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# WIN

World of Irish Nursing & Midwifery

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Irish Nurses and Midwives Organisation

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# United we can deliver real change

WHAT a month it has been. Since our last issue of *WIN*, we have picketed workplaces across Ireland three times and marched down our capital's main streets. You – through your organisation, discipline and unity – forced a seemingly immoveable government to the negotiation table.

Discussion has rightly shifted to the proposals secured at the Labour Court, but first, let us remember what came before that. For years, we were told that nurses and midwives were well paid. We were told there was no recruitment and retention crisis.

We were told that the government could not and would not budge on pay. We were told that the Public Service Pay Commission was all we could get. Every excuse – from borrowing to Brexit – was thrown at us. And yet they were wrong. We forced the government into talks and negotiated an outcome through the Labour Court. The proposals that emerged are complex and do many things, but three in particular stand out.

First, the government will be bound to implement the Safe Staffing Framework over the next three years. This safe level of staffing is based not only on patient numbers, but also on their needs. Real-world pilot projects in Irish wards found that the Framework cut costs, reduced patient mortality and length of stay, improved patient outcomes and hugely improved staff morale and performance.

Second, the government has agreed to a new, higher and faster pay scale for the staff nurse/midwife. How we move to the new scale is complex, but the simple fact is that we have shifted members on to a substantially better pay scale. It not only increases pay, but also allows us to get to the maximum point on the scale sooner. This, combined with the large expansion of allowances (significantly beyond what was planned before the strike) delivers take-home pay parity for many of our members.

Third, and perhaps with the most potential, is the review of nursing and midwifery grades. Unlike previous exercises, this is not under government control, but instead under the auspices of the Labour Court.

The deal has achieved substantial increases in pay for the staff nurse/midwife grades, so the review will naturally have to take this into account while looking at the promotional grades' pay.

The deal is not everything we want. It is the product of negotiation. However, I would not endorse these proposals if I didn't think they took large strides forward for our pay, professions and patients.

Many of the details of these proposals have been misreported, misunderstood or plainly lied about. I have seen nurses who would see their pay rise by 18% be told they gain little to nothing. This sort of uninformed speculation undermines our union, unity and professions.

If you have not already done so, I would encourage all members to attend regional or workplace information sessions to learn the facts of how we got here, how this deal works and the choice that is ahead of us.

The INMO is a democratic body so the ultimate say on this deal is not up to me, management or your Executive, it is up to you. Members will – as they did when they voted on previous offers and on strike action – have the final say.

I fully support the Executive's call for members to vote to accept the proposals pending the outcome of the contract negotiations on the grade of enhanced staff nurse and will be meeting many of you until polling begins to make that case. I firmly believe that a vote to accept means pay rises, professional progress and improvements in conditions, while a vote to reject leaves uncertainty and a risk of penalties, which we have worked extremely hard to avoid.

However you decide to vote, the fact that we forced the government's hand shows that when INMO members are united, we are strong. Once we remain so, we can only move forward to phase two of these proposals and delivery of real change to the place of nursing and midwifery in our public health service.

**Phil Ní Sheaghdha**
**General Secretary, INMO**

# Your priorities with the president

Martina Harkin-Kelly, INMO president

## Staying strong together

IT IS fair to say that nurses and midwives are among the most respected professionals in this country – and the execution of this strike showed why. Members showed strength, solidarity and incredible organisation in recent weeks. Throughout the strikes, we not only organised ourselves, but clearly protected patient safety. The weather that greeted many picketers on the first day of the strike certainly chilled the air, but our mood and collective strength remained.

We have not been alone on the pickets. I cannot write this piece without thanking all the businesses, fellow workers, patients and people nationwide who ensured that our nurses and midwives were kept hydrated and fortified on the picket lines. It was amazing to see the regular supply of pizzas, coffee, soup, cake, sandwiches and biscuits, all of which were gratefully accepted by our members. I was particularly struck by the fire fighters and prison officers who brought us supplies. These are colleagues who we work with day in, day out. Such kind actions and acts of solidarity will not be forgotten, nor will the many chants and beeped horns while walking on the pickets. Just knowing that the public had our backs was deeply humbling.

## Marching on

WE SAW this same support on February 9 on the streets of Dublin, as more than 45,000 people came to stand with nurses and midwives. We were joined on our march by family, friends, patients and supporters. Thanks to their support, this was one of the biggest-ever trade union rallies in Irish history. From the outset of the rally, the resolve, resilience and solidarity was palpable. The march was led out by nurses and midwives, including the INMO's Executive Council, accompanied by proud pipers.

As we wound our way through Dublin, our numbers filled the length of O'Connell Street and were tightly packed in for the inspirational rally at the back of Government Buildings on Merrion Square. This rally, our strike and the public support sent a clear message to the government. Their insistence that they could do nothing was gradually overcome, over 35 hours of negotiations and many late nights at the Labour Court.

To ensure all members understand what is on offer, I encourage you all to ensure you attend regional and workplace information sessions – so that you and your colleagues can get the full facts before casting your votes on these proposals. Your vote is your own. I simply ask you to remember that we cannot raise the ceiling until we lift the floor.

## Centenary planning meetings

2019 was not only the year of this strike. It also marks 100 year of the INMO and we are working to ensure appropriate celebrations of our centenary. The Executive has decided on three central events to mark the year.

On February 28, the Organisation will be hosted by the Lord Mayor of Dublin on the date the union was officially founded in 1919. Some 90 INMO members will attend and it is hoped that this will recall the spirit of our union's historic foundation. A centenary badge will also be unveiled. RTÉ's *Nationwide* will be in attendance and will focus on the publication of the book we commissioned to look back on 100 years of the INMO.

Our annual delegate conference (ADC) in May will also take on a different format to incorporate the significance of the centenary. It will include the official launch of the book and a gala dinner on the Thursday night, so as to allow ADC delegates to participate.

The final centenary event will occur in the later part of the year. This will celebrate our branches and sections. Stay tuned to learn more of the celebrations!

*For further details on the above and other events see* **www.inmo.ie/President_s_Corner**

### *Quote of the month*

*"Our Day shall not be sweated from Birth until life closes"*
*Bread & Roses, inspirational American strike song 1912*

## Report from the Executive Council

THE Executive met frequently during the strike, in addition to its regular meetings. These meetings were focused on the industrial dispute: how we were organising the strike, feedback from workplaces across the country, and deciding extension dates for strike action.

One such Executive meeting took the decision to organise the national rally in Dublin, which proved a resounding success. The show of strength both at pickets and the rally forced the government to re-engage with us, eventually leading to long negotiations.

The proposals that came out of those negotiations at the Labour Court were presented to the Executive, which later decided to recommend that members vote to accept them, subject to satisfactory progress on negotiating the contract for the new pay scale.

The Executive decided that members will be asked to vote on these proposals between March 11 to 25. This is to ensure that members can see the new contract before they cast their votes.

The next Executive Meeting will be held on March 4-5, as you are receiving this issue of *WIN*.

Can I please remind all our members, who are working in conditions where they cannot provide safe care, to complete their disclaimer forms. This will be your only safeguard in the event of a near miss or an incident.

## 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

**Tony Fitzpatrick**, INMO director of industrial relations, recounts the

# Negotiations process step by step

AFTER three days of industrial action and a major national rally, the INMO was invited to exploratory talks in the Labour Court.

Those exploratory talks took place on Saturday, February 9 and Sunday, February 10, and into the early hours of Monday February 11, 2019. The Labour Court reflected overnight and then convened a formal hearing for the Monday afternoon.

Later that day, the Court issued a recommendation. On foot of this, the INMO was required to convene a meeting of its Executive Council to consider the Court's request to defer the strikes due on February 12-14 to give time to consider the recommendation. A key component of the recommendation is a three-week period of engagement around new employment contracts.

The Executive Council took the decision to suspend the planned industrial action on the basis of the recommendation and to allow for further negotiation with the Department of Public Expenditure and Reform.

The Labour Court talks and recommendations are extremely complex. Throughout Tuesday, February 12, the INMO exchanged regular correspondence with the Department of Public Expenditure and Reform, clarifying the assimilation process for staff nurses and midwives onto the Enhanced Practice Scale.

The INMO convened a meeting of the Executive Council for Wednesday, February 13 at the Green Isle Hotel, Dublin. They were later joined by representatives of strike committees for a briefing meeting.

At its meeting, the Executive Council decided to recommend the Labour Court Recommendation, subject to the successful conclusion of contract talks over the next three weeks. This allowed the INMO to then present the details of the Recommendation to the awaiting strike committee members.

This was the first opportunity the INMO had to present the details of the Labour Court Recommendation, which had already been partially leaked by some media outlets.

# Members will have the final say on proposals

AS WE went to press, regional and workplace information meetings were taking place across the country to brief INMO members on the full extent of the Labour Court recommendation ahead of balloting on the deal, which will take place following completion of contract negotiations on the grade of enhanced staff nurse.

The INMO Executive Council took the decision to suspend strike action based on the Labour Court recommendation.

The Executive then convened an emergency meeting and issued a recommendation that members vote to accept the new proposals for safe staffing and pay changes, subject to the successful negotiation of a new contract.

The proposals involve the negotiation of a new contract and clarifications to be made, which were taking place throughout February.

To ensure that members have the full proposals before voting, the Executive took the decision to ballot members between March 11-25, 2019, with the count due to be announced on Wednesday, March 27. (These dates are subject to successful completion of contract negotiations).

***INMO general secretary Phil Ní Sheaghdha:*** *"These proposals make important strides for safe staffing, pay parity, and achieving respect for our professions"*

INMO general secretary Phil Ní Sheaghdha said: "These proposals make important strides for safe staffing, pay parity, and achieving respect for our professions. They are not the end point however, and show the way for all grades in nursing and midwifery to get to fair pay levels.

"The Executive and INMO management are recommending that members vote to accept the proposals, subject to the new contract, which will be negotiated over the coming weeks.

"There have been many untrue rumours and much inaccurate speculation online about this deal. We took the time to present the deal to hundreds of members following the Executive Council meeting and were glad to note a positive reception.

"We would encourage all INMO members to inform themselves of the facts from our website and attend information sessions over the coming weeks."

"The details of the recommendation are complex and require further clarification and negotiation. But do not be in any doubt – we have made progress across all areas of concern that we raised in this dispute.

"In particular, we have made substantial progress in securing evidence-based safe staffing levels and addressing recruitment and retention problems through pay."

Among many other proposals, the Labour Court recommendation includes:

- Guaranteed multi-annual funding to maintain safe staffing levels
- Significant changes to the salary scale and allowances
- Increased education, training and promotion opportunities
- Separately, an expert group to examine, in a short period of time, remaining pay and reform issues, including those affecting senior management grades.

"INMO members will be asked to vote on the proposals – so they will have the final say. INMO HQ and Executive Council are immensely grateful to all members for their solidarity and support throughout the strike action. We have shown the country that – as ever – nurses and midwives are organised, determined and resolute. We can all rightly feel pride that we have stood together in defence of our livelihoods, our professions and our patients," said Ms Ní Sheaghdha.

## process so far and sets out the next steps

### The process now

INMO members will be balloted on these proposals, but it is not yet possible to do so as we have not yet concluded talks on the outstanding matters from the Labour Court Recommendation and talks. This includes matters such as:

- The establishment of an expert group, the members of that group and the terms of reference of same to look at nurses and midwives' pay, particularly for promotional grades
- Negotiations around the contract of employment for staff nurses and midwives with the Department of Public Expenditure and Reform, which is scheduled to take place in three weeks.

Once those negotiations and agreements have been reached, the INMO will be able to put clear proposals to the members and allow the members to ballot on those proposals.

It's worth noting that the Executive Council recommendation to accept the proposals is subject to the satisfactory conclusion of those contract negotiations.

To keep members informed, the INMO has been running regular information sessions across the country, both regionally and locally.

Subject to the conclusions of the negotiations on the contract and any outstanding matters, the Organisation aims to commence a ballot of members on Monday, March 11 and to conclude a count of ballots by Wednesday March 27, 2019. These dates are subject to the satisfactory conclusion of negotiations, before March 11.

**Staff nurse/midwife salary scale and enhanced practice salary scale**
**Pay proposals – assimilation process**

| Current point of staff nurse salary scale | On next incremental date (after 16 weeks) | Value (increment + new scale = total) | One year later on next incremental date – eligible for enhanced practice scale | Value (increment + new scale = total) | One year later on next incremental date | Value (of new scale) | Location allowance | Specialist qualification allowance |
|---|---|---|---|---|---|---|---|---|
| 1st point €29,346 | 3rd point €32,171 (skip 2nd point) | €1,764 + €1,061 = €2,825 | 4th point €33,367 + move to 1st point of enhanced practice scale €35,806 | €1,196 + €2,439 = €3,635 | 2nd point of enhanced practice scale €38,062 | €2,256 | €2,230 | €3,350 |
| **Current point of staff nurse salary scale** | **On next incremental date – eligible for enhanced practice scale** | | | **Value** (increment + new scale = total) | **One year later on next incremental date** | **Value** (of new scale) | **Location allowance** | **Specialist qualification allowance** |
| 2nd point €31,110 | 4th point €33,367 + move to 1st point of enhanced practice scale €35,806 | | | €2,257 + €2,439 = €4,696 | 2nd point of enhanced practice scale €38,062 | €1,679 | €2,230 | €3,350 |
| 3rd point €32,171 | 4th point €33,367 + move to 1st point of enhanced practice scale €35,806 | | | €1,196 + €2,439 = €3,635 | 2nd point of enhanced practice scale €38,062 | €1,679 | €2,230 | €3,350 |
| 4th point €33,367 | 5th point €34,876 + move to 1st point of enhanced practice scale €35,806 | | | €1,509 + €930 = €2,439 | 2nd point of enhanced practice scale €38,062 | €1,679 | €2,230 | €3,350 |
| 5th point €34,876 | 6th point €36,383 + move to 2nd point of enhanced practice scale €38,062 | | | €1,507 + €1,679 = €3,186 | 3rd point of enhanced practice scale €39,265 | €1,203 | €2,230 | €3,350 |
| 6th point €36,383 | 7th point €37,883 + move to 3rd point of enhanced practice scale €39,265 | | | €1,500 + €1,382 = €2,882 | 4th point of enhanced practice scale €40,191 | €926 | €2,230 | €3,350 |
| 7th point €37,883 | 8th point €39,180 + move to 4th point of enhanced practice scale €40,191 | | | €1,297 + €1,011 = €2,308 | 5th point of enhanced practice scale €41,212 | €1,021 | €2,230 | €3,350 |
| 8th point €39,180 | 9th point €40,480 + move to 5th point of enhanced practice scale €41,212 | | | €1,300 + €732 = €2,032 | 6th point of enhanced practice scale €42,570 | €1,358 | €2,230 | €3,350 |
| 9th point €40,480 | 10th point €41,775 + move to 6th point of enhanced practice scale €42,570 | | | €1,295 + €795 = €2,090 | 7th point of enhanced practice scale €43,893 | €1,323 | €2,230 | €3,350 |
| 10th point €41,775 | 11th point €43,070 + move to 7th point of enhanced practice scale €43,893 | | | €1,295 + €823 = €2,118 | 8th point of enhanced practice scale €45,841 | €1,948 | €2,230 | €3,350 |
| **Current point of staff nurse salary scale** | **On next incremental date – eligible for enhanced practice scale** | | | **Value** (increment + new scale = total) | **Three years later on next incremental date** | **Value** (of new scale) | **Location allowance** | **Specialist qualification allowance** |
| 11th point €43,070 | 12th point €44,343 + move to 8th point of enhanced practice scale €45,841 | | | €1,273 + €1,498 = €2,771 | LSI €47,201 | €1,360 | €2,230 | €3,350 |
| 12th point €44,343 | Move to 8th point of enhanced practice scale €45,841 | | | €1,498 | LSI €47,201 | €1,360 | €2,230 | €3,350 |
| **Current point of staff nurse salary scale** | **On next incremental date – eligible for enhanced practice scale** | | | **Value** (of new pay scale) | **Four years later on next incremental date** | **Value** (of new scale) | **Location allowance** | **Specialist qualification allowance** |
| LSI €45,701 | Move to LSI of enhanced practice scale €47,201 | | | €1,500 | SSENP €49,471 | €2,270 | €2,230 | €3,350 |
| **Current point of staff nurse salary scale** | **On next incremental date – eligible for enhanced practice scale** | | | | | **Value** (of new pay scale) | **Location allowance** | **Specialist qualification allowance** |
| Senior staff nurse/ midwife €47,898 | Move to SSENP point of enhanced practice scale €49,471 | | | | | €1,573 | €2,230 | €3,350 |

# The deal at a glance

## INMO briefing information for nurses and midwives

### What does it do for safe staffing?

The Safe Staffing Framework will be implemented and funded over the next three years. How?

