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# WIN

INMO

Journal of the  
Irish Nurses and  
Midwives Organisation

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Website: [www.medmedia.ie](http://www.medmedia.ie)

  
medmedia  
publications

**Editor** Alison Moore

Email: [alison.moore@medmedia.ie](mailto:alison.moore@medmedia.ie)

Tel: 01 2710216

**Production & news editor** Tara Horan

**Sub-editor** Sinéad Makk

**Designers** Fiona Donohoe, Paula Quigley

**Advertising manager** Leon Ellison

Email: [leon.ellison@medmedia.ie](mailto:leon.ellison@medmedia.ie)

Tel: 01 2710218

**Publisher** Geraldine Meagan

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Irish Nurses and Midwives Organisation

**Editor-in-chief:** Liam Doran

**INMO editorial board:**

Claire Mahon; Geraldine Talty; David O'Brien;  
Moirá Craig; Theresa Dixon; Martina Harkin-Kelly;  
Eileen Kelly; Catherine Sheridan; Mary Leahy

**INMO editor:** Ann Keating

Email: [annkeating@inmo.ie](mailto:annkeating@inmo.ie)

**INMO editorial assistant:** Freda Hughes

**INMO photographer:** Lisa Moyles

**INMO correspondence to:**

Irish Nurses and Midwives Organisation,  
Whitworth Building,  
North Brunswick Street,  
Dublin 7.

Tel: 01 664 0600

Fax: 01 661 0466

Email: [inmo@inmo.ie](mailto:inmo@inmo.ie)

Website: [www.inmo.ie](http://www.inmo.ie)



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## Acceptance of agreement small first step on long road

INMO members, following information meetings and balloting in workplaces across the country, have voted to accept the proposed Lansdowne Road Agreement. The margin of acceptance was 71% yes/29% no (see page 9 for more detail).

It was clear, from the numerous information meetings with members in recent weeks, that morale continues to be very low. Nurses and midwives continue to feel excluded and staffing levels, specifically, continue to be a source of deep concern.

The Minister for Health, commenting on this matter some weeks ago, said that he would like to employ more people in the health service in the context of acceptance of a reasonable pay increase under Lansdowne Road. The INMO is now saying to the entire government that it has an agreement that involves very minimal pay restoration and it must now act to recruit nurses and midwives to restore the staffing levels of 2008 as a matter of immediate urgency. Furthermore, any such recruitment campaign will only be successful when it competes with the recruitment incentives being offered in the UK and the private sector here at home; what is being offered now is wholly inadequate.

The government continues to say that the Irish economy is recovering at a much quicker rate than was expected. This is excellent news for everyone in this country. Every family benefits from increased employment levels as this allows people to plan for their future, provide for their families and meet their outgoings. However, in tandem with economic recovery, we must have the restoration of accessible, quality-assured and well-staffed essential public services, including health.

Over the past nine months, we have recruited an additional 800 nurses/midwives across our healthcare system. However much of this recruitment has been done by converting existing agency/overtime into permanent posts, which, while welcome, does not increase the overall level of employment. The government must initiate a two-year recruitment plan that overtly targets the restoration of nurse/midwife staffing levels back to 2008 levels. This will require an additional 4,000 nursing/midwifery posts to be recruited as quickly as possible.

There is no other choice open to government if it is to act on its commitment to



have a universally accessible health service that is responsive, regardless of setting, to the needs of patients/clients. This country now has a population of almost 4.7 million people, representing an increase of one million in only 20 years. This is a good thing because we all want a dynamic economy with appropriate demographics involving young people with their energy and commitment, alongside senior citizens who bring wisdom. However, this increased population brings more pressure on our health service, which must be made fit for purpose.

This type of society requires a public health service that is properly staffed. Now that government has an agreement for moderate pay restoration it must act on staffing levels without delay.

### Class of 2015

On behalf of the INMO I want to welcome our new nursing and midwifery undergraduates (just over 1,500), who are commencing their honours degree programme this month, into both nursing and midwifery and the Organisation. I also want to congratulate each and every one of you for your excellent choice of career and to say that the INMO wants to be your life-long partner in your chosen profession.

In the coming weeks you will meet representatives from the INMO who will explain the services we offer. We look forward to working with you in the months and years ahead. For the moment though, we want you to enjoy your success, enjoy this time starting your chosen career and may every day, although challenging, bring you professional satisfaction and fulfilment.

Liam Doran  
General Secretary, INMO

# Overcrowding unabated through July

## Further evidence that funding is needed to open more beds

CONTINUING record levels of patients being cared for on trolleys in Irish hospitals is further evidence that the measures taken to date are wholly inadequate, the INMO has stated.

A total of 6,715 admitted patients were being cared for on trolleys during the month of July, which represents a 21% increase on July 2014, and is the highest ever level of overcrowding recorded for that month by the INMO trolley/ward watch (see Table opposite).

In July a number of hospitals endured a significant increase in their overcrowding levels including:

- St Luke's Hospital, Kilkenny – 393 admitted patients on trolleys, up 111% on July 2014
- Naas General Hospital – 310 patients on trolleys, up 83% on July 2014
- Tallaght Hospital, Dublin, 432 trolleys, up 62% on July 2014
- Connolly Hospital, Blanchardstown – 442 admitted patients on trolleys, up 50% on July 2014
- University Hospital, Galway – 654 admitted patients on trolleys, up 47% on July 2014.

The hospitals showing the highest levels of overcrowding, in terms of the total number of patients on a trolley during the month of July, were:

- Our Lady of Lourdes Hospital, Drogheda – 769 admitted patients on trolleys
- University Hospital, Galway, – 654 admitted patients on trolleys
- Beaumont Hospital, Dublin, – 643 patients on trolleys.

This unprecedented level of overcrowding, for the month of July, raises serious concerns



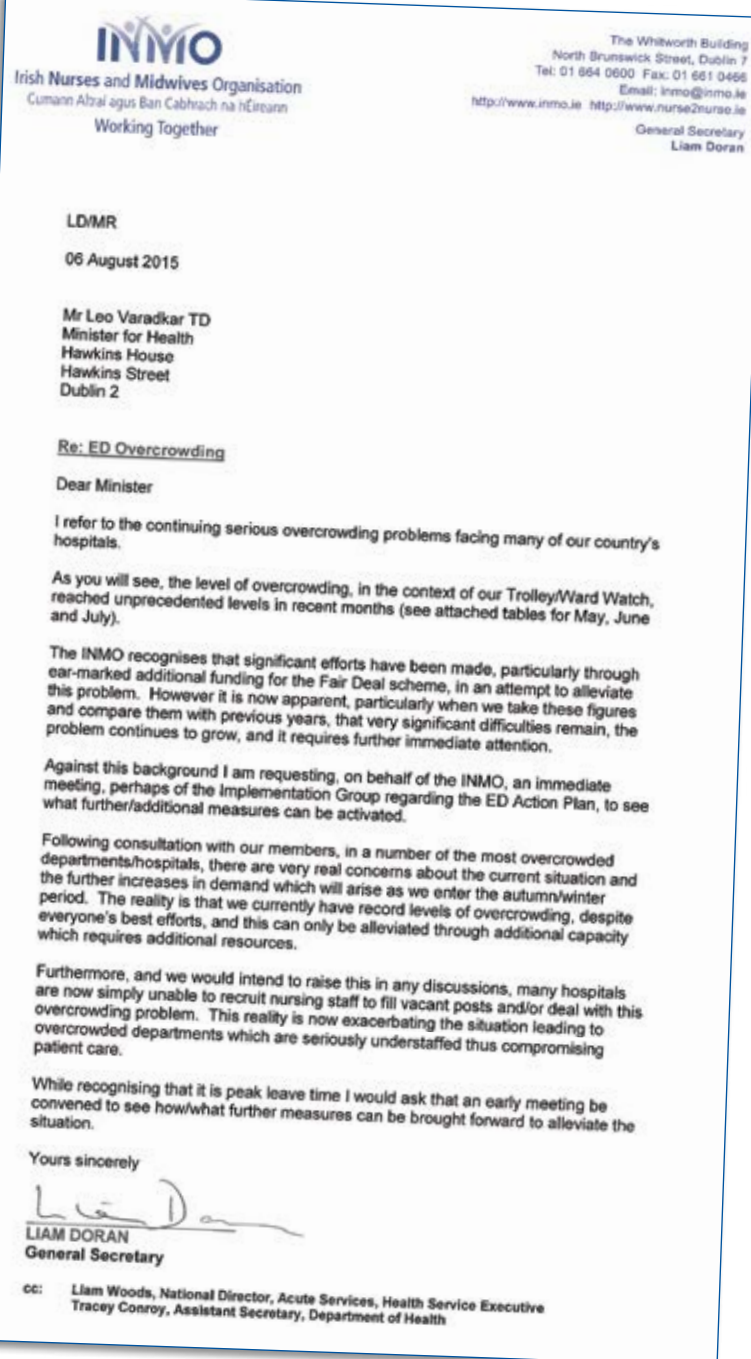
**INMO general secretary Liam Doran:** "The health service must be given an additional funding allocation to allow it to open additional beds, with extra staffing, immediately"

ahead of the autumn/winter period, and the increasing number of patients that will inevitably present at that time.

As a result of these figures, the INMO is seeking an immediate meeting, with the Department of Health, in order to agree a further series of immediate initiatives, requiring additional resources, to alleviate the negative impact on patient care, and patient well-being, arising from this level of overcrowding.

These discussions must also agree initiatives to address the current chronic staff shortages within nursing, and the inability of hospitals to recruit nursing staff at this time.

"This volume of overcrowding, in our country's hospitals during the month of July, is unprecedented and cannot be allowed to continue. The additional funding for the Fair Deal scheme, with the reduction in the number of delayed discharges, is most welcome but, obviously, is not enough to deal with the system-wide



problem," said INMO general secretary Liam Doran.

"The health service must be given an additional funding allocation to allow it, without waiting for the coming winter period or the next financial year, to open additional beds, with extra staffing, immediately. It must be remembered that these figures represent individual people who require

admission to hospital, and their loss of dignity, privacy and access to care in an appropriate environment cannot be forgotten and should be our priority. We must now agree sustained actions leading to increased capacity for the health service to deal properly and safely with every person who presents for care and attention".

Table 1. INMO trolley and ward watch analysis July 2006 – 2015

Hospital	Jul 2006	Jul 2007	Jul 2008	Jul 2009	Jul 2010	Jul 2011	Jul 2012	Jul 2013 ED/ward total	Jul 2014 ED/ward total	Jul 2015 ED/ward total
Beaumont Hospital	270	489	701	810	549	605	489	627	580	643
Connolly Hospital, Blanchardstown	189	219	283	179	408	321	313	540	295	442
Mater Misericordiae University Hospital	251	480	497	361	503	236	424	103	262	325
Naas General Hospital	152	18	84	424	201	285	136	146	169	310
St Colmcille's Hospital	70	65	81	258	162	175	227	101	n/a	n/a
St James's Hospital	26	38	199	259	66	158	168	85	216	188
St Vincent's University Hospital	418	611	537	521	509	497	502	111	167	161
Tallaght Hospital	307	314	359	305	657	419	127	290	266	432
<b>Eastern</b>	<b>1,683</b>	<b>2,234</b>	<b>2,741</b>	<b>3,117</b>	<b>3,055</b>	<b>2,696</b>	<b>2,386</b>	<b>2,003</b>	<b>1,955</b>	<b>2,501</b>
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	20
Cavan General Hospital	125	232	153	107	264	254	125	169	36	48
Cork University Hospital	407	211	247	509	470	388	187	358	228	307
Kerry General Hospital	85	43	18	17	32	25	73	25	71	98
Letterkenny General Hospital	215	25	30	38	27	27	21	79	129	175
Louth County Hospital	1	27	2	0	n/a	n/a	n/a	n/a	n/a	n/a
Mayo General Hospital	136	58	111	110	149	9	74	0	96	73
Mercy University Hospital, Cork	89	145	138	159	143	138	173	135	164	81
Mid Western Regional Hospital, Ennis	66	56	20	55	14	2	5	4	n/a	19
Midland Regional Hospital, Mullingar	17	4	20	7	131	291	115	244	291	295
Midland Regional Hospital, Portlaoise	42	21	44	17	46	88	18	71	109	162
Midland Regional Hospital, Tullamore	3	1	3	13	13	111	84	201	208	176
Monaghan General Hospital	21	3	23	2	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	1
Our Lady of Lourdes Hospital, Drogheda	201	113	173	304	202	671	482	340	648	769
Our Lady's Hospital, Navan	17	48	29	41	53	13	40	57	38	33
Portiuncula Hospital	9	8	1	50	59	78	46	42	84	29
Roscommon County Hospital	11	7	12	28	50	27	n/a	n/a	n/a	n/a
Sligo Regional Hospital	44	31	38	107	113	106	93	45	129	172
South Tipperary General Hospital	31	32	134	20	32	30	234	284	118	58
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	n/a	118	55	134	186	393
University Hospital Galway	76	145	317	269	282	343	213	295	446	654
University Hospital Limerick	92	18	123	176	371	238	300	260	475	495
University Hospital Waterford	n/a	n/a	125	66	113	78	168	218	86	94
Wexford General Hospital	89	73	194	228	391	286	52	160	38	62
<b>Country total</b>	<b>1,777</b>	<b>1,301</b>	<b>1,955</b>	<b>2,323</b>	<b>2,955</b>	<b>3,321</b>	<b>2,558</b>	<b>3,121</b>	<b>3,580</b>	<b>4,214</b>
<b>NATIONAL TOTAL</b>	<b>3,460</b>	<b>3,535</b>	<b>4,696</b>	<b>5,440</b>	<b>6,010</b>	<b>6,017</b>	<b>4,944</b>	<b>5,124</b>	<b>5,535</b>	<b>6,715</b>
<b>Comparison with total figure only:</b>	Increase between 2014 and 2015: 21%		Increase between 2011 and 2015: 12%		Increase between 2008 and 2015: 43%					
	Increase between 2013 and 2015: 31%		Increase between 2010 and 2015: 12%		Increase between 2007 and 2015: 90%					
	Increase between 2012 and 2015: 36%		Increase between 2009 and 2015: 23%		Increase between 2006 and 2015: 94%					

## Staffing taskforce talks at critical stage

AT THE time of going to press the Taskforce on Nurse Staffing and Skill Mix was still considering draft text with critical issues still to be finalised.

