in this regard, making you more efficient. The programme will give you increased understanding of the language of oncology in order to improve fluency with patients and colleagues. It will also provide increased insight into the oncology journey.

Mar 24 Preliminary Proceedings Committee and Interim Suspensions, Deprivation of Liberty and Legal Considerations of Social Media

For more information on this special online legal programme, visit www.inmoprofessional.ie

Mar 25 Navigating Your Way through Conflict

This programme is now full and the next available date is May 12, 2021. Early booking is advisable as places are limited.

Cancellation policy: For cancellations five days before the course due date, a full credit to transfer onto a course at a future date will be offered. For non-attendance, there is no refund or transfer. If a course is cancelled due to insufficient numbers, a full online refund will be issued.

Mar 29 Falls Reduction, Assessment and Review

This course is to promote a consistent approach to falls reduction for older people through assessment, individualised care planning and post-fall review. It promotes excellence among nurses who provide care to the patients at risk of falls. The main aim is to assist nurses to identify those patients or residents who are at risk of falls and to reduce that risk by providing knowledge on falls reduction techniques.

Mar 30 Paediatric Asthma – Understanding the Basics

This short online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for children and their families with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the child with asthma utilising current best practice.

Mar 30 Understanding and Managing Burnout for Nurses and Midwives

Burnout is related to a decrease in occupational wellbeing and an increase in absenteeism, turnover and illness. It can be prevented by focusing on engagement, organisational assessment and early detection. This course will focus on creating a more positive workplace.

Mar 31 Nursing Patients with Disorders of the Renal System – An Introduction

This course aims to meet the needs of nurses who care for renal patients, focusing on developing competency in the management of patients with both acute/chronic disorders of the renal system. It will promote evidence-based practice while caring for this cohort of patients.

Apr 7 Leading Strategy and Strategic Planning

This new online programme is for nurse and midwife managers to be effective in their roles as leaders and managers in healthcare delivery. Strategy and strategic planning can solve problems as well as spark ideas. By the end of this training, participants will be given the necessary knowledge and understanding of: the definition and role of strategy; the strategic planning process and instrumental leadership.

Apr 8 Restrictive Practices in Residential Care Settings for Older People

Restrictive Practice in the Residential Care is a half day Webinar programme that encourages participants to reflect on interventions that could be seen as restraining residents if viewed from a resident's perspective. Many interventions within healthcare environments can restrict movement of older people. They are unintentional and can be argued as in the best interest or for the protection of residents, for example, a nursing home locked at night to protect residents and staff from intruders.

Apr 8 Live Online Restorative Yoga and Relaxation – Four Free Virtual Live Classes

Take time for yourself every Thursday in April. Join these four online classes that will take place from 9-9.45am. Each class is different and will end with some meditation, which will enhance your healing capacity. For more information see *page 28*. Prior booking is essential. These classes are free to members, while non-members may join for €40.

Apr 13 Tracheostomy Care Study Day

This programme introduces a holistic and inter-disciplinary approach to the management of the adult patient with a tracheostomy. Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with tracheostomy.

Apr 14 The Importance of Documentation for Nurses and Midwives – Getting it Right

This short programme will assist nurses and midwives in understanding their duty of care and responsibility in the area of best practice in documentation, keeping good records and their ethical and legal responsibility of getting it right. Introduction to legal and professional requirements: NMBI Code and Guidance for Recording Clinical Practice; relevant HIQA regulations and standards; adhering to consent and data protection legislation in record-keeping; purpose of healthcare records; the 'dos' of documentation.

Apr 15 Competency-based Interview Preparation for Nurses and Midwives

This programme will assist participants for a competency-based interview that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to, dealt with and handled previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation.

Apr 20 Best practice for Clinical Audit for Nurses and Midwives

This programme equips participants with the skills to plan and implement a clinical audit and will enable them to deliver evidence of improved performance for safer and better care for patients. Participants will be provided with an overview of clinical audit and be informed about each stage in the clinical audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit. There will be an emphasis on continuous quality and safety improvement in healthcare.

When booking online courses please note:

Places must be booked in advance. You will need a reliable computer and internet access. Please ensure a correct email is provided when registering. Certificates for participation will be issued in digital form and sent by email. Do not hesitate to contact us at Tel: 01 6640641/18 or email: education@inmo.ie

Apr 21 Introduction to Management and Leadership Skills for Nurses and Midwives

The aim of this short online programme is to identify key managerial and leadership competencies for front line nursing/midwifery managers and to explore how these are applied in practice. The programme will include management theory, effective leadership and team working as well as delegation and clinical supervision.

Apr 23 Overview of Nursing Assessment and Management of Stroke

This short online programme will give participants an overview of nursing assessment and management of stroke during the Covid-19 pandemic. On completion participants will be able to: Identify and discuss the two types of strokes; identify and ascertain the various treatment options; understand the best practice for the nursing care of people who have suffered an acute stroke, including secondary prevention; be aware of aetiology of stroke and rationale for specific diagnostic tests.

Apr 27 Health Psychology in Nursing Practice

This short course is an introduction to health psychology in nursing and midwifery practice. It presents a biopsychosocial perspective of health. The course will cover a range of topics including understanding stress, it will help nurses and midwives deal with the psychological and emotional aspects of health and illness as well as supporting people who are chronically ill in promoting healthier lifestyles and encouraging them to improve their health.

Apr 28 Owning Your Future – Taking Control

The key learning outcome of this short session will be to support each participant to become aware of their competencies as an employee and to explore how they can increase their ability to take control of their careers in these uncertain times. The physical and mental strain of working in a pandemic has left little time for nurses and midwives to think about their careers. New skills and competencies have been acquired, common sense or tacit knowledge has played a key role in coping. Yet, little value may be put on these skills unless nurses and midwives recognise and articulate their value.

29 April Tools for Safe Practice for Nurses and Midwives

This programme provides safe practice tools to protect the nurse, midwife and patient against the backdrop of staff shortages and skill mix realignment within healthcare settings. This session will ensure participants have an understanding of the processes involved around patient alerts, clinical incidents and thorough assessment. This programme is free for INMO members.

May 5 Change Management – Valuable Tools for Nurses and Midwives

The aim of this course is to enhance the understanding of nurses and midwives of change management and strategies to improve the potential for successful change initiatives in helping them lead, develop and manage change in their workplace. Participants will gain valuable tools in how to understand the nature and process of change within the healthcare setting; appreciate the importance of managing stakeholders as part of the change process; apply change concepts with their clinical and managerial practice and reflect on their previous experience of change. They will leave with knowledge of how to best support their work colleagues on how to approach change positively.

May 6 Medication Management Best Practice 2020 – Guidance for Nurses and Midwives

This education programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. The programme will cover such topics as: principles of medication management; the medication management cycle; management of controlled drugs and medication safety. Participants will have the opportunity to update their knowledge in line with the most up-to-date NMBI *Guidance for Registered Nurses and Midwives Administration* and HIQA requirements for medication management.

May 11 Introduction to Chemotherapy

This introductory session will equip you with the main principles of chemotherapy, its side-effects and how to feel safe and confident handling these drugs. In return, you will feel empowered to deliver improved care to your patients. This session will cover pharmacology of chemotherapy; chemotherapy side-effects and chemotherapy regimes and safe handling of cytotoxics. As good communication skills with patients and families is crucial in chemotherapy, this programme will keep your skills up to date which is important.

May 12 Navigating Your Way Through Conflict

This course will help participants develop the insight and skills necessary to successfully navigate their way through conflict situations and reach satisfactory solutions. In many ways, workplaces are perfect breeding grounds for conflict. As well as our skills, we bring our individual needs, goals, ambitions, personalities, perspectives, backgrounds and vulnerabilities with us to work. It is hardly surprising, then, that conflict can arise as we interact with others. While some conflict can be healthy, unresolved conflict can lead to a myriad of negative outcomes with dire consequences for wellbeing.

May 13 Understanding and Developing Care Plans for Nurses and Midwives

This short online programme provides nurses and midwives with the most up-to-date information regarding policy and standards. It will enhance their understanding of nursing care plans, reflecting on the past, present and future use of care planning and its importance in the workplace. It will focus on the need for comprehensive assessment, including risk assessment and care planning. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment, enabling them to develop a person-centred care plan.

May 18 Clinical Placement Co-ordinators *(special online event)*

A special online event is currently being organised for CPCs, replacing the annual seminar that was scheduled last April but was cancelled due to Covid-19 restrictions. This event is free to INMO members and will run from 10am-1pm. For further information please visit www.inmoprofessional.ie The complete programme will be available in the April issue of WIN.

May 19 Become More Assertive

This short online programme is designed to help nurses and midwives develop their skills to be more assertive to help them to make decisions with conviction and deal with difficult situations.

May 20 Adult Asthma – Getting the Basics Right

This short online programme is aimed at nurses and midwives who are working in clinical practice and who require basic knowledge and skills in order to care for people with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with asthma, utilising current best practice.

May 27 End of Life Care and Covid-19

This online programme outlines the legal and professional requirements for end of life care in designated centres and identifies how to apply this practice to Covid-19. Participants will learn how to recognise signs and symptoms of deterioration through the programme, which will assess, monitor and review physical, psychological, social and spiritual areas of care at end of life for a person with Covid-19. It will cover the *Guidance for Registered Nurses and Midwives on Medication Administration* and national guidance. Participants will be able to identify and apply effective interpersonal communication with families of a loved one at end of life during this challenging period.

Jun 1 The 'Know How' of Inhaler Technique

This short two hour online programme for nurses and midwives will address issues around inhaler technique. The programme will introduce the participant to current best practice in relation to inhaler technique and assist in the understanding of the role of inhaled medication with the correct use of inhalation devices (fee for members: €20).

Jun 2 Introduction to Treating and Preventing Pressure Ulcers

This short online course will advise participants on pressure ulcer prevention. Topics covered on the day include; causes of pressure ulcers, risk assessment, and prevention of pressure ulcers.

Jun 3 Falls Reduction, Assessment and Review

This short online programme is designed to promote a consistent approach to falls reduction for older people through assessment, individualised care planning and post-falls review. It promotes excellence amongst nurses who provide care to the patients at risk of falls, informed by current evidence. The main aim is to assist nurses to identify those patients or residents who are at risk of falls and to reduce that risk by providing knowledge on falls reduction techniques, ultimately improving patient safety and minimising injuries in the older population.

Jun 10 Virtual Asthma and COPD – Reviewing Virtually

This two-hour online course will provide the nurse with tools and resources to carry out effective virtual asthma and COPD reviews. Following this course, you will have a better understanding of: advantages and disadvantages of the different modalities for virtual consultations; 'SIMPLES' – the tool for virtual consultations and also the tools required for virtual asthma and COPD reviews (fee for members: €20).

Jun 15 Chronic Obstructive Pulmonary Disease (COPD) – Getting the Basics Right

This short online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with COPD on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with COPD utilising current best practice.

Jun 17 Medication Management in Type 2 Diabetes

This programme aims to enhance and develop the knowledge and skills required by healthcare professionals to educate and support the self management of people with diabetes. Topics will include the classification and diagnosis of type 2 diabetes, glucose targets and current pharmacological approaches to glycaemic management, challenges to medication management and practical skills required to support education and diabetes self-management.

New Online Courses **MARCH 2021**

Online from 10am - 1pm

Fee for each course €30 INMO members; €65 for non members

All courses are Category 1 approved by NMBI

Preliminary Proceedings Committee and Interim Suspensions, Deprivation of Liberty and Legal Considerations of Social Media

Wednesday, 24 March 2021

**3
CEUs**

This short online course will give nurses and midwives a greater understanding of the key considerations and legal aspects of social media use, the many benefits and also many risks, Deprivation of Liberty and also an insight into the operation of the Preliminary Proceedings Committee (PPC) of the Nursing and Midwifery Board of Ireland (NMBI) - the PPC of the NMBI considers complaints referred to it under the Nurses and Midwives Act 2021. This programme will be facilitated by David Miskell, RGN, LLB, Dip, MSc, Professional and Regulatory Services Officer, INMO.



NEW

Paediatric Asthma – Understanding the Basics

Tuesday, 30 March 2021

**3
CEUs**

As the most common medical condition in children and young people it is important that all healthcare professionals working with this age group have a sound understanding of recommended diagnosis and management options. This educational session will introduce the nurse to epidemiology, pathophysiology, diagnosis and management of asthma in children. The Global Initiative for the diagnosis and management of asthma (GINA, 2020) will underpin the session providing the nurse with evidence-based material which will enable him/her to provide care to children and their families with asthma.