- Guaranteed multi-annual funding to implement safe staffing in all medical and surgical areas and emergency departments in acute settings*
- Nurse and midwife staffing levels set by evidence-based patient needs
- A set skill-mix of nurses to healthcare assistants (80:20 in medical and surgical, 85:15 on acute floor (ED, MAU, etc).

### What about pay?

- New entrants move up after 16 weeks, skip the second increment and go straight to third point of the existing scale - €32,171*
- New, higher salary scale – upward incremental adjustment for staff nurses and midwives*
- Assimilation to new scale – you get your next increment and immediately move to new scale at nearest (but not below) monetary point*
- New scale is shorter – you get to maximum salary and long-service increment faster*
- 20% increase to location and qualification allowance rates
- Extension of allowances to maternity services, and medical and surgical areas* – worth €2,230 or €3,350
- New higher senior staff nurse/midwife pay – which you get after 17 years, not the current 20
- Extend location allowance to public health nurses if not already receiving an allowance*
- CNM1 grade will apply to those working alongside/supervising social care workers in ID sector*
- An independent expert group will look at the pay of nurses and midwives, particularly for promotional grades.*

### What about pay parity?

The new scale, combined with the location/qualification allowance, gives a higher gross pay than allied health professionals at almost all points on the scale. We expect further advances under the independent expert group.*

### What about higher grades?

CNM1/CMM1s and CNM2/CMM2s in maternity services or on medical and surgical wards will now receive either location or qualification allowances.*

Phase 2: An independent expert group to be established to review nursing profession, particularly pay of all CNMs and other promotional grades. This body will complete work before the end of the Public Service Stability Agreement.*

### Advanced practice

Funding provided to ensure 2% of nursing and midwifery workforce will be made up of advanced nurse/midwife practitioners – this would mean an estimated 740 AN/MPs based on current numbers.*

### Continuing professional development

Phase 2: The independent expert group is tasked with determining how the HSE will accommodate CPD in terms of time for education, funding for education, and additional staff resources to replace those in education.*

**Denotes improvements achieved since strike action began.*

### What does this mean for nurses and midwives?

Some examples of how nurses and midwives would be affected by the proposals can be read below and on the opposite page.

All of these case studies are in addition to the already-agreed pay adjustments of +1.75% in September 2019, +2% in October 2020, and pension levy threshold changes (worth €250pa) in January 2020.

All examples do not include premium payments such as overtime, weekend or holiday work.

## Angelica

### Intellectual disability nurse with nine years' experience

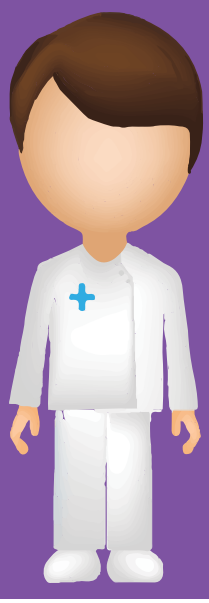
Angelica has been working as an intellectual disability nurse for nine years.

She works alongside social care workers, so she will be regraded as a CNM1, increasing her salary from €40,480 to €45,179 under the proposals.

This is a 12% increase.

## Stephen

### CNM1 with two years' experience



Stephen is a CNM1 in a surgical ward with two years' experience. He currently earns €47,174. Under this proposal, he will also qualify for a location allowance worth €2,230. This would be an increase of 5%.

His payment levels will also be reviewed in the independent expert group, which will look at nursing and midwifery pay, particularly at promotional/CNM grades.

## Deepa

### Direct entry midwife with six years' experience

Deepa is a midwife on the sixth increment. She currently earns €36,383. Under the proposals, at her next increment, she be able to move to new scales and will gain a location allowance. This means her basic pay will increase to €39,265 and she will get a location allowance of €2,230.

Her total pay, before premium payments would now be €41,495. This is 9.5% higher than the €37,883 she would get under current arrangements.

## Siobhán

### Newly qualified staff nurse

After 16 weeks on the first point of the scale, Siobhán skips the second point on the scale and goes straight to the third. She works in a medical area, meaning she now qualifies for a location allowance of €2,230. After 16 weeks, this puts her on €34,401, compared to €31,110 under current arrangements. This is €3,291 (11%) more.

One year later, she will be eligible to move to the new enhanced practice scale, which she will enter at €35,806, plus the allowance. She would be on a total of €38,036, compared to the €32,171 under current arrangements. This is €5,865 (18%) more.

## Séan

### Senior staff nurse, community with 30 years' experience

Séan is a long-standing senior staff nurse.

His basic salary is €47,898 currently. He does not qualify for any allowances.

Under the proposals, he could transfer to the enhanced practice scale, increasing his salary to €49,471.

This is a 3% increase.

## Joan

### Public Health Nurse with five years' experience

Joan is a public health nurse, with five years' experience. She currently earns €51,560.

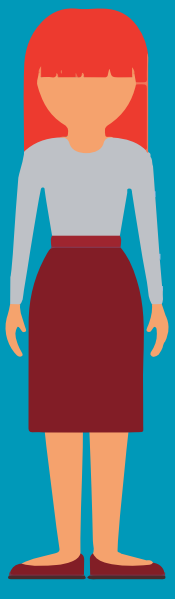
Unlike some of her colleagues, she does not get an allowance.

She will now get a location allowance (€2,230).

This is a 4.3% increase

## Moira

### Staff nurse with 16 years' experience



Moira is a staff nurse in intensive care. She earns €45,701 with her basic pay (including long-service increment) along with a qualification allowance for her NMBI Category 2 qualification of €2,791. Total currently: €48,492.

Under the proposals, her pay will increase in three ways:

1. Her qualification allowance will increase by 20% to €3,350
2. She will qualify for the senior staff nurse grade after 17 years, not the current 20
3. She can move to the new enhanced practice scale.

This means that when she gets her next increment, her salary will increase to €52,821.

This is an increase of 9% in one year – under current arrangements she would get 0%.

# Trolley figures top 10,000 in January

## 'Understaffing is at the heart of the problem' – INMO general secretary

MORE than 10,000 admitted patients were forced to wait on trolleys and chairs for beds in January this year, according to the INMO trolley and ward watch analysis.

Among the 10,350 total patients without beds, 190 were children.

Due to INMO strike action taking place on January 30, the figures from that date are not accounted for in this month's analysis. Despite the figures being an underestimate, they represent a 55% increase on the number of patients waiting for beds in January 10 years ago, a 30% increase on January five years ago, and almost a 100% increase on the figures from January 2007.

The worst-affected hospitals in January were:

- University Hospital Limerick – 970 patients
- Cork University Hospital – 947 patients
- South Tipperary General Hospital – 629 patients
- Letterkenny University Hospital – 587 patients
- University Hospital Waterford – 547 patients.

### Underlying issues

Speaking about the continuing overcrowding issues, INMO general secretary Phil Ní Sheaghdha said: "Over 10,000 admitted hospital patients did not even have a bed in January in Ireland's health service.

"At the heart of this problem is understaffing; we simply cannot recruit and retain enough nurses and midwives on current wages.

"Ireland's nurses and midwives are no longer prepared to tolerate these conditions, for themselves or for their patients."

### Table 1. INMO trolley and ward watch analysis (January 2006 – 2019)

| Hospital | Jan 2006 | Jan 2007 | Jan 2008 | Jan 2009 | Jan 2010 | Jan 2011 | Jan 2012 | Jan 2013 | Jan 2014 | Jan. 2015 | Jan 2016 | Jan 2017 | Jan 2018 | Jan 2019 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Beaumont Hospital | 414 | 543 | 661 | 769 | 794 | 574 | 634 | 602 | 710 | 692 | 710 | 386 | 355 | 334 |
| Connolly Hospital, Blanchardstown | 259 | 280 | 250 | 286 | 216 | 456 | 378 | 279 | 635 | 595 | 372 | 225 | 363 | 286 |
| Mater Hospital | 482 | 433 | 568 | 538 | 531 | 345 | 324 | 356 | 292 | 410 | 481 | 505 | 542 | 537 |
| Naas General Hospital | 441 | 45 | 216 | 355 | 367 | 491 | 194 | 239 | 221 | 369 | 437 | 240 | 516 | 310 |
| St Colmcille's Hospital | 300 | 119 | 76 | 276 | 293 | 235 | 186 | 190 | n/a | n/a | n/a | n/a | n/a | n/a |
| St James's Hospital | 351 | 200 | 211 | 319 | 215 | 150 | 148 | 142 | 101 | 236 | 222 | 229 | 284 | 238 |
| St Vincent's University Hospital | 372 | 351 | 535 | 474 | 509 | 466 | 310 | 470 | 334 | 438 | 598 | 276 | 559 | 476 |
| Tallaght Hospital | 812 | 219 | 805 | 632 | 528 | 635 | 238 | 181 | 348 | 394 | 337 | 546 | 494 | 408 |
| National Children's Hospital, Tallaght | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 9 | 17 |
| Our Lady's Children's Hospital, Crumlin | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 87 | 80 |
| Temple Street Children's University Hospital | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 98 | 82 |
| **Eastern total** | **3,431** | **2,190** | **3,322** | **3,649** | **3,453** | **3,352** | **2,412** | **2,459** | **2,641** | **3,134** | **3,157** | **2,407** | **3,307** | **2,768** |
| Bantry General Hospital | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 47 | 52 | 111 | 123 | 77 |
| Cavan General Hospital | 408 | 361 | 287 | 196 | 277 | 516 | 316 | 220 | 91 | 71 | 183 | 33 | 63 | 101 |
| Cork University Hospital | 293 | 273 | 413 | 446 | 726 | 695 | 574 | 443 | 361 | 366 | 600 | 667 | 832 | 947 |
| Letterkenny General Hospital | 320 | 428 | 57 | 57 | 43 | 64 | 118 | 42 | 247 | 437 | 110 | 522 | 671 | 587 |
| Louth County Hospital | 41 | 14 | 52 | 62 | 4 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mayo University Hospital | 158 | 253 | 168 | 271 | 261 | 144 | 91 | 165 | 256 | 311 | 159 | 70 | 321 | 257 |
| Mercy University Hospital, Cork | 197 | 165 | 200 | 155 | 169 | 272 | 117 | 316 | 211 | 170 | 228 | 290 | 355 | 291 |
| Midland Regional Hospital, Mullingar | 38 | 23 | 36 | 54 | 284 | 214 | 295 | 171 | 447 | 374 | 426 | 540 | 635 | 265 |
| Midland Regional Hospital, Portlaoise | 70 | 15 | 60 | 53 | 48 | 111 | 209 | 43 | 140 | 210 | 308 | 477 | 258 | 288 |
| Midland Regional Hospital, Tullamore | 40 | n/a | 4 | 32 | 55 | 205 | 186 | 77 | 249 | 219 | 319 | 503 | 556 | 337 |
| Mid Western Regional Hospital, Ennis | 157 | 197 | 28 | 29 | 35 | 127 | 21 | 79 | n/a | 7 | 92 | 46 | 40 | 24 |
| Monaghan General Hospital | n/a | 50 | 52 | 29 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nenagh General Hospital | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 28 | 18 | 29 | 6 |
| Our Lady of Lourdes Hospital, Drogheda | 349 | 313 | 290 | 399 | 476 | 455 | 589 | 410 | 462 | 735 | 601 | 469 | 491 | 160 |
| Our Lady's Hospital, Navan | 21 | 164 | 131 | 107 | 31 | 178 | 117 | 85 | 421 | 189 | 69 | 259 | 153 | 95 |
| Portiuncula Hospital | 82 | 71 | 115 | 46 | 148 | 79 | 60 | 169 | 119 | 208 | 63 | 379 | 191 | 109 |
| Roscommon County Hospital | 79 | 91 | 162 | 165 | 146 | 191 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Sligo University Hospital | 94 | 72 | 124 | 143 | 197 | 245 | 108 | 96 | 142 | 191 | 302 | 279 | 439 | 499 |
| South Tipperary General Hospital | 155 | 27 | 134 | 54 | 158 | 52 | 126 | 245 | 294 | 158 | 302 | 556 | 511 | 629 |
| St Luke's Hospital, Kilkenny | n/a | n/a | n/a | n/a | n/a | 38 | 130 | 96 | 204 | 239 | 313 | 536 | 615 | 369 |
| University Hospital Galway | 155 | 170 | 286 | 319 | 365 | 523 | 558 | 378 | 602 | 519 | 526 | 618 | 681 | 534 |
| University Hospital Kerry | 131 | 97 | 133 | 93 | 91 | 93 | 64 | 88 | 93 | 75 | 199 | 187 | 382 | 297 |
| University Hospital Limerick | 304 | 225 | 118 | 213 | 453 | 404 | 304 | 437 | 564 | 631 | 682 | 793 | 1,003 | 970 |
| University Hospital Waterford | n/a | n/a | n/a | 68 | 95 | 88 | 100 | 138 | 296 | 125 | 430 | 480 | 550 | 547 |
| Wexford General Hospital | 546 | 162 | 129 | 50 | 226 | 283 | 111 | 106 | 102 | 268 | 196 | 125 | 189 | 193 |
| **Country total** | **3,638** | **3,171** | **2,979** | **3,041** | **4,288** | **4,977** | **4,194** | **3,804** | **5,301** | **5,550** | **6,188** | **7,958** | **9,088** | **7,582** |
| **NATIONAL TOTAL** | **7,069** | **5,361** | **6,301** | **6,690** | **7,741** | **8,329** | **6,606** | **6,263** | **7,942** | **8,684** | **9,345** | **10,365** | **12,395** | **10,350** |
| Of which were under 16 | **n/a** | **n/a** | **n/a** | **n/a** | **n/a** | **n/a** | **n/a** | **n/a** | **n/a** | **n/a** | **n/a** | **n/a** | **211** | **190** |

**Percentage increase/decrease:** 2018 compared to 2019: -16%; 2017 compared to 2019: 0%; 2016 compared to 2019: 11%; 2015 compared to 2019: 19%; 2014 compared to 2019: 30%; 2013 compared to 2019: 65%; 2012 compared to 2019: 56%; 2011 compared to 2019: 24%; 2010 compared to 2019: 34%; 2009 compared to 2019: 55%; 2008 compared to 2019: 64%; 2007 compared to 2019: 93%; 2006 compared to 2019: 46%

# INMO CENTENARY ANNUAL DELEGATE CONFERENCE

## KNIGHTSBROOK HOTEL, TRIM, CO MEATH WEDNESDAY TO FRIDAY, MAY 8-10

Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann

The Irish Nurses and Midwives Organisation's Centenary Conference will open on Wednesday afternoon, May 8, 2019 at 2pm, and continue on Thursday and Friday, May 9 and 10 in the Knightsbrook Hotel Trim.