The taskforce, which was set up by former Health Minister James Reilly and is fully supported by the current minister Leo Varadkar, was established as a result of the INMO Safe Staffing Campaign to examine, in its first phase, staffing/skill mix levels in adult medical/surgical wards.

At its most recent meeting, held in late July, a number of critical issues were discussed including:

- How any dependency tool would apply in terms of nursing hours per patient

day/ratios/ranges and how the taskforce would ensure a standardised approach to application

- The need to ensure that the clinical nurse manager 2 (CNM2) would have a 100% supervisory role
- The skill mix that will apply, based on existing career/education pathways, and how this could be adjusted in the future
- The need to ensure absolute autonomy for the director of nursing in both establishing and, critically, maintaining the stated staffing levels to ensure safe care through safe practice
- How best to pilot any final set of draft recommendations to ensure they both

improve patient outcomes and staff workloads, before being applied nationally.

At the most recent meeting there was consensus on many of these issues but it was agreed that further discussions were necessary, in early September, on a number of outstanding matters.

Speaking, as we went to press, taskforce member and INMO general secretary Liam Doran said: "There is no doubt that the findings of this taskforce, and its recommendations to ensure improved staffing levels, is urgently awaited and needed by members across the country.

"In all of our discussions with members, even through our recent consultation on

the proposed pay agreement, the issue of staffing came up time and again. It is for this pivotal reason that the INMO is seeking the best possible set of final recommendations, from the taskforce, which will ensure a scientifically-based and internationally-accepted staffing construction in all medical and surgical wards. This must result in manageable workloads for staff, and improved patient care and outcomes for patients".

Mr Doran concluded: "It is hoped that we can finalise all outstanding issues, at the next meeting in September. The final report will then be presented to the Minister with a pilot phase commencing, hopefully, in early 2016.

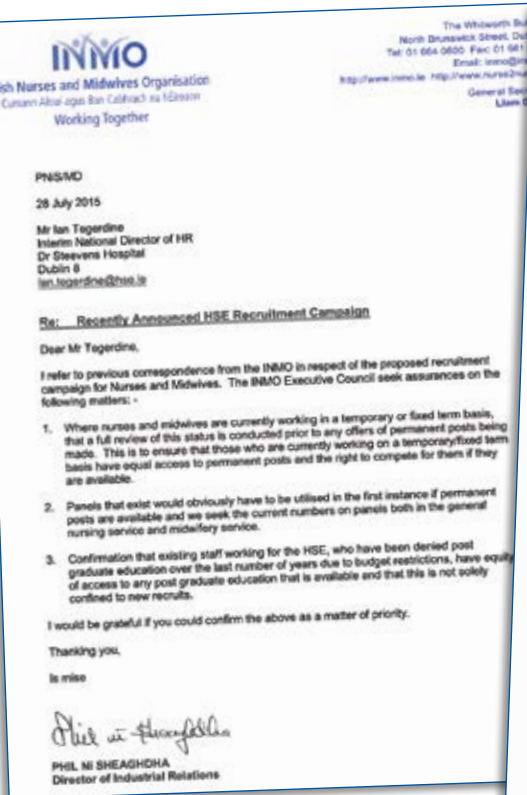
# INMO urges HSE to offer better incentives in recruitment campaign

IN LATE July the HSE formally announced the commencement of an international recruitment campaign for staff nurse posts, particularly aimed at the UK.

While welcoming all recruitment, the INMO said that the incentives offered in the recruitment initiative were inadequate to attract candidates and fell significantly short of the recruitment incentives being offered by many UK Health Trusts.

In highlighting this deficit, the INMO is acutely aware that additional nursing staff, leading to greatly improved staffing levels, is the most urgent requirement of members across the country. That is why the Organisation has insisted, in recent weeks, that any recruitment campaign must be accompanied by a range of significant incentives which not only compete with UK Health Trusts, but also ensure that all costs incurred, by any person returning home, will be met by the HSE, to ensure maximum take up.

In continuing discussions with the HSE, the INMO is seeking improved incentives so that the campaign is successful and leads to hundreds of nurses, who are currently



working in the UK, returning back to Ireland into permanent posts.

In addition, the INMO continues to insist in these discussions that all members, currently working on temporary/agency contracts in Irish hospitals, are also converted into permanent posts, as part of this exercise.

INMO general secretary Liam Doran said: "Nursing/midwifery recruitment, into

permanent posts, is welcome at any time.

However, it is very disappointing to see that the HSE, despite knowing the current state of the labour market and the highly competitive environment that exists for nursing posts, particularly in the UK, has failed to deliver an incentive package capable of maximising the take up of per-

manent posts."

"In tandem with this overseas recruitment, which, despite our misgivings, we want to be successful, must be a parallel process which gives all members currently on panels at home access to permanent posts, in parallel with this international exercise".



## Urgent meeting sought with midwifery review group

THE INMO has sought an urgent meeting with all members of the Midwifery Manpower Review Group before it begins to finalise its discussions and prepare draft final recommendations.

The INMO sought this meeting, in a letter to the joint chairs of the review group, to discuss critical issues, including:

- Why any ratio for Ireland would differ significantly

from ratios recommended by Birthrate Plus in the UK

- What qualitative and quantitative difference arises from the community midwifery service that exists in the UK as compared to Ireland
- What weight is afforded to the current workloads on midwifery staff in hospitals/units around Ireland
- What consideration is being given to the further develop-

ment of nurse/midwife-led services in this country.

INMO general secretary Liam Doran said: "We have sought this meeting, as a matter of urgency, with the Midwifery Manpower Review Group as a number of outstanding issues need to be clarified before the group can move to any final phase leading to final recommendations.

"In particular the INMO

will be seeking much greater clarity on any differences that might exist in a ratio in Ireland, compared to the UK, based on existing workloads, practices, and culture, and likely future service development".

Following the meeting the INMO will communicate directly with the its midwife members and a special meeting of the Midwives Section will be convened.



## Members accept Lansdowne Rd deal

FOLLOWING a nationwide process, involving information meetings and balloting, INMO members have voted to accept the Lansdowne Road proposals with 71% voting for the agreement and 29% voting against.

Over the past eight weeks the Organisation has engaged with members at regional and workplace level, through information meetings and, in addition, a four-page question and answer supplement in the last issue of *WIN*.

While members have voted to accept the proposals, it was quite clear at all of the information meetings that members view the level of pay

restoration proposed as very minimal (4.5% for an average staff nurse/midwife) when compared with draconian cuts imposed, on three separate occasions, by successive governments in recent years.

At the consultation meetings members were, again, very forthright in their demands that staff shortages and the need to restore staffing levels to allow safe practice, continue to be an absolute priority at this time.

Numerous members at the meetings expressed the view that the Minister for Health, Leo Varadkar, must, in the context of the Lansdowne

Road Agreement with its very minimal pay increases, now honour his commitment to greatly improve nurse/midwife staffing levels. The Minister said his preference was for pay moderation, to allow for the recruitment of additional frontline staff, and he must now act on this immediately.

Speaking after the ballot result was known, INMO general secretary Liam Doran said: "Members, in accepting these proposals, have clearly indicated that they remain deeply unhappy with their treatment at the hands of successive governments. The increase, when it is noted it is being spread over

two years, is very minimal and will still leave many members struggling to make ends meet.

"The consequence of accepting such a minimal increase must be that the Minister now utilises the savings, which continue to accrue from the previous pay cuts, into restoring staffing levels, through active dynamic recruitment, in all areas of nursing and midwifery".

The INMO will now cast its vote in favour of the agreement when the Public Services Committee of the Irish Congress of Trade Unions meets, to determine the aggregate vote, in late September.



Irish Nurses and Midwives Organisation  
Working Together

## Recruit a Friend

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Please recruit your friend/colleague and ask them to complete an INMO new member Application Form (*please contact any INMO office for a supply of Application Forms*). Insert **your** name and INMO membership number on the 'Recruited By' portion of the application form at the end of Section 1.

\*For every new member or re-joining member recruited, you receive a €20 One4all Gift Card.

# New legislation requires all lobbyists to register and record their activities

New law brings welcome transparency, writes Dave Hughes

ALL people involved in lobbying are required by the Irish government to register with the Standards Commission from September 1. Under new legislation people who register will be required to provide the Standards Commission with records of all lobbying activities from September 1 to December 31, 2015.

By January 21, 2016 it will be compulsory to be registered with the commission if you are engaged in lobbying activity and you must provide returns of your activities for the first three months of operation of the Act.

The introduction of this law in Ireland is official recognition that lobbying is a powerful reality for business and that the public has a right to know the extent that any organisation is involved in lobbying on government policy or programmes.

The growth in importance of lobbying has run in parallel with the pace of deregulation in global markets and, in its literature promoting the new Act, the Irish government states: "Lobbying is an essential part of the democratic process. It enables or facilitates citizens and organisations to make their views on public policy and public services known to politicians and public servants."

The INMO has been engaged in several forms of lobbying throughout the years. The lobbying conducted is usually at two levels. Firstly, as part of campaigning on particular issues, the Organisation often calls on members to lobby their local politicians. For example, a concentrated lobbying exercise was engaged

in, in conjunction with other frontline workers in 2012. This Frontline Alliance involved nurses, midwives, gardaí, prison officers and fire fighting personnel forming local teams who met with politicians in their constituencies.

A national meeting in Dáil Éireann was then organised to brief all political representatives on the implications of the changes being proposed on the groups affiliated to the Frontline Alliance. This form of lobbying is not always popular with nurses and midwives and its success is limited to particular campaigns that capture the imagination of nurses and midwives.

The second level of lobbying in which the Organisation engages is at General Secretary level where the General Secretary would have access, on a regular basis, to the Minister for Health and senior civil servants. Arguably, this is the more powerful form of lobbying and the type of lobbying that the government is legislating for in the interests of greater transparency.

Legislating for transparency is unlikely to reduce the influence of lobbyists for powerful vested interests, either nationally or internationally. Lobbying is developed at a highly sophisticated level and is on a worldwide basis. Networking occurs right across social, business and personal activities and can be influential when key decision makers are about.

Nursing organisations probably need to invest greater resources internationally into lobbying activities. The clear international direction taken in respect of the delivery of



*Dave Hughes, INMO deputy general secretary: "The new Irish legislation will, at least, assist in opening up the secret world of lobbying"*

health services, which favours increased privatisation and funding models which direct the cost back to the citizen, are so universally applied one can only consider the key influences involved in shaping that policy over a long period of time.

Trade unions, by their nature, and organisations representing nurses and midwives tend to be reactive and their lobbying activities tend to be in response to policy initiatives well and truly embedded because of years of intensive lobbying.

The introduction of a register of lobbyists and declaration of their interests is not an attempt to limit or restrict lobbying, but rather an attempt to make it more transparent. The motivation behind such legislation is prompted by the series of tribunals which Ireland had to establish in order to find out the levels of influence or corruption involved in our planning process, our beef industry and banking. Indeed this legislation may render it unnecessary for future generations to endure the cost of such tribunals.

The more serious issue of the level of undue influence exerted by powerful forces in our society is unlikely to

change because of this type of legislation. The call, by president Michael D Higgins, for a more ethical form of business globally probably holds a greater prospect for fair play for citizens all over the globe. However, it is an idealistic notion which, in this era of the second coming of *laissez faire* where business' calls to simply let markets rule have been adopted worldwide, seems unlikely.

Lobbying on a global scale has led to extraordinarily successful results for multinational corporations where they have, on a multinational basis, lobbied governments to allow them effectively avoid paying tax in any part of the world, through a combination of avoidance schemes and where even at this point the Transatlantic Trade and Investment Partnership (TTIP) is proposing secret courts which will allow multinational corporations to settle disputes with states in private. This may effectively prevent democratically elected governments from introducing laws they consider to be in the social interest.

Fracking, smoking and genetic modification of crops are high on the agenda for multinational corporations, but so too are health services across the globe.

The new Irish legislation is to be welcomed and will, at least, assist in opening up the secret world of lobbying. It is not the solution to the over influence of multinational corporations and it will certainly not put an end to lobbying. It will simply put it on a basis where the public has a clear right to know who is doing it, and what they are doing.



The Richmond Education and Event Centre plans to open ahead of the academic year 2016/2017

## Richmond renovations out to tender

AT THE time of going to press the finalised development plans for the Richmond Education and Event Centre were going out to tender to a range of companies, ahead of consideration of final tenders by the Executive Council in October.

The development plans have been finalised following the granting of planning permission for the education and event centre, and detailed discussions, with architects and other experts, about how the facility can be developed to maximise the education and

professional development services available to INMO members for the future.