NEW

Nursing Patients with Disorders of the Renal System – An Introduction

Wednesday, 31 March 2021

**3
CEUs**

This programme focuses on developing the nurses' competency in the assessment and management of patients with impaired renal function. It will assist in implementing evidence based practice while caring for this cohort of patients. Following this programme participants will be able to promote and maintain a high standard of patient care; promote evidence based practice in the field of renal nursing care; promote the advancement of nursing assessment and management of renal dysfunction through education and continuing professional development and have a greater understanding of the psychological effects of kidney disease.



NEW

BOOKING YOUR PLACE IS ESSENTIAL

Tel: 01 6640641/18 or go to www.inmoprofessional.ie



Celebrating International Women's Day

In celebration of International Women's Day, the library presents a selection of reports, research and review articles on a broad range of themes, including caring, workforce and gender equality

National reports

- Department of Health. Women's Health in Ireland: Evidence Base for the development of the Women's Health Action Plan. Commissioned by National Women's Council of Ireland, Department of Health, HSE. 2019
- Department of Justice and Equality. The National Strategy for Women and Girls 2017-2020: Creating a Better Society for All. 2017

International reports

- Department of Economic and Social Affairs. United Nations. The world's women 2020. Trends and statistics UN. 2020
- European Institute for Gender Equality. The Gender equality index. 2020. <https://eige.europa.eu/gender-equality-index/2020>
- World Health Organization. Strategy on women's health and well-being in the WHO European Region. WHO Europe. 2016

Nursing and midwifery

- Salmon ME et al. Investing in nursing and midwifery enterprise to empower women and strengthen health services and systems: An emerging global body of work. Nursing Outlook. 2016, 64 (1): 7-16 <https://doi.org/10.1016/j.outlook.2015.11.010>
- Anon. The status of nursing and midwifery in the world. The Lancet. 2020, 395. [doi.org/10.1016/S0140-6736\(20\)30821-7](https://doi.org/10.1016/S0140-6736(20)30821-7)

Leadership

- Intrahealth International. Nursing Now. Investing in the power of nurse leadership: what will it take? 2019

Midwifery

- Bradfield Z. et al. Midwives' perceptions of being 'with woman': a phenomenological study. 2019, BMC Pregnancy Childbirth 19, 363 (2019). <https://doi.org/10.1186/s12884-019-2548-4>

Health workforce

- Bonbiol M et al. Gender equity in the health workforce: analysis of 104 countries. Health Workforce Working paper 1. World Health Organization. 2019
- Betron M, et al. Time for gender-transformative change in the health workforce. The Lancet. 2019; 393(10171), E25-E26
- Scheffler RM et al. Forecasting the imbalances in the global health labour market and devising policy responses. Human Resources for Health. 2018; 16: 5

Clinical nurse/midwife specialists

- Marshall D et al. Pushing the Boundaries: The Impact of the Role of

Library services

The library has a number of services to support your practice and educational requirements, including literature searching, document supply, reference desk assistance and searching consultations. To find out more, call 016640614 or email: library@inmo.ie

the Clinical Nurse /Midwife Specialist (CN/MS) Sexual Assault Forensic Examination (SAFE) in Ireland. International Journal of Integrated Care. 2017, 17(5): A549, pp. 1-8, [doi: dx.doi.org/10.5334/ijic.3869](https://doi.org/10.5334/ijic.3869)

Covid-19

- United Nations. Midwives step up to support pregnant women during pandemic. 2020. <https://www.un.org/en/pregnant-women-are-worried-about-giving-birth-during-pandemic>
- National Women's Council of Ireland (NWCI) Women's experiences of caring during Covid-19. NWCI. 2020
- Oireachtas Library & Research Service, 2020, L&RS Note: Domestic violence and Covid-19 in Ireland
- Crimi C et al. Challenges for the female health-care workers during the Covid-19 pandemic: the need for protection beyond the mask. Pulmonology. 2021, 27(1): 1-3
- United Nations (2020) United Nations (UN) (2020) Policy Brief: The Impact of Covid-19 on Women
- Women's Aid (2020) When home is not safe: domestic abuse during the Covid-19 emergency

Caring

- Russell H et al. Caring and Unpaid Work in Ireland. Irish Human Rights and Equality Commission. ESRI. 2021

Domestic abuse

- Women's Aid. One in five report young women suffer intimate relationship abuse in Ireland. 2020

Literature searching service

Let the library assist you with your searching. We offer a literature searching service, which is available to members for a small fee and can be useful if you are having difficulty finding relevant articles or if you do not have enough time to complete your search yourself.

Remote consultations

The library also offers remote consultations to assist you with your searching requirement. Contact us by email (library@inmo.ie) or Tel (016640614) to book an appointment.

Online – Introduction to Effective Library Search Skills

Next course dates: Tuesday, March 16, 2021

Fee: €30 INMO members; €65 non-members

This course is aimed at nurses and midwives who would like to develop their searching skills to effectively find the most relevant information for clinical practice, reflection and policy development. This course will also be of benefit to those who are undertaking, or about to commence, post-registration academic programmes.



Domestic abuse

This month, RCM i-learn looks at the context and impact of domestic abuse and how it presents in women and girls

THIS module from RCM i-learn will help participants to develop awareness and understanding of domestic abuse, who is affected by it and how it presents in modern society, including its consequences.

Taking just 45 minutes to complete, the module aims to build confidence in identifying pregnant women who are experiencing domestic abuse, or children exposed to such abuse who are in need of protection and support. It will also highlight the need to safeguard and refer women to the right sources of support.

What is domestic abuse?

Domestic abuse is all around us. It carries an almost indescribable human cost, causing longer-term physical and mental health issues in victims, survivors and children. Domestic abuse is split into two distinct areas:

- Intimate partner violence or abuse
- Intra-familial violence or abuse.

The context

Globally, 30% of women who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime, and as many as 38% of murders of women are committed by an intimate male partner, according to the World Health Organization (WHO).¹

Gender-based violence

Domestic abuse and the wider context of violence against women and girls is rooted in gender inequality and discrimination. In a gendered approach, we must take account of the differences in men's and women's lives and how these affect them, eg. in health, employment and opportunities. This analysis argues that domestic abuse can only be properly understood by considering its history, context, meanings, impact and consequences through the lens of gender. Viewing domestic abuse in the context of gender helps us to make sense of the circumstances, nature, scale and

consequences of it, thus helping us to stop it from occurring.

Equality and diversity

Domestic abuse occurs across genders, ethnicities, nationalities, cultural backgrounds, religions, faith groups, social class, socio-economic status, sexual orientations and ability status. Therefore, midwives must avoid making judgements about people's lifestyles. Furthermore, midwives must not take any actions or decisions that would directly or indirectly discriminate against a service user or visitor based on their gender, gender re-assignment, ethnicity, culture, nationality, faith or marital status.

Domestic abuse and pregnancy

Intimate partner violence is of particular concern during pregnancy. Indirect or direct exposure to such violence during pregnancy has been shown to increase a woman's risk of having an adverse birth outcome. Physical assault to the abdomen or sexual trauma experienced during pregnancy may increase the risk of spontaneous abortion, pre-term delivery, low birth weight or neonatal death. Adverse birth outcomes may also be indirectly caused by negative maternal behaviours generated through exposure to domestic abuse, such as inadequate nutrition or prenatal care and increased stress levels.²

Maternity staff are best placed to identify domestic abuse and to provide appropriate support for victims who are more likely to report their victimisation to a healthcare professional. Prevention and early intervention are fundamental in tackling domestic abuse. It is essential that victims are empowered to disclose their abuse as early as possible.

Learning outcomes

After completing this module you will be able to:

- Understand the context of domestic abuse
- Identify the scale of domestic abuse



within the wider context of violence against women and girls/gender-based violence

- Understand how domestic abuse presents, including identifying the signs and symptoms
- Understand the impact of domestic abuse on the pregnant woman and her children, including the unborn child
- Identify the action to be taken by a midwife to safeguard a pregnant woman who is experiencing domestic abuse, as well as her unborn child
- Understand the importance of risk assessment, information sharing and record keeping to safeguard a pregnant woman who is experiencing domestic abuse
- Support a woman who is experiencing domestic abuse.

RCM i-learn access for INMO midwife members

Free access is available to all midwife members of the INMO. If you are interested in learning more about the modules outlined or in completing a learning module, visit www.inmoprofessional.ie/RCMAccess or email the INMO library at library@inmo.ie for further information

Introducing Executive Council members



Elizabeth Allauigan
ICU nurse, St James's Hospital,
Dublin

ELIZABETH Allauigan was born in the Philippines and has wanted to work in medicine since a young age. Having studied nursing at St Paul's College, she was offered a scholarship by the Red Cross and moved to Manila to attend the Women's College there, where she became student union president,

campaigning for women's rights.

Ms Allauigan's first nursing job involved travelling around the Philippines teaching people about healthcare. She also worked in an acute hospital in Manila before working as an ICU nurse in Libya in the 1980s. She gained valuable experience there but war made day-to-day life difficult. She also worked as an ICU nurse in Saudi Arabia.

Ms Allauigan moved to Ireland in 2004 and began work in the ICU at Connolly Hospital. She studied part time, achieving a master's in public administration and a diploma in health-care management. She has worked in St James's Hospital since 2006.

Ms Allauigan encourages colleagues to join the union and has recruited many international nurses. She says: "The

support and solidarity a union offers is essential. There is no point in hoping to benefit from the gains the union makes without playing an active part."

On the Executive Council, Ms Allauigan will prioritise supporting international members, but will also fight for fair wages for the predominantly female workforce. She also wants to ensure that nurses working in the community have the same access to safety and support at work as those who work in acute hospitals.

Ms Allauigan's message to those working during the pandemic is: "Get plenty of rest, eat well and take time to take care of yourselves. It's so important to be vigilant with PPE and safety procedures. Presence of mind is so important at work."



Oliver Allen
ED nurse, St James's Hospital,
Dublin

OLIVER Allen has worked in nursing for 10 years and has a passion for emergency nursing. He trained at St James's Hospital, having also worked at Beaumont Hospital and in London.

Mr Allen is interested in the professional development of nurses and midwives and advancing their roles.

He was an active student member of the INMO when the 2010 recession resulted in many nurses and midwives emigrating for work. He was chair of the strike committee at St James's during the national strike in 2019. He is also involved with the ED Section.

"My priorities while on the Executive Council will include amplifying the voice of nurses and midwives in the clinical setting and ensuring they are supported. I also want to ensure that their huge personal and professional contribution to the healthcare system during the pandemic is recognised."

Mr Allen encourages his peers to join the union and get involved with its branches and sections, as he says it provides support and allows members

to learn from each other and share experiences. He also encourages members to engage on wider social policy issues through their union.

"The INMO is more than somewhere to go for advice if you have a problem. It's a family, a large group of nurses and midwives from different professional backgrounds working together to advocate for patients, improving standards in the workplace and the development of the professions."

Mr Allen's message to those working during the pandemic is: "I'd like to congratulate the work being carried out by nurses and midwives across all sectors during this pandemic. I will make it my priority on Executive to ensure they are recognised by the state for the huge sacrifices they have made."



Mary Dunne
ED nurse, University Hospital
Waterford

MARY Dunne has worked in the ED at University Hospital Waterford for most of her nursing career. She qualified in 1987 and briefly worked in London, before returning to her hometown. She has always been driven to care for others.

The service has expanded greatly in the Waterford ED over the years, but there have been lots of structural changes since Covid-19 hit. The layout of the ED has changed and staff have been redeployed and trained up to meet the new demands.

"It's been a learning curve but there is also that fear factor among staff worrying that we'll bring it home or get infected ourselves. This is not the sort of change we can prepare for despite all our training."

Ms Dunne became active with the INMO in 2012. The need for safe staffing drove her to become involved with the national ED committee and it taught her that being active can lead to solutions. She encourages all nurses

and midwives to join the INMO and work together for collective gains.

"The role of the INMO is to be a voice for the nursing body. I want to be there to support my colleagues in the workplace and in the region."