## BRANCH/SECTION ANNUAL GENERAL MEETINGS

### Each Branch/Section should hold an Annual General Meeting in order:

**A)** To consider motions in accordance with Rules 5.9, 5.11 and 12.3.2 for submission to the Centenary Conference. Motions must be submitted to the General Secretary, on the appropriate form, no later than **5pm on Wednesday, February 6, 2019.**

**B)** To nominate Branch delegates to attend the Annual Delegate Conference on the following basis:

**C)** To nominate **TWO** section delegates to attend the Conference.

**Please note: Branch and Section delegate nominations must be submitted to the INMO, on the appropriate form, no later than 5pm on Wednesday, February 6, 2019.**

All necessary paperwork will issue to Branch/Section Secretaries, by the end of the year, to be available at Branch/Section Annual General Meetings.

| NUMBER OF MEMBERSHIPS | | NUMBER OF DELEGATES |
|---|---|---|
| 1- 50 | --------- | 1 |
| 50-100 | --------- | 2 |
| 101-200 | --------- | 3 |
| 201-300 | --------- | 4 |
| 301-400 | --------- | 5 |
| 401-500 | --------- | 6 |
| 501-700 | --------- | 7 |
| 701-900 | --------- | 8 |
| 901-1,000 | --------- | 9 |
| 1,000 + | --------- | 10 |

For every 500 members, or part thereof over 1,000, each branch may have one further delegate

## MOTIONS AND DELEGATES

- As this is our centenary, Branches and Sections are asked to note not to send in motions that are already organisational policy.
- They are also asked, again due to the centenary celebrations, to ensure that all motions and delegate forms are submitted by the due dates as this years conference is a more of a celebratory event than previous ADCs.

## HOTEL RESERVATIONS FOR ANNUAL DELEGATE CONFERENCE 2019

This year the accommodation will be provided in **Knightsbrook Hotel Trim, Co Meath.** Accommodation will be reserved for all nominated delegates, on **Wednesday 8 and Thursday 9 May, 2019. The Conference will conclude early Friday afternoon.**

Accommodation is available on a shared basis only. The INMO will not be responsible for any expenses incurred by delegates, other than the agreed package negotiated with the hotels. Delegates who wish to have a single room will be asked to pay the single person supplement.

***Delegates who are unable to arrive on Wednesday evening, or who are departing earlier than Friday, May 10, 2018, must inform the hotel, and Michaela Ruane, ADC Co-ordinator, as early as possible, but no later than Monday, 22 April, 2019 as this is the centenary year.***

Branch and Section Secretaries should reserve the required accommodation for their appointed delegates, clearly indicating the number of nights required by delegates. Please send the official INMO booking form direct to:

**Central Reservations, The Knightsbrook Hotel, Trim, prior to Friday, March 15, 2019.** All reservations will be made through the Central Reservations Team. All rooms will be allocated on a first-come – first-served basis. Confirmation of hotel bookings will be made direct to the Branch/Section Secretaries, by the Knightsbrook Hotel Reservations Team. *It is highly important that this date is adhered to as demand is high for the INMO centenary celebrations.*

**For any enquiries regarding Annual Delegate Conference, please contact Michaela Ruane, INMO HQ** at
Tel: 01-6640626 or email: michaela.ruane@inmo.ie

It's time to get the deal out of the headlines and into the pockets of nurses and midwives, writes **Dave Hughes**

# Fake news pundits widely off the mark

ILL-INFORMED comments and misinformation are not new but the advent of social media has effectively torn up the rule book and allowed everyone to become a publisher. Thus, fake news dominates and can quickly help to develop perceptions that are completely at odds with the facts.

An example of this in the current campaign was the rush to judgement that there is "nothing in this deal for CNMs". This example is based on an erroneous assumption that the entire set of proposals were contained in the Labour Court Recommendation.

The reality is that the recommendations build on and improve the minimalist recommendations of the Public Service Pay Commission.

So, what is in it for promotional grades:

- 20% increase in locations and qualification allowance
- Extension of location and qualification allowances to medical, surgical and maternity services, including community maternity services
- An expert group is to examine all nurse and midwife grades during the lifetime of the current agreement. This exercise will ascertain the effect of a staff nurse/midwife enhanced practice scale on promotional grades and the existing outstanding benchmarking awards of 6.8% to CNMs and 10% to ADON/M and DON/M
- Review of the banding and structures of ADON/M and DON/M pay.

So, while it is legitimate to question or suggest that these advances are insufficient, it is clearly untrue to suggest that there is nothing in it for the grades above staff nurse and midwife.

The Public Service Stability Agreement did not provide any of these advances and the Public Service Pay Commission recommendations were confined to a smaller group within promotional and community grades.

Likewise, social media assertions that this deal will see the flow of new graduates to Australia because it does nothing for their pay is widely off the mark.

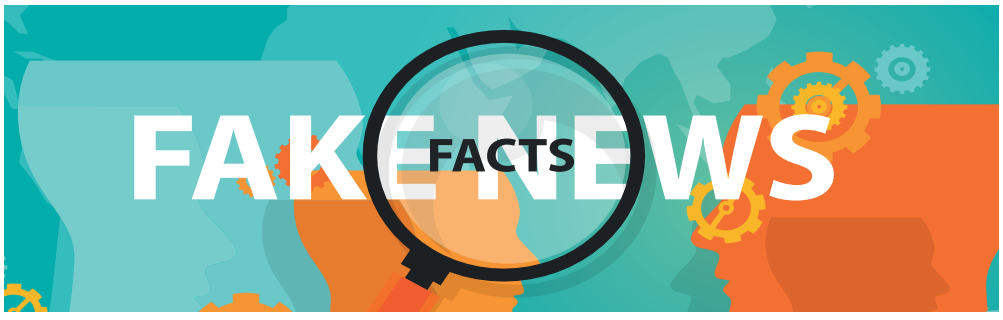
The deal concentrates on safe staffing and commits government to fund and implement the surgical, medical and acute medicine dependency-based staffing framework by the end of 2021. This can only work if we can recruit and retain staff nurses and midwives.

This phase of the development of the professions to full equality with peer professionals rightly focuses on the grades most in need of numbers. Stability in the basic grades with the right skill mix is the key to a safer working environment and safer care for patients.

In monetary terms the deal achieves parity as claimed for the vast majority of staff nurses and midwives through a combination of salary scale and location and qualification allowances, if they sign up for the enhanced practice scale contract.

Very substantial advances have been achieved against the odds. The resistance of government was absolute and entrenched, but the INMO Executive Council led bravely and has succeeded against those odds and has, in spite of threats to impose penalties, delivered a deal without incurring any penalties. To reject the current proposals would be like snatching defeat from the jaws of victory.

It is time to get the deal out of the headlines and into the pocket of nurses and midwives.




## World news

*Nurses and midwives in action around the world*

**Australia**

- 'Babies and mums could die': Nurse blows whistle on dangerously low staffing levels
- ANMF Tasmania members implement statewide stop work and mass member meetings

**Canada**

- Overtime hours worked by VItalité nurses jumps 26% as staff shortages continue
- A nurse for 169 patients in CHSLDs

**Guatemala**

- Nurses at the San Juan de Dios Hospital demand equalisation of salaries

**Kenya**

- Nurses to stay away from hospitals as strike starts

**New Zealand**

- Nurse strangled at hospital; staff issued with camera vests
- 50 patients, one nurse: Coroner's findings show high caseload for Waikato mental health nurse

**Spain**

- Hospitals need 72,376 more nurses to improve care
- Emergency room patients 'in danger' due to lack of nurses

**UK**

- NHS 'in urgent need' of investment and staffing
- Nurses to campaign for safe staffing legislation
- Nursing staff urged to demand safe staffing legislation in England

**US**

- California nurses threaten day-long strike
- South Tahoe nurses may strike and protest lockout
- Barton Health nurses give notice of intent to strike


*Connolly Hospital*

# Pickets show depth of members' resolve

THE first national strike by nurses and midwives in 20 years took place on January 30 – only the second time in the INMO's 100-year history that the Organisation has gone on strike nationally.

Nurses and midwives held pickets at their workplaces throughout the country, seeking to secure safe staffing levels in the health service, through increases in pay to make the professions more attractive. Two further strike days took place on February 5 and 7.

The INMO is grateful to the strike committees nationwide for all their hard work and dedication throughout this process. Contingency planning with the HSE was ongoing in the run up to the strike to ensure patient safety and rosters were drawn up and adhered to. The strike committees also served as information hubs for members throughout the dispute.

INMO general secretary Phil Ní Sheaghdha said: "Nurses and midwives proudly stood up in defence of our patients and professions. Everybody recognises that there is a serious understaffing problem in our health services. Public support for the strike showed that the Irish people stand with nurses and midwives. We simply want to be able to do our jobs, but our health service cannot hire enough nurses and midwives on uncompetitive wages."

INMO president Martina Harkin-Kelly said: "We have been deeply humbled by the public support for us during this strike. None of us want to be on strike, but it's heartening to know that the public have our backs when we do."

After a huge outpouring of public support on all three strike days, followed by over 45,000 people marching through Dublin city centre to government buildings on February 9, the government finally came to the table with meaningful proposals and capitulated to the INMO's demands.

*The following four pages contain a sample of the many photographs of members picketing nationwide. See www.inmo.ie for more*


*Beaumont Hospital*


*Midland Regional Hospital, Mullingar*


*St James's Hospital*


*National Rehabilitation Hospital*


*Mallow Primary Healthcare Centre*


*University Hospital Cork*


*Kerry PHNs*


*Cavan General Hospital*


*University Hospital Limerick*
*where Vicky Phelan (centre) joined the picket*


*Grangegorman Primary Healthcare Centre*


*Connolly Hospital*


*Meath Community Unit, Dublin*


*Midwestern Regional Hospital, Ennis*

# Massive show of strength and


Rotunda Hospital


Coombe Women & Infants Hospital


St Finbarr's Hospital, Cork


St James's Hospital


North Meath PHNs


Longford


Royal Victoria Eye and Ear Hospital


St James's Hospital

# solidarity across the country


Mater University Hospital


St John's Hospital, Limerick


Mater University Hospital


Sligo University Hospital


Temple Street Children's Hospital


Letterkenny University Hospital

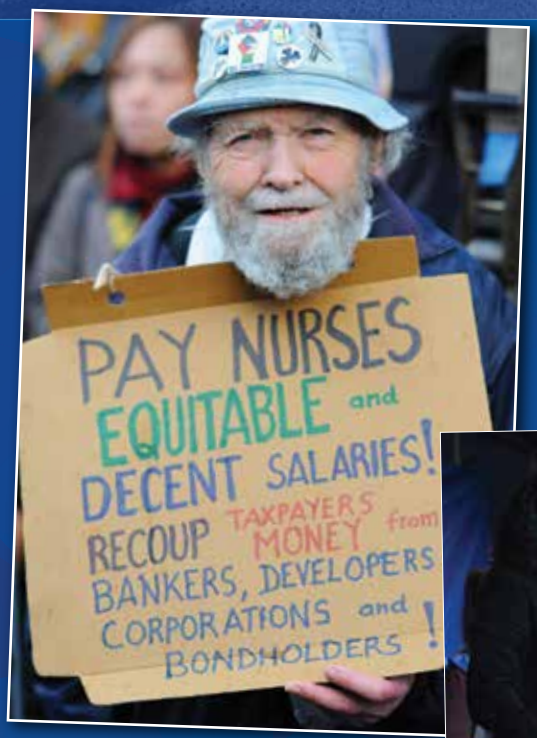

Royal Hospital, Donnybrook


Portiuncula University Hospital

# 45,000 turn out at

**Rally for fair pay and safe staffing:** *On Saturday, February 9, a crowd of over 45,000 people marched through Dublin city centre to Government Buildings calling for fair and equitable pay and safe working conditions for Ireland's nurses and midwives. Buses were organised by strike committees nationwide carrying people from every county in the state. The march was also supported by most political parties in the Opposition and many trade unions along with migrants' rights groups, human rights groups and patient advocacy groups. The assembled crowd heard speeches from the inimitable INMO president Martina Harkin-Kelly; Peter Hughes, PNA general secretary; Tara Moran and Aishling Byrne, postgraduate paediatric nurses; Aoife McCormack, a student nurse; and Emma Farrell, a student psychiatric nurse. INMO general secretary Phil Ní Sheaghdha gave a rousing speech to close the rally calling for fair pay for nurses/midwives with other graduates. She said: "We're not denying that there are problems in the economic fabric of our little nation, but we don't think that our social fabric is secondary and we don't believe that our public health service should be sacrificed every time there is a recession. We know that this is not good enough and that nurses and midwives will not stand for it. We have stood up and stood together. The toothpaste is out of the tube… it's very difficult to get it back in. We have to continue this campaign, we have to continue with the talks that commenced last evening. This is the beginning of the watershed and the line in the sand. Nursing and midwifery cannot go backwards. We can only look forward and look forward with pride. We will continuously strive to get your message across through every medium we need to. You are not overpaid, overstaffed and underworked. We intend to make your case strongly, clearly and without waver." For more information on the Labour Court recommendations on which you will be asked to vote, please see pages 8-11*

*(Photos by Lisa Moyles and Freda Hughes)*





# rally for fair pay






# INMO strike action met with


*Irish singer/songwriter **Andrew Hozier-Byrne**'s tweet in support of nurses and midwives in Ireland*


*Members picketing outside Temple Street Children's Hospital had the support of neighbours and nearby workers*


*Firefighters from the Dublin Fire Brigade show their solidarity with nurses and midwives at the Mater Hospital*