The Executive Council will consider, in conjunction with professional advisors, the tenders that are returned and finalise any plans, which must be consistent with the available resources, for the development. It is hoped that the works will begin in late October, and will take approximately six months, with the new education and event centre opening next year ahead of the academic year 2016/2017.

INMO general secretary Liam Doran said: "The development of the Richmond, as our new education and event centre, is viewed by the Executive Council as a critical step in the further development of the Organisation's services to members. In that regard a great deal of work has gone into finalising the proposals, within available resources, to ensure that the redevelopment will deliver a centre that we can all be proud of.

"Final decisions will be made in October and we hope

that the works can begin very quickly thereafter, which are likely to last approximately six months."

In parallel with all of this development work the INMO Professional Development Centre, under the directorship of Elizabeth Adams with her great team, continues to develop the courses currently provided, which can be accessed on the PDC's dedicated website [www.inmoprofessional.ie](http://www.inmoprofessional.ie) See also the centre pages of WIN each month.

## INMO seeks further talks with HIQA

THE INMO has sought an urgent meeting with senior management of the Health Information and Quality Authority (HIQA) to discuss the authority's work in the area of intellectual disability.

The demand for this meeting arose for several reasons including:

- HIQA's decision to write to nurses acting as persons in charge (PICs) criticising their performance, even though they held grades (eg. CNM2) which did not give them the necessary authority/autonomy to ensure stated standards are met
- HIQA's decision to write to the employers of these PICs, stating that they were unfit for office, thus negatively affecting their employment, their reputation and their future career prospects
- The continued policy of HIQA to name PICs in its reports, which appear on its website

and receive wide publicity

• HIQA's specific actions in relation to a report on one service to state that it had found evidence of poor performance by staff, even though internal investigations and a Garda enquiry had found no such evidence.

In the latest correspondence the INMO has stated to HIQA that its current approach lacks understanding of current grading structures. Furthermore, it is quite clearly laying responsibility for shortcomings at grades of staff who simply do not have the seniority, authority or autonomy to make the changes being demanded, possibly correctly, by HIQA and that this is grossly unfair and unwarranted.

The INMO has sought the earliest possible meeting and, in the interim, this issue is being actively discussed by the Organisation's RNID Section and the Executive Council.

## Pregnancy-related sick leave revised

THE treatment of pregnancy-related sick leave is one of several issues being contested following changes to sick leave regulations.

Following representation from the public service trade unions, the Department of Public Expenditure and Reform has agreed to alter the approach to pregnancy-related sick leave as follows:

- Under transitional arrangements, all pregnancy related sick leave that occurred before the introduction of the new public service sick leave scheme will be discounted when calculating access to paid sick leave under the scheme
- A woman who has exhausted her access to paid sick leave, due to pregnancy-related sick leave in the previous four years, may have access to additional non-pregnancy-related sick leave at half pay. The number of additional days allowed will be the

equivalent number of days taken on pregnancy-related sick leave in the four years and must not exceed normal sick leave limits (183 days for non-pregnancy related sick leave) when counted with non-pregnancy sick leave in the previous four years.

The regulations will be amended to include these two provisions and will be effective from the commencement of the current scheme (March 31, 2014 for the majority of public servants and September 1, 2014 for the education sector).

The INMO has written to the HSE seeking confirmation that this change will be notified to all staff and HR managers and that the relevant calculation will be made for those affected. For further information on this, members should contact their local industrial relations officer.

– **Phil Ni Sheaghda, INMO**  
director of IR

# Key allowances win for agency nurses

ALL agency nursing and midwifery staff working in specialist locations should benefit from a recent win by the INMO at the Labour Court in a case taken under the Protection of Employees Temporary Agency Work Act 2012.

This case was taken on behalf of five former agency nurses who had worked in renal and oncology units in the Midland Regional Hospital, Tullamore. Two of the five had a specialist qualification appropriate to the area they were working in and so sought payment of the specialist qualification allowance; the other three claimants sought payment of a location allowance.

Under the Protection of Employees Temporary Agency Work Act 2012, agency workers are entitled to the same basic working and employment conditions as directly employed staff. Basic conditions are defined under the Act as "terms and conditions of employment required to

be included in a contract of employment by virtue of any enactment or collective agreement, or any arrangement that applies generally in respect of employees, or any class of employees, of a hirer and that relate to pay; working time; rest periods; rest breaks during the working day; night work; overtime; annual leave or public holidays".

Pay is defined as basic pay and "any pay in excess of basic pay in respect of shift work; piece work; overtime; unsocial hours worked or hours worked on a Sunday"

At the hearing, the agency Nurse on Call argued that allowances do not form part of basic pay and they do not come within the definition of pay contained in the Act, which is exhaustive.

The INMO submitted that all five members were being treated less favourably in terms of pay than nurses employed directly by the HSE, in contravention of the equal

treatment element of the 2012 Act. The Organisation argued that location and specialist qualification allowances are collectively agreed and part of the basic pay structure for nurses/midwives and consequently, are comprehended by the definition of 'pay' in the Act. The INMO also argued that both allowances are superannuable and continue to be paid to HSE employees when on sick or maternity leave, demonstrating that it is inherently part of the basic pay structure for nurses/midwives.

The Labour Court noted circulars from the departments of Finance, Health, and Public Expenditure and Reform, which deal with the application of pay adjustments and provide that salaries are to be taken to include allowances in the nature of pay. Thus, the Labour Court accepted that basic pay is understood by both employers and trade unions in the public service to include allowances in the nature of pay.

The Court concluded that the allowances at issue in this case come within the definition of basic pay and ordered Nurse on Call to pay this retrospectively to December 5, 2011, the date on which agency workers became entitled to equal pay, or the date they commenced working in the specialist areas, if later.

Lorraine Monaghan, INMO IRO, said: "We are delighted with this Determination as not only have the five claimants succeeded in their claim, it extends far beyond them, as Nurse on Call has now accepted the principle that both location and qualification allowances form part of basic pay. This means that all agency nurses and midwives working in specialist areas will see an increase in their pay."

The specialist qualification allowance is €2,791 per annum (full time) or €1.37 per hour. The location allowance is €1,858 per annum (full time) or €0.91 per hour.

## Senior staff nurse grade success in Kilkenny

A CLAIM for an INMO member to be paid senior staff nurse grade retrospective to November 2007, has been conceded by management at a facility in Kilkenny, following a protracted dispute. The member had documentary proof that management had received the application for the senior staff nurse grade in 2008, but had failed to process it prior to the staffing moratorium in 2009. The member was granted the senior staff nurse grade with effect from July 1, 2013 under Haddington Road, but the INMO stated that the grade should be applied from 2007 in this case. While initially rejected by the HSE, further discussions with local management yielded a successful outcome for this member.

– Liz Curran, INMO IRO

## New deal on accruing hours

INMO members in Beaumont Hospital have voted to accept a new agreement that emerged under the Joint Review Group process regarding the accrual of hours on night duty, under the Haddington Road Agreement (HRA).

The new agreement provides for the following:

- From July 9, 2015, staff will be recorded as working an extra 20 minutes per night duty shift, with breaks reduced from 77 minutes to 57 minutes. Rather than owing three hours under the HRA per week of nights, 39 minutes will be owed. Staff work an average of 10 weeks of nights per year, therefore they will go from owing 30 hours to owing 6.5 hours

- Such time owed will be ring-fenced for continuing professional development (CPD) only
- All banked hours (nights) from February 1, 2015 to the date of this agreement (July 9, 2015) will be written off and no obligation will accrue to staff for this period
- There will be three extra days annual leave (7.8 hours x 3) for rostered nurses in employment on July 9, 2015 spread over the next three years.

INMO IRO Lorraine Monaghan said: "After lengthy negotiations, we are very pleased with this outcome, which will see all nurses in Beaumont Hospital who have a liability to work night duty in a better position."

## Ongoing issues at St Patrick's, Kilkenny

FOLLOWING a series of inspections at St Patrick's Centre, Kilkenny, HIQA identified a number of examples of non-compliance with regulations at the facility. In addition, two units in the service, which provides residential, day and children's services to almost 100 persons with intellectual disability, have been de-registered due to fire safety and structural deficits. The INMO has been meeting with management to monitor developments. The issues have nothing to do with the high level of care provided by staff to residents in St Patrick's, in difficult circumstances. The INMO has been highlighting staffing shortages in the service for the past year, and recruitment of additional RNID nurses and support staff is now underway.

– Liz Curran, INMO IRO



**Standing up for safe care:**

INMO members protesting outside St Patrick's Community Hospital, Carrick-on-Shannon to highlight their concerns about safe patient care arising from totally inadequate staffing levels

## HIQA backs concerns about safety

THE INMO has welcomed a HIQA report highlighting the poor staffing levels at St Patrick's Community Hospital, Carrick-on-Shannon.

The report follows a 97% vote by INMO members at the hospital to campaign for more staff and to draw attention to the inadequate staffing levels. The INMO's ongoing campaign at the hospital is due to the:

- HSE's failure to recruit additional nursing staff
- HSE's failure to recognise the risks to patients as identified by nursing staff
- The reliance on the provision of care by off-duty nurses

• The hospital's reliance on an insufficient number of nurses to deliver appropriate care to patients, with the result that staff have been working late, through breaks and on rostered days off due to unacceptable staffing levels.

As part of its ongoing campaign, INMO members staged a lunchtime protest at the hospital in June to highlight their concerns about safe patient care arising from totally inadequate staffing levels.

The INMO has attempted to get management to address concerns over the past year in order to develop work-

able solutions to ensure the provision of safe quality care to service users. Some staff changed their roster in an attempt to improve the situation but this did not address the staffing shortage.

In addition, for several months the Organisation has been calling for an immediate recruitment initiative specific to this hospital. Nurses at St Patrick's have previously raised concerns about staffing with HIQA inspectors and welcome HIQA directly addressing the issue.

"The situation that currently exists within St Patrick's Hospi-

tal is unsafe and untenable. Our members are challenged, on a daily basis, to deliver safe and effective care to the patients in their charge. They are the frontline staff who go to work every day and, to the best of their ability, try to deliver good quality care and service to their clients," said Maura Hickey, INMO IRO. "The HSE is failing in its duty of care to both the patients and staff in the hospital, as it fails to acknowledge that there is a nurse staffing crisis. There is barely enough staff to feed and activate residents, and to ensure safe medication practices."

## Progress on incremental pay dispute

PROGRESS has been made in the ongoing dispute over incremental payments to staff at St Aidan's Day Care Services, Gorey, Co Wexford, following a conciliation conference at the Labour Relations Commission.

St Aidan's provides services for people with a wide range of disabilities, children with special needs and for the older person.

Further to staff balloting for industrial action to secure the payment of increments to eligible staff for same over the past six years, industrial action commenced in April, involving the withdrawal from clerical duties.

Meetings with management to resolve the issue in April and May proved fruitless, as the HSE at local, regional and national level refused to give St Aidan's any additional mon-

ies to pay the increments due to staff.

The INMO and other unions then obtained a mandate from members to escalate industrial action with effect from June 8. This action involved staff refusing to:

- Collect the respite service charge
- Carry out driving duties unless contractually obliged to do so
- Work additional hours over the maximum hours for their grade.

After management received notice of the escalation, IBEC, on behalf of management, referred the matter to the LRC. The escalation did not proceed pending the outcome of the LRC hearing on June 9, which the HSE also attended.

The LRC proposed the payment of four of the owed

increments over the next 18 months and this was accepted by INMO members.

The first increment was paid on the first pay date in July 2015, and the LRC proposals further provide for the payment of an additional increment to all eligible staff in January, June and December 2016, subject to funding from the HSE.

A further LRC hearing is scheduled for November 2015 to discuss all remaining issues in this dispute.

"This dispute had been ongoing for a number of years, and our members only took industrial action in furtherance of their claim to have their increments paid to them as a last resort. However, our members are pleased that there has been some progress made," said Liz Curran, INMO IRO.

### Regional update

- The INMO met with management of St Patrick's Hospital, Cashel to review the new annual leave policy. The availability of relief/agency staff to provide replacement cover for holiday periods remains a difficulty. The INMO has sought fixed term contracts to cover posts where staff are on long-term sick leave. Management is to advertise further locally to fill upcoming vacancies from a panel.
- Management at South Tipperary General Hospital has agreed to increase the nurse complement in the emergency department to five WTE RGNs. Positions have been advertised locally. The INMO has lodged a claim for an agreed nurse to patient ratio for admitted patients who are awaiting ward accommodation, similar to that secured in other acute facilities through the Labour Relations Commission.

# ICTU to campaign on importance of a publicly-funded health service

AN INMO motion calling for the ICTU to campaign for a properly-funded, universal health system as a social good for Irish society was unanimously adopted by the ICTU at its biennial conference.

In proposing the motion INMO president Claire Mahon detailed the recent years of serious underfunding of the health service, and the detrimental impact this has had on the ability of the service to properly, and safely, meet the demands placed on it.

Ms Mahon also pointed out that our health service now faces a severe shortage of nurses, midwives and other health professionals, which will require attractive pay



*INMO president Claire Mahon addressed the ICTU biennial conference on the detrimental impact the years of serious underfunding has had on the Irish public health service*

and conditions if it is to be addressed.

Following the adoption of the motion it now becomes ICTU policy, as part of the agenda for Congress, particu-

larly leading up to the general election in 2016.