Safe staffing is a priority for Ms Dunne on the Executive Council. She is also looking forward to working with the new national health and safety rep, Karen Eccles, and wants to ensure all national agreements are actioned.

Her advice to new graduates is: "Look after each other. It's that peer support that helps us get through it. Take care of each other and be understanding of each other. Coming into the service during a pandemic is a baptism of fire. It's okay to feel stressed and anxious."



In the footsteps of great women

To mark International Women's Day, Catherine O'Connor remembers some of the world's most influential nurses and midwives

THIS year International Women's Day falls on Monday, March 8 and, given that 2021 is designated as being the Year of the Nurse and Midwife by the World Health Organization, it is only fitting to pause and appreciate the enormous contribution that women have made and continue to make to the nursing and midwifery professions. Indeed, according to the HSE's latest employment report, 90.5% of all nursing and midwifery employees are registered as being female.

Throughout history, female nurses and midwives have contributed enormously to the professions, and it is worthwhile taking time to recognise some influential and noteworthy women – though there are obviously many more than can be covered in this brief article.

Florence Nightingale

When one thinks of influential nurses in the past, Florence Nightingale naturally comes to mind as the founder of modern nursing. Born in 1820, Nightingale was raised in England at a time where nursing was not widely respected and was seen as a job for poor women. Passionate about helping others, she convinced her family to allow her to undertake nursing training in 1844. In 1854, she was tasked with organising a corps of nurses to care for soldiers during the Crimean War. At that point, more soldiers were dying of illnesses than they were of their battle injuries as conditions were unsanitary, and cholera and

typhoid were rampant. Florence radically changed the sanitary and hygiene standards of the British base hospital, including implementing handwashing and the provision of clean linens for the soldiers. She acquired the nickname 'the lady with the lamp' during this period as she checked on patients at night.

Nightingale went on to establish the first professional training school for nurses in London in 1860. International Nurse's Day is celebrated on her birthday each year, on May 12.

Mary Frances Crowley

Mary Frances Crowley was born in Wexford in 1906 and did her professional nurse training in Britain. She went on to earn her midwifery certificate in 1936 and returned to Ireland to work in 1941.

She was influential to the Irish educational system as she founded the Medical Missionaries Midwifery Training School in Drogheda, as well as the nurse training school in the Royal Victoria Eye and Ear Hospital, Dublin.

A faculty of nursing was established at the RCSI in 1974 – the first of its kind in Ireland or Britain. Crowley was appointed the first dean of the faculty, the title of which was later amended to include midwifery.

Mary O'Connell-Bianconi

Born in 1896 in Co Clare, Mary 'Molly' O'Connell-Bianconi enrolled in the British Voluntary Aid Detachment (VAD) in 1915, a voluntary unit of civilians who received

nursing training and went to deliver care to wounded soldiers on the front lines. Unusually for a woman at the time, O'Connell-Bianconi also received training on how to drive and basic car mechanics. This allowed her to join the First Aid Nursing Yeomanry, and so she was able to drive ambulances to move injured servicemen away from danger as well as treating their injuries.

She was one of only seven nurses during the First World War to receive both the Military Medal by King George V as well as a mention of her bravery by General Plumer. The nursing building at Waterford Institute of Technology is named after her.

Mary Fleming and Aileen Turner

Mary Fleming was a 24-year-old nurse from Tipperary working on the TB ward in Lewisham Hospital during World War Two. During the Blitz in 1941, the hospital was bombed and sustained massive damage. Fleming and her colleague, senior assistant nurse Aileen Turner, also from Ireland, climbed through a first floor window and crawled along the floor to reach 17 stranded patients. They were able to rescue them by leading them back to safety moments before the ward floor collapsed. For their courage, both Fleming and Turner received the George Medal, the highest civilian award for bravery.

Catherine O'Connor is the INMO's Student and New Graduate Officer. If you have a question for her, please email: catherine.oconnor@inmo.ie

Call for INMO student representatives

AS THE pandemic continues, it is essential that each class has an INMO student representative to link in with me, the student and new graduate officer.

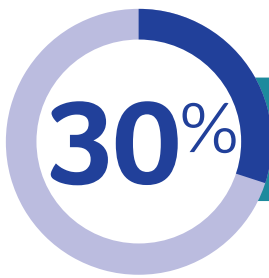
If your group does not yet have an INMO student rep, please discuss this among yourselves and nominate one rep per discipline, and placement area if you are spread across multiple sites.

It is worth noting that INMO student reps are distinct from student union reps as the INMO is the professional body representing nurses and midwives dealing with matters relating to the workplace.

If you are interested in learning more, please do not hesitate to contact me at catherine.oconnor@inmo.ie.

Preceptor of the Year Award

THE deadline to nominate your preceptor for the annual 'Preceptor of the Year' Award, sponsored by Cornmarket Group Financial Services, is April 1, 2021. This award recognises an INMO member who has inspired and motivated a student to reach their full potential. You can nominate your preceptor at www.inmo.ie/Preceptor_Form.



of infants experience symptoms of regurgitation¹

WHY MEDICATE? TRY NUTRITION FIRST.

For bottle-fed infants with frequent regurgitation

ESPGHAN*

March 2018

RECOMMENDS
a stepped-care approach...

REVIEW

the feeding history.

REDUCE

the feed volumes by trialling smaller, more frequent feeds (while maintaining an appropriate daily total).

TRIAL

a thickened formula.



Clinically proven to reduce infant regurgitation episodes by **78%**²

Aptamil Anti-Reflux is a thickened formula for the dietary management of reflux and regurgitation in bottlefed infants

AVAILABLE IN RETAIL AND PHARMACY OUTLETS

* European Society for Pediatric Gastroenterology, Hepatology, and Nutrition

References: 1. Vandenplas Y et al., *J Pediatr Gastroenterol Nutr* 2015; 61(5): 531–537. 2. Wenzl TG et al. *Pediatrics* 2003;111:e355–9.

IMPORTANT NOTICE: Aptamil Anti Reflux is a food for special medical purposes for the dietary management of frequent reflux and regurgitation. It should only be used under medical supervision, after full consideration of the feeding options available including breastfeeding. This product should not be used in combination with antacids or other thickeners and is not suitable for premature infants. Suitable for use as the sole source of nutrition for infants from birth and as part of a balanced diet from 6 months.

Ireland: www.nutricia.ie

Northern Ireland: www.nutricia.co.uk



A column by
Maureen Flynn

Quality & Safety

Medicines request and administration record

THIS column will focus on the medicines request and administration record (MRAR), which will be of interest to all nurses and midwives particularly those working in community services.

Purpose of the MRAR

The MRAR form (see image) is designed firstly to provide a national HSE standardised template for authorised prescribers to complete a request to the public health nurse (PHN) and/or community intervention team (CIT) service for the administration of a medication to a patient, and, secondly, for the administering nurse to record the administration of the medicine. The purpose is to enable the safe, effective and timely management of prescriber requests and medication administration in line with professional and regulatory standards and current prescribing legislation.

Who should use the MRAR

Health professionals authorised under Irish legislation to prescribe medication for those patients under their care complete the form, ie. a GP, registered nurse/midwife prescriber and hospital team doctors can complete the MRAR form.

The form must be completed by the prescriber and not transcribed or signed by another person.

Completing the form

The form can be printed and completed in full as a hard copy or electronically as a soft copy. All acceptable abbreviations, as outlined in the HSE guidance document on the use of abbreviations, can be used.

The request form can accommodate two medication administration requests and records of administration. A coding system with reasons for non-administration of medication is also included:

- 1 = Patient did not attend/not at home
- 2 = Patient refused
- 3 = Medication unavailable
- 4 = Withheld as per doctor's instructions
- 5 = Awaiting clarification
- 6 = Other.

A separate request form is completed for any additional medication administration requests.

When to use the form

This form is used by an authorised prescriber when a patient living in the community and on the PHN caseload requires the administration of a medication by a registered nurse. Sliding scales of insulin therapy and medication doses that vary based on blood results are both excluded from the use of this form.

Benefits of using the form

- Promotes a timely and a national safe process for the administration of medication by nurses employed within the PHN/CIT services
- Provides for an explicit, up to date written request in the patient's health care record for all medication to be administered by the PHN /CIT service
- Promotes a regular review of medication

to be administered (at minimum every nine months in line with legislation)

- Provides for recording of the administration of medications by the PHN/CIT services
- Sets a standard of practice in this specific area and will allow for clinical audit.

Opportunity to get involved

You can find supporting guidance and procedure for 'Completion of the Medicines Request and Administration Record for Public Health Nursing Services' at www.hse.ie/phn. At your next community team meeting you might talk about the MRAR.

For further details you can contact Virginia Pye at email: Virginia.pye@hse.ie

Maureen Flynn is the director of nursing ONMSD, QI Connections Lead, HSE National Quality Improvement

Thank you to the National Advisory Group, and the local implementation group and staff in CHO 2 who participated in the testing phase of this project, led by Catherine Whitty, national practice development co-ordinator for public health nursing 2017- 2019. A particular thank you to Ina Crowley for sharing information and preparing this column



The National Quality Improvement (QI) Team, led by Dr Philip Crowley, supports services to lead sustainable improvements for safer better health care. We partner with staff and people who use our health and social care services to champion, enable and demonstrate QI achieving measurably better and safer care. Read more at: www.qualityimprovement.ie or link with us on Twitter: @NationalQI





Edward Mathews discusses the complex issue of gender-based violence and how nurses and midwives are in a unique position to support victims

Being awake to abuse

GENDER-based violence is a complex issue, which is multifactorial and described as a continuum – a phrase first coined by Prof Liz Kelly in 1988. It includes acts of physical, verbal and psychological abuse, harassment and/or violence against women and girls, as well as the more subtle or distorted forms of control over women's lives, bodies and sexuality.

The World Health Organization (WHO) recognises that violence against women – particularly intimate partner violence and sexual violence – is a major public health problem and a violation of women's human rights. The WHO also estimates that globally, 35% or one in three women have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.

Importantly, the International Council of Nurses (ICN) has observed that nurses and midwives are often in a unique position to recognise, engage with and support victims of domestic violence, abuse and human trafficking.

According to Safe Ireland, victims of domestic abuse are more likely to report abuse to a healthcare practitioner. Nurses and midwives therefore are well placed and play a central role in the recognition and provision of support to victims of abuse and violence in its many forms. It is also vital for those working with victims to be able to provide empathetic and supportive care to those who may be experiencing abuse to enable them to seek help and support.

Gender-based violence takes many forms and one that has been highlighted recently, through the first prosecution under changed laws, is the area of coercive control. This first prosecution laid bare the torture experienced by victims of

gender-based violence, but also the key role healthcare professionals can play as the victim in this first case prosecuted was recognised as a victim and supported in accessing the Gardaí by a physician treating her.

Women's Aid explain coercive control as a persistent pattern of controlling, coercive and threatening behaviour including all or some forms of domestic abuse (emotional, physical, financial, sexual including threats) by a boyfriend, partner, husband or ex. It traps women in a relationship and makes it impossible or dangerous to leave.

In Ireland, one in four women in Ireland who have been in a relationship have been abused by a current or former partner and women are twice as likely to be abused. One in three women has experienced psychological violence from a partner at some point in their lives and one in six has experienced physical or sexual violence by a partner since the age of 15.

Women's Aid identified that there is a significant problem of intimate relationship abuse in younger age groups. The key findings of their 2020 Report were:

- One in five young women experience some form of abuse from a current or former partner with 51% under the age of 18 when the abuse started - 77% of these women had experienced coercive control
- One in six young women and one in 13 young men have suffered coercive control by a partner or ex-partner
- Half of young women who had experienced abuse had experienced the abuse through technological means.

One-third of female survey respondents said that they were aware that coercive control is an offence under the Domestic Violence Act 2018 with 61% not aware and

6% unsure. Some 40% of male respondents said that they were aware that coercive control is an offence under the Domestic Violence Act 2018 and 54% said they were not aware, with 6% saying they were unsure.

Women can experience abuse and harassment from all sectors of society. Currently, an emerging trend is image based sexual abuse. Online abuse is not restricted to young women, but it is increasingly common in this younger age group. For many young women, social media is an integral part of their life and any form of online harassment can have an enormous mental health impact.