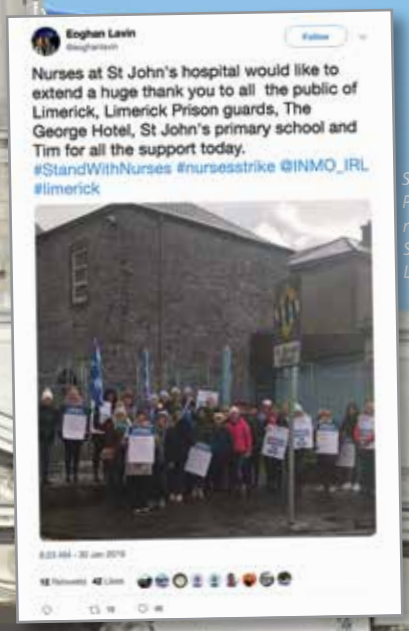

*Doctors from St Vincent's University Hospital keeping their colleagues warm with hot drinks on the picket lines*


*INMO head of professional development **Steve Pitman** acknowledges the solidarity shown by other unions*


*Members picketing outside the Mater Hospital are treated to pizza by a local business keen to show its support*

# outpouring of public support

*The INMO extended a heartfelt thanks to local businesses and the public for their support of nurses and midwives on the picket lines during the three strike days. Those picketing received hot drinks from local coffee shops, hot food from local takeaways, sandwiches from pubs and cafés, doughnuts from prison officers and supplies from firefighters. INMO president Martina Harkin-Kelly (pictured above along with [l-r]: Eilish Fitzgerald, first-vice president; Phil Ní Sheaghda, general secretary; Karen Eccles and Ann Noonan, Executive Council members) said: "We have been heartened and humbled by the support for our nurses and midwives on strike. Going on strike, especially in sub-zero temperatures, is not an easy decision. Knowing that the public overwhelmingly have our backs means the world to us. We have also had over 68,000 people in the past 10 days sign the INMO's petition standing with nurses and midwives. Public opinion is firmly on the side of Ireland's nurses and midwives. It's time for the government to take heed"*




*Staff from Limerick Prison supporting nurses from St John's Hospital, Limerick*

***Niamh Slade**, an Irish nurse working abroad, pledges her support on her wedding day*

*Staff from other areas of the healthcare sector have also been keen to show their support for nurses and midwives*



*Clinical practice support nurse **Méabh Keeley** shares her experience of the strike*

## Section updates

### TT Section AGM

THE Telephone Triage Section met in Portlaoise in January for its AGM. Plans were put in place for an education day in Limerick on May 21. A number of topics will be covered, including palliative care, gynaecology updates, mental health and care of newborns to include colic, reflux and vaccinations. The section's annual conference is scheduled to take place in the autumn at the Richmond Education and Event Centre.

### PHN Section diary dates

FOLLOWING the PHN Section's annual general meeting in late January, please note the following meeting dates in your diary for the year ahead:

- Saturday, April 27
- Saturday, June 8
- Saturday, October 12
- Saturday, November 30.

Next year's AGM will take place on Saturday, January 18. All meetings will be held in INMO HQ (the Whitworth Building) unless otherwise advised.

# Policy formation the focus for School Nurses Section

THE School Nurses Section held its annual general meeting in early February, which concluded Beverly Callendar's term of office as national section chairperson.

Beverley was thanked by the members of the Section for working tirelessly on their behalf. One of her final tasks as chairperson was to organise a talk on sepsis in children for the AGM, which was informative and was hugely appreciated by all.

The Section welcomed Laura Gibbs as the new national chairperson. Laura is a school nurse at Bandon Grammar School in Cork, and looks forward to taking over the role.

The Section will next meet on May 18 at INMO HQ, where members will discuss and work on policy formation.

On September 21, at the Midland Park Hotel, Portlaoise town centre, the Section is planning to hold a follow-on session with nurse consultant Michelle Russell who has held previous workshops with the Section, which have been hugely beneficial. It is expected that the September session will be a follow-up on policies and protocols. It is expected that it will be accredited by the NMBI, with CEUs afforded.

# International Nurses Section AGM

*The INMO's International Nurses Section recently held its AGM where its motion for the forthcoming centenary ADC was selected*

# Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

## Query from member

I work part-time and have been advised that I cannot get overtime payment – is this correct?

## Reply

No, this is not the case. Part-time employees can earn overtime in accordance with the Agreement on Flexible Working in the health service. Nurses and midwives who work reduced hours are entitled to earn overtime payments for additional hours worked in certain circumstances. The following are some examples:

- A nurse or midwife working in a department or unit with a three or four-shift cycle would be eligible for overtime payment were they to work a full normal shift and were then requested to work additional hours outside the span of the shift
- A nurse or midwife working mornings only (8am-1pm) in a department or unit where the normal shift is 8am-4pm would be paid at flat time if requested by their employer to work from 1pm-4pm. If asked to work from 1pm-6pm (having started at 8am) the hours from 4pm-6pm would attract payment at overtime rates. (This would apply whether or not the nurse or midwife had actually worked the hours 1pm-4pm.) In circumstances where a 12-hour shift applies payment would be at flat time in respect of any additional hours worked with the span of the shift
- A nurse or midwife working a 'week-on/week-off' arrangement would be eligible for overtime payment if requested by their employer to work on their rostered days off, ie. to work in excess of the full-time hours for the grade. They would be eligible for payment at flat time if requested by their employer to work their usual hours or a normal shift during their 'week off'.

## Query from member

I am a nurse currently working in a private hospital. I work 30 hours per week. My employer is granting me 16 days annual leave for all hours worked. The employer does not apply the same terms and conditions of employment as a nurse/midwife working in the public health service to entitlement of annual leave. A friend who is working in another private hospital said that she is getting 20 days annual leave and we both work the same hours.

## Reply

To be eligible for 20 days annual leave, you must work at least 1,365 hours in a leave year (unless it is a leave year in which you change employment). This is the legal minimum entitlement to a nurse/midwife who works in the private sector under the Organisation of Working Time Act 1997. As a nurse who works 30 hours per week the number of weeks in the year worked is 1,560 hours; therefore because you have exceeded the 1,365 hours in the leave year the entitlement to 20 days annual leave applies.

# Introducing Executive Council members

## Ann Fahey

Staff nurse at Our Lady's Hospice, Harold's Cross

WHEN Ann was just four years old, she received a present of a nurse's outfit for Christmas. Soon after, she witnessed the wonderful care and kindness of nurses while attending a hospital visit with her mum. From this point onwards she never wavered on her career choice, and set her sights on becoming a nurse.

Unfortunately for Ann, there was still a marriage bar in nursing at the time so she had to leave her job when she got married, which she found quite upsetting. However in 1996, after working as a care assistant at the Adelaide Hospital for many years, she applied for a diploma in nursing as a mature student.

At that time there was only a small bursary, but no pay for students. Herself and her colleague, Alan O'Riordan approached the INMO to discuss the difficulties experienced by students. This led to the INMO allowing students to join free of charge, a policy that still exists today. She went on to work in Our Lady's Hospice and undertook rep training with the INMO. While the hospice was initially quiet, her role grew when the recession started and staff shortages became a major issue.

Talking about the importance of trade unions, Ann says: "Conditions have changed so much in the past 10 years. You wouldn't drive your car without car insurance, and it is the same for workers; being in a union is exactly like that. It means ensuring your own safety and rights in the workplace."

The most important issue for Ann is safe staffing. Staffing levels on wards have been unsafe for so long that she can't remember a day when she came home after work and didn't give out about it: "There is never enough staff on, but we are expected to just get on with it. We are obliged by the NMBI to ensure safe practice, but the reality is you can't have safe practice without safe staffing levels."

## Margaret Frahill

CNM3 at Mercy Hospital, Cork

ALTHOUGH there are many nurses in Margaret's extended family, she didn't automatically assume it would be the profession for her. After her Leaving Certificate, her options were nursing, teaching, bank work or civil service. She was offered a nursing post and has stayed in the profession ever since.

Having worked in the UK, Margaret returned in 1986 and realised that things had not changed much in healthcare. Nurses and midwives were still doing split shifts and after three years in England, she had witnessed better practice.

Margaret became involved with the INMO in 1987/88 in order to make changes, initially to her own working conditions, but also to the wider profession. At the time, job sharing and flexitime were unheard of, so she became active trying to introduce these options. This was achieved in 1990 and she stayed involved at local level, becoming branch chairperson.

For Margaret, collective bargaining is the way forward: "A union is about working together to achieve goals. It is imperative that all workers be in a union – for professional development, but also to have someone negotiating on your behalf and as a collective unit. Indemnity is also so important for nurses and midwives and members receive fabulous support from the INMO individually and collectively."

Margaret's priority on Executive Council is to return pride to nursing midwifery: "Our salary should reflect the work we do. It is a watershed moment in nursing and midwifery, so it is so important to be in the union now. Nurses and midwives need to feel valued again and proud of their profession. Recruitment and retention need to be addressed so nurses and midwives can give the care they want for patients in a safe working environment."

## Maeve Gaynor

Staff midwife at Our Lady of Lourdes Hospital, Drogheda

MAEVE wanted to be a midwife in her early years but went on to study and work in telecommunications. In 2008 she completed the direct entry midwifery course as a mature student and began working in the profession that so many of her family had gone into.

Her mother was a PHN and midwife and her sister and aunt are both nurses. Speaking about her love of the role, Maeve said: "I believe there's something special about pregnancy. I feel it's a privilege to be able to support, and advocate for, women at an exciting time in their lives, but a time when they can be so vulnerable. Every birth I'm present at is a privilege. Midwives do an amazing job, it's great to be able say that I am one."

Maeve's mother, sister and aunt all work in nursing and midwifery, and have all been active in the INMO, with her aunt formerly on the Executive Council and her sister a rep. When the INMO visited Maeve's college in first year, she fell naturally into the role of class rep, at a time, there were proposed changes to pay for internship students.

When Maeve started working, she became involved with her local branch and has remained active ever since. She now holds the midwifery seat on the Executive Council. Her primary goal is to represent midwives, as there is only one designated midwifery seat. She does, however, take on all issues while ensuring midwives always have a voice.

The collective strength of teamwork is very important to Maeve, who says: "A union is only as strong as its members. The union is its membership. As a member I don't feel I should expect other people to sort everything out for me. I want to contribute and play an active part in the union. That's how a collective works – we all play our part."

# New graduates send powerful message

# Student voices from the picket lines

INMO student and new graduate officer, **Neal Donohue** highlights the issues that matter to Ireland's nursing and midwifery students

SINCE the announcement of strike dates on January 8, we have seen an awakening of the nursing and midwifery profession in Ireland, fuelled by those who tirelessly strive to support their colleagues.

The INMO Executive Council, strike committees and the representatives who volunteer to dedicate their time and efforts to supporting their colleagues deserve all of our absolute admiration and thanks. Without their efforts and continuous work, there would be no fight and there would be no hope.

The strikes have caused mass disruption in the health services and gained the focus of the entire nation, with the aim of forcing the government to act. This disruption has also inconvenienced staff and students alike, however they attest to having an undying resolve to seeing this through to the end. Here is what some of our student representatives have to say:

**Cian Milofsky, internship student, integrated children's and general nursing**

"I fear there will be no future for me as a nurse in Ireland. I don't want to leave my life behind here, but like thousands of my colleagues I am considering my options abroad.

"The nurse-patient ratios are dangerous, and the excellent care that we have been trained to provide is seldom realised. This is a national crisis. Nurses are at breaking point and it feels like the government doesn't care. It's a difficult time to be a nurse in Ireland, and I can only imagine how much more difficult it is to be a patient."

**Laura Henry, midwifery student**

"Striking is the last thing that anyone in the caring profession wants to do, but we are at crisis point. There's no incentive in pay or conditions to retain midwives. We know that outside of Ireland we'll have a better livelihood, get more respect and be able to safely care for the people who need us.

"Midwifery staffing in Ireland is at a dangerous level. We need safe staffing and pay parity now for the sake of the profession and the people in our care."

**Michelle Montague, psychiatric nursing student**

According to Michelle, psychiatric nurses work extremely long shifts and often have to stay on when there is no cover. She says that the strikes are important in highlighting the fact that things just don't make sense: "It is not possible to work these long shifts and make sure the patient is safe. It is not even safe for the people providing the care."

**Aoife Collins, intellectual disability nursing internship student**

"In order to achieve the level of care people with intellectual disabilities need, there must be a change in our healthcare system. RNIDs are specialists in the area of intellectual disability and they are vital for the provision of quality and safe care. ID nursing students feel there is little opportunity post qualification to further their careers. With few opportunities for professional development or to earn an appropriate wage, many ID nursing graduates leave the profession or leave the discipline, to the detriment of the vulnerable people who depend on their specialist roles. We are striking so that our service users receive better and safer care, and so the people who provide the care can afford to do so."

**Fiona Hannon, general nursing student**

"As student nurses we are required to learn on the wards. We finish our placements feeling stressed and frustrated, as we wished we could have done more for our patients. Also, there is no incentive to stay in Ireland if we are highly sought after in other counties that offer us better working hours and pay than here."

**Tara Moran, postgraduate children's nursing student**

"Children deteriorate very quickly and much like in midwifery it is not just the child you are caring for. There is almost always a parent/guardian you are caring for too. We have this state-of-the-art children's hospital being built, yet we don't have enough paediatric nurses to staff the hospitals we have at present. I don't know where they are going to find them for this new hospital and this is a concern for a lot of the nurses on the ground."

**Public support**

On the picket lines, nurses and midwives of all disciplines chanted together about solidarity and about taking pride in their work. On February 9 the public also joined the nurses and midwives of Ireland in a march of over 45,000 people, calling on the government to address the issues of pay inequality for nurses and midwives, and address the recruitment crisis in both professions.

The nurses and midwives of Ireland demand patient safety, appropriate staffing levels, and the respect that should have always been afforded to them for the unequivocal work they do.

Resolving the issue of pay parity is the first step in bringing about improvements in the public health services. We can only hope that the incentives are enough to retain our new graduates and continue our drive for a safer and healthier workplace.

*Neal Donohue is the INMO's student and new graduate officer. If you have a question about the above article, or need support or information, you can contact him at email: neal.donohue@inmo.ie or Tel: 01 6640628*

# Quality & Safety

*A column by Maureen Flynn*

## Using ED triage sepsis screening algorithm

THIS month we continue our focus on the important topic of sepsis, introducing practical tools to guide you in practice.

### Defining sepsis

In 2016, the definition of sepsis was changed from a clinical syndrome defined by a systemic inflammatory response (SIRS) due to infection to a life-threatening organ dysfunction caused by a dysregulated immune response to infection (formerly severe sepsis). This change was very welcome as it identifies more clearly the cohort of patients who would most benefit from early treatment.

However, the new definition also introduces some operational complications. We know that prevention is the most effective way to reduce mortality from sepsis and that the next most effective way is early recognition and appropriate timely management, but with the new definition early recognition is more difficult in some cases where blood tests are required to identify organ dysfunction.