Acceptance of the INMO motion confirms that Congress will now begin a public awareness campaign on the maintenance of a public health service funded through a progressive equitable taxation system.

The conference advised that the incoming Executive Council will pursue the following:

- The commencement of a nationwide, sustained, public awareness campaign explaining the social good for society that will result from the availability of a world class, single-tiered accessible public health service
- A sustained engagement,

with all political parties, to end the race towards privatisation/outsourcing, in our health system, particularly in care of the elderly and primary care services

- Policies from all political parties ahead of the forthcoming general election that will support the introduction of this world class public health service funded through a progressive equitable taxation system
- The required investment in our health system to allow it to produce the required number of educated health staff, with pay and conditions reflecting their expertise, to ensure the manpower demands into the future can be met.

## Progress in staffing of Wexford maternity dept

A DISPUTE over staffing levels in Wexford General Hospital's maternity department was back in the Labour Relations Commission in May. At the hearing, management advised they had provided an additional two whole time equivalent midwives and one extra healthcare assistant to the department. However, the INMO said this was to facilitate the labour ward being split over two separate areas.

Management further claimed an additional 8.6 WTE staff midwife posts had been secured for the service. However, on examination of the figures, the INMO said that, for a variety of reasons, the net increase in actual midwives on the ground was just one WTE. In addition, the INMO said that, when retirements and resignations in the six months from November 2014 was taken into account, there was actually a net reduction

of 2.5 WTE staff midwives. Management also advised that they had sought approval for an additional 13 WTE staff midwife posts, which were subsequently approved by the Group CEO, and recruitment was now underway.

AS well as requesting a full breakdown of the staffing profile for the department for November 2014 and May 2015 for comparison purposes, the INMO sought:

- More midwives on the ground to ensure a 1:29.5 births ratio, as per Birth-Rate Plus
- Appointment of a 24/7 ward clerk for the labour ward
- An additional 24/7 HCA for the labour ward
- Multidisciplinary team (MPDC) input for the department
- CMS post in breast/lactation
- CMS post in bereavement and HSE-sponsored training in bereavement for all midwives
- 24/7 shift leaders for the

maternity department (as per Galway Report)

- CMM2 post in labour ward to be filled permanently
- Additional 1.6 WTE posts for the special care baby unit.

A reconvened LRC hearing took place in July at which management confirmed that business cases for the following posts had been submitted:

- Assistant director of nursing post x 1
- An additional 13 WTE staff midwife posts (approved by Group CEO, awaiting processing by HSE to NRS)
- Shift leaders x 4 posts
- Skills facilitator post at CMM2 grade (this is the MPDC input requested by the INMO, and the INMO also advised that grading should be CMM3 and not CMM2. This was agreed at LRC)
- Lactating consultation post – the INMO has sought clarity on the grading of this post
- Bereavement consultation

post – clarity on grading of this post also sought. (Management also conceded the INMO claim that all midwifery staff be trained by the HSE in bereavement)

- An additional 3.15 WTE staff midwife posts to re-instate the DOMINO service
- Ward clerk x 22 hours per week has commenced in the department since last LRC.

"Significant progress has been made in this long-running dispute, given the number of business cases submitted by management for approval for the wide range of posts identified as needed by the INMO. However, the real test will be whether, and when, these additional posts are actually realised in the maternity department," said Liz Curran, INMO IRO.

A further LRC hearing is scheduled for September 14, at the request of INMO, to monitor progress.

## Regional update

**No agreement on Limerick uniform**

• The INMO is awaiting discussions with the University Hospital Group Limerick on management proposals to introduce a standard uniform for all staff. The INMO has written on several occasions in the past 12 months seeking engagement on this issue. Members are advised not to make any arrangements to purchase new uniforms until such time as consultation has concluded and members are given the opportunity to vote on any proposed agreement.

**Staffing of services for older people in Co Clare**

• Further to a ballot in three services for older people in Co Clare, the INMO has secured the recruitment of eight additional nurses in two of the three sites. Four permanent nurses are being recruited to fill vacant positions in Regina House, Kilrush. In Raheen Community Hospital, Scarriff two permanent and two temporary (12 month) contracts are in a recruitment process to address significant gaps in the nursing roster. A further ballot in St Joseph's Hospital, Ennis secured a 95% majority for industrial action to address ongoing staffing, bed capacity and roster issues at this location. A further meeting with the HSE to progress resolution is awaited.

**Non-implementation of 39-hour roster**

• The INMO has arranged to meet with the Brothers of Charity management in mid September regarding reports of non-implementation of the agreement on a 39-hour roster for nurses arising from the Haddington Road Agreement.

– Mary Fogarty,  
INMO IRO

# Ombudsman rules HSE wrongly applied injury grant

A COMPLAINT of maladministration of the superannuation scheme brought against the HSE by the INMO on behalf of a nurse who was injured at work has been upheld.

The INMO claimed that the HSE should apply the injury grant based on a 100% degree of impairment while the nurse was temporarily disabled, as a result of the injury, and disallowed from returning to work until deemed fit. This allows for an injury grant of five-sixths of salary, inclusive of premia earnings to be paid. Instead however, the HSE sought to apply only 33% degree of impairment effectively cutting the payment by two-thirds.

The INMO case was based on Article 109 of the superannuation scheme, which provides for an allowance to be paid when an injury is incurred by an employee in

the actual discharge of duty, without fault, and the injury is attributable to that duty.

In this instance, the injury grant was incorrectly applied by the HSE so the INMO complained that the HSE had maladministered the entitlement of the nurse by applying incorrect criteria, related to permanent infirmity instead of temporary infirmity. This action by the HSE contradicted the intent of Article 109 and resulted in the nurse not receiving her correct entitlements.

Ombudsman Paul Kenny said it was obvious that the use of the new criteria could not logically be applied to someone whose impairment was not permanent. He went on to state that the nurse concerned was previously the recipient of an injury grant that was correctly calculated,

but these terms had been departed from in relation to the present injury.

Mr Kenny said the problem with a person who is temporarily incapacitated and out of work is that their capability to contribute to their own support "was completely impaired", that is 100%.

Mary Fogarty, INMO IRO, welcomed the determination as it upholds the entitlement of all HSE employees who are injured at work, deemed unfit to return to work and are consequently 100% impaired, from financially supporting themselves. The case is highly significant particularly in light of the changes in the HSE sick pay scheme and the often hazardous workplaces which lead to many injuries.

The HSE is appealing the determination to the High Court.

## Viability of Listowel unit in question

THE viability of Listowel Community Hospital is being called into question due to the continuing staffing crisis at the hospital.

Over the past seven years, the hospital has experienced major decreases in staffing hours, with a total of 1,068 nursing hours per week in 2008 compared to just 563.5 hours per week in June 2015.

This significant drop in hours is due to the failure of the HSE to replace staff who have retired, or who have had to reduce their hours for health reasons.

The current nursing hours are set to reduce further in the near future as more nurses working in the hospital are resigning due to the work-

ing environment there.

According to Michael Dineen, INMO IRO, the reduction in staff is directly attributable to the failed policies of the HSE which places greater emphasis on the cost of care in facilities for older people as opposed to the care needs of the patients.

"The HSE stands indicted for the unacceptable staffing situation that exists within Listowel Community Hospital. There is a direct correlation between the HSE policy of driving down the cost of care through the non-replacement of staff and the situation that prevails within the hospital. The consequence of this is that the remaining staff are demoralised and challenged

on a daily basis to deliver safe and effective care to the patients in their charge," Mr Dineen said.

"The INMO is concerned that the already inappropriate staffing levels within the hospital will reduce further in the coming weeks due to resignations and retirements. Regrettably, the situation within Listowel is not unique and is being replicated in other care of the elderly facilities. There is an urgent need for an immediate recruitment campaign, coupled with a progressive workforce planning regime that will ensure appropriate staffing is available within the hospital, not alone in the short term but into the future."

# Spotlight on Operating Department Nurses Section

The ODN Section, in existence for almost half a century, represents a vibrant and passionate group of specialist nurses (890 members). All perioperative nurses are welcome and encouraged to join.

We believe in providing a holistic approach for patients on their perioperative journey, based on the core and essential principles of nursing combined with further education. Networking, education and support for one another is our aim. Reversal of the effects of the moratorium on recruitment, respect for the unique expertise we provide and retention in this area is paramount for provision of safe and dignified patient care.

Four section meetings are held annually, two in Dublin (one in INMO HQ -teleconferencing facilities) and two nationwide. The annual ODN conference is a fantastic opportunity for all perioperative nurses.

Our representatives in the European Operating Room Nurses Association (EORNA), Caroline Higgins (president), Liz Waters and Sandra Morton (board members), are all highly regarded within EORNA, as are those who preceded them. Projects undertaken include a recent publication on position statements and guidelines.

## Section Officers

Chairperson



Audrey Al-Kaisy  
aalkaisy@eircom.net

Secretary



Teresa Herity  
got4@mater.ie

Vice chairperson



Allison O'Connell  
oconnell.ali@gmail.com

Education officer



Monica Griffin  
magriffin@stjames.ie

## Affiliation Form for INMO Section Membership

Name: \_\_\_\_\_

INMO membership No: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel (work): \_\_\_\_\_

Tel (home/mobile): \_\_\_\_\_

Email: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Job title: \_\_\_\_\_

Second section option (to obtain information only):

\_\_\_\_\_

**Forward completed form to:**

Mary Cradden, membership services officer,  
INMO, Whitworth Building, North Brunswick St, Dublin 7

### Tick ONE relevant Section you wish to affiliate with

- |   |   |
|---|---|
| <input type="checkbox"/> Assistant Directors of Nursing/<br>Public Health Nursing/<br>Night Superintendents | <input type="checkbox"/> National Children's Nurses                     |
| <input type="checkbox"/> Care of the Older Person   | <input type="checkbox"/> National Rehabilitation Nurses                 |
| <input type="checkbox"/> Clinical Placement<br>Co-ordinators  | <input type="checkbox"/> Nurse/Midwife Education                        |
| <input type="checkbox"/> CNM/CMM  | <input type="checkbox"/> Occupational Health                            |
| <input type="checkbox"/> CNS/CMS  | <input type="checkbox"/> Operating Department                           |
| <input type="checkbox"/> Community RGN Nurses   | <input type="checkbox"/> Orthopaedic                                    |
| <input type="checkbox"/> Directors of Nursing/<br>Public Health Nursing                                     | <input type="checkbox"/> PHN  |
| <input type="checkbox"/> Emergency Nurses   | <input type="checkbox"/> Retired Nurses                                 |
| <input type="checkbox"/> GP Practice Nurses   | <input type="checkbox"/> RNID   |
| <input type="checkbox"/> International Nurses   | <input type="checkbox"/> School Nurses                                  |
| <input type="checkbox"/> Interventional Radiology<br>Nurses   | <input type="checkbox"/> Student Allocation Liaison<br>Officers Network |
| <input type="checkbox"/> Midwives   | <input type="checkbox"/> Student Nurses                                 |
|   | <input type="checkbox"/> Telephone Triage Nurses                        |
|   | <input type="checkbox"/> Third Level Student Health<br>Nurses           |

# Resurgence of third-level nurse section

THE past year saw a new focus and resurgence of the Third Level Student Health Nurses Section. The Section aims to support nurses employed in third-level educational institutions and ensure the delivery of best practice to promote and advance student health.

The Section also promotes agreed professional standards of nursing practice in accordance with the guidelines set down by the Nursing and Midwifery Board of Ireland.

The Section is a source of

expertise on nursing practice in areas of student health and facilitates continuing education and professional development, which is an invaluable support network for those employed in the area of student health.

As the academic year concluded, the members of the Third Level Student Health Nurses Section came together on Saturday, June 6 at INMO HQ in Dublin for a day of reflection, learning and peer review. The gathering opened with a lively icebreaker where mem-

bers contributed items to a 'survival kit for nurses'. Items represented personal and clinical lifesavers, which members found indispensable for daily survival. This fun and interactive session allowed for reciprocal learning as well as encouraging members to share valuable suggestions and advice that could be adopted by others.

A peer learning workshop was facilitated, which allowed for reflection on practice through shared mutual experiences and resulted in broadening of

perspectives, and relationship building. The session concluded with a group feedback forum that identified common trends and issues in current practice. The official Section meeting was held after lunch.

The Third Level Student Health Nurses will next meet over two days on November 13-14 at INMO HQ, Dublin.

Nurses working in student health are encouraged to affiliate to the Section by contacting Jean Carroll at email: [jean@inmo.ie](mailto:jean@inmo.ie)

## Update from the GP Practice Nurses Section

THE GP Practice Nurses Section met on May 23 at INMO HQ in Dublin. Michelle Russell gave a very informative workshop on preparing GP Practice for HIQA inspection to the 42 attendees. Arising from this workshop, the Section has written to the NMBI to find out how changes or updates to protocols are disseminated to its members.

Committee members are working with Phil Ni Sheaghda to highlight to Minister Varadkar the concern relating to five vacant PDC posts around the country. The vacancies are emphasised when considering the new under sixes' GP contract where additional training may be required to fulfil the terms of the contract. Also, practice nurses would like to see a move towards attaining the same terms and conditions of employment as HSE staff.

The majority of those who attended the workshop were in favour of organising a section conference next year.

We request that all section members should email: [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie) if:

- You are not receiving details of section meetings/workshops to make sure you are

registered with the section

- You have any ideas or contribution to make to meetings/the conference.