The threat of having someone's intimate images, even if they haven't been shared, is enough to paralyse people with fear. There are several gaps in the legal system, however, there are two pieces of legislation to deal with these issues. The first, the Harmful Communications Act 2020 enacted last year and second the Online Safety and Media Regulation Bill, currently going through the houses of the Oireachtas.

Intimate partner violence has a detrimental impact on victims as well as children and other family members. The impact includes physical trauma as well as a range of mental health issues, from fear, anxiety to depression, suicidality, and substance abuse.

Covid-19 has also had a significant impact on intimate partner violence, coercive control and human trafficking. Evidence suggests that globally intimate partner violence has risen since the outbreak of Covid-19. Studies show that emergency situations can intensify domestic violence. The UN stated measures were urgently needed to address the "horrifying global surge in domestic violence" during the pandemic.

Under reporting of incidences of intimate partner abuse/violence remains a problem. Therefore, it is essential that nurses and midwives can recognise the signs. In many cases, victims of coercive control, may not recognise the problem themselves. Active listening skills are important along with empathetic non-judgemental attitude in identifying and supporting victims and survivors. Providing a safe space, ensuring confidentiality, privacy and respect is paramount. Research also evidences that those nurses working in leadership positions can play their part by contributing to the development and implementation of appropriate policies, guidelines and legislations.

As mentioned, nurses and midwives are often in a unique position to recognise, engage with, and support victims of domestic violence, abuse and human trafficking. Nurses and midwives can be vigilant in relation to signs of physical abuse, emotional abuse, sexual abuse and financial abuse. In terms of coercive control Women's Aid signpost, the following:

- Being isolated from your friends and family
- Deprivation of basic everyday needs like food, electricity, heating

- Monitoring online activity, installing spyware on a phone, laptop or any other device
- Taking control over aspects of everyday life, such as where one can go, who one can see, what to wear, when to be home and when to sleep
- Blocking access to support services, such as specialist support or medical services
- Repeatedly putting a person down such as telling them that they are worthless
- Enforcing rules and activities that humiliate, degrade or dehumanise.
- Forcing a person to take part in criminal activity such as shoplifting
- Controlling a person's finances and preventing a person from working and having their own money
- Threatening to reveal or publish private information about a person, like private photos or videos online.

In 2019, Ireland ratified the Istanbul Convention. The convention seeks to prevent and combat violence, in all its forms against women under four pillars. These are prevention, protection, prosecution and co-ordinated policies. Coercive control and all other forms of gender-based

violence which are perpetrated mainly, but not solely, by men against women are violations of the human rights of those affected.

We all have a role to play in eliminating gender-based violence. As nurses and midwives, we may be the safe person, in a safe place, where a person can be listened to, recognised, and supported to get the assistance that they need to escape the violence in their personal life. As an extension of our duty of care to those we treat – being alive to and responding appropriately, empathetically, supportively and in a safe and compassionate way to those we recognise as the victims of violence is so important. We can assist a person to get help and where there is real danger, and when it is appropriate, we can act to safeguard those who are vulnerable and in need of our help.

Anyone affected by gender-based violence can seek the support of the Gardaí or call or the Women's Aid National Free-phone Helpline at Tel: 1800 341 900, for information and support.

Edward Mathews is INMO director of professional and regulatory services



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Time for female leadership

As we look back on a year of fighting Covid, Karen McGowan and Steve Pitman write that it is vital that women hold leadership roles in health

IN THIS article, we explore the development of women in leadership. On the global stage, leaders such as Jacinda Ardern in New Zealand and Sanna Marin in Finland exemplify a new standard of leadership. Both have shown compassion in their leadership approach and have been decisive and impactful in their decision making.

In healthcare, women make up 75% of the global health workforce but just 25% of influential leadership positions.¹ In recognition of the International Year of the Nurse and Midwife 2020 and the courage, commitment and sacrifice of nurses and midwives during the Covid-19 pandemic, Women in Global Health (WGH) created a list of '100 Outstanding Women Nurse and Midwife Leaders' (see <https://yonm.org/>). Annette Kennedy, ICN president, represents Ireland on the list as she has been identified as a global leader and advocate for nurses during the pandemic. Nurse and midwife leaders from across the world are included, representing the common bond between nurses and midwives and the heroism, professionalism and courageous acts demonstrated during the pandemic. The WGH has issued a call to action to:

- Enable female nurses and midwives to lead
- End violence against nurses and midwives
- Include nurses and midwives in decision-making
- Pay nurses and midwives fairly
- Support diversity in nursing and midwifery.

The global Nursing Now campaign echoes the call for more nurse and midwife leadership positions, it also recognises the importance of nurses and midwives being more visible and active in influencing

THIS is a time to celebrate women's achievements. After the past 12 months and what we have been through, it is appropriate that we celebrate. Nurses and midwives have been and continue to be tested during these extraordinary times, but we have shown that we are strong and resilient.

It has been tough, but there have been many proud moments during this pandemic. We have witnessed many of our colleagues leading and being strong in the workplace. I know that every workplace has had many different challenges, but nursing and midwifery has shown its worth, time and time again. Our professions have shown the way in often challenging circumstances. Pandemic or no pandemic, we continue to lead and to excel. I have spoken to so many nurses and midwives over the past few months who are involved in nurse or midwife-led initiatives, some of which have been devised as a result of Covid-19. They have informed me that it starts off with a change of practice to benefit the patient, which they then build on to provide the service. These initiatives involve a lot of commitment and belief; this, in turn, shows the real benefit to the patient when it comes to their care and management. We have had many nurse and midwife leaders before us who have paved different paths for nursing and midwifery, and we continue to lead by progressing, changing and adapting to our ever-evolving environment.

International Women's Day encompasses the ability of women in challenging environments. Women can lead with courage and without fear; they are at the forefront. During the past year, nurses and midwives have often functioned in survivor mode, but we have stayed strong and shown that our presence, compassion and professionalism are always present and something to be proud of.

We have all been overwhelmed many times by juggling homeschooling, family life and work life, but we continue to show courage and to lead because that is what we do. As women we need to continue to support each other. We are women and strong women at that. We progress, we learn, we support.

Happy International Women's Day.

– Karen McGowan, INMO president

policy-making at a national and international level. One of the campaign's main elements is the Nursing Now Challenge (formerly the Nightingale Challenge), which aims to create leadership development opportunities for 100,000 nurses and midwives in more than 150 countries by the end of 2022. Nursing Now recently developed the Nurse Together initiative, which promotes the development of skills to advocate and represent nurses at a policy level.

The development of women's leadership

potential is pivotal to raising the profile of nurses and midwives. In Ireland, women account for 92% of nurses and 98% of midwives.² Across all sectors, the Labour Force Survey³ identified that the proportion of female managers, directors and senior officials rose from 32.5% to 34.4%, but still only represents one-third of senior organisational positions. A geographical difference was evident, with the highest proportion of females in this occupation category found in Dublin and the lowest in

the south-east and mid-west regions.

This disparity is also evident in the Houses of the Oireachtas, where women make up 22% of representatives. This was an increase on the 2016 General Election, largely due to the introduction of gender quotas, but still represents just over one-fifth of representatives. The highest proportion of women elected was in Cavan-Monaghan and Galway West. Local government presents a similar picture, with women making up 23.9% of the representatives.²

There is no doubt that women remain under represented in top leadership and executive roles⁴ across all sectors, including healthcare.⁵ At a health service senior level, two of the seven hospital groups have female CEOs and to date there has been no female head of the HSE (with the exception of acting posts).

There is growing interest in the past two decades in the barriers that prevent the career progression of women in leadership. Sexton et al⁶ highlighted the impact of the triple burden carried by women of the competing demands of domestic, clinical and leadership roles.

Kalaitzi et al⁴ identified 22 barriers to female leadership that were evident in several work settings, including healthcare (see *Table 1*). The most frequently identified barriers were lack of career advancement opportunities, gender gap, stereotypes, work-life balance and lack of mentoring. The gender gap refers to unequal access to research positions, funding, publishing and academic awards. O'Neill et al⁷ identified three factors that affected women's leadership development: challenging organisational context, work-life integration and career life-stage concerns. These factors encompass many of the barriers identified by Kalaitzi et al.

Challenging organisational context

It is widely acknowledged that women in leadership are limited by the 'glass ceiling' or challenges of the 'glass cliff'. Overt gender-based discrimination has been replaced with more covert or second-generation gender bias.⁸ This type of discrimination is usually below the surface and difficult to identify and articulate. It is linked to broader societal norms and assumptions that are reflected in organisational policies, structures and processes. Challenges for women in leadership are often compounded by a lack of role models, networking opportunities and access to mentors.

The 'double bind effect'⁹ presents a conflict between the traditional social role

Table 1: Barriers to female leadership in healthcare

- Lack of career advancement opportunities
- Culture
- Family (espousal) support
- Gender bias (discrimination)
- Gender gap
- Gender pay gap
- Glass ceiling
- Glass cliff
- Isolation
- Lack of flexible working environment
- Lack of confidence

of women (nice, nurturing and collaborative) and their leadership role (taking charge, decisiveness and assertiveness).¹⁰ In contrast, the societal gender role of men (taking charge, being in control, being direct and leading others) is consistent with leadership expectations. When women are assertive, it is often considered brash and a sign of aggression. This conflict is evident from an early age, when girls who show leadership capabilities are often discouraged and labelled 'bossy'.¹¹ This label spurred on the 'Ban Bossy' campaign in the US, which encourages girls to lead.

There is no doubt that female leaders experience a greater level of scrutiny and are held to a higher level of performance standard. Women are also more likely to experience challenges to their leadership and authority.¹²

Work-life integration

One of the key challenges to female leadership development is balancing work and life responsibilities. Hewlett¹³ described these as 'push' and 'pull' factors. Home and family life are pull factors, while work and career are push factors. The challenge is to ensure that enough resources (internal or external) are available to meet the demands that are presented.

Internal resources are intrinsic to the individual and can include coping strategies, energy levels, perseverance and resilience. External factors are linked to tangible social support, work flexibility, financial resources and emotional support. These pressures often result in women deciding between focusing on career progression and family. This conflict is often reflected in the disrupted or diminishing of career potential for women. This issue is unlikely to change until there is greater work flexibility and there are societal changes to the expectation that women are fully responsible for managing the home.¹⁴

Career life-stage concerns

O'Neill and Bilimoria¹⁵ argue that women's priorities and responsibilities change over time and through life stages. They identified three distinct phases:

- Idealistic achievement – determination to succeed in both career and personal life. The concern in this phase is self-confidence and self-identity. This is often a period when women are establishing themselves through developing their knowledge and abilities
- Pragmatic endurance – experiencing the reality that 'trying to have it all' was not easy and presented many challenges. This is underpinned by a search for meaning and self esteem. This is often a period of juggling competing pressures and balancing family and work responsibilities
- Reinventing contribution – concern focuses on meaningfully contributing to organisations, family and community. Women in this phase are concerned with issues of respect, integration and authenticity. This is a time when women are looking for opportunities to learn, grow and be productive.

O'Neill and Bilimoria¹⁵ went on to identify four essentials for developing women's leadership presence or women finding their unique voice, style of engagement and positive contribution. The essentials focus on developing:

- Self-confidence
- Self-efficacy
- Influence
- Authenticity.

The HSE recognises the importance of developing women in leadership and has developed the Women in Leadership Mentoring Programme for women in senior roles (see www.hse.ie).

Kalaitzi et al⁴ argued that organisations are generally ill equipped to foster the leadership potential of women. There is an urgent need to ensure that organisational policies and processes are designed to facilitate women's leadership participation, and that developmental opportunities are offered and actively promoted.

The bigger challenge is to change societal and organisational norms and structures to affect meaningful change.¹⁴ Nursing and midwifery are predominately female professions and the unique voice of women in leadership must be present and heard and must contribute to the discussions and decisions at a policy-making level in healthcare.

Karen McGowan is INMO president and an advanced nurse practitioner in Beaumont Hospital and Steve Pitman is INMO head of education

References are available on request by email to: nursing@medmedia.ie (Quote McGowan K. WIN 29 (2): 44-45

Domestic violence is a workplace issue

Beibhinn Dunne reports on the briefing held by Congress on the proposed legal entitlement to paid domestic violence leave

THE government has agreed to establish a statutory entitlement to paid leave in cases of domestic violence, following a Bill introduced in the Dáil by Sinn Féin health spokesperson Louise O'Reilly recently.