### How to decide if your patient is 'at-risk' of sepsis and who needs to get the Sepsis 6

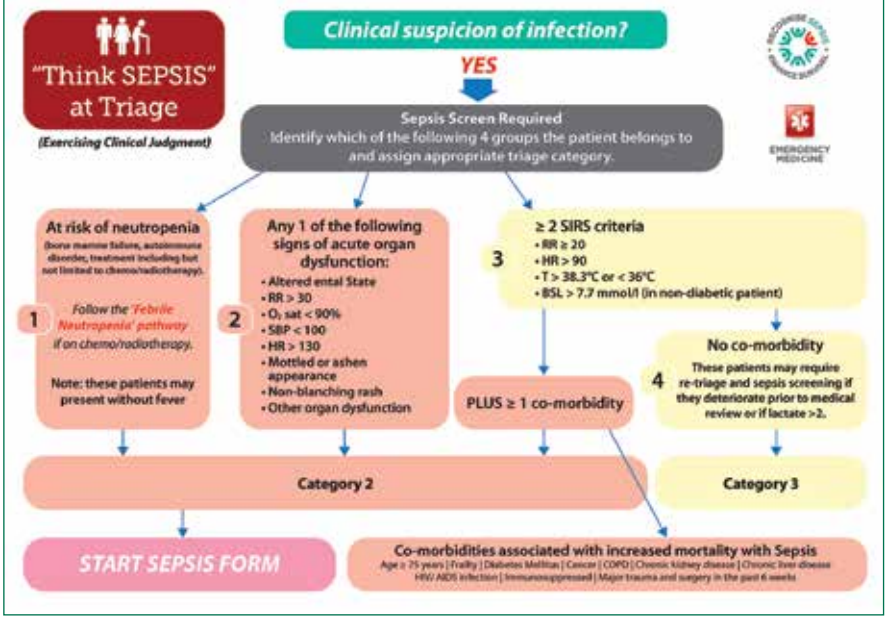
Between 70-80% of sepsis cases present to the ED from the community therefore it is essential that triage nurses have the knowledge, skills and tools to recognise and escalate patient care for this time dependant medical emergency. The Manchester Triage system has not been specifically validated for its ability to prioritise patients with sepsis. Therefore, patients presenting to the ED with a history suggestive of infection should be screened for sepsis at triage using the sepsis screening algorithm (see *Figure*). If there is a suspicion of infection and the patient belongs to one of the 'at risk' groups they are assigned triage category 2 and the Sepsis Form is commenced.

### At-risk group explained

The Irish database identifies three patient groups that have a mortality risk of >20% if diagnosed with sepsis and it is recommended that these patients receive the sepsis 6 bundle if they present unwell or deteriorate with an infection.

- Patients who present unwell who are immunosuppressed due to a medical/surgical condition or treatment, or who are on treatment that puts them at risk of neutropenia
- Clinical apparent signs of organ dysfunction
- Patients with a systemic inflammatory response (≥ 2 SIRS) plus ≥ 1 co-morbidity.

### Figure: ED triage sepsis screening algorithm




### Benefits of the sepsis screening algorithm

It facilitates recognition of 'at risk' patients prompting escalation to medical review and prompts initiation of the Sepsis Form. This in turn ensures timely review and appreciation of the urgency required in administering the first dose of antimicrobials (AMs). For every hour delay in AMs there is an 8% increased risk of mortality. Early recognition ensures tight time lines to initiating the sepsis 6 bundle.

National audits demonstrate that when the Sepsis Forms are used, diagnosis and treatment are twice as likely to be correct than when no form is used. Additionally, HIPE coding is based on documented diagnosis in the healthcare records and reflects the incidence of sepsis as determined by clinicians. HIPE coders can code from the Sepsis Form when it is signed by the treating clinician, thus helping to realise the true burden of sepsis in Ireland. This informs educational needs and identifies areas for improvement.

### Get involved

At your next unit/team meeting talk about and encourage the use of the sepsis screening algorithm.

More information is available on the website **www.hse.ie/sepsis** (including all clinical decision support tools). Sepsis eLearning is available at **www.hseland.ie**

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

*Acknowledgement: Thank you to the Sepsis programme team: Celine Conroy, group ADON, Ireland East Hospital Group; Mary Bedding, group ADON, RCSI Hospital Group. Dr Karn Cliffe, group ADON, Dublin Midlands Hospital Group; Catherine O'Mahony, group ADON, South/South West Hospital Group; Fidelma Gallagher, group ADON, Saolta Hospital Group; Yvonne Young, group ADON, UL Hospital Group; and Dr Martina Healy, national clinical lead sepsis*

# Maintaining standards

## In respect of the current climate and staffing crisis in Ireland, **Deirdre Munro** discusses relevant themes of the new Midwifery Unit Standards

THE creation of the Midwifery Unit Standards was the first joint output collaboration between Midwifery Unit Net and the European Midwives Association. They have been developed to guide midwives, managers and commissioners across Europe in creating and developing midwifery units.

Focusing on philosophy of care and the organisation of services, the aim of the Midwifery Unit (MU) Standards is to improve the quality of maternity care, reduce variability of practices and facilitate a biopsychosocial model of care. Addressing the gap in implementation of midwifery units – in hospitals and primary care settings – the Standards focus on philosophy of care, organisation of services and are intended to be used alongside clinical guidelines.

### Theme 5 – staffing and workload

MU services are needed 24-hours a day, seven days a week. This can be offered by the MU being continuously staffed or by having midwives on call. The MU service recognises that spontaneous births are more likely to occur during night-time hours than during the day and numbers tend to peak between 1-7am.[1]

During pregnancy and postnatally, women often have a continuing and/or urgent need for midwifery care. Strong evidence suggests that continuity of carer models achieve the best outcomes[2] and services should implement continuity of carer in MUs as much as possible, including when transfer to the obstetric unit occurs and during the postnatal period. This may involve having a team of midwives working across the freestanding MU or alongside MU and homebirth, offering antenatal, intrapartum and postnatal care following the woman's preferences.

It may not be possible, or necessary, to have a physical unit that is staffed on a 24/7 basis, but the principle is to offer care whenever it is needed, staffing the women rather than facilities. MUs offer a unique opportunity to implement continuity of carer and flexibility of midwifery services around women's needs and preferences.

| Theme 5: | Staffing and workload |
|---|---|
| Standard 10: | Essential staffing includes a core staff team and midwifery leadership on site to promote high standards, a sense of ownership and an appropriate philosophy of care |
| Standard 11: | Assessment of workload should include all activities on the midwifery unit, not just the intrapartum care and number of births |

### Standard 10

Essential staffing includes a core staff team and midwifery leadership on site to promote high standards, a sense of ownership and an appropriate philosophy of care.

There is a sufficient number of staff to ensure:

- A 24/7-service is available. In some contexts, this may involve midwives who are available to provide care at home or in the unit when required, rather than core staffing 24/7 (eg. community or caseload midwives)
- One to-one care and continuous presence in labour
- Safe care for mother and baby, including a clear, locally applied escalation policy which includes transfer to an obstetric unit if required
- Midwives providing care in the MU are able to transfer with the woman when she wishes or needs to transfer to obstetric unit care
- Support from a senior midwife is always available (in person, by phone or on call)
- Midwifery staff who can perform the required examination of the newborn and discharge a well-baby
- A second midwife is available during the second stage of labour and present at birth
- An appropriate number of maternity support staff as part of the core team to assist midwives.

### Standard 11

Assessment of workload should include all activities on the MU, not just the intrapartum care and number of births Care that the midwifery unit provides include:

- Assessment by a midwife (ideally the named midwife or team) by phone, at home, or at the MU when it is required by the woman for any need, both in pregnancy and in initial labour;
- Discharge from the midwifery unit;
- Breastfeeding support, examination of newborn, hearing screening etc.;
- Antenatal and postnatal appointments;
- Tours of the midwifery unit;
- Antenatal and postnatal groups;
- Other groups/sessions/community-linked activities which midwives lead and/or participate in.

### Who are these standards for?

- Anyone who is setting up, running, or working in an MU
- Stakeholders responsible for the organisation of national, regional and local health services and allocating resources
- Professionals providing support to a midwifery unit, such as ambulance services, obstetric unit clinicians and service managers
- Providers of midwifery unit care to self-assess their provision against key quality criteria and for planning service improvements.

*Deirdre Munro is a researcher and practicing midwife at Portiuncula University Hospital/ Galway community*

*References*

*1.http://www.midwiferyunitnetwork.org/wp-content/uploads/PDFs/LY1309BRO-MUNEt-Standards-PRINT-opt.pdf*

*2. MacFarlane AJ, Blondel B, Mohangoo AD, Cuttini M, Nijhuis J, Novak Z, Ólafsdóttir HS, Zeitlin J. (2016). Wide differences in mode of delivery within Europe: risk-stratified analyses of aggregated routine data from the Euro-Peristat study. BJOG: An International Journal of Obstetrics & Gynaecology, 123(4):559-568*

*3. Sandall et al. 2016. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews*

It is important that both individuals and organisations recognise emotional labour, how it can be managed and its potential cost to individuals and care outcomes, writes **Steve Pitman**

# Managing emotional labour

IN LAST month's *WIN* we covered the issue of 'emotional labour'. As a continuation this article will further explore emotional labour including how it is managed.

Theodosius[1] referred to emotional labour in healthcare as the unmanaged heart of nursing. The environments in which nurses and midwives practise are essentially emotional places. The nursing and midwifery professions by their nature are defined by caring and compassion which are the essence of the emotional bond between nurse and patient. Emotional labour refers to "the act of trying to change the degree or quality of an emotion or feeling"[2] and can be fundamental to a fulfilling, rewarding and flourishing work experience.

Emotional labour encompasses both the shaping and evoking of positive emotions as well as the suppression and control of emotions. The increasing pace of healthcare, poor staffing and skill mix all impact on the emotional and relational care that nurses and midwives can provide to patients and relatives.

The inability to deliver patient focused care inevitably leads to feelings of frustration, guilt and anger. Any approach to managing the negative aspects of emotional labour must incorporate interventions at the individual, organisational and societal levels. At a societal level emotional labour is tightly woven together with gender. Traditionally, emotional labour has been seen as 'women's work' and closely associated with the role of the mother in society. It is also often seen as 'natural' and therefore undervalued.[3]

This translates into society's view of nurses and midwives and the value placed on emotional work. Which provides insight into why greater value is often attributed to the medical and technological components of caring rather than the emotional and interpersonal aspects. Theodosius[1] argues that emotional labour is not being managed because it is "marginalised... in increasingly stressful environments" (p6) and that it is invisible or misunderstood. This provides an indication of the importance of drawing emotional labour into the open and identified as an explicit rather than a silent aspect of nursing practice. In addition, psychological and emotional demands, such as emotional labour, are recognised as difficult to manage.[4]

## Defining and measuring emotional labour

Gray[4] highlights three characteristics of emotional labour

- Face-to-face or voice contact with the public
- It requires the worker to produce an emotional state in others
- It allows the employer through training and supervision to regulate activities of workers.

The difficulty with these characteristics and other established approaches to emotional labour is that they don't precisely define the construct of emotional labour. The main approaches to emotional labour often appear to be talking about the same construct but in reality are focusing on different aspects of emotional labour: Hochschild (1983)[2] – feelings and impression management; Ashforth and Humphrey (1993)[5] – observable behaviour; and Morris and Feldman (1996)[6] – interaction is determined by the social environment. This adds ambiguity to the understanding of emotional labour and makes measurement and comparison difficult.

It is vital that the concept of emotional labour is clearly defined to prevent confusion and inconsistency in its use and to enable validated measures to be developed. These in turn need to be relevant to the context of nursing and midwifery. Only then is it possible to truly understand the influence of emotional labour on nurses and midwives and the effectiveness of interventions.

**Table 1: The three types of emotional labour**

| | |
|---|---|
| Therapeutic | The interpersonal, emotional and relational interaction between the nurse/midwife and patient or their family |
| Collegial | The interpersonal relationship and exchange of communication between the nurse/midwife and their colleagues |
| Instrumental | The interpersonal communication and confidence in performing clinical skills that contribute to caring and elevating suffering |

Theodosius[1] identified three types of emotional labour: therapeutic, collegial and instrumental (see *Table 1*). This typology of emotional labour in nursing is useful for the design and targeting of specific interventions. It could be further enhanced by clarifying if the focus of the three types is the cause or antecedent, psycho-emotional aspect or the behavioural consequence of emotional labour.

## Individual level interventions

Emotional labour can be stressful and impact negatively on psychological well-being but varies between individuals.[7] This suggests that some individuals have developed different coping strategies and experience emotional labour in different ways. Emotional labour is usually associated with the self-control capacity of the individual and their ability to cope with increasing demands where the individual has decreasing control.

An understanding of surface and deep acting is central to the management

of emotional labour and the development of interventions (*see Table 2*). The word 'acting' is important as it presents the nurse as the actor or performer, the patient as the audience and the clinical environment as the stage.[2] Surface acting represents the requirement to displayed emotions and behaviour which may be at significant odds with true feeling.

Surface acting can result in dissonance and conflict between true feeling and emotions and has been linked with increased stress and burnout.[8] Discrepancies between what is viewed as the authentic self and the surface acting, required as part of a role, has been associated with increasing job strain, reduction in job performance and wellbeing.[9,10] This strain depletes and consumes the individual's resources for controlling emotions and behaviour through continuous self-monitoring and the need for effortful suppression and inhibition of emotions.

This can be further compounded where there are high emotional demands from patients that are "ever-present physically, emotionally and discursively"(p5).[11] The context of care can play a significant part in the experience of emotional labour influenced by the frequency, duration, variety and the expected display rules. In excess this can lead to emotional exhaustion, one of the key elements of burnout.[12]

At an individual level, the nurse or midwife can develop greater understanding of their own emotions, thoughts, feelings and behaviour. This may help them understand and make sense of how they act and respond in emotionally challenging situations and to develop different coping strategies. This can be achieved through a variety of different approaches such as the use of:

- Self reflection
- Coaching
- Mentoring
- Clinical supervision.

The use of psychometric measurements, including emotional intelligence or character strengths, may be useful to help inform a reflective or coaching process.

## Social support

The ESRI[13] highlights the important role of support from colleagues and managers in work environments where there are high emotional demands. McCance et al[14] found that social sharing is a beneficial coping strategy for dealing with negative emotional demands. Remi et al[16] views the social sharing of emotion occurring "in the context of conversation in which individuals openly communicate about emotional circumstances and their own feelings and reactions". This is similar to the collegial type of emotional labour, described by Theodosius, that necessitates the ability to access social resources such as colleagues and friends.

Social sharing allows an individual to ventilate their feelings and also draws on the resources of others for support, reassurance and advice.

## Organisational level interventions

One of the dangers in viewing emotional labour from an individual perspective is that it results in interventions targeted at making the individual better at coping – or correcting a deficit within the individual nurse or midwife. However, this approach lets the employers off the hook, as it implies the problem resides within the individual. If the stress that compounds the negative aspects of emotional labour is a product of poor staffing and skill mix, or lack of resources to care for patients then the intervention must be organisationally focused.