An eSurvey to assist the Department of Health to establish where further training is required, and also to highlight where some practice nurses are working at CNS/ ANP level will be available online very soon. Please take the time to fill it out when it goes live as feedback is vital.

Margaret O'Connor, committee member, would like to thank everyone who attended the meeting and supported Enable Ireland by contributing towards her Ring of Kerry cycle in July. Congratulations to Margaret, her husband Tadgh and son Donnacha who crossed the line after 180km, raising €700 – a fantastic achievement.

An educational workshop will be held on September 19, 2015 on how to incorporate procedures and guidelines into computer packages, eg. Health One, GPmac, Socrates etc. This is a very practical way to use best/safe practice on a daily basis for routine procedures and protocols. We hope to see you there.

## Clinical placement coordinators meet in HQ

IN JUNE a meeting took place at INMO HQ as part of the reactivation of the Clinical Placement Co-ordinator (CPC) INMO Section. The meeting was very well attended with colleagues also availing of teleconferencing facilities. Topics discussed were both current and varied in nature.

The group were afforded the opportunity of a question and answer session which was kindly hosted by Edward Mathews, INMO director of regulation and social policy, who relayed advice in relation to the CPC role in record keeping and documentation

pertaining to both student and preceptor.

It is hoped to hold CPC Section meetings on a regular basis as all present agreed current and future dynamic changes in healthcare require a collegial approach to collective support and on going learning. To this end the next proposed meeting will be held on October 22, 2015 at INMO HQ. It hoped to have some time toward the end of the meeting to have a short meeting with members of the Section for the allocation officers.

Email: [Jean.Carroll@inmo.ie](mailto:Jean.Carroll@inmo.ie) for further details.

## Retired Section goes to Longford

THE first stop in Longford was a tour of the refurbished St Mel's Cathedral. Fr Tom Murray told us that the 2009 fire destroyed the ceiling, which collapsed onto the floor, which in turn collapsed down to the crypt. All that remained internally were the two Harry Clarke stained glass windows, the 19th century Italian painting of the Holy Family and three statues including one of St Mel. A new Italian Ruffatti Organ has been

installed as well as an alter and baptismal font, both made from Carrara marble. The stunning silver tabernacle and stainless steel pascal candle holder were created by Imogen Stuart.

We also visited the Royal Canal at Richmond Harbour in Clondra, the Stone Mill and the Church of St Brendan built in 1835.

We are now looking forward to our trip to Krakow. Places are still available. Contact Peter in the Travel Department.

# OHN Section conference hits high notes

## Meeting focuses on common conditions and trends in the workplace

THE INMO national OHN section conference was held in Maryborough House Hotel, Cork, on May 20, 2015. The conference was attended by a large number of Occupational Health Nurses from across Ireland representing the public and private sectors.

Claire Mahon, INMO president, opened the conference with a welcome address to all the members stressing the importance of the role of the occupational health nurse within Organisations.

Anne-Marie Graham, national chairperson chaired the morning session and welcomed the following speakers:

Helena Farrell, diabetes nurse consultant, who presented the 'Latest development of diabetes management and patient-centred approach'. Areas of special interest addressed were, the impact of intensive therapy for diabetes, glycaemic targets, new technology in blood glucose monitoring, newer Type 2 therapies, medical fitness to drive guidelines and its impact for employees in the workplace.

Dr Deirdre Gleeson, specialist in occupational medicine, presented 'The management of psychosocial Issues, and returning to work'. She discussed tackling psychosocial barriers using a multidisciplinary approach to case management to reduce absences and emphasising the long-term benefits to employees. Other areas covered were CBT, consequences

of being off work, stressing how worklessness is bad for health, and using the flag system to help determine the physical and psychosocial issues and barriers for employees returning to the workplace.

In summary, she said that being familiar with the biopsychosocial model of illness helps occupational health professionals understand and manage absence that influences health and illness behaviour in the workplace.

Una Feeney, Federation of Occupational Health Nurses within the European Union, (FOHNEU) representative chaired the keynote session, presented to Dr David Roomes, chief medical officer, Rolls Royce, UK. Dr Roomes presentation was 'Healthy high performance – Embedding resilience and wellbeing in a large organisation'.

Dr Roomes explored why resilience is more important than ever for organisations to cultivate and why it should be cultivated, not just at the senior leadership level, but at all levels within an organisation. Resilience and wellbeing requires a strategic approach within organisations so that the concepts and the vocabulary become embedded within the culture. The key factor is a work environment that energises employees by promoting their physical, emotional, and social wellbeing.

He said that it was also



*Pictured at the OHN Section conference were:(L-r): Margaret Morrissey, OHN Committee; Anne Marie Graham, OHN Committee; Deirdre Gleeson, speaker; Claire Mahon, INMO president; and Una Feeney, OHN Committee*

important to teach employees how to recognise and manage their stress responses. This may come in the form of offering psychological skills training and training in stress management techniques thus helping to build their resilience for life.

Some points to remember were:

- Take control of the situation and don't be the victim
- Build strong relationships both in the workplace and outside the workplace
- Always be positive, research shows people with positive mindset do better in life than those that have a negative mindset.

The afternoon session was chaired by Margaret Morrissey, FOHNEU representative. Dr Vicky Hogan, lecturer occupational health and health promotion, National University of Ireland, Galway, presented on 'Workplace health promotion: Priorities in the changing work

environment'. She discussed occupational trends, work time/contracts, work organisation, information technology, changes in the workforce and today's workplace etc. Based on these areas Dr Hogan discussed the importance of identifying workplace health protection and promotion priorities using a holistic approach to 'total worker health'.

The final speaker of the day was Dr Tony Foley, who presented on dermatology and common skin conditions under the title of 'Rash decisions'. He gave an excellent overview on common skin conditions and skin malignancies, importance of examination and history taking, diagnosis, management and the up-to-date treatment of these conditions.

On behalf of the OHN section we would like to thank all our excellent speakers for wonderful presentations and also our exhibitors on the day.

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## Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghda



### Query from member

As a member of the HSE is there a facility that would allow me to SWAP my role for an identical one in the health service?

### Reply

Thank you for your query. Yes, the INMO, along with the other health service unions, has negotiated a policy with the HSE on this. This facility will allow an employee to arrange a job swap with an employee of the same grade employed in a different location of the HSE, thereby enabling both employees to change to their desired locations.

This SWAP facility does not supersede the current redeployment arrangements as provided for under the Public Service Agreement 2010-2014 or restrict a line manager's ability to reassign staff in line with service needs. The policy states: This SWAP facility is applicable to all HSE employees who:

- Hold a permanent contract of employment, including a contract of indefinite duration, with the HSE and have

successfully completed their probation period at entry grade

- Possess the necessary qualifications for the post they wish to SWAP to
- Candidates must take up their post within four weeks of the agreed SWAP agreement in line with circular 001/2015
- Employees who wish to participate in a SWAP must fill out an application form which can be downloaded from the HSE Website at: [www.hse.ie](http://www.hse.ie) and submit to NPRS.

However, this facility is as an interim arrangement and it is proposed to be reviewed in six months from implementation, and the policy requires management consent prior to the swap proceeding.

This SWAP policy is not to be confused with the transfer panel recently negotiated for the PHN grade. The transfer policy is specific to filling vacant posts arising in the grade of PHN. The SWAP policy does not deal with vacant posts, essentially it is where two employees in the same grade/job swap location with the consent of their employers.

I hope this answers your query but should you need any further clarification on this, please contact your industrial relations officer.

### Query from member

As an INMO member, I have signed up for the income protection scheme. However, if I suspend my INMO membership, will my cover under the scheme be compromised?

### Reply

Thank you for your query. We have been advised by Cornmarket, the insurance firm that administers the income protection scheme, that membership of the INMO Salary Protection Scheme is absolutely contingent upon the individual remaining in membership of the INMO. Therefore, if a member suspends their membership, or resigns from mem-

bership, then their eligibility for membership of the Salary Protection Scheme is gone.

With regard to those who are members of the Salary Protection Scheme and are thinking of temporarily suspending their membership of the INMO when on maternity leave, please be advised that membership of the scheme, will cease if they suspend their membership. Furthermore, should they seek to re-join the scheme, following re-joining the Organisation after the maternity leave, they may be liable to meet revised entry requirements. Most importantly, if there are any difficulties during the maternity leave, which lead to sick leave, then they will not be entitled to make a claim under the INMO Salary Protection Scheme.

Should you have any further queries regarding the Salary Protection Scheme, please contact the INMO membership office at Tel: 01 6640612/57.

# You can have a voice

Mary Rose Carroll, pictured recently in INMO HQ



## INMO IRO, Mary Rose Carroll, believes the trade union movement both empowers and supports its members. Interview by Alison Moore

MARY Rose Carroll, the INMO's new industrial relations officer for the south, brings to the organisation an enviable mix of experience that puts her in prime position to advocate for those seeking assistance.

An RGN of more than 30 years' experience, 20 of it at senior management level, and a stalwart trade unionist, she is passionate about the benefit of organising workers to stand together to have their voices heard.

"I'm a life-long trade unionist and have been involved with the INMO since my student days and over the years I have been active at hospital and branch level and have served on the Executive Council. I fundamentally believe that empowering and encouraging staff to be involved at all levels of the workplace enables them to contribute in a meaningful way. I suppose that is one of the reasons that I took up this job; to encourage nurses and midwives, with the support of the INMO to become more active and to have a say in the workplace."

Having a full and varied workload is not unusual for Mary Rose as she explained.

"I've come up through the ranks. I have held various staff nurse, CNM2, CNM3 and divisional nurse manager positions. My most recent position was deputy director of nursing at Our Lady's Children's Hospital, Crumlin where, in addition to my role as deputy director I managed the operating theatre division, daycare, radiology, cardiac cath and infection control service.

"I think that I am in a really fortunate position in that in my early career, before I took up a management position, I was involved in the trade union movement and

a lot of the skills that I learned from being a union rep and being involved at branch level I was able to transfer and bring into my management roles. I think the same is true now. I have had huge experience across a variety of posts and I am used to negotiating at a high level. So I am bringing all of those skills to the trade union side of the table now," she said.

In her earlier career, Mary Rose, a Dublin native, trained as a nurse in the Mater Hospital in Dublin and went on to complete a theatre course there some years later. She worked for a time in the UK's Shetland Islands and then in St James's Hospital, Merlin Park Hospital in Galway, and St John's Hospital, Limerick before her eventual move to Crumlin.

She has also served as a lay member of the Medical Council, a role to which she was appointed by the then Health Minister Micheál Martin in 2005. Within this role Mary Rose sat on General Council, Fitness to Practise and Ethics Committees. This gave her extensive experience in undertaking investigations and analysis in various healthcare settings while ensuring fair procedures were followed.

She will be representing INMO members across the South, covering Youghal, Clonakilty, Skibbereen, Bantry, HSE Cork city and out to Castletownbere.

According to Mary Rose, the main concerns of members at the moment are patient safety, risk and the ability to provide the appropriate standards of care due to poor skillmix and inadequate resources.

"Many of the members I meet on the ground are really at the end of their tether. They are in despair, they are not sleeping and they are dreading coming

to work because they are not in the position to provide the appropriate level of care for their patients due to inadequate resources.

"They are doing their best to prioritise essential care. Members are concerned about their patients, their clinical practice, their registration and their reputation. The challenges include the number of unfilled vacancies, poor skill mix and promotional posts remaining unfilled, a result of which is that staff have very little management support on the ground," she added.

Mary Rose believes that to support nurses and midwives there needs to be an increase in education, training and continuing professional development, to enable them to provide safe, effective care for their patients.

Looking forward, as well as building on the "excellent work" of her predecessor Patsy Doyle, Mary Rose would like to see membership of the INMO grow in her region.

"Recruitment is a priority. I have come across many nurses and midwives in the workplace who have no union protection leaving them very exposed and without professional indemnity. Trade unionism is about empowerment and I want to support members in having an influence in their workplace.

"When we stand together and speak with one voice we have the ability to influence how we work and how patient care is delivered. I believe the tide is turning, there is an acute shortage of nurses and midwives and both professions must grasp this opportunity to move forward together and regain lost ground," she said.

We wish her the best of luck in her role.

# Introducing Executive Council members



## Eileen Kelly

Registered general nurse/  
secretary, Roscommon Branch

In 1995, I qualified as a registered general nurse from Beaumont Hospital. In 2001, I became a local rep at the Sacred Heart Hospital, Roscommon, and later became secretary of

the Roscommon Branch, where I still hold this position. I was elected to the Executive Council in 2012 and I was re-elected for a second term in 2014. I have consistently fought for the entitlements of all colleagues who have needed support. I have organised and attended many events and have spoken out at local and national level on issues relevant to nurses/midwives and the health service.

The downturn in the economy has caused enduring hardship for nurses and midwives, on both a personal and financial level. I am heartened that the moratorium has been lifted, but

major investment is urgently required to reverse the cuts and restore the nursing and midwifery professions. Despite all the reports and empirical evidence, staffing levels in every area continue to be dangerously low. Members are burnt out working in unsafe environments. I continue to campaign on these issues. I also sit on the social policy committee of the Executive Council, which looks at issues pertaining to nursing regulation and social issues. The committee also works on topics such as human rights and social justice, etc.

Email: [elliekelly@eircom.net](mailto:elliekelly@eircom.net)



## Eileen Lawrence

Rep Dublin South-West/Kildare  
West Wicklow region/chairperson  
Athy/Baltinglass Branch

I currently work as a full-time released rep in the Dublin South West, Kildare/West Wicklow region. I am chairperson of the Athy/Baltinglass, west Wicklow Branch and a member of the Executive Council since 2010.