This proposed entitlement to paid domestic violence leave was the focus of the first Congress Friday briefing of 2021, on February 5, attended by political, trade union and civil society stakeholders, with a strong emphasis on the role of trade unions in integrating domestic violence leave legislation into workplace policies.

Domestic violence has received increased media and government attention during the Covid-19 pandemic, as women's advocacy organisations have brought to light the increased isolation and vulnerability experienced by victims in lockdown. Throughout the pandemic, the worldwide incidence of domestic violence, including emotional, physical and sexual abuse, has increased, while access to resources and support has decreased in some cases due to social distancing and isolation requirements.

Government agreement to establish a statutory entitlement to paid domestic violence leave came in December 2020, and Minister for Children, Equality, Disability, Integration and Youth, Roderic O'Gorman has committed to introducing legislation by the end of 2021, as well as increasing funding and structural supports for victims of domestic, sexual and gender based violence.

The move means employees would be entitled to 10 days paid leave in the event they are affected by domestic violence. By introducing this legislation, Ireland would follow the example of New Zealand, where statutory domestic violence leave was introduced in April 2019, which includes protection against discrimination, and a bespoke flexible working arrangement framework.

Proposals for paid domestic violence leave were first made by ICTU's Women's



Key messages

- Domestic violence isn't confined to the home - it follows the victims wherever they go
- It shouldn't be a matter of luck whether you're safe at work
- Everyone should have a pathway to safety - work is a critical pathway to safety
- We all need to be part of the solution
- If you've got the chance to protect someone from violence or even save their life, then you should

Committee in 2009 and a motion calling for such a right was debated and passed at the ICTU 2020 Women's Conference last March. Congress was also part of the International Labour Organisation workers group that negotiated ILO Convention 190 on violence and harassment at work, calling for specific measures to mitigate the impacts of domestic violence at work including flexible work arrangements, and the inclusion of domestic violence in workplace risk assessments.

The introduction of statutory domestic violence leave would entitle workers to paid time off in addition to their other statutory leave entitlements, in order to protect their employment security while they take time to navigate external supports and legal and health services.

The INMO welcomes this proposal as a significant step in helping address stigma around domestic violence and supporting workers during a time of great personal and professional vulnerability.

Speakers at the Congress briefing noted the vital role of trade unions in developing workplace policies, and that the proposed leave entitlement would also ultimately benefit employers, allowing them to intervene with confidence to protect and support their staff. Existing evidence also suggests these measures benefit

employers economically, with studies from New Zealand showing the intrusion of domestic violence and its effects into workplaces was previously costing on average NZ\$3,500 (€2,100) per workplace per year.

The proposals will also help women in domestic violence situations to remain in employment, which is vital to their well-being and safety. It is hoped the legislation will allow people experiencing domestic violence to have open conversations within their workplaces, helping them to maintain vital professional networks and positive relationships, to support their pathways to personal and financial security.

Speaking at the event, Women's Aid CEO Sara Benson said: "Work is a respite, very often, for somebody who is experiencing domestic violence. It's not only a place where they can be away from their abuser, but it's also a place where they can be valued as productive, where their skills are recognised, where they are validated, and where they are treated with dignity.

"We have long advocated for paid domestic violence leave to support those victims and survivors to remain safely in paid employment, and to support employers to facilitate a dignified work environment for all of their staff, irrespective of what they are experiencing."

Effective staff engagement

Hospital groups want to engage better with staff. Elaine Fallon describes her new role with the HSE which has been welcomed by the INMO

NURSES and midwives have always appreciated that effective patient and family engagement is crucial when providing a high-quality healthcare service, but this does not happen without effective staff engagement. They are two sides of the same coin and deserve equal attention from healthcare organisations and their leaders.

The Saolta University Health Care Group has a dedicated staff member working to support staff in the area of engagement and wellbeing. I was appointed Saolta Group lead for staff engagement and staff wellbeing in February 2019.

I have been working with staff to identify areas for improvement and focus on solutions that can be implemented by local management. To date, I have been working with general managers, directors of nursing and midwifery, human resource managers and other senior management, all of whom have identified the need for support for staff engagement and wellbeing.

Listen to feedback

Working with frontline staff in the organisation has highlighted what is working well within the different teams and what is not working well, which includes the issues that staff face at work. Conversations have also involved identifying personal values and exploring how these may be aligned with the values in each local and regional healthcare organisation.

Nurses and midwives at all levels have shared their concerns about the importance of listening to their feedback, their involvement in decisions that affect the delivery of care and recognising their significant contribution to healthcare.

It is abundantly clear that nurses and midwives from staff level, through the

clinical nurse and midwife levels and up to director of nursing and midwifery level, are all trying their best to deliver high-quality care to their patients, but in the process are experiencing very high levels of anxiety, stress, fatigue and burnout. Covid-19 has created huge challenges for nurses and midwives, in addition to the issues they had already identified.

Involvement in decision-making

In 2016, the National Staff Engagement Forum¹ defined staff engagement: "Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service. When each person knows that what they do and say matters and makes a difference."

A number of national surveys conducted in 2020 have emphasised the importance of listening to and involving staff in all decisions that affect the delivery of care to patients and their families. The HSE Covid-19 Pulse Staff Focus Groups² mentioned six key priority areas of education for national healthcare leaders in how they treat and view staff:

- Real recognition
- Health and wellbeing
- Workplace culture
- Communication
- Involvement in decision-making
- ICT and IT supports.

The significance of engaging with staff through collaboration, effective two-way communication, involvement in healthcare decisions and demonstrating sincere appreciation cannot be underestimated. Nurses and midwives have a special connection with people, based on their professionalism, their unique skills and their ability to be there with people at their

most vulnerable and at important points in their lives.

It has been humbling to observe the way nurses and midwives get on with their jobs, being the best they can be in difficult circumstances and often putting themselves and their own families last in order to continue working. There is a premise that adversity makes people stronger, but we must maintain our focus on how to best support our nurses and midwives.

A precious resource

The INMO survey³ looking at the psychological impact of Covid-19 on nurses and midwives concluded that "Covid-19 is having a significant negative psychological impact on nurses and midwives" at all grades, with 60% of respondents considering leaving their professions altogether. This must be addressed at all levels, but particularly at the national level, in terms of available resources and nursing and midwifery recruitment.

Our nurses and midwives are a precious resource. We would not be able to deliver vital healthcare services without them, so let's seek to be proactive in supporting them, listening to their feedback, in involving them in decisions around service delivery and care and in demonstrating how much they are valued in our healthcare organisations.

Elaine Fallon is the Saolta Group lead for staff engagement and staff wellbeing for the HSE. The INMO welcomes this role and sees it as a positive development that will work well in conjunction with trade union membership

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Adapting to change at the All-Ireland conferences

Covid-19 has forced us to rethink how we do almost everything, in response to this the All-Ireland nursing and midwifery conferences were held via a live stream for the first time. Neil Stewart reports

IF YOU were a nurse vaccinating the over 80s in those first weeks after the vaccines arrived, you were, on average, saving one life for every 20 vaccinations. Nurses don't think of it like that but that's what the numbers say, according to Deirdre Webb, nursing lead for the vaccination programme in Northern Ireland who was speaking at the All Ireland Nursing Festival 2021 – Sláintecare: Nursing's Challenge.

From crisis comes invention and innovation. The pandemic has brought so much to a halt but nursing and midwifery can't stop and didn't stop. The professions have given 110% through the crisis, adapting, inventing and innovating along the way.

It was therefore a challenge to ask nurses and midwives to take time out of juggling work, family, home schooling and other caring responsibilities in order to join nursing leaders from across Ireland, north and south, at the 2021 All Ireland Festivals. However, more than 900 nurses and midwives did just that and joined the online Maternity and Midwifery Festival held on February 9 and over 600 more attended the All Ireland Nursing Festival 'Sláintecare: Nursing's Challenge' on February 10.

This article focuses on the Sláintecare Festival but there is also a great box set from the Maternity Festival available.

The chief nursing officer at the Department for Health in Ireland, Rachel Kenna set the tone with the message that there was no going back to the way nursing and midwifery were delivered before the pandemic, stating that we must keep the effective lessons and innovations.

INMO general secretary Phil Ní Sheaghda urged the case for universal healthcare, looking at the painful lessons learned due to shortcomings at the start of and throughout the pandemic when there were shortages of PPE, problems in nursing homes, and a lack of capacity and joined up services. Ms Ní Sheaghda argued that a universal healthcare approach would be Ireland's vaccination

against another trauma like this.

Dr Edward Matthews, INMO director of professional and regulatory services, set out the case to protect and enable nurses and midwives to operate safely. Dr Crystal Oldman, chief executive at Queen's Nursing Institute, reminded the attendees that most people still end their lives outside hospital and that community nurses were dealing with double the end-of-life care seen in a normal year.

The keynote speaker Lord Nigel Crisp, former head of NHS England, co-chair of Nursing Now and author of *Health is made at Home, Hospitals are for Repairs* provided the long view and emphasised the need to shift to Sláintecare. He praised Ireland's 10-year planning approach to keep people healthy and deal with significant challenges of long-term care, dementia, diabetes and other chronic conditions. Barbara Stillwell, co-chair of Nursing Now, took us through how Ireland is responding to these challenges.

Steve Pitman, INMO head of Education, and Prof Thomas Kearns, executive director of the Faculty of Nursing and Midwifery at the RCSI, took viewers through how education and training are going to have to adapt.

Dr Richard Duffy, consultant of perinatal psychiatry at the Rotunda Hospital, Dublin, and Paul McAleer, lecturer at the School of Nursing and Midwifery Queen's University, Belfast and member of the RCN Northern Ireland Board, discussed mental health challenges and solutions with a special focus on mental health support for those working in healthcare.

Deirdre Lang, national lead for older persons services, and Prof June Andrews, international consultant and dementia expert, provided a highly evaluated session on approaches to long-term care with a strong focus on dementia. This was followed by an informative Q&A session.

Narrowcast Media Group worked with the INMO to curate and promote two



intense days of midwifery and nursing festivals, capturing 43 presentations in total. The programme was delivered via a live stream, which is a significant step up from the Zoom and Teams platforms.

Attendees could stream the content directly to their chosen device without the need to have pre-installed any software or apps. The presentations and discussion were recorded with the aim of creating a 'box set' that everyone could share after the event.

The box set is viewable on catch up, on mobile phones, on the move, at home, in lecture theatres etc, which is all part of the innovation and adaptation to online working that organisations like the INMO are having to provide in a post-Covid-19 world.

The accessibility of the content means it can be used and shared for education by trainers, management teams and practicing nurses and midwives.

To view the Nursing Festival box set go to: <https://bit.ly/2ND17rL> and to view the Maternity and Midwifery box set go to: <https://bit.ly/2M5rNbb>

Neil Stewart is the editorial director at the Narrowcast Media Group and co author of 'Nurses: Power and Politics'

PHNs playing key part in vaccine delivery

Freda Hughes spoke to Mary Teresa Devane, practice development co-ordinator at Summerhill Primary Care Centre in Meath

PUBLIC health nurses play an important and often over-looked part in vaccination rollout. Mary Teresa Devane's role as practice development co-ordinator and assistant director of public health at Summerhill Primary Care Centre focuses on improving practice by introducing more efficient ways of working that will improve quality care for patients. Her job can be policy and planning focused, but also includes working with nurses to develop their careers.

Working collaboratively with other practice development nurses across the country, Ms Devane sees a large part of her role as supporting and developing the role of the community nurse. They meet quarterly to discuss policy and share best practice with the aim of streamlining services.

With the onset of Covid-19 many public health nurses (PHNs) and community registered general nurses (CRGNs) in the county were redeployed and given the task of setting up Covid-19 test sites and Covid-19 assessment hubs, as well as working in community nursing units and residential care facilities affected by Covid-19 – all while continuing to provide a PHN service to clients in the community.

In Ms Devane's region, PHNs helped to set up a test centre on the site of Our Lady's Hospital, Navan. This was at a time when there were fears about PPE shortages and yet nurses tested numerous symptomatic people as the virus swept the country in the first wave.

"It was a scary experience. We were watching Italy at its peak with extensive deaths and little or no space to treat people in hospitals. We didn't know if we had enough PPE to sustain us, but these brave PHNs stepped up and did what was needed. It's the small things that no one sees that lead to the big results. We need to acknowledge the input of PHNs and RGNs during this pandemic," she said.