Employers have a duty of care under health and safety legislation to protect employees from physical injury or mental health issues resulting from job stress. The continuous exposure to an environment of high demands and insufficient resources create a situation where nurses and midwives are unable to fulfil their caring role, resulting in stress and burnout.

Organisation and health system wide interventions that improve working conditions and staffing are required to address this issue. Emotional labour is intertwined with safe staffing, pay and conditions, bed capacity and health system reform as they all contribute to the challenges faced by nurses and midwives, as well other healthcare workers.

According to Hertzberg, working conditions, pay, supervision and workplace relationships are hygiene factors and when not managed correctly cause dissatisfaction. Interestingly, when they are in place they don't necessarily cause satisfaction but are the basis from which to build motivation.

In conclusion, emotional labour as a concept resonates with nurses and midwives because it is such a central feature of the professions. The emotions of caring can evoke both positive and negative feelings and thoughts. It is important that attention is given by both individuals and organisations in recognising emotional labour, how it can be managed and its potential cost to individuals and care outcomes.

**Table 2: Surface acting and deep acting**

| Surface acting | Deep acting |
|---|---|
| Outward display of emotion<br>• Presenting oneself in a way that is organisationally or professionally desirable and expected<br>• Doesn't modify the underlying emotional experience | Actual emotional state<br>• The need to change one's emotion through putting yourself in the position of the other person<br>• Closely related to empathy |

*Steve Pitman is head of education and professional development at the INMO*

*References*

*1. Theodosius C. EL in health care: The unmanaged heart of nursing. Routledge; 2008 Jun 30*
*2. Hochschild A. The Managed Heart: Commercialization of Human Feeling Berkeley: University of California Pres; 1983*
*3. Smith P. The Emotional Labour of Nursing, Macmillan; 1992*
*4. Gray B. The EL of nursing–Defining and managing emotions in nursing work. Nurse Education Today. 2009 Feb 1;29(2):168-75*
*5. Ashforth BE, Humphrey RH. (1993). Emotional labor in service roles: The influence of identity. Academy of management review, 18(1), 88-115*
*6. Morris JA, Feldman DC. The dimensions, antecedents, and consequences of emotional labor. Academy of management review. 1996 Oct 1;21(4):986-1010*
*7. Schmidt and Diesel 2014*
*8. Delgado C, Upton D, Ranse K, Furness T, Foster K. Nurses' resilience and the EL of nursing work: An integrative review of empirical literature. International journal of nursing studies. 2017 May 1;70:71-88.*
*9. Hülsheger UR, Schewe AF. On the costs and benefits of emotional labor: A meta-analysis of three decades of research. Journal of occupational health psychology. 2011 Jul;16(3):361*
*10. Holman D, Martinez-Iñigo D, Totterdell P. 18 EL and employee well-being: an integrative review. Research companion to emotion in organizations. 2008:301*
*11. Cutcher LR. 'Banking on the Customer': customer relations, employment relations and worker identity in the Australian retail banking industry. Thesis submitted in fulfillment of the requirement for the degree of Doctor of Philosophy, The University of Sydney 2004*
*12. Maslach C. Burnout and engagement in the workplace: New perspectives. European Health Psychologist. 2011 Sep 1;13(3):44-7*
*13. Russell H, Maître B, Watson D, Fahey E. Job stress and working conditions: Ireland in comparative perspective. An analysis of the European Working Conditions Survey, ESRI; 2018*
*14. McCance AS, Nye CD, Wang L, Jones KS, Chiu CY. Alleviating the burden of emotional labor: The role of social sharing. Journal of Management. 2013 Feb;39(2):392-415*
*15. Rimé B, Philippot P, Boca S, Mesquita B. Long-lasting cognitive and social consequences of emotion: Social sharing and rumination. European review of social psychology. 1992 Jan 1;3(1):225-58*

# More than just a smile

## **Cora O'Leary,** a nurse volunteer for Operation Smile, is helping children from impoverished countries to access vital facial surgery

AS I head back this year for a second time, I have to reflect on my last mission to Malawi 18 months ago. I went to India on my first Operation Smile mission in 2010. I had always wanted to volunteer, but had never pursued it with any real intent. While there, we operated on 467 children in five days. It was amazing to be a part of and my love for volunteering was ignited.

I have since travelled to Ethiopia, the Democratic Republic of Congo, Rwanda, Ghana, Peru, Honduras and Malawi. Each team I work with comprises surgeons, anaesthetists, paediatricians, paediatric intensivists, dentists, child life specialists, biomedical engineers, patient imaging technicians, medical record personnel and nurses. The teams are organised from headquarters in the US by a programme co-ordinator (PC) who works with the charity and travels internationally on multiple missions each year. From within each speciality, a team lead is identified. After four years of volunteering and several recommendations from colleagues, I was asked to undertake the role of nurse clinical co-ordinator (CC).

### Operation Smile

Operation Smile is an international non-profit organisation providing free surgery for children with facial deformities. When left uncorrected, these babies with cleft lips and palates can have difficulty feeding which, in some countries, can lead to malnutrition, starvation and even death. Since 1982 Operation Smile has been providing free surgery to children and adults who need it. While providing free surgery, local medical, nursing and allied health professionals are also being trained to operate, nurse and provide dental and speech therapy for these patients.

### Mission

According to UNICEF, four million children in Malawi live in poverty. Malnutrition is the biggest contributor to childhood death, with approximately 46% of children under the age of five suffering from stunted growth.

Each mission follows the same pattern, but with different people at the helm. In Malawi there were 72 volunteers from 10


*Cora O'Leary pictured on a recent mission in Honduras*

different countries, all with the same goal – to provide safe surgery for as many children as possible. My work begins about two months before the start of the mission, initially linking with the PC as I need several documents such as contact information for all the nursing team, details about all consumables and medication being shipped out, and information about the hospital and the number of surgery tables we will have. My work extends to a few weeks after the mission when I am required to complete evaluations of all the nurses and team leads.

I contact nurses on the team before the mission, ensuring that they are aware of their role, sharing information about my work life in Ireland, my time with Operation Smile and any information on the hospital that I might have. The remainder of the time prior to the mission is spent getting my documentation ready and talking to the other team leads to discuss any issues and concerns. All volunteers arrive on the eve of day one of screening to have a team meeting and get to know each other. It can be challenging with different languages and cultures but flexibility and patience are skills that all volunteers must have.

For the next three days we evaluated all the patients who presented, while part of the team organised the theatres and ward areas for surgery week. The children presented with a variety of problems including primary cleft lips, cleft palates and previously repaired lips and palates in need of revision. While we would have liked to provide surgery to all patients who needed it, that was not always possible due to limited time. Operation Smile has a policy to prioritise children requiring surgery to ensure safe standards are met and maintained. Minimum weight, haemoglobin and age are set requirements to support these standards. Each child eligible for surgery was discussed by the paediatricians, surgeons, anaesthetists and CC during the process of scheduling surgeries. If a child did not meet the weight or age criteria, they were only considered if the team members were in full agreement.

Scheduling is challenging and is not as simple as slotting names into gaps. For example, not all surgeons can repair a macrostomia, not all anaesthetists are paediatric trained and so difficult intubations and small children require careful allocation. Cleft palates and fistulas cannot be operated on the last day of surgery due to pain management and the potential for complications. My role is to co-ordinate the schedule with support from the team leads.

Surgery week was hectic. We were allocated two wards with 30 beds in each for pre-operative and post-operative care, two theatre rooms each of which had three surgical tables, and half of the recovery room. My role was to ensure the theatres ran efficiently and to update the schedule to co-ordinate all the children passing through theatre.

### Memorable moments

There are so many great moments on every mission. In Ghana a mother taught me to strap a baby to my back, their traditional method of carrying a child. In India we played cricket with the children waiting for evaluation. But Malawi stole part of my heart. There was a little boy with Apert syndrome who hugged us all after we repaired his cleft palate, and a little girl who was shunned from her village due to her cleft lip. I told her mother how beautiful she was, to which she replied, "I always knew she was, but now everyone else can see it too." Those small moments still take my breath away.

*Cora O'Leary is a clinical practice specialist with Resilience Care and volunteers with Operation Smile in her spare time*

# Helping people to manage their diabetes

**Clair Naughton** outlines the support that Diabetes Ireland provides to those with diabetes and the healthcare professionals who care for them

LIVING with diabetes is not easy. However, with the right help, advice and support, there is no reason why those living with diabetes in Ireland cannot live their lives to the full.

When a person is first diagnosed with diabetes it is normal for them to experience a range of emotions, such as shock, a feeling of loss, anger, disbelief, fear or denial. A diagnosis of diabetes may leave a person feeling isolated and alone. For those who are having difficulty adjusting to life with diabetes or who are feeling overwhelmed by the daily challenges of managing the condition, support is essential. Only with proper support will they be able to work through their emotions, so that they can get on with enjoying life and good health.

Since 1967, Diabetes Ireland has been serving the diabetes community. It is the national charity dedicated to supporting people with diabetes, their families and carers. Each year through our patient education and information services we provide support to thousands of Irish people living with diabetes and their families when they need it most. Diabetes Ireland can support your patients in a number of ways:

- Its patient support helpline is available Monday-Friday 9am-5pm, at Tel: 01 842 8118 or email: info@diabetes.ie Through the helpline it provides support, information and motivation to those living with diabetes. Both patients who are newly diagnosed or who have long-standing diabetes seeking support or information can contact the helpline. A team of healthcare professionals will answer questions and provide direction where appropriate, along with GPs and the diabetes healthcare team
- *Providing education* – Diabetes Smart is a 55-minute online module available on the Diabetes Ireland website for those with type 2 diabetes or pre-diabetes. It is suitable for anyone with basic IT skills and can be completed at the patient's own pace in their own home. It has five sections:
  - What is diabetes?
  - Healthy eating
  - Physical activity
  - Dedications
  - Complications
- Diabetes Ireland also provides structured education for patients with type 2 diabetes and pre-diabetes in its community education programmes called CODE (community-orientated diabetes education). CODE is available nationwide and is supported and funded by the HSE.
- *Providing support and information* – by hosting public information meetings and exhibitions, both nationally and locally throughout the year
- Through the website **www.diabetes.ie** with patient information regarding the day to day management of diabetes, topics such as healthy eating advice, travel and sick day guidelines. The website includes a latest news section and a variety of information booklets which are all downloadable. Diabetes Ireland publishes a magazine three times a year with up-to-date articles and information on events taking place nationwide. It also provides support via our social media platforms
- Facilitating activities for children, teenagers and families living with diabetes, including outings and Christmas parties via the 'Sweetpea Kidz Club' or through local parent support groups. Diabetes Ireland hosts an annual teen activity day in July and a Diabetes Cup soccer tournament in August as well as family weekends.

*Diabetes care centre, Dublin*

### Diabetes Ireland care centres

Purpose-built Diabetes Ireland care centres are located in Santry in Dublin and in Cork city. The team has expertise in the needs of people with diabetes and the following services are available: podiatry, orthotics, footcare services, dietetic consultations, and a counselling service.

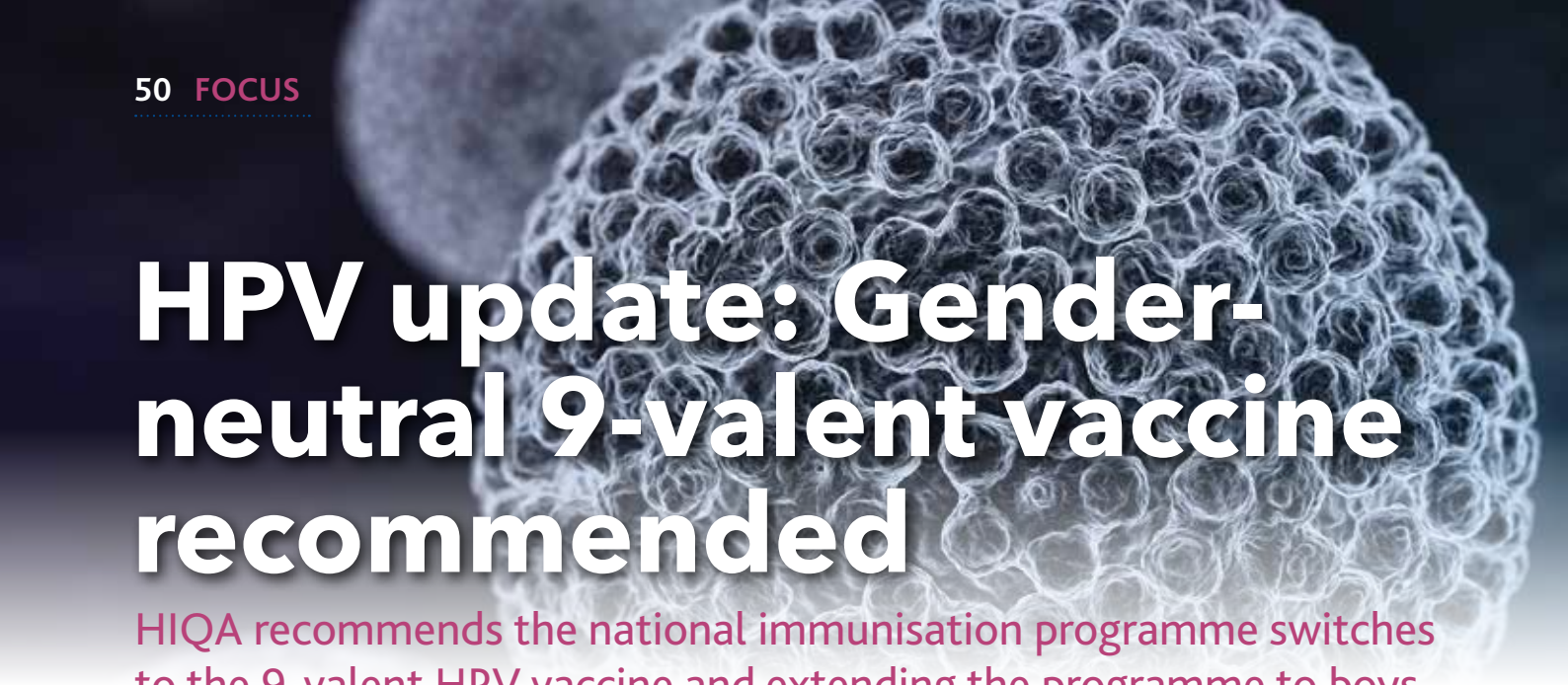
Diabetes Ireland hosts three health professional conferences throughout the year:

- A multidisciplinary Diabetes Ireland conference and exhibition (DICE) takes place in Croke Park, Dublin annually
- A Diabetes in pregnancy conference, September 2019 in Dublin
- A paediatric diabetes conference takes place every November in Dublin.