In my role as rep I support all nursing and midwifery colleagues at local

workplace level and at a national level. I am acutely aware of the difficult and challenging times in which nurses and midwives work and the first hand concerns of all members. My priorities are:

- To continue to work with nurses and midwives on the ground, assisting them in highlighting difficulties and patient safety concerns in the workplace to their employer
- To highlight staffing shortages experienced daily by nurses and midwives, and the negative effects these have on staff morale, nurse practice safety and job satisfaction.
- To campaign for our student nurses and midwives and new graduates, to keep them in this country and reward them accordingly

- To promote the overall health and wellbeing of all nurses and midwives. The health services are in a constant state of change, nurses and midwives working within our hospitals and in the community need to be organised and represented. I believe our strength is in this unity. We need to foster and develop this, as without the nursing and midwifery workforce the health services would collapse
- To build the strength of the Organisation and our continued capacity to act on behalf of all nurses and midwives relying on us to remain strong and united. We must get our nurse and midwife patient ratios correct and have them implemented.

Email: [lawrencee@eircom.net](mailto:lawrencee@eircom.net)



## Mary Leahy

Public health nurse, Galway  
Community Services/chairperson  
Galway Branch

I became, and continue to be, an outspoken rep and INMO activist since my student midwifery days motivated by evidence of unfair and inequitable treatment of our professions within the healthcare system.

I have been a strong activist on

numerous local and national issues, organising and attending local and national gatherings. I will continue to highlight, question and challenge situations, practice and policies that do not hold at their centre our welfare, entitlements and core professional values

As Ireland now struggles to recruit nurses and midwives in a global competitive market, we must focus on our aims and objectives, our power and our influence. I wish to impact one clear message in this short piece; all nurses and midwives have significant power and influence. Recognising and utilising that power is the challenge. There is no better example of our collective power than our recent success

with regard to NMBI's attempt to increase our retention fee. This was hard won by activists and members of the INMO as we showed unity and strong leadership through the use of our influence, power, strength and activism. Strength is brought about by unity and both are to be found by standing together and showing a united front. Question everything, locate your rep, become reps and activists, stand together as unity is strength. Never underestimate the power of our professions, as the largest health professional lobby group in the State, to be the greatest influencer in healthcare and the greatest drivers of our professions.

Email: [maryleahy.galway@gmail.com](mailto:maryleahy.galway@gmail.com)

# New Irish fellow for the American Academy of Nursing

The American Academy of Nursing, which provides nurses with an opportunity to contribute to health system reform, welcomes UCD's Martin McNamara

THE American Academy of Nursing announced in June that Dr Martin McNamara, dean of nursing and head of the UCD School of Nursing, Midwifery and Health Systems, has been selected as one of 163 new fellows from across the world to be inducted at its annual conference in Washington DC in October. Fellows of the Academy are distributed across the US and 24 other countries, forming an influential international network of clinicians, researchers, policy leaders, executives and educators committed to realising the Academy's vision of transforming health policy and practice through nursing knowledge.

The selection criteria for new fellows of the Academy include evidence of significant contributions to nursing and healthcare, and sponsorship by two current Academy fellows.

Speaking of the fellowship, Dr McNamara said: "It is a real honour for me to have been selected as a fellow of the Academy and I am immensely grateful to my colleague deans in the US who encouraged me to apply and sponsored my application.

"To a large extent, the honour is a testament to the esteem in which Irish nursing is held because the opportunity first arose from my sponsors' experience of the quality of Irish nursing education, leadership and practice through their engagement with UCD and our health service partners, and their admiration of the significant progress the profession in Ireland has made in recent years," he added.

Dr McNamara encourages other Irish nurses to apply, stating: "I believe I am currently the only fellow based in Ireland and I would encourage and support others in leadership positions in nursing to consider applying. Fellowship of the Academy provides a much-needed global network and opportunities to share experiences and to contribute to and engage in ini-



atives that can inform our thinking as we seek to further strengthen nurses' contribution to health system reform in ways that are consistent with nursing values of professionalism, respect, compassion, partnership and empowerment. We have much to learn from how nurse leaders in other countries have dealt with the common challenges nursing faces and we have a great deal to contribute from our own experience."

"The Academy promotes the distinctiveness of the nursing contribution to patient and population health outcomes and acknowledges the role played by nurse leaders from all sectors. It promotes a genuine collaborative network based on the belief that nursing's potential is best realised if nurses work together with a unity of purpose, articulate our collective contribution to health systems and

promote this in interdisciplinary and international contexts at every opportunity," Dr McNamara said.

"In its advocacy work and network building, the Academy shares many of the same aims of organisations such as the INMO and the International Council of Nurses, that are committed to advancing nursing, nurses and health through policy making, partnerships, advocacy, leadership development, networking, congresses and special initiatives. Indeed, I was struck by the fact that two colleagues from the ICN-Burdett Global Nurse Leadership Institute that I attended in 2012 were also among this year's new fellows and I am looking forward to connecting with them again in October along with colleagues from UCD's many partner schools in the US," added Dr McNamara.



# Leadership in healthcare

Martin McNamara talks to Simon Western about different approaches to leadership and their relevance in a healthcare setting

IN THIS interview, Simon Western, founder and director of Analytic-Network Coaching, talks about his thinking on leadership, the four leadership discourses identified in his book, *Leadership: A Critical Text* and how these discourses can be applied to healthcare.

**M:** *Simon, how have your own career and early experience in nursing and healthcare shaped your thinking on leadership?*

**S:** Great question! When experiential learning informs theory it grounds and enriches it. My unusually diverse career provides the foundations for all my leadership thinking. Beginning in a factory at 17, then to general and psychiatric nursing, psychotherapy and family therapy, clinical management, academia, executive education in business schools, strategic consultancy and executive coaching to international leaders in banks and CEOs in the health and education sector, my journey has taught me that leadership is often not where we imagine it to be. Leadership is often discussed as if it belongs to a charismatic individual or a powerful person at the top of a hierarchy, yet leadership is much more than this, it is a collective phenomena and it is enacted informally in unexpected places. It can surprise us if we



learn to look for it in different spaces.

Most leadership focuses on a leader's ideas or influencing power but we should also pay attention to the body, mind, group, organisation and wider social context. We then will see leadership differently; eg. where is the thought leadership we need? Whose bodies are represented and whose are ignored (diversity questions)? How can we engage the whole team to contribute and not rely on one dominant voice? How can we distribute leadership? What social changes and technologies are demanding a change of leadership direction?

Nursing provided me with a unique formation process that has given me insights and experience that others don't have;

ie. the existential reality of working with life and death, with the vulnerable and resilient body/mind and in teams that work together in extreme circumstances. On the flip side, I left nursing because I became frustrated by my experience of NHS leadership, which I experienced as squashing innovation and offering out-dated models that are not fit-for-purpose in 21st century organisations. I left to explore how leadership was done in the best companies in the world. I am still on that journey of discovery today.

**M:** *How did you become interested in the practice, theory and development of leadership?*

**S:** I was passionate about helping the vulnerable young people I worked with in Liverpool as a family therapist and became frustrated by the lack of 'systemic' leadership that was needed to work across social work, health and education. I was so shocked by the resistance to change when we tried to innovate that I decided to leave and discover better ways of leading.

**M:** *In your book Leadership: A Critical Text, you identify four main approaches to leadership over the past century. What are these and how do you think they are relevant to healthcare?*

**S:** My research found that four discourses have dominated leadership: the controller, the therapist, the messiah and eco-leadership.

Controller leadership emerged through the industrialisation process. Leaders controlled workers by applying scientific rationality to drive efficiency and growth. Therapist leadership emerged after the 1960s, reflecting therapy culture in the workplace; this focus was on motivating individuals and improving team performance. Messiah leadership appeared in the early 1980s in response to an economic downturn in the west. The focus was on charismatic leaders with a compelling vision transforming organisations and creating strong, conformist cultures. Finally, the eco-leadership discourse emerged at the turn of the 21st century, recognising the need for networks of connectivity within organisations, breaking down old silo cultures and paying attention to the interdependencies of wider society and the natural environment.

The relevance for healthcare is that most leaderships operate in the controller discourse; setting targets, controlling through regulation and aiming to maximise efficiencies by using industrial ideas and processes. This is done with the best intentions yet it results in a disempowered workforce, a focus on numbers not people and inefficiencies through organising care around supply rather than demand. The question needs to change from how can we organise healthcare more productively and efficiently to how can we re-imagine healthcare for the 21st century? This demands the bigger picture thinking of eco-leadership.

**M:** *What are the underlying principles and qualities that define eco-leadership?*

**S:** The four qualities of eco-leadership are: connectivity and interdependence, systemic ethics, leadership spirit and organisational belonging. Eco-leadership recognises the need for political, organisational and social change. Eco-leaders think in terms of eco-systems and networks, they create adaptive organisations by distributing leadership and connecting people within and across organisations. To provide effective leadership today we have to recognise that the organisational eco-systems we inhabit are made up of nature, society and technology.

**M:** *How would I know an eco-leader if I encountered one?*

**S:** Successful eco-leaders embody generous and generative leadership. They

recognise that by giving, you gain much more. Creating spaces for others to lead, they appreciate that leadership is a collective effort. They connect others in the network, allowing creativity to blossom. They think spatially to see patterns and connections and to create a network of distributed leaders. So when you meet an eco-leader, you know it because they change the conversation in ways that reveal a completely different and refreshing way of thinking.

**M:** *What might a health system led by eco-leaders look like?*

**S:** A health eco-system led by eco-leaders no longer has a pyramidal organisational structure but rather it looks like a network, with nodal points of power and influence. The eco-leader's aim is to liberate talent and break the chains of the dependency culture that has dominated healthcare. What is radical in this process is that patients and families are treated as mutual citizens, they are no longer passive recipients of care from experts but bring their own expertise to the collaborative process of health and wellbeing.

**M:** *Are there examples of the application of eco-leadership in healthcare?*

**S:** Two come to mind, the first is in the UK where our focus has been to deliver 'mutual-networked care' in a primary care setting. We aim to implement an eco-leadership approach and have won 'vanguard' site status and funding from NHS England to lead progressive care across the UK. Oxford University wants to research this work. The second is the hospice case study of eco-leadership described in my book.

The vision is to turn the hospice 'inside out' to deliver a social model of hospice care that engages family, friends, neighbours, local charities, professionals and volunteers. The aim is to transform the current idea of a hospice from being a building to the idea that a hospice should 'mobilise hospitality to the dying and their relatives in the community.'

To achieve this vision meant restructuring the hospice, rethinking its funding strategy, and educating professionals in the eco-system we were engaging in. In both these cases the change is ongoing, at times very tough and it always meets resistance.

**M:** *Finally, what is the biggest challenge facing healthcare leaders today?*

**S:** Shifting mindsets from the machine metaphor to the eco-system metaphor and letting go of everything we have been doing for the past 50 years. This means



Simon Western, CEO of  
Analytic-Network Coaching

not over-relying on numbers and targets that often measure the wrong thing, distort care and limit adaptive working. It also means embracing the network society, allowing leadership to flourish and not being afraid of giving power to the edges. This requires a shift as big as the one that realised that the mental asylums on the edges of our cities were no longer fit for purpose. We will see the 'factory hospital complex' in the same way. The majority of care has to be delivered closer to the patient and cannot be separated from social care and wellbeing. Health services have to be organised around individual patients so they retain maximum autonomy.

The radical idea is a transfer of power and responsibility. Patients are experts too and need to take and be given more responsibility and opportunities for improving their health and wellbeing. Clinicians and professionals are encouraged not to wait for others to change things but to take leadership and innovate at all levels. Health managers and leaders should undo the layers of bureaucracy that create silos and blocks, enabling clinicians and patients to unleash their potential to create dynamic healthcare networks that work.

**M:** *Thank you very much Simon, you offer a compelling vision and a lot of food for thought for leaders at every level of our health system.*

Martin McNamara is the dean of nursing and head of school at the UCD School of Nursing, Midwifery and Health Systems, UCD

**Pull Out**



# Continuing Professional Development

for Nurses and Midwives



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DEVELOPMENT CENTRE



**Maintaining your competency – Maintaining your registration**



**Elizabeth Adams**  
**Director of Professional Development, INMO**

September is the time when many nurses and midwives reflect and plan their ongoing continuous professional development as part of their lifelong learning. The INMO Professional Development Centre continues to develop innovative education programmes to help you meet your professional development requirements. Personal and professional development are equally important at every stage of your career. Many nurses and midwives are coming into a busy period in both their home and professional lives. One new programme designed to assist with managing those complex and competing demands is 'Refresh Your Life – Bounceability, Resilience and Happiness'. The one-day programme will focus on strategies that protect and help us manage stress better. It explores the science of resilience and highlights evidence-based strategies linked to better outcomes during changes and challenges. While providing skills and strategies for day-to-day life, it is intended to uplift and inspire participants. The programme will be held on September 24, 2015 in INMO HQ, Dublin (see page 76). It is Category 1 approved by the Nursing and Midwifery Board of Ireland, with five continuing education units (CEUs).



Another new programme has been developed by our expert library staff to support registered nurses and midwives to enhance their practice through evidenced-based research or enrich and refresh their searching skills to return to academia. The one-day education programme 'Getting the most from your library! Advanced Library Searching Techniques' will provide you with the skills to find the most relevant information

for clinical practice, reflection and policy development. The programme will be held on the October 22, 2015 in the INMO HQ in Dublin.