Assessment hubs were also set up to assess and monitor patients diagnosed



(Pictured above) L-R: Neasa Ni Ghinnertai, CRGN; Marie O'Brien-Harte, CRGN; Ruth Daly, PHN; Carmel Halpin, CRGN; and Orla Smith, PHN.

(Pictured right) Marie O'Brien-Harte, CRGN, preparing to draw up a vaccine



with Covid-19. The aim of these was to ease pressure on general practice and emergency departments. In Ms Devane's area, Slane Health Centre was repurposed as an assessment hub, which was set up and led by the PHN nursing service in collaboration with GPs.

PHN vaccination teams are now working on rolling out Covid-19 vaccines in nursing homes with CRGNs. School immunisation teams have been redeployed to nursing homes. These PHNs and RGNs are working non-stop from 8.30am until they have dispensed all of that day's allocation of vaccines. Even during heavy snow PHN teams pulled together and made it into work to administer vaccines.

Ms Devane said vaccination teams are welcomed at all the nursing homes they have visited. People want to get back to normal and nursing home residents miss their families. People are relieved to get vaccinated and the atmosphere on these visits has been pleasant, despite the long hours.

"Everyone has been living with fear and it is great to see that coming to an end now. Being vaccinated takes the fear away."

PHNs continue to visit patients and

keep up with their caseloads. Some services were curtailed, but would

care, palliative care, and care for new mothers and babies all continued throughout the pandemic.

"In the community we have waiting lists. It's not as visible as the trolley watch so people don't realise the strain our service is under. PHNs' work is diverse so it is harder to paint a picture of what it involves. A lot of the work is in homes so the public don't see it. We're all different spokes of the health service wheel. People don't realise how nuanced the health service is.

"Public health nurses are not looking for glory but they deserve it. They have worked so hard this year and last – the Year of the Nurse. Even though they're tired they haven't stopped giving. They should get the recognition they deserve. It's been the hardest year of my nursing career but all of us in management have never been so proud of our PHNs and CRGNs," said Ms Devane.



Ending period poverty

The INMO has published a position statement on period poverty.

Fiona Hannon, Melissa Plunkett, Aoife Byrne, Corinne Rushe and Debra Pikul explore the issue and why it is a concern for nurses and midwives

'PERIOD poverty', sometimes known as poor menstrual hygiene management (MHM), refers to having a lack of access to sanitary products due to financial constraints. The WHO and UNICEF¹ define MHM as women and adolescent girls being able to use "a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials".

Additionally, MHM involves women and girls having access to "the basic facts linked to the menstrual cycle and how to manage it with dignity and without fear and discomfort".²

Emerging issue

Period poverty has been identified worldwide as an issue that not only pertains to women but to humanity as a whole. While there is a paucity of research in this area in Ireland, the discussion around menstruation and periods has begun to take centre stage in social and political discussions.³

For many experiencing menstruations without access to correct sanitary products, their physical and mental health can suffer. A lack of access to basic hygiene products can lead to the use of alternatives such as rags and toilet paper or reusing and infrequent changing of limited sanitary products available. It has been suggested that this can lead to urogenital infections such as yeast infections, vaginosis or urinary tract infections.⁴

Subsequently, the mental health of

girls, women and people who menstruate can be affected. The stigma and taboo connected to this normal physiological process can create adverse experiences in young people, which research suggests may increase their experience of mental health problems.⁵ Plan International Ireland carried out research on the issue with 1,100 girls and women aged 12-19 years and found that 55% of participants felt embarrassed by their periods.⁶

The medicalisation of periods and menstruation has created a stigma around the topic. Refusing to acknowledge periods as a normal physiological process only seeks to strengthen the taboo around the topic. It is this taboo which generates feelings of fear, anxiety and embarrassment in young girls and women.

The perception that periods are a secret and private 'condition' inhibits many from discussing their concerns and therefore making this issue 'public'. It is evident from this research that this is an issue which if discussed in a public forum would remove the stigma and encourage open and honest discussion.⁷

Relationship to nursing and midwifery

Patient care is central to being a nurse or midwife and students are taught "compassion means showing empathy and respect for the person to ensure that the dignity of the person is upheld at all times".⁸

Recognising that period poverty affects the dignity of the people experiencing it and not being able to act on this knowledge as a nurse or midwife is a clear contradiction to these values. The NMBI Code of Professional Conduct and Ethics states that nurses and midwives should "respect and defend

the dignity of every stage of human life",⁹ and yet student nurses and midwives often encounter patients and service users whose menstrual hygiene and knowledge was lacking because of education and resources not afforded to them. Nurses and midwives have a duty of care to the people and communities for whom they provide care. Indeed, being an advocate for service users is a part of the nursing and midwifery role.

Not only does the issue of period poverty impact on nurses and midwives' professional responsibilities, but it also affects nurses and midwives personally. Anecdotal evidence from members indicates that staff on understaffed wards facing significant time pressures will often skip both meal and bathroom breaks. Depending on the work environment, nurses and midwives could spend a significant part of their break walking to changing rooms to retrieve the menstrual products they need. Student nurses and midwives in particular, are at risk of period poverty, as minimal allowances and intern wages can result in students being unable to afford the menstrual products they require.

Education

There are two aspects to consider in relation to period poverty: firstly the implications of a lack of education on menstruation as a normal bodily function, and secondly the effect period poverty has on an individual's ability to access education. Plan International identified that 43% of Irish girls and women did not know what to do when their period started and that one in 12 participants wrongly believed they could not become pregnant during their period.⁶

School education on menstruation was

described as 'unhelpful' by 50% of participants, with 60% stating that they received no education in a school setting. An overwhelming 80% of those involved in this research stated they were not comfortable speaking with teachers about their periods, which speaks to the effect of the stigma associated with menstruation.

Period poverty also affects the attendance of people who menstruate within the school system. Plan International also found that 61% of participants in their Irish research reported that they are often absent during their period, with 88% identifying an inability to pay attention at school during their period.⁶

A lack of proper sanitary products exacerbates the feelings of embarrassment and shame with many expressing concerns about 'leaking through clothes'. Increased absenteeism rates were also a finding in a US study of teenagers who menstruate, which found that 84% of people who have periods have missed time in education due to their period, and the inability to afford menstrual hygiene products.¹⁰

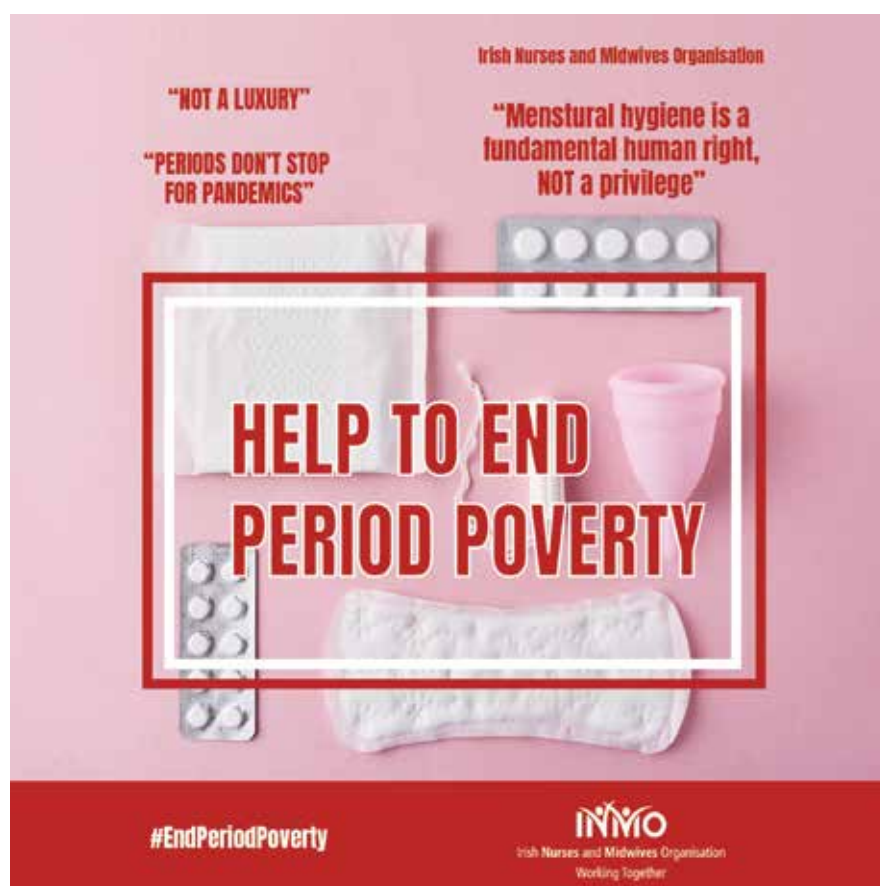
Participants in the study stated that stuffing their underwear with toilet paper in school caused increased levels of stress, while other participants stated they had worn tampons or pads for far too long because they did not have access to new items. This can have significant health implications as the prolonged improper use of tampons has been associated with an increased risk of toxic shock syndrome.¹¹

What can be done?

There are many things which can be done to not only highlight the issue of period poverty in Ireland but also to tackle the problem currently facing the country. Having open conversations about the topic helps to reduce taboo, stigma and shame associating with menstruation.

Education must be provided to people who menstruate at a young age about the natural process of menstruation, and the importance of managing menses in a safe and sanitary manner. Health promotion needs to highlight the struggle of period poverty and the negative effect it has on health and mental wellbeing.

It is worth recognising that Ireland is taking a progressive stance as there is currently a zero tax-rate on sanitary towels and tampons, meaning that no value-added tax (VAT) is charged on these items.¹² However, Ireland needs to go further. For example, sanitary products that may better suit some users and that are more environmentally friendly – such as menstrual cups – are taxed at the



standard rate of 23%.¹³

Internationally, governments are taking action to tackle period poverty. For example, in January 2021 Scotland passed a Bill which puts a legal duty on the government “to allow anyone who needs period products to get them free of charge”, as well as having schools, higher education institutes and other public bodies provide a range of free period products in their toilets.¹⁴

This type of proactive legislation is something which has entered Irish discourse lately. In 2019, motions were passed in the Dáil and Seanad that called for the introduction of measures to reduce period poverty.¹⁵ The concept of tackling period poverty is one which has broad cross-party support, but more work is required to put it into effect.¹⁵

The Programme for Government contains a commitment to provide a range of free period products in all publicly-funded educational settings. While this commitment is admirable, it is something which needs to be implemented without delay. At the time of writing, the Free Provision of Period Products Bill 2021 was due to go to the Committee Stage in the Seanad in February 2021.

Fiona Hannon is a new graduate nurse; Melissa Plunkett is a student midwife; Aóife Byrne is a new graduate midwife; Corinne Rushe is a student nurse; and Debra Pikul is a new graduate nurse

See page XX for the INMO's position statement on period poverty

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"We deal with a lot of things that people not in our line of work don't have to deal with"

INMO Member, 2020*

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*source: Full Health Medical and Cornmarket Group Financial Services Research, November 2020
16636 INMO Mental Health Initiative 02-21



New grads who got their NMBI PIN in 2020 **start out on point 1** of the salary scale. **After 16 weeks** of work post internship (including pre-reg experience), under the strike settlement you **skip the 2nd point** of the scale and **go straight to the 3rd point**, worth **€33,388** in basic salary.

If you **qualified in 2019**, you should be moving to **point 4** on your next increment date and **can apply for the Enhanced Practice contract** and placed on the new salary scale starting at **€37,161**.

You may also be entitled to the **new medical/surgical ward location allowance** worth **€2,347** per annum.

Many of you may have moved up the scale with the location allowance applied automatically but be sure to check with your payroll/HR department.

If you have any questions get in touch with INMO Student / New Grad Officer Catherine at catherine.oconnor@inmo.ie

If you're not a new graduate but have questions about your pay call our information office on **01 6640600**.





Arthritis breakthrough

New research has identified a protein that could protect against joint inflammation in rheumatoid arthritis in the future

ENDOGENOUS proteins that play a vital part in allergies and parasitic infection can prevent the immune system from wrongly attacking the body and causing inflamed joints, a study from Karolinska Institutet published in the scientific journal *Proceedings of the National Academy of Sciences (PNAS)*¹ reports. The researchers hope that the results will give rise to new drugs for rheumatoid arthritis.