Professional members of Diabetes Ireland will get subsidised rates for the study days and a subscription to the journal *Professional Diabetes & Cardiology Review.*

Diabetes Ireland exists to support the diabetes community. For more information see **www.diabetes.ie**, or contact the Dublin office at Tel: 01 842 8118 and Cork at Tel: 021 427 4229. You can also email: info@diabetes.ie

*Clair Naughton is a regional development officer (north-west) with Diabetes Ireland*



# HPV update: Gender-neutral 9-valent vaccine recommended

## HIQA recommends the national immunisation programme switches to the 9-valent HPV vaccine and extending the programme to boys

TWO key changes have been recommended to the national human papillomavirus (HPV) immunisation programme. Following its recent health technology assessment (HTA) the Health Information and Quality Authority (HIQA) recommends that, as well as extending the HPV vaccine to boys, that the programme switches from the current 4-valent vaccine to the 9-valent vaccine.

"The burden of HPV-related disease is substantial, with HPV responsible for approximately one in every 20 cases of cancer across the world. The HTA demonstrates that the HPV vaccine provides effective primary prevention against HPV infection and HPV-related disease, and that the vaccine is safe," said Dr Máirín Ryan, HIQA director of HTA and deputy chief executive.

Under the current National Schools Immunisation Programme, the 4-valent vaccine is offered to girls in their first year of secondary school, which protects against four types of HPV. HIQA has advised that the National Immunisation Schedule switches from the 4-valent vaccine to the 9-valent vaccine, which protects against an additional five types of HPV, and that the vaccine is extended to boys of the same age.

HPV is the most common viral infection of the reproductive tract and is the cause of a range of conditions in both males and females, including a range of cancerous and precancerous lesions and anogenital warts. Although the majority of HPV infections do not cause symptoms and resolve spontaneously, persistent infection with HPV may result in disease.

The burden of HPV-related disease is substantial in Ireland, with an average of 538 HPV-associated cancers diagnosed per year in men and women. The most common cancer caused by HPV is cervical cancer but the virus is also linked to cancers of the vulva, vagina, anus, penis and the oropharynx. These cancers can be diminished by primary prevention through vaccination and, in the case of cervical cancer, secondary prevention through screening.

HIQA advises that a systematic review of efficacy has demonstrated that HPV vaccines are highly efficacious in preventing HPV infection and its sequelae in adults. Evidence of efficacy in pre-adolescents was confirmed through immunobridging studies, where younger populations demonstrated a superior immune response to adults and males demonstrate a superior immune response to females. These findings are supported by observational studies, where the introduction of HPV immunisation programmes has led to significant reductions in HPV-related disease on a population level.

On the safety of HPV vaccines, HIQA states that a large volume of evidence demonstrates their overall safety. An overview of reviews, covering data from over 70,000 trial participants and over 20 million individuals in observational studies, did not identify an increased rate of serious adverse events in those receiving HPV vaccines compared with placebo.

"Vaccinating girls with the 9-valent vaccine is estimated to be cost saving and more effective than the existing girls-only 4-valent programme. A gender-neutral 9-valent vaccination programme, where both boys and girls are vaccinated, is estimated to be more effective than the girls-only alternative. It is likely that gender neutral 9-valent vaccination would also be cost-effective in light of the conservative assumptions used with regard to final cost, uptake rate and protection provided against all types of cancers," said Dr Ryan.

HIQA's HTA also considered the ethical and organisational issues for giving the vaccine to boys. The report states that HPV vaccination of boys provides direct protection against HPV-related disease to boys. It also provides indirect herd protection to girls who have not been vaccinated themselves. There are other important factors including the additional protection provided by a gender-neutral programme to vulnerable groups, such as men who have sex with men, and the potential to improve the resilience of the immunisation programme to fluctuations in vaccine uptake and to the movement of individuals into and out of the country.

HIQA's final report and recommendations were informed by four systematic reviews, an economic evaluation, an ethical and organisational analysis, intensive engagement with an expert advisory group and a six-week public consultation which received 242 submissions. Following approval by the Board of HIQA on December 4, 2018, the HTA was submitted to the Minister for Health, the National Immunisation Office, the National Immunisation Advisory Committee and the HSE to inform decision-making about the programme.

Welcoming the HIQA report, Minister for Health Simon Harris confirmed that funding has already been made available in the budget to facilitate the introduction of this initiative in 2019, subject to the recommendations being favourable.

The full report, *Health technology assessment (HTA) of extending the national immunisation schedule to include HPV vaccination of boys,* is available at **www.hiqa.ie**

**– Tara Horan**

# Addressing tongue tie in breastfeeding

## A standardised approach to the management of breastfed babies with tongue tie is required nationally, writes **Brenda Pieper Callan**

I AM a lactation consultant, working within the hospital environment, with new mothers and newborns. Reflecting upon my work in recent times, it may be noted the increase in the presence of tongue tie (ankyloglossia) and the challenges it may have on the breastfeeding mother and baby dyad.

Breastfeeding is widely understood to be the optimal method of feeding the newborn. It provides nutrition for baby's growth and development, as well as providing an opportunity to nurture the mother baby relationship.

By definition, tongue tie or ankylogossia is a condition whereby the lingual frenulum attaches near the tip of the tongue. It may be short, tight and thick.[1] Recent figures by Todd and Hogan show that there is a prevalence of five to 10% of babies born with tongue tie.[2]

Normal tongue movement occurs in a peristaltic action, that aids in the stripping of milk from the breast. In the presence of ankyloglossia, restriction in elevation, extension and lateralisation of the tongue occurs. All of these mechanisms are necessary to facilitate and maintain a deep comfortable latch, resulting in effective milk removal from the breast.

Problems that ensue at this point, are related to achieving and maintaining a deep, comfortable latch. Subsequently, damaged and sore nipples occur, resulting in poor breast stimulation and ineffective milk supply and transfer, which ultimately lead to poor weight gain.

It is widely recognised that early intensive lactation support, by a lactation consultant, is the most beneficial step in supporting the mother and baby to continue breastfeeding. UNICEF's *Ten Steps to Successful Breastfeeding* aid us in assisting the mother and infant. These practices include positioning for attachment, considering alternative positions, skin-to-skin contact and hand expressing. In some circumstances it is necessary to introduce breastfeeding aids, such as silicone nipple shields and mechanical pumping in order to protect mother's milk supply and to encourage the continuation of breastfeeding.

On-going support and reassessment will determine the need for referral to a specialist, in the absence of sustained improvement in breastfeeding. At this point, assessment by a specialist trained in frenotomy may advise the need for surgical intervention. Recognising the benefits of breastfeeding and in keeping with government plans to increase breastfeeding rates annually, identification and treatment of tongue tie should be offered, and available to parents, to prevent any risk of undermining breastfeeding and premature cessation of infant feeding, as soon as possible.[3]

### Frenotomy

My experiential learning, prompted me to attend a frenotomy clinic in Dublin, where I observed a consultation, and the procedure of frenotomy being performed. After a detailed feeding history, the oral cavity is inspected, and digitally assessed by the doctor. The procedure is a simple one, involving cutting the frenulum with a blunt-end sterilised scissors. The baby is swaddled and supported by a lactation consultant throughout the procedure. Pressure is applied to the area immediately after the procedure. Breastfeeding is commenced immediately, with the support of the lactation consultant. Each parent is instructed in the aftercare necessary for baby. The tongue exercises reduce the risk of reattachment. A follow-up letter is sent to the referring health professional on completion of the treatment.

On reflection, this experience has provided me with greater insight, into the importance of breastfeeding assessment in the presence of ankylogossia, early referral, and an explanation of what the procedure entails. This in turn, has helped me to support and reassure parents of babies experiencing breastfeeding difficulties, due to tongue tie. Getting breastfeeding off to a good start, often on a feed by feed basis, is important to the breastfeeding family.

### Referral

Referral to frenotomy services is provided by our healthcare professional, on parent's request. Consultations are private and incur a fee. The service is not readily available locally. We refer clients to frenotomy specialists in Dublin. Referrals are made on line and appointments usually are provided within a week or two. During that time we continue to provide support to parents and babies, and protecting breastfeeding and milk supply.

Using the classification of Coryllis, and visual assessment, I have identified tongue ties across the spectrum. In my experience, type four and five posterior tongue ties result in most needed additional lactation

support. I regularly see that the breastfeeding problem peaks on the second or third day of the infant's life.

In my personal experience, I am mostly familiar with anterior tongue tie, and more recently through the use of the classification criteria, I can now visualise and recognise posterior tongue tie also. However, I am conscious that this classification is only an aid, and not all breastfeeding problems are tongue-tie related and should not be diagnosed as such without extensive review.

Tongue tie may lead to nipple pain and may be a cause of early cessation of breastfeeding.[4] Damaged nipples, discomfort and resulting poor milk supply, negatively affect the mother and baby. Removing the restriction may lead to a reduction in sore nipples and a more comfortable breastfeeding experience.[5]

As a result of the increased identification of tongue tie in our unit, and after discussion with colleagues, it was decided to include education on ankyloglossia and its possible impact on the breastfeeding dyad at our breastfeeding study days. The HSE *Breastfeed Factsheet for Health Professionals to Identify and Support the Breastfeeding Mother*, incorporates information on Coryllos's classification *(see Table)* and is available at: **www.breastfeeding.ie/Resources/Health-professional/Factsheets.html**

Early referral to the lactation consultant is encouraged, to aid early diagnosis. Shared learning between lactation consultant and midwifery and paediatric colleagues, enhances their awareness and knowledge of the care and management of babies with/suspected tongue-tie.

## Experiential learning

My interest in the topic of ankylogossia and on-going professional development has enhanced my knowledge and skills in the identification, assessment, and care of the mother and infant, experiencing breastfeeding difficulties due to tongue tie.

To enhance the mother's breastfeeding experience and maximise care, I develop individualised care plans, for each mother and baby during my consultations. This provides me with information necessary to identify the need for referral to a specialised practitioner. As a quality improvement initiative, I have compiled an education resource folder for members of the multidisciplinary team involved in the care of mothers and babies affected by ankylogossia.

As part of National Breastfeeding Week in 2015, I facilitated a workshop aimed at healthcare professionals and I continue to raise awareness of tongue tie and related support services available at Our Lady of Lourdes Hospital. The workshop was well attended by hospital staff, public health nurses and GPs.

In conclusion, standardised approach to care and management of breastfed babies with tongue tie is required nationally. Further exploration of data nationally is required to identify the incidence and to identify the impact of tongue tie on sustained breastfeeding rates in Ireland. This is in line with the Sláintecare Implementation Strategy[6] and Healthy Ireland. [7]

## Future vision

There is a need to provide a service for this cohort of babies and their parents. We continue to collect data within the lactation department on the prevalence and impact of ankylogossia on our breastfeeding mothers and babies with a view to improving our services.

*Brenda Pieper Callan is a midwife and lactation consultant at Our Lady of Lourdes Hospital, Drogheda*

**Table: Coryllos classification of tongue tie[2]**

| Type | Superior attachment | Inferior attachment | Characteristics of frenulum |
|---|---|---|---|
| 1 or 100% tongue tie | Anterior or at the tip of tongue <2mm from tip* | Alveolar ridge or infrequently base of ridge | May be thin or thick and restricted or elastic |
| 2 or 75% tongue tie | Anterior but just behind tongue tip 2-5mm from tip | Alveolar ridge or base of ridge/floor of mouth | May be thin or thick and restricted or elastic |
| 3 or 50% tongue tie | Mid tongue 6-10mm from tip | Base of alveolar ridge/ floor of mouth | May be thin or thick but less restricted as more free tongue |
| 4 or 25% tongue tie | Posterior tongue 11-15mm from tip | Floor of mouth/base of alveolar ridge/on ridge | May be thin or thick but less restricted as more free tongue |
| 5 or submucosal Tongue tie | Posterior tongue >15mm from tip | Floor of mouth/base of alveolar ridge | Usually thin and shiny (when the tongue is elevated) |

**Indicates free tongue*

*Anterior tongue tie*

*References.*
*1. Ingram J, Johnson D, Copeland M,Churchill C,Taylor H,Emond A. (2015)The development of a tongue assessment tool to assist with tongue tie identification, British Medical journal, 100;344-348*
*2. Todd D & Hogan, M. Tongue-Tie in the newborn: Early Diagnosis and Division prevents poor Breastfeeding Outcomes. Breastfeeding Review. 2015; 23 (1): p.11-16*
*3. Brown, A. What do Women really want? Lessons for Breastfeeding Promotion and Education. Breastfeeding Medicine. 2016; 11 (3): p.102-111*
*4. Kumar M. Tongue-Tie, breastfeeding difficulties and the role of Frenotomy. Acta Paediatricia.2012; Volume 101.issue 7*
*5. Edmunds J. Tongue tie and breastfeeding: a review of the literature. Breastfeeding Rev.2011 Mar; 19(1):19-26*
*6. Government of Ireland. Sláintecare Implementation Strategy. https://www.gov.ie/en/campaigns/slaintecare-implementation-strategy/ (accessed 10 December 2018).*
*7. Department of Health. Healthy Ireland Implementation Plan. http://www.healthyireland.ie/about-healthy-ireland/healthy-ireland-network/ (accessed 12 December 2018).*

*Useful Links and Resources*

*Tongue Tie. Fact sheet for Health Care Professionals*
*Antenatal Discussion. Fact sheet for Health Care Professionals*
*Nipple Pain and Breastfeeding. Fact sheet for Health Care Professionals*
*Breastfeeding and Cigarette Smoking. Fact sheet for Health Care Professionals*
*All available on* **www.breastfeeding.ie**
**www.who.int/nutrition/bfhi/ten-steps/en/**

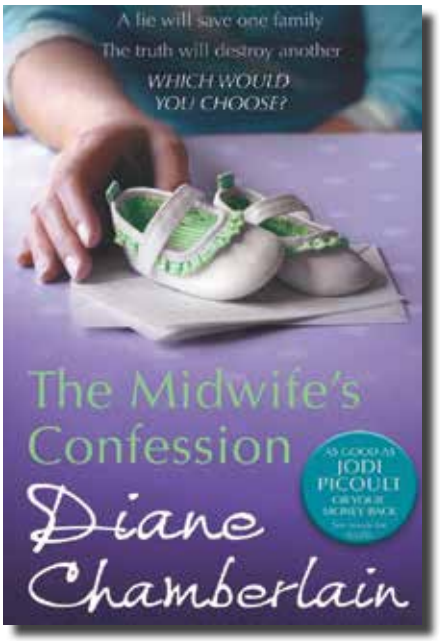
# The midwife's confession

WOULD you read a letter never meant to be opened? Would you want to know a secret that was never meant to be told? Would everything be better if a woman's, in this case a midwife's, mistakes simply stayed buried?

Set in North Carolina, the novel centres around the lives of three women: Tara, who is devastated by grief after the recent death of her husband as she struggles to keep a tenuous grip on her relationship with her only child, 16-year-old Grace; Emerson, a happily married chef-cum-café-owner and mother of Jenny, best friend to Grace; and Noelle, their resolutely single friend and the eponymous midwife, who unbeknown to them carries the burden of a terrible secret.

Their lives are thrown into chaos when Noelle unexpectedly – and to Tara and Emerson seemingly without cause – kills herself.

Completely baffled by their friend's actions, Emerson and Tara begin to dig into her past, dragging up secrets that will test their love for each.