The Registered Nurse Intellectual Disability Section is having a session on 'Assisted Decision Making', which will be facilitated by a highly qualified trainer from Inclusion Ireland. This training will be delivered by a combination of information presentations, case studies and a Q&A session. It is taking place on Wednesday, September 16, in INMO HQ in Dublin and all RNIDs are welcome to attend.

In addition, in this issue there is a wide variety of flexible, affordable nursing and midwifery continuing education programmes including: competency-based interviews, clinical audit, delegation and clinical supervision, dementia care (identity, personhood ethics and spirituality), diabetes management, healthcare provider CPR and AED, management skills, medication management, phlebotomy, subcutaneous administration of fluids. There are also a number of one-day conferences open to all nurses and midwives including:

- **Telephone Triage Nurses Section Conference**, Wednesday, September 30, 2015, Castletroy Park Hotel, Limerick
- **All Ireland Midwifery Conference**, *The Journey from Harm to Norm*, Thursday, October 15, 2015, Armagh City Hotel
- **INMO International Nurses Conference**, *Retention of Nurses and Midwives in Ireland*, Saturday, November 7, 2015, INMO HQ

The INMO Professional website: [www.inmoprofessional.ie](http://www.inmoprofessional.ie), provides a one-stop-shop to customised, quality education programmes and research services that are tailored to meet your educational requirements. It provides a facility to maintain your professional profile, supporting you to demonstrate evidence of your on-going learning with your CEUs accumulated automatically and certificates available on completion. You can browse the programme content anytime which includes outlines, aims, objectives and reading lists. There is a safe and secure online booking system with discounts for booking on the website. The online service provides you access to booking all events, such as education programmes and conferences 24 hours a day, seven days a week. Additionally, our telephone booking service is available to you during office hours at Tel: 01 6640641 or 01 6640618 or by email: [pdcc@inmoprofessional.ie](mailto:pdcc@inmoprofessional.ie).

The team and I look forward to welcoming you to our education programmes, conferences and library services.

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# EDUCATION PROGRAMMES

**Venue:** INMO Professional Development Centre, The Whitworth Building, North Brunswick Street, Dublin 7

**Tel:** 01 664 0641/01 664 0618. **Email:** [pdc@inmoprofessional.ie](mailto:pdc@inmoprofessional.ie)

Registration for most courses will take place at 9.45am unless otherwise stated.

All programmes have Category 1 approval from the Nursing and Midwifery Board of Ireland (NMBI) with Continuing Education Units (CEUs).

Courses are colour coded for ease of reference.



**Check out our New Courses at the Professional Development Centre!**  
**For more information log onto [inmoprofessional.ie](http://inmoprofessional.ie)**

Date	Programme	Fee	(CEUs)
Sept 9, 2015	<b>Intravenous Administration of Drugs</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
This course discusses accountability in undertaking this role. The task of undertaking drug calculations will be outlined and demonstrated. Principles of aseptic technique, providing the patient with information on the procedure, gaining consent and complications that may arise before, during and after the procedure will also be explored. The ultimate aim is for participants to learn how to carry out the procedure in a competent and safe manner, however it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on intravenous administration of drugs in their place of work.			
Sept 9, 2015	<b>Retirement Planning Seminar</b>	<b>€10 members; €45 non-members</b>	<b>None</b>
We have designed this seminar to ensure you are fully prepared for a secure retirement. The topics being covered on the day are superannuation, options for increasing your retirement benefits, planning your finances, taxation and budgeting. Time: 9.45am-2.30pm.			
Sept 10, 2015	<b>Management Skills for Clinical Managers and Staff Nurses</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
This course is focused on the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. For this reason, this workshop explores both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. It also highlights the importance of the role of the ward manager in leading a team and its role in both national and international initiatives aimed at improving care.			
Sept 16, 2015	<b>Competency-based Interview Training</b>	<b>€80 members; €140 non-members</b>	<b>6</b>
This one-day course helps participants prepare for a competency-based interview. Competency-based interviews, which are based on the premise that past experience can predict future behaviour, are an increasingly common style of interviewing that enable candidates to show how they would demonstrate certain behaviours/skills in the workplace, by answering questions about how they have reacted to, and dealt with, previous workplace situations. This course is suitable for all levels of nurses/midwives.			
Sept 17, 2015	<b>Diabetes Management in the Care of the Older Person</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
This workshop is aimed at general nurses with a background knowledge of diabetes and who work in a care of the older person setting, whether it be in a nursing community, or a primary care setting. This workshop provides an overview of diabetes and how it affects the body. Patient education needs are considered, as well as educational strategies to address these needs.			
Sept 22, 2015	<b>Wound Care Management</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
This programme will allow participants to ensure professional competency in the area of wounds as per NMBI's Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which state that nurses/midwives must work within their competence. Furthermore, it will provide participants with continuing professional development to ensure that their practice is founded in the latest research and guidance as per the Health Service Executive National Best Practice and Evidence-based Guidelines for Wound Management.			
Sept 23, 2015	<b>Phlebotomy</b>	<b>€80 members; €140 non-members</b>	<b>3.5</b>
This course provides nurses and midwives with the skill, theory and practice of phlebotomy. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique, as well as complications that may arise during and after the procedure. This course will provide the necessary knowledge and skills to undertake phlebotomy; however, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work. 9.15am-2.30pm.			



Date	Programme	Fee	(CEUs)
<b>Sept 23, 2015</b>	<b>Best Practice in Medication Management</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.			
<b>Sept 24, 2015</b>	<b>Refresh Your Life</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
This course will focus on strategies to protect and help us manage stress better. For further information see page 76.			
<b>Sept 25, 2015</b>	<b>Healthcare provider CPR and AED</b>	<b>€125 members; €195 non-members</b> <i>(including cost of book)</i>	<b>6.5</b>
This Healthcare Provider Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) course provides the information, rationale and practical skills training for the 2010 CPR and ECC guidelines. Nurses and midwives are required to adhere to the two-year certification period for both basic and advanced life support, as recommended by International Liaison Committee on Resuscitation as the best practice standard. Limited to six participants per instructor. A fee of €50 will be charged if you wish to cancel your booking 10 days before the course begins. Time: 9.15am-4pm.			
<b>Sept 29, 2015</b>	<b>Management of Patients with Tracheostomy</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
This one-day interactive workshop will introduce nurses from the hospital and community setting to the importance of adapting an holistic and inter-disciplinary approach to the management of the patient with a tracheostomy. Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with a tracheostomy.			
<b>Sept 29, 2015</b>	<b>Introduction to Clinical Audit</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
This one-day course is designed to equip participants with the necessary skills to implement Clinical Audit in their practice and to be able to deliver evidence of improved performance for safer and better care for patients. Participants will be provided with an overview of Clinical Audit and be taught about each stage in the Clinical Audit Cycle - topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit.			
<b>Sept 30/Oct 1, 2015</b>	<b>Art and Science of Antenatal Education</b>	<b>€150 members; €280 non-members</b>	<b>10</b>
This two-day workshop will prepare midwives to design an effective antenatal education programme for expectant mothers and fathers. The philosophy of this course is based on the principles of adult learning and on the belief that antenatal education is a health promotion activity. This course will prepare midwives to encourage expectant parents to see themselves as competent and able to make informed choices for themselves and for their baby.			
<b>Oct 7, 2015</b>	<b>Strategies for Managing Conflict</b>	<b>€80 members; €140 non-members</b>	<b>6</b>
Conflict in the workplace can be incredibly destructive to good teamwork. Managed in the wrong way, real and legitimate differences between people can quickly spiral out of control. Conflict is not necessarily destructive; managing conflict effectively may result in positive outcomes. This course takes a very practical approach utilising a blend of group work, self-evaluation and case-study based discussion.			
<b>Oct 7, 2015</b>	<b>Subcutaneous Administration of Fluids</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
This course will educate participants in the administration of fluids by the subcutaneous route. It will cover topics such as; awareness of the nurse's and midwife's accountability when undertaking this role, the identification of indications for subcutaneous infusion, suitable sites used for subcutaneous infusions as well as identification of fluids most commonly used. Calculation of the rate of infusion and the principles of an aseptic technique and also awareness of complications which could occur before, during or after the procedure will be explored. This course will provide the necessary knowledge and skills to undertake subcutaneous administration of fluids; however, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on subcutaneous administration of fluids in their place of work. 9.15am-3pm.			
<b>Oct 8, 2015</b>	<b>Preparing for Dementia Thematic Inspections: A Practical Approach</b>	<b>€80 members; €140 non-members</b>	<b>6</b>
This one-day programme is designed to prepare participants to implement practices in order to adhere to regulations and standards within person centred dementia care thematic inspection criteria. It will outline national standards and regulations and thematic expected outcomes and how they can be applied to person centred assessment, care planning and evaluation.			
<b>Oct 9, 2015</b>	<b>Healthcare Provider CPR and AED</b>	<b>€125 members; €195 non-members</b> <i>(including cost of book)</i>	<b>6.5</b>
This Healthcare Provider Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) course provides the information, rationale and practical skills training for the 2010 CPR and ECC guidelines. Nurses and midwives are required to adhere to the two-year certification period for both basic and advanced life support, as recommended by the International Liaison Committee on Resuscitation as the best practice standard. Limited to six participants per instructor. A fee of €50 will be charged if you wish to cancel your booking 10 days before the course begins. Time: 9.15am-4pm.			
<b>Oct 12/13, 2015</b>	<b>Identity, Personhood Ethics and Spirituality in Dementia Care</b>	<b>€150 member; €280 non-members</b>	<b>12</b>
The intention of this two-day interactive workshop is to explore the meaning of identity, personhood, ethics and spirituality in any caring relationship and specifically in dementia care, with the aim of recognising how identity formation requires relationships with others and to understand that dementia does not entail loss of self. Self remains intact and is held in this caring relationship with others. Day two of the course will explore the ethical and spiritual dimensions of maintaining personhood in dementia care in an environment where the unique individuality of all the persons involved is valued.			

Date	Programme	Fee	(CEUs)
<b>Oct 14, 2015</b>	<b>Advanced Diabetes Management</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This one-day workshop is aimed at nurses and midwives who already have a very good understanding of basic diabetes management and who want to build on their knowledge. The workshop will focus on a number of key areas such as: injectable therapies for both Type 1 and Type 2 diabetes, carbohydrate counting for Type 1 diabetes, complications of diabetes, the nursing role and management of diabetes, as well as advances in the future of diabetes management.</p>			
<b>Oct 14, 2015</b>	<b>Delegation and Clinical Supervision</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This workshop explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn what is meant by delegation and how it differs from assignment of a task. The course also provides an understanding of the professional, legal and quality of care issues involved when deciding to delegate a function to a healthcare assistant.</p>			
<b>Oct 15, 2015</b>	<b>Assessment and Management of the Patient with Respiratory Conditions</b>	<b>€80 members; €140 non-members</b>	<b>4.5</b>
<p>The study day is designed to provide nurses from the hospital setting with the knowledge to manage patients with respiratory conditions. Nursing services are now delivered in an environment involving greater complexity and increasing levels of technology. Nurses may have to intervene promptly in response to sudden changes in a patient's respiratory status. This course will provide the skills and knowledge required to carry out respiratory assessment and recognise compromised respiratory function.</p>			
<b>Oct 15, 2015</b>	<b>Caring for a Person with Parkinson's Disease: Challenges and Strategies within the Healthcare Setting</b>	<b>€80 members; €140 non-members</b>	<b>4</b>
<p>This one-day interactive course is designed to deliver up-to-date information while outlining care practices to all nursing staff with an interest in the management of a patient with Parkinson's. It covers process of diagnosis, clinical features, holistic care approaches, medication therapy, assessment, care planning and evaluation across all activities of daily living. The course outlines the role of the nurse and the interdisciplinary health care team in assessment, planning, implementing and evaluating care with the patient and their carer/family.</p>			
<b>Oct 16, 2015</b>	<b>Presentation Skills</b>	<b>€80 members; €140 non-members</b>	<b>6</b>
<p>Presenting yourself and your ideas with confidence, impact and great conviction is of primary benefit for all nurses and midwives. This course provides you with strategies on how to make an effective presentation; how to speak in order to hold interest while remaining professional in your tone; and how to effectively compile and deliver presentations. Time: 9.15am-4.30pm.</p>			
<b>Oct 19, 2015</b>	<b>Mindfulness and Medication in Holistic Nursing and Midwifery Care</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>Simple mindfulness practice can bring tremendous positive change in everyday life. Mindfulness involves the ability to focus on the present moment rather than on the past or on the future. Topics explored during this course include the role of mindfulness in holistic nursing and midwifery care, the history of meditation, the mindfulness of breathing, the therapeutic use of mindfulness, compassion, holistic communication as well as the power of stillness of mind. There will also be a demonstration of breathing exercises and yoga postures.</p>			
<b>Oct 20, 2015</b>	<b>Dementia Thematic Inspections: Person Centred Care Planning</b>	<b>€80 members; €140 non-members</b>	<b>5.5</b>
<p>This one day programme is designed to prepare nurses to implement effective care planning for a resident who is diagnosed with dementia or cognitive impairment in line with regulations, standards and Health Information and Quality Authority thematic inspection criteria. The focus of the course is to provide practical strategies for individualised care planning across all activities of living.</p>			
<b>Oct 21, 2015</b>	<b>Peripheral Intravenous Cannulation</b>	<b>€80 members; €140 non-members</b>	<b>4</b>
<p>The aim of this course is to provide guidance to the registered nurse/midwife in the skill of intravenous peripheral cannulation. Instruction will be provided on the sites used. Advice will be given on identifying criteria for evaluating a vein, as well as guidance on adhering to the principles of an aseptic technique. The course will also provide information on techniques for reassuring the individual in relation to the procedure and in gaining their consent. The overall aim is for participants to be able to carry out the procedure in a competent and safe manner. This course will provide you with the necessary knowledge and skills to undertake peripheral intravenous cannulation. However, it will be necessary for each nurse attending to ensure that they abide by their local policy on peripheral intravenous cannulation in their place of work. Time: 9.15am-2pm.</p>			
<b>Oct 22, 2015</b>	<b>Getting the most from your library: Advanced Library Searching Techniques</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This one-day course is aimed at registered nurses and midwives who would like to develop their searching skills in order to effectively find the most relevant information for clinical practice, reflection, and policy development. This course will also be of benefit to those who are undertaking or about to commence post registration academic programmes.</p>			
<b>Oct 23, 2015</b>	<b>Academic Writing and Research Appraisal Simplified</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This one-day course is aimed at registered nurses and midwives who are undertaking third level academic programmes. This course will assist participants in completing their written assignments. The objective of the workshop is to help prepare the student for academic study which requires efficient literature searching, research critique and accurate referencing skills.</p>			