Rheumatoid arthritis is estimated to affect thousands of people in Ireland, occurring more frequently in women than men. Currently, rheumatoid arthritis cannot be prevented as the exact trigger of the condition is unknown. While there is no known cure for the condition, early diagnosis and treatment can control symptoms and help prevent disability. Current treatments include painkillers, NSAIDs, corticosteroids, disease modifying anti-rheumatic drugs (DMARDs) and biological therapies.

Autoimmune disease

In protecting us against infections, our immune systems are vital to our survival. Unfortunately, immune cells can sometimes wrongly attack the body, resulting in what are called autoimmune diseases. These diseases are often serious. Several reports have indicated that autoimmune diseases collectively affect 5-10% of the developed world's population.²

Rheumatoid arthritis is just one example of autoimmune disease in which the patient's immune system attacks the joints, causing inflammation and pain. If scientists are to develop better treatments for such patients, they need to develop a better understanding of how immune cells are regulated.

Preventing autoimmune attacks

Researchers at Karolinska Institutet in Sweden have discovered that certain proteins called IL-4 and IL-13 can play an important part in preventing autoimmune attacks.

The proteins, which are secreted by immune cells in the presence of allergens or parasitic infections, influence the behaviour of a specific type of immune cell called a neutrophil.

Neutrophils are commonly the most abundant immune cells found in the actively inflamed joints of patients with rheumatoid arthritis. They are particularly virulent against tissue since they can secrete various fairly non-specific tissue irritants.

Previous research has shown that IL-4 and IL-13 can affect arthritis in experimental models, but exactly how they do so has remained a mystery. The results of this latest study show that these proteins prevent neutrophils from migrating into the inflamed joint. The presence of IL-4 or IL-13 also stimulates an increase in neutrophil surface receptors which have an inhibiting effect on joint inflammation.

"We will continue to study these mechanisms and hope that our work can contribute to the development of treatments for rheumatoid arthritis," says principal investigator Fredrik Wermeling, assistant professor at the Department of Medicine, Karolinska Institutet.

CRISPR

CRISPR refers to 'clustered regularly interspaced short palindromic repeats'. These repeats are found in the DNA of bacteria. They are copies of small pieces of viruses that the bacteria then use to

identify harmful viruses. Cas9 is an enzyme that can cut apart DNA. Bacteria fight the harmful viruses by sending the Cas9 enzyme to break them up. Scientists discovered how the bacteria do this and in the lab researchers are now using this approach to quickly and efficiently tweak almost any gene.

In this study, the researchers used the CRISPR method to modify selected immune-cell genes in order to understand how they affect cell behaviour. They said that the use of the bacterial CRISPR system as a research method is one of the most significant scientific advances of the past decade.

"The results we obtained using CRISPR were key to quickly understanding how the system under study is regulated," said Dr Wermeling.

"I have high hopes that the experimental use of CRISPR will be hugely important to our understanding of how immune-cell behaviour is regulated, and that this can guide us in the development of new efficacious drugs.

"We will continue to study these mechanisms and hope that our work can contribute to the development of treatments for rheumatoid arthritis," he added.

DOI: 10.1073/pnas.1914186117

– Alison Moore

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The closing date for applications is Friday, April 9, 2021.

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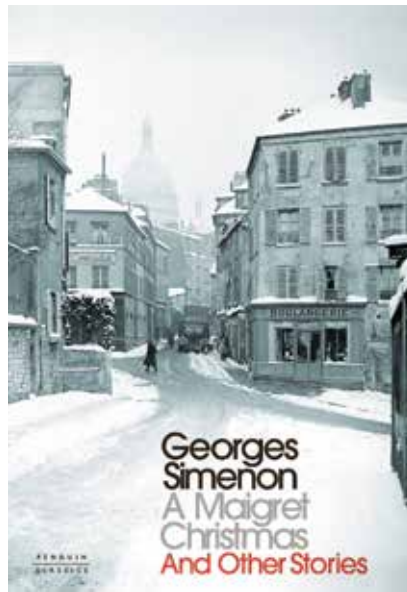
Atmospheric escapism

ONE'S pandemic image of oneself is as a serious individual smoking a briar pipe, wearing a smoking jacket, sitting by the fire reading Heidegger and chuckling gently. The real picture is one of a pathetic figure in an egg-stained dressing gown, munching Doritos, trying for once to stick to non-alcoholic beer and manically grazing through Netflix.

Books can be challenging in the mental fug of a pandemic. So if you're looking for a good read, it's perhaps best to indulge in some escapism. Detective novels perhaps – well-written, not too violent, not too convoluted and nicely atmospheric.

Georges Simenon's Maigret stories fit the bill nicely. Belgian-born Simenon was a prolific and best selling author, whose reputation as a writer of detective and general fiction is growing daily (yes, I have measured Simenon's reputational growth on a daily basis. Apologies – such pleonasm are an effect of lockdown. Simenon never wastes words – nor would he ever use the word 'pleonasm').

His best known detective character



Maigret appears in numerous novels and short stories and has been portrayed in many TV series. Jules Maigret is an affable late middle-aged post-war Parisian detective whose laid-back style of criminal investigation is particularly appealing. In this collection, *A Maigret Christmas*, there

are nine delightful and intriguing stories, including one with a mystery Santa Claus.

Maigret ceaselessly puffs at a pipe and is fond of his food and drink, to put it mildly. Each languid murder investigation is peppered with visits to bars and cafés for numerous shots of coffee, Calvados, white wine and beer, and the odd croissant. In one of the stories, Maigret and his colleague, in the course of their investigation, have two lunches in restaurants, augmented by industrial quantities of alcohol throughout the day. Maigret admits he can't remember ever drinking so much – he still solved the murder, however. These days he'd be up before the French equivalent of GSOC.

The descriptions of atmospheric cafés and restaurants and of Parisian streets of the 1940s and 1950s add to the charm of the stories, making you feel that you've gone on a city break in a time machine. Remember city breaks? No, me neither.

– Niall Hunter

A Maigret Christmas is published by Harvest
ISBN: 9780241356746. RRP STGE7.99

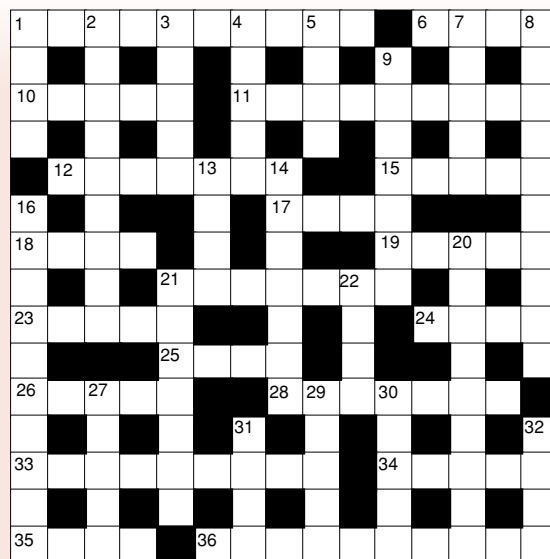


CROSSWORD Competition



- Across**
- 1 One learning the trade of reconstructing a nectar pipe (10)
 - 6 Lose one's footing (4)
 - 10 Mooted (5)
 - 11 What you might do to a damaged finger with a cassette by Mr Holly? (5-4)
 - 12 Greyhound-like dog (7)
 - 15 The county town of Clare (5)
 - 17 & 23a The school one once attended (4,5)
 - 18 Song to be sung by two singers (4)
 - 19 O, char the fish, somehow (5)
 - 21 It's in prison first for the musician (7)
 - 23 See 17 across
 - 24 Large sea fish (4)
 - 25 Disturbing Hank might make one cross (4)
 - 26 Appended (5)
 - 28 Condition of being overweight that might make a yeti sob? (7)
 - 33 Everlasting (9)
 - 34 Spanish island in the Mediterranean, popular with holidaymakers (5)
 - 35 The lioness from 'Born Free' gets lost in Sale (4)
 - 36 Division of the Civil Service (10)

- Down**
- 1 Greek hero of the siege of Troy or a soccer club in Amsterdam (4)
 - 2 Animal skin prepared as a writing material (9)
 - 3 Finish with one's rear in the air (3,2)
 - 4 & 32d Let basalt be used as seasoning (5,4)
 - 5 Bounders feature in many commercials (4)
 - 7 & 9d Acquire knowledge in cardiac fashion? (5,2,5)
 - 8 Persevere, even though reporters will be encountered (5,5)
 - 9 See 7 down
 - 13 Sheet of window glass (4)
 - 14 Traditional hunting cry (5-2)
 - 16 Is it not Eve's fruit that is to be found in the throat? (5,5)
 - 20 Bordeaux is in this historic region of France (9)
 - 21 Held protectively in one's arms (7)
 - 22 Japanese rice wine (4)
 - 27 Ventures or challenges (5)
 - 29 Turn up a slab of light wood (5)
 - 30 & 31 The patron of lost causes (5,4)
 - 32 See 4 down



February crossword solution

- Across:** 1 Cot 3 Confinement 8 Louder 9 Road rage 10 Brine 11 Wheel 13 Jeans 15 Toss the caber 16 Dog sled 20 Dwell 21 Grimm 24 Coronary artery 26 Night and day 27 Kir
- Down:** 1 Celebrating 2 Tourists 3 Crepe 4 Fireman 5 Endow 6 Eraser 7 The Lord's prayer 13 Jihad 14 Shoal 17 Leg-break 18 Decayed 19 Oil rig 22 Monet 23 Corny 24 Can

The winner of the February crossword is:
Suby Kochumman, Clifden, Galway

You can now email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included.

Closing date: Monday, March 22, 2021

If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:

Address:

.....

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Online from 11am - 2pm



Whilst these events are currently planned as follows, the most current Public Health Advice will be fully adhered to. We appreciate your understanding should the dates or format of this conference change.

The National Care of the Older Person Section is pleased to bring you this online seminar, offering you the opportunity to listen to experts and further develop your coping strategies, resilience and skills during these difficult times.

Topics on the day will include the following, and there will be an opportunity for a Questions & Answers session.

Theme 1 – Covid-19

- Results of the INMO psychological impacts of Covid-19 questionnaire
- Vaccinations update

Theme 2 – Clinical Updates

- Falls & Frailty
- Chronic Wounds
- Importance of Nutrition in the care of the older person

Theme 3 – End of Life Care

- What to say, if anything



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Delay to rollout of Covid-19 vaccines potentially catastrophic says ICN

INTERNATIONAL Council of Nurses (ICN) president Annette Kennedy has said that the world faces a "moral catastrophe" if the Covid-19 vaccines are not distributed equitably, calling for a global approach to vaccination programmes that is based on need rather than wealth or geographical location.

The ICN is backing the World Health Organization's (WHO) Vaccine Equity Declaration and warns that the "growing chasm" between the rollout of the vaccines in low- and high-income countries may give rise to the creation of breeding grounds for potential new variants of the virus.

As the WHO launched its International Year of Health and Care Workers, Ms Kennedy said: "Almost two-thirds of the world's nations have not started their programmes yet. The distribution of the vaccines is as much a moral question as it is one of geography and logistics, and that is why the ICN will be signing the WHO's Vaccine Equity Declaration.

"I stand shoulder to shoulder with WHO director general Dr Tedros Adhanom Ghebreyesus, who has rightly warned that we will witness a moral catastrophe, abandoning millions to this

disease, if the vaccines are not distributed equitably.

"Many poorer nations do not yet have access to the vaccines. And vaccinating nurses as a priority group, most of them women, will save many lives, not least those of the nurses themselves, thousands of whom have already died during this pandemic.

"Governments must get together and do everything they can to end this unnecessary tragedy and ensure equality of access. How the world addresses these inequalities will be an indication of the sort of future we will be living in after the pandemic has gone."

Since the early days of the pandemic, the ICN has been tracking Covid-19 infections and related deaths among nurses. With millions of nurses having already been infected and more than 2,700 having died, the ICN fears that the final Covid-19 death toll among nurses and other healthcare workers will be in the tens of thousands.

The ICN has also pledged its support for the WHO's 100-day challenge, which demands that all countries start their Covid-19 vaccination programmes by World Health Day on April 7.