When Tara and Emerson clear out Noelle's home after her death, they discover an unfinished letter hidden among a box of keepsakes and cards sent by parents of the many babies she had delivered. They also find out that Noelle had given up practising midwifery more than a decade before her death. But why and why had she hidden this from them?

Noelle's unfinished letter reveals a terrible secret that challenges everything they thought they knew about each other. Now this unexpected legacy has the potential to upend their lives.

The quest to find the woman, Anna, to whom Noelle addressed the letter, takes them on a journey that will irrevocably change their own lives and the life of a woman they don't yet know.

The story is told from the points of view of the various women, as well as via flashbacks from Noelle's youth and time in college. This book is heartbreakingly sad in places but the plotting is gripping throughout. It is fast-paced and excellently crafted and it is a highly recommended read.

**– Alison Moore**

*The Midwife's Confession by Diane Chamberlain is published by Mira Books. ISBN-10: 9780778304661*

# CROSSWORD Competition

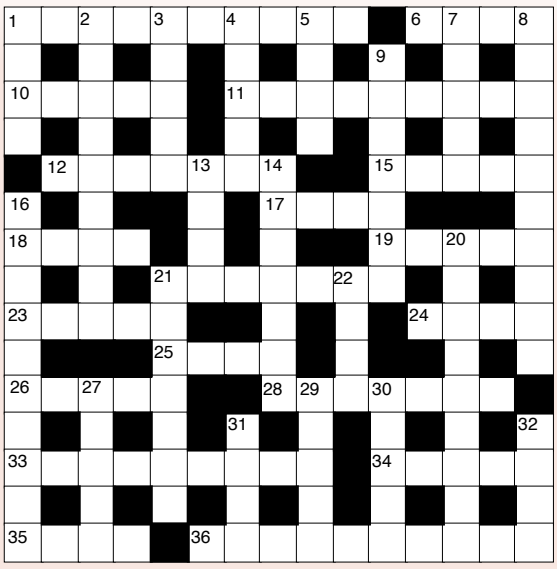
**WIN a €50 gift voucher**

**Across**

1 They work with horses with a kind of beastly sob (6,4)
6 How one may heal Jacob's wife (4)
10 & 15a Mediterranean resort area whose name means 'wild coast' (5,5)
11 Verdi opera (9)
12 & 19a The directors of the laundry? (7,5)
15 See 10 across
17 Vicinity (4)
18 A single thing (4)
19 See 12 across
21 He wrote 'The Bartered Bride' to upset Sam? Neat! (7)
23 The full complement of one's ships (5)
24 Do as you are told (4)
25 Mr Sharif could be found in customary setting (4)
26 One who stands in for a doctor, for example (5)
28 Could one be haunted by this James Bond movie? (7)
33 & 34 It communicates smell to the brain (9,5)
35 Diagnostic examination (4)
36 Minor deeds can be brought up to date (10)

**Down**

1 Religious faction (4)
2 Vets raise confusion, describing one who stands up for him – or herself (9)
3 Acquire knowledge or skills (5)
4 The author of wonderful poetry – by little Ronald! (5)
5 Meditative relaxation (4)
7 Actor with only a walk on part (5)
8 Sounds like it's Peter Pan's enemy and myself that create such a fastening (4,3,3)
9 In a pantomime, he met two score of people with taking ways! (3,4)
13 Priest of Islam (4)
14 A tiger's moved footy apparel (7)
16 Toggled garment named for a town in Belgium (6,4)
20 This substance smells of grim bears (9)
21 Hot macs, processed in the tummy (7)
22 Painting of a naked model (4)
27 The ends of the sleeves (5)
29 One to whom a cheque is made out (5)
30 Barbarian played by Arnold Schwarzenegger in 1982 and by Jason Momoa in 2011 (5)
31 In America, a tramp (4)
32 Unwanted plant (4)



**February crossword solution**

Across: 1 Arm 3 Composition 8 Sombre 9 Throbbed 10 Marie Curie 11 Strut 13 Beret 15 Yielded 16 Stetson 20 Durum 21 Notes 23 Power 24 Tympanic membrane 25 Floral pattern 26 Puss in Boots 27 Pop

Down: 1 Assemblyman 5 Idols 6 Inborn 7 Nod 12 Thunderclap 13 Breed 14 Totem poles 17 Snowdrop 18 Groucho 19 Stumps 22 Swami 24 Top

**The winner of the February crossword is: Una McHugh Co Roscommon**

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: Friday, March 22, 2018
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:
Address:

MONEY MATTERS

# Expecting the unexpected

**Marc Evans** explains how annual multi-trip travel insurance can help you save on cost and stress

HOLIDAYS, traditionally single trips at busy times of the year to well known locations, have changed in recent years, with more people availing of low-cost weekend breaks and flight deals to increasingly exotic destinations all year round.

Yet despite this change, many Irish people overlook the importance of travel insurance.

Travel insurance is an essential part of any holiday planning and there is a number of things you should consider before you decide who to buy your cover from. After all, for a relatively small expense, having travel insurance in place can save a significant amount of cost and stress.

While a single trip policy may offer short-term value, annual multi-trip cover means you do not have to research the market for insurance every time you decide to travel.

## Comprehensive cover

Make sure you buy your cover as soon as you book your holiday. Often, consumers leave it until the last minute to consider travel insurance, despite one of the main claims being for cancellation prior to travel. When you are booking with your next trip in mind, consider whether you could benefit from cover that includes winter sports or travel outside Europe in the next 12 months.

Consumers who purchase their insurance purely on price rather than the value of the features and benefits are taking more risk than they realise. Always check the small print to find out exactly what you are covered for. While opting for the lower cost premium could save you money in the short-term, the full value of a policy is often not realised until you need to make a claim. You may also be eligible for a discount based on your existing private health insurance policy.

Age is a factor that can often be overlooked; many consumers are unaware that their age can affect their insurance premium. This can have a significant impact on those who are actively retired.

## Family policies

You should also make sure that you are getting cover for the whole family with many policies allowing children to travel free, though the age at which this stops can vary.

When you are insuring your family, you should determine whether the cover allows each family member to travel individually or if the family must travel as a unit.

When the unexpected does happen, you should be confident that your travel insurance has the cover you will need. The availability of 24-hour emergency assistance from your policy underwriter can offer support and direction in a crisis.

## Multi-trip policies

For less urgent matters, your choice of policy should have sufficient cover for cancellation or curtailment of your trip, medical expenses that you might incur and cover for your personal belongings. Be sure to check the excess applicable to these claims as this can be a costly additional expense.

Cornmarket's annual multi-trip 'Travel Plus' insurance policies offer great value cover to all Irish holiday makers up to the age of 86. To learn more about Cornmarket's 'Travel Plus' product and to get a quote, visit: **www.cornmarket.ie/travel-insurance/**

Alternatively, you can call to speak to a Cornmarket 'Travel Plus' sales agent at Tel: 01 4206724. Lines are open from 9am-7pm from Monday to Friday (excluding bank holidays), and 9am-1pm on Saturdays.

*Marc Evans is the director of general insurance at Cornmarket Group Financial Services Ltd*

# New breastfeeding initiative launched

## Campaign aims to normalise breastfeeding and highlight benefits

A NEW breastfeeding initiative was recently launched in Tallaght, an area that has previously recorded low breastfeeding uptake rates. The 'Tallaght Welcomes Breastfeeding' initiative aims to encourage women to breastfeed, and highlight the many benefits that breastfeeding can have for both mothers and babies.

Figures released last year by the HSE found significant differences in breastfeeding rates across the county, with initial uptake rates highest in Dublin south east (84%), and lowest in Dublin south west (48%).

As part of the initiative, organisations are being encouraged to display a 'Tallaght Welcomes Breastfeeding' sticker to help mothers feel comfortable breastfeeding in public spaces. The campaign was launched by journalist and breastfeeding advocate, Siobhan O'Connor, who said that mothers need to feel supported and empowered to breastfeed everywhere.

"The more breastfeeding is encouraged in public places, the more it will be considered the norm. We need to teach all children in secondary school, male and female, about the benefits so that they have the facts and thereby normalise what is one of the most natural things we do as mothers," she said.

The campaign is led by the Childhood Development Initiative (CDI) and is supported by public health nurses from the HSE in Dublin South West, the Coombe Women and Infants University Hospital, Tallaght University Hospital, Early Years Services, the Local Arts Centre (Civic Theatre) and parents. According to CDI parenting specialist, Elaine Fagan, breastfeeding support is most effective when it is provided by both professionals and peers, "with community peer support particularly helpful in changing attitudes and normalising breastfeeding".

The initiative will also include public information events, addressing partners, grandparents and people in wider community settings, such as schools, active retirement groups, sports clubs and youth groups. "We would particularly value opportunities to speak in secondary schools to young people who have not even thought about becoming parents, and for teachers to champion this programme. If their mothers have not breastfed, then young women are unlikely to be encouraged at home, so we need to talk directly to them," said Coombe midwife, Megan Sheppard.

# One in five deaths due to respiratory disease, says report

THE Irish Thoracic Society is calling on the government to introduce a respiratory taskforce in order to reduce the incidence of respiratory disease in Ireland.

The recent came at the launch of a new report on the burden of respiratory disease on the Irish population in December 2018. *Respiratory Health of the Nation 2018* offers an overview of the impact of respiratory disease on Ireland's population, hospitals and economy.

Respiratory disease is responsible for almost one in five deaths in Ireland, according to the report, and accounts for more hospitalisations than cardiovascular and non-lung cancer cases combined.

The three main respiratory conditions causing death and disability are lung cancer, COPD and pneumonia, with these and other respiratory conditions accounting for almost 20% of all ED admissions.

Speaking at the launch, co-author of the report Dr Máire O'Connor said: "This report shines a light on the immense burden of respiratory disease in Ireland, showing it to be one of our most critical health challenges."

Prof Ross Morgan, president of the Irish Thoracic Society, said: "What is clear from this report is the increasing strain of lung disease on our health services due to our growing and ageing population. There are too few respiratory specialists, in particular consultants, but also nurses, physiotherapists, physiologists and other allied healthcare professionals."

*See full report at:*
***www.irishthoracicsociety.com***

# Survey highlights gaps in delivery of asthma medication

ALMOST half of all people with asthma in Ireland are not using their spacer device adequately, according to a recent survey.

The survey, conducted by the Asthma Society of Ireland on spacer device usage in Ireland as part of the society's 'Mystery of Spacers' campaign, was completed by more than 2,000 people and revealed that 48% of participants had not used a spacer device in the past year or never used one at all.

Asthma is an inflammatory disease of varying severity that affects the airways. People with asthma are sensitive to certain substances or 'triggers', including colds and flu, cigarette smoke, exercise and animal hair.

The use of a spacer device, a small plastic tube with a mouthpiece or a mask at one end, directs the asthma medication down into the lungs.

As well as highlighting a paucity of public knowledge about the delivery of asthma medication, the survey found that:

- 41% of people with asthma do not use their spacer device regularly
- One in five people believe that spacer devices are for children only
- 37% of people who have a child with asthma say their school does not have access to a spacer device
- Only one in three people clean their spacer device as often as they should
- 41% of people with asthma don't visit their GP after an attack.

CEO of the Asthma Society of Ireland Sarah O'Connor said: "The results from the survey are very frightening to us. There is a huge gap in public understanding of why they should use a spacer device and people aren't getting optimal delivery of medication to their lungs as a result.

"A spacer device should be used every time a spacer-compatible inhaler is used, assuming the patient has been educated about how to use their spacer device."

For more information on spacer devices and the 'Mystery of Spacers' campaign, visit: **www.asthma.ie/mystery-spacers**

## March

**Tuesday 5**
Care of the Older Person Section conference. Richmond Education and Event Centre. Contact jean.carroll@inmo.ie for further details

**Thursday 7**
Student allocation liaison officers networking group. INMO HQ. From 12pm.Contact jean.carroll@inmo.ie for further details

**Friday 29-Saturday 30**
ODN Section conference. Richmond Education and Event Centre. Contact jean.carroll@inmo.ie for further details

## April

**Tuesday 9**
International Nurses Section meeting. INMO HQ. From 5.30pm. Contact jean.carroll@inmo.ie for further details

**Wednesday 17**
RNID Section meeting. Richmond Education and Event Centre. 11am-1pm. Contact jean.carroll@inmo.ie for further details

**Thursday 18**
Retired Section meeting. 11am-1pm. Richmond Education and Event Centre. Contact jean.carroll@inmo.ie for further details

**Saturday 27**
PHN Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie for further details

**Saturday 27**
Community RGN Section meeting. 11am-1pm. Contact jean.carroll@inmo.ie for further details

**Monday 29**
National Children Nurses Section meeting. INMO HQ. Our Lady's Children's Hospital, Crumlin. 11am-1pm. Contact jean.carroll@inmo.ie for further details

## May

**Wednesday 1**
21st National Orthopaedic Nurses conference. Lady Martin Auditorium, Cappagh National Orthopaedic Hospital, Finglas, Dublin. Contact rosemary.masterson@cappagh.ie for further details

**Wednesday 8 - Friday 10**
INMO annual delegate conference 2019. Knightsbrook Hotel, Trim, Co Meath. *See page14 for details*

**Thursday 16**
Student allocation liaison officers networking group. INMO HQ. From 12pm.Contact jean.carroll@inmo.ie for further details

**Saturday 18**
School Nurses Section meeting. INMO HQ. From 10.30am.Contact jean.carroll@inmo.ie for details

**Tuesday 21**
Telephone Triage Section meeting and education workshop. INMO Limerick. Contact jean.carroll@inmo.ie for further details

**Saturday 25**
CNM Section meeting and workshop. INMO HQ. 10am. Contact jean.carroll@inmo.ie for details

## June

**Wednesday 5**
Orthopaedic Nurses Section meeting – via teleconference. From 11am. Contact jean.carroll@inmo.ie for further details

**Saturday 8**
PHN Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie for further details

**Saturday 8**
Community RGN Section meeting. 11am-1pm. Contact jean.carroll@inmo.ie for further details

**Saturday 8**
Midwives Section meeting. Galway University Hospital. From 2pm. Contact jean.carroll@inmo.ie for details

**Tuesday 11**
Care of the Older Person Section meeting. Richmond Education and Event Centre. From 11am. Contact jean.carroll@inmo.ie for details

**Friday 14**
Third Level Student Health Nurses Section meeting. Richmond Education and Event Centre. From 11am. Contact jean.carroll@inmo.ie for further details

**Wednesday 26**
Clinical Placement Coordinators Section meeting. Richmond Education and Event Centre. From 10.30am. Contact jean.carroll@inmo.ie for further details


## INMO Membership Fees 2019

| | |
|---|---|
| A Registered nurse<br>*(Including temporary nurses in prolonged employment)* | €299 |
| B Short-time/Relief<br>*This fee applies only to nurses who provide very short term relief duties (ie. holiday or sick duty relief)* | €228 |
| C Private nursing homes | €228 |
| D Affiliate members<br>*Working (employed in universities & IT institutes)* | €116 |
| E Associate members<br>*Not working* | €75 |
| F Retired associate members | €25 |
| G Student nurse members | No Fee |