ICN CEO Howard

Catton said:

"Since the pandemic began a year ago, the ICN has been drawing attention to the relentless rise of healthcare worker infections, which now runs into the millions. Tragically, we can now confirm that more than 2,700 nurses have made the ultimate sacrifice during the pandemic, while the true number of deaths for healthcare workers is likely to be in the tens of thousands.

"The risk remains high and imminent for healthcare workers and that is why the ICN is again calling for them to be prioritised globally for vaccination, to protect them and our health systems. However, very worryingly, our national nurses associations on the ground are reporting that the rollout of the vaccines is slow and unequal, with a chasm growing between high- and low-income countries, the majority of which are not even at the start line."



HSE seeks applications to PHN programme

THE HSE campaign to attract applicants to the 2021/2022 Student Public Health Nursing Sponsorship Programme will be launched in mid-March.

This one-year sponsorship programme is run annually and is fully funded by the HSE. It is a postgraduate higher diploma level 9 course delivered in University College Dublin, National University of Ireland Galway and University College Cork.

On successful completion of the programme, nurses and midwives will be entered on the public health nurse (PHN) register by the Nursing and Midwifery Board of Ireland (NMBI).

PHNs have scope to be innovative in meeting the needs of patients, families and communities across the life cycle and within the wider multidisciplinary team. This is an exciting time to consider a

career in community nursing, as Sláinte-care reforms for the health service are being implemented to further develop care in the community.

The purpose of the student PHN sponsorship and recruitment scheme is to meet future service requirements for PHNs nationally, targeting the areas of greatest service need.

The INMO engages with the HSE each year to ensure all PHN sponsorship places are filled in an endeavour to meet the current and future staffing needs in community health areas around the country.

To apply for the Student PHN Sponsorship Programme, candidates must be either:

- Registered on NMBI General Nursing Division or be entitled to be so registered, and have at least three years

post-registration general nursing experience

- Registered on NMBI General Nursing Division and another division of the Register, including registered midwife (RM), registered children's nurse (RCN), registered nurse in intellectual disability (RNID) or registered psychiatric nurse (RPN), or entitled to be, and have at least 18 months of post-registration general nursing experience and 18 months of post-registration experience as an RM, RCN, RNID or RPN.

In addition, applicants must meet the academic criteria established by the relevant higher education institutes (see ucc.ie, nuigalway.ie and ucd.ie).

The 2021/2022 programme will be launched in March (see www.hse.ie and search for 'PHN sponsorship scheme').



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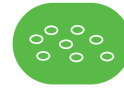


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Accurate at time of publication: September 2020

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Female healthcare workers most at risk of distress during outbreaks

NEW research has found that nurses and other female healthcare workers are most likely to experience psychological distress during an outbreak of an infectious disease.

Researchers in the UK have carried out the largest global review of factors linked with distress among healthcare workers (HCWs) during an infectious disease outbreak, looking at 139 studies involving more than 143,000 HCWs from around the world.

The studies were carried out between 2000 and November 2020 and included infectious diseases such as Covid-19, SARS, swine flu and Ebola.

The review's lead author, Dr Fuschia Sirois of the University of Sheffield, said: "Consistent evidence indicated that being female, a nurse, experiencing stigma and having contact or risk of contact with infected patients were the biggest risk factors for psychological distress among

healthcare workers. By analysing data from previous infectious disease outbreaks such as SARS, bird flu and swine flu, it appears that distress for healthcare workers can persist for up to three years after the initial outbreak."

Dr Sirois said that as the world continues to deal with the Covid-19 pandemic, it is important to identify the HCWs most at risk for distress and the factors that can mitigate this and help to build resilience.

Some of the factors linked with less psychological distress included:

- Having personal, organisational and social support
- Being provided with sufficient information about the outbreak
- Being provided with proper protection, training and resources.

The review found that factors such as age did not appear to have a major impact

on distress levels, even during the Covid-19 pandemic.

"In some studies, older people weren't distressed, perhaps because they had worked as healthcare professionals for many years and therefore felt more equipped in dealing with an outbreak, whereas younger people, who are physically less likely to be affected by the infectious disease, tended to be less experienced in dealing with an outbreak professionally, therefore causing them to be more distressed," Dr Sirois said.

Social aspects also had a bearing on distress levels, with those who had a strong social support network experiencing less stress. However, HCWs living with a partner and/or children tended to be more stressed for fear they would pass on any infection to a loved one.

Details of the findings are published in *Frontiers in Psychiatry*.

Support for the dying and grieving during Covid-19

The Irish Hospice Foundation (IHF) has launched a free bereavement resource pack as the country approaches 4,000 Covid-19-related deaths.

The 'Support for Grieving in Exceptional Times' pack includes resources developed by the IHF's Care and Inform hub, which was specifically created to respond to the needs of the dying and the bereft during the pandemic. It includes guidance on coping with grief from a Covid-19 death, planning a funeral and helping children to deal with loss and grief.

Head of education and bereavement services at the IHF, Orla Keegan, said: "The pandemic restrictions make everything seem strange, with normal routines disrupted. This is especially the case for people bereaved during this time, who find themselves planning a funeral and trying to cope with loss. Our hope is to provide information and assurance for people who are bereaved and some insights for those who want to help them."

'Wish to die' linked to loneliness and depression in older adults - TCD study

RESEARCHERS at The Irish Longitudinal Study on Ageing (TILDA) at Trinity College Dublin (TCD) have published findings outlining the frequency with which older people in Ireland express a 'wish to die'.

The study involves a population of more than 8,000 community-dwelling older people and examines the prevalence of those who wish to die, how closely it is linked with depression and loneliness, and how long the wish to die persists.

Researchers found that almost 4% of people surveyed, who were over 50, expressed a wish to die but that these feelings did not persist in over 70% of participants surveyed two years later.

Researchers suggest improved access to mental health services is needed, as well as a strategy to address social isolation in older people, particularly during Covid-19.

The study's findings include:

- One in 29 community-dwelling older people reported they had felt they would rather be dead in the preceding month
- 60% of those who reported a wish to die had co-existing depressive symptoms
- More than half of those with a wish to

die and depressive symptoms had been diagnosed with depression

- Almost 75% of those who wished to die also reported loneliness, 72% of whom no longer reported a wish to die when reassessed two years later
- In cases wherein the wish to die did not persist, loneliness and depressive symptoms also improved significantly.

The study comes against the backdrop of the proposed legislation for assisted dying and the Dying with Dignity Bill 2020.

Dr Robert Briggs, medical gerontology, TCD and first author of the study, said: "These findings demonstrate the close association between depression and the wish to die in later life. Most older people with both a wish to die and depression had not been diagnosed with depression, nor received mental health treatment. Less than one-tenth had received psychological counselling. A focus on improving access to mental health care should therefore form an important part of discussions around assisted dying in later life."

The findings are published in a recent issue of the journal *Age and Ageing*.

All listings to take place online - contact jean.carroll@inmo.ie for details

March

Thursday 11

Student Allocation Liaison Officers (SALO) Networking Group meeting. 11am

Saturday 13

Public Health Nurses (PHN) Section meeting. 11am via Zoom

Tuesday 23

Care of Older Person (COOP) Section conference

Saturday 27

Community Registered General Nurses (CRGN) Section meeting. 11am via Zoom

April

Tuesday 13

Radiology Nurses Section meeting. 7.30pm via Zoom

Wednesday 14

Operating Department Nurses (ODN) Section meeting. 7pm via Zoom

Tuesday 20

COOP Section meeting. 2pm via Zoom

Thursday 22

Retired Nurses Section meeting. 11am via Zoom

Thursday 22

Assistant Directors Section meeting. 2pm via Zoom

Saturday 24

PHN Section meeting. 11am via Zoom

Monday 26

National Children's Nurses Section meeting. 11am via Zoom

Condolences

- ❖ Members from South Infirmary University Hospital wish to express their deepest condolences to their colleague Jacqui O'Brien on the recent passing of her son Adam Buckley. Condolences also to Adam's sister Becky and his father Mark. May he rest in peace.
- ❖ INMO staff, members and the Executive Council wish to extend their deepest sympathies to Mary Rose Carroll, IRO on the recent passing of her mother Máiread. She will be sorely missed by all who knew her. We extend our condolences to Mary Rose's siblings Desmond, Máiread, Patricia and Elaine and to the extended family. May she rest in peace.

INMO Professional Library
Opening Hours

March

The library is closed to visitors. Please contact us by phone or email if you require assistance

For further information on the library, please contact
Tel: 01 6640 625/614
Fax: 01 01 661 0466
Email: library@inmo.ie

INMO Membership Fees 2021

| | |
|--|--------|
| A Registered nurse/midwife <i>(including part-time/temporary nurses/midwives in prolonged employment)</i> | €299 |
| B Short-time/Relief <i>This fee applies only to nurses/midwives who provide very short term relief duties (ie. holiday or sick duty relief)</i> | €228 |
| C Private nursing homes | €228 |
| D Affiliate members <i>Working (employed in universities & IT institutes)</i> | €116 |
| E Associate members <i>Not working</i> | €75 |
| F Retired associate members | €25 |
| G Student nurse members | No Fee |

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Working Together

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For more information log onto www.breastfeeding.ie

WIN Recruitment & Training

Mailed directly to Irish nurses and midwives every month

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Irish Nurses Rest Association

A committee of management representing the Guild of Catholic Nurses of Ireland, the INMO, the Association of Irish Nurse Managers and Director of Public Health Nursing exists to administer the funds of the Irish Nurses Rest Association. It's open for applications from nurses in need of convalescence or a holiday for a limited period who are unable to defray expenses they may incur or for the provision of grants to defray other expenses incurred in purchase of a wheelchair/other medical aids.

Please send applications to:

Ms Margaret Philbin, Rotunda Hospital, Dublin 1.
email: mphilbin@rotunda.ie

Practice nurse positions

Here at Centric Health, we put our patients first and aim to provide them with the best possible care within the community. As we endeavour to expand as a company, we are looking for the right people to join our teams. We are recruiting for a number of practice nurse positions around the country. We provide training for all our nurses and have a variety of benefits for all employees.

If you would like to enquire about the positions available or any other opportunities, please contact Jennifer at Jennifer.Lowrie@centrichealth.ie

WIN

Don't forget to mention *World of Irish Nursing and Midwifery* when replying to advertisements

**Next issue: April 2021
Advertisement booking
deadline:**

**Monday, March 22
Tel: 01 271 0218
email: leon.ellison@medmedia.ie**



ICN Congress

Nursing Around the World

2-4 November 2021

'Nursing around the world'

In response to international travel restrictions, the ICN Congress will now be held virtually from November 2-4, 2021. Using the theme 'Nursing Around the World', the Congress will take the form of a series of live and interactive events that will give participants the opportunity to showcase their expertise and innovations to national nursing associations from around the world. For more information, visit www.icncongress2021.org

www.nurse2nurse.ie



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Counselling Helpline

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Irish Nurses and Midwives Organisation
Working Together

www.arag.ie



ONLINE EDUCATION FOR INTERN STUDENTS

Interview Techniques

Monday, 1 March 2021

OR

Thursday, 1 April 2021



Online from 11.00am - 12.30pm

Fee: Free members – €65 non members

This short online programme is specifically designed for intern students to prepare them for a competency-based interview. It will enable students to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to and dealt with previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation. **Facilitated by Steve Pitman, Head of Education, INMO Professional.**

A link of how to log on to this session will be sent to you prior to the event.

Booking is essential and please **pick a date that suits you**

To book log on to **www.inmoprofessional.ie**

If you have any queries on this please email: **education@inmo.ie** or call: **01 6640641/18**

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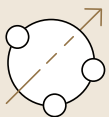
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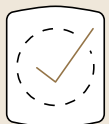


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* 2'-FL: 2'-fucosyllactose. Structurally identical to that found in breast milk (not sourced from human milk). ** Study conducted in healthy-term infants consuming standard infant formula (Similac) with 2'-FL, compared to control formula without 2'-FL. † Data collected from infants fed standard EleCare formula without 2'-FL. ‡ Parent reports from a single-arm study, where all infants were consuming an extensively hydrolysed formula before being switched to Alimentum with 2'-FL for 60 days. After 7 days of switching to Alimentum with 2'-FL, the majority of parents reported that the following symptoms had improved or resolved: 84% of infants with constipation, 71% of infants with eczema, 100% of infants with vomiting.

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