## EDUCATION PROGRAMMES COMING TO THE CORK OFFICE, Sheraton House, Hartlands Avenue, Glasheen, Co Cork

Date	Programme	Fee	(CEUs)
Sept 14, 2015	<b>Preparing for Dementia Thematic Inspections: A Practical Approach</b>	€80 members; €140 non-members	6
<p>This one-day programme is designed to prepare participants to implement practices in order to adhere to regulations and standards within person centred dementia care thematic inspection criteria. It will outline national standards and regulations and thematic expected outcomes and how they can be applied to person centred assessment, care planning and evaluation.</p>			
Oct 21, 2015	<b>Best Practice in Medication Management</b>	€80 members; €140 non-members	5
<p>This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.</p>			
Nov 12, 2015	<b>Assessment and Care Planning in Residential Care Settings for Older People</b>	€80 members; €140 non-members	5
<p>This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.</p>			
Dec 2, 2015	<b>Phlebotomy</b>	€80 members; €140 non-members	3.5
<p>This course provides nurses and midwives with the skill, theory and practice of phlebotomy. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique, as well as complications that may arise during and after the procedure. This course will provide the necessary knowledge and skills to undertake phlebotomy; however, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work. 9.15am-2.30pm.</p>			

## EDUCATION PROGRAMMES COMING TO A TIPPERARY VENUE, Rackett Hall House Hotel, Roscrea, Co Tipperary

Date	Programme	Fee	(CEUs)
Oct 1, 2015	<b>Assessment and Care Planning in Residential Care Settings for Older People</b>	€80 members; €140 non-members	5
<p>This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.</p>			
Oct 19, 2015	<b>Delegation and Clinical Supervision</b>	€80 members; €140 non-members	5
<p>This workshop explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn what is meant by delegation and how it differs from assignment of a task. The course also provides an understanding of the professional, legal and quality of care issues involved when deciding to delegate a function to a healthcare assistant.</p>			
Nov 3, 2015	<b>End of Life Thematic Inspections</b>	€80 members; €140 non-members	6
<p>The aim of this workshop is to outline the legal and professional requirements for end of life care in designated centres and to identify how to apply this to practice, so as to provide effective, evidence-based care to residents. HIQA standards, regulations and guidance will be used to prepare participants for thematic inspections.</p>			

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If you forget your User Name / Password – Tel: 01 664 0641/8 or email: [pdc@inmoprofessional.ie](mailto:pdc@inmoprofessional.ie)

## EDUCATION PROGRAMMES COMING TO THE LIMERICK OFFICE, Unit 4B, Courtfields, Raheen, Limerick

Date	Programme	Fee	(CEUs)
Sept 1, 2015	<b>Best Practice in Medication Management</b>	€80 members; €40 non-members	5
This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.			
Sept 29, 2015	<b>Assessment and Care Planning in Residential Care Settings for Older People</b>	€80 members; €140 non-members	5
This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.			
Oct 13, 2015	<b>Practical Skills in the Management of People with Diabetes</b>	€80 members; €140 non-members	5
This course aims to provide nurses/midwives with understanding, knowledge and confidence when delivering care to individuals with diabetes. This course offers a practical approach to diabetes, whether based in the hospital or community setting. Many theoretical aspects of diabetes are covered such as: the different types of diabetes, national and international guidelines, how to offer lifestyle advice to patients, treatment options, and understanding blood results, as well as dealing with complications in diabetes.			
Nov 17, 2015	<b>Preventing and Responding to Responsive Behaviours in the Older Person</b>	€80 members; €140 non-members	6
This course outlines a person-centred approach to preventing and responding appropriately to responsive behaviours in elderly residents. The course includes advice on how to conduct assessment and care planning for residents with responsive behaviours.			
Dec 1, 2015	<b>Caring for a person with Parkinson's Disease: Challenges and Strategies within the Healthcare Setting</b>	€80 members; €140 non-members	4
This one-day interactive course is designed to deliver up-to-date information while outlining care practices to all nursing staff with an interest in the management of a patient with Parkinson's. It covers process of diagnosis, clinical features, holistic care approaches, medication therapy, assessment, care planning and evaluation across all activities of daily living. The course outlines the role of the nurse and the interdisciplinary health care team in assessment, planning, implementing and evaluating care with the patient and their carer/family.			

**All programmes have Category 1 approval from the  
Nursing and Midwifery Board of Ireland (NMBI) with Continuing Education Units (CEUs)**

### INMO SAFE PRACTICE WORKSHOPS

The Professional Development Centre is providing a nationwide series of workshops in venues across the country. This programme provides safe practice tools to protect the nurse and midwife and patient within current healthcare settings. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on patient and individual staff. The programme addresses patient safety and staff safety and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment, and communication practices in a complex multifaceted healthcare arena. 'Tools for Safe Practice' is Category 1 approved by the Nursing and Midwifery Board of Ireland and awarded with 4 CEUs.

**TOOLS FOR  
SAFE PRACTICE**

**Fee: INMO members FREE;  
€150 non-members**

**Log on to [inmoprofessional.ie](http://inmoprofessional.ie) to  
book your place**

#### Dates and venues for safe practice workshops:

September 2 – Connolly Hospital Blanchardstown; September 7 – Community Care Services, Waterford; September 30 – Rotunda Hospital, Dublin

If you would like to arrange this workshop in your area and can guarantee a minimum of 25 participants, please contact your IRO.



## INFORMATION OVERLOAD AND READING LISTS



Students must prioritise their module reading lists and familiarise themselves with their library and the resources available to them, writes assistant librarian **Aileen Garrihy**

If you have just commenced your college course, you may be slightly overwhelmed with all the workload facing you and all the information you have received. A helpful hint is to keep all course module information together. The main starting point for study in any specific module is the reading list, which will have been compiled by your lecturer and will be a good indicator of the workload.

All course modules will have a reading list and it is important to find out where this is as some lecturers submit reading lists to an online reading lists search resource and others will hand out materials in class. It is useful to check if your reading list is available online at the library as it will save you valuable time searching for resources.

Reading lists can be long and may seem daunting at first. It is important to spend some time prioritising your reading, and your lecturer will often help you by dividing up the reading list. Look closely at how your reading list is structured; is it divided into weeks or topics or by core reading and further reading? Are there core text books that you may have to purchase? Are there journal articles/chapters that you are expected to read prior to the specific lesson? This should give you a clear idea of the workload required for the module and what core materials you need to find from the library.

Reading list materials may be a mixture of text books, reports, guidelines, policies and journal articles. There should be copies of all essential readings in your college library. Check out the library catalogue to find the required material and more importantly where its physical location is within the library. If in doubt, please ask the librarian at the information desk for assistance.

It is also worth keeping an eye on any talks or tours that may be offered by the library in the first weeks of the semester, these will help save you time locating your subject material now and throughout the semester.

As well as the reading lists provided by your lecturer, you may be required to source further information when doing assignments.

### Reliable sources

Remember to avoid using unreliable sources such as magazines, and websites such as Wikipedia. Try to ensure that the sources that you use are reliable and up-to-date. Some good sources include:

- Databases – CINAHL, Nursing@Ovid, PubMed, Cochrane, Maternity and Infant Care, Emerald
- Journals eg. *Journal of Advanced Nursing*, *Journal of Clinical Nursing and Midwifery*
- Government/official organisations publications eg. Nursing and Midwifery Board of Ireland, HSE, HIQA, Department of Health.
- Textbooks – especially those mentioned in lectures/ included on your module reading list.

As a member of the INMO you have access to Nurse2Nurse, the INMO Professional Development Centre's online library,

which includes links to all reliable sources of information such as databases and e-journals. The online library can be accessed at: **[www.inmoprofessional.ie/Library](http://www.inmoprofessional.ie/Library)** and then click on Nurse2Nurse.

### How to Register:

In order to access Nurse2Nurse you will need to register online with your:

- INMO membership number – you will find this on your INMO membership card
- Name – as written on your INMO membership card.

Follow a few simple steps and you will then be given a username and password which you will use to log on to the site.

The databases such as CINAHL, Nursing@Ovid, Medline, Emerald and Maternity and Infant care allow you to search for articles on any topic by using keywords and subject headings. These will add to your given reading list and will be essential for any assignments you have to complete for the course module.

### How the INMO Professional Development Centre Library can help

Contact us for further assistance:

- Log in details for Nurse2Nurse website (**[www.nurse2nurse.ie](http://www.nurse2nurse.ie)**)
- Search advice/copy of CINAHL guide
- Literature searching service (there is a charge for this service)
- To book an appointment for a one to one training session on how to effectively search databases

Further Services include supplying articles directly to you, ordering articles when you are having difficulty locating them online and access to a quiet reading room with free wifi.

For further information or assistance from the Professional Development Centre Library, please call: 01 6640614 or email: [library@inmo.ie](mailto:library@inmo.ie). Opening hours are: Monday to Thursday: 8.30am – 5pm, Friday: 8.30am – 4.30pm.

*Aileen Garrihy is assistant librarian at the Irish Nurses and Midwives Organisation*

## Library services

- Literature searching service
- Full text article retrieval
- Access to electronic research resources
- One-to-one database training
- Assistance with referencing
- Assistance with research
- Book, journal and official report collections
- Reading room with internet access





# Online professionalism

Social media provides opportunities, challenges and dangers for nurses and midwives in equal measure, writes **Bernadette John**

ANY nurse or midwife who assumes that because they don't have Facebook accounts, they are protected from the online pitfalls, where hapless individuals end up in the glare of the media spotlight because they have made unkind comments about patients online or were photographed clowning around at work, is sadly mistaken. Digital photographs and social media status updates can contain data such as time, date and location and it is simple to publish material instantly onto the internet without access to a desktop computer. An incriminating photograph of a nurse or midwife, socialising and the worse for wear in the early hours before work, shared by someone else via their social media can be just as damaging to a professional profile as if the individual shared it themselves.

Fluency and insight into digital communications channels such as online forums, email and social media such as Facebook and Twitter, enable instant access to peer support, specialist communities with shared interests, peer review, and potentially useful engagement with thought leaders.

Social media can assist us to achieve a broader reach for our publications and research outcomes, can help us to reach out to research subjects and even assist with fundraising. It's usage is becoming an essential skill for those engaged in current nursing or midwifery practice and research. There are so many opportunities and myriad inspirational user cases for us to draw on. However, before we capitalise on the benefits of digital and social communications, it is essential that we establish where the challenges lie and mitigate for the risks.

Patients are more likely to turn up in hospital with a smart phone and tablet computer than puzzle books and magazines and it is essential to ensure that

what is to be found about us online is reassuring and not alarming.

Some nurses and midwives have perfectly pleasant Facebook profiles, filled with smiling photos of family members, inspirational quotes concerning their faith and a wide community of 'friends', but post an innocent looking photo of a workplace special occasion, say a government Minister visits to the workplace for example – similar to the recent image published by the UK Minister for Health, Jeremy Hunt who published a photo on Twitter of himself visiting a ward with a notice board of patient details in clear view – and you could end up in hot water for breaking patient confidentiality just like he did.

We don't have to be consciously engaged in unprofessional behaviour to cause harm with digital and social media – we are all aware of how critical confidentiality is to clinical practice, in this evolving digital landscape, we need to establish the risks so that we can protect ourselves, our profession, our employer and our patients.

Digital professionalism, can be defined as 'the competence or skill expected of a professional when engaged in digital and social communication' (amended from *Oxford English Dictionary* definition of professionalism, 2015) and is an essential for all healthcare professionals in practice. The speed at which the technology is evolving and the range of functionality at our fingertips, results in a range of issues to which nurses and midwives must be alert, due to the confidential nature of our work and, further, because we have access to prescription drugs, which could put both our own, our family's and our patient's security at risk.

The fact that so many of us now use smart phones means that a certain level of technical fluency and skill is essential if we are to protect our private lives and safeguard sensitive patient data.

Did you know that many of the free apps on your phone have the right to access, read and amend your diary and even download your contact list? They can send messages to your contacts, by instant message or email, from your accounts without notifying you? This could cause a major issue if you use your diary and address book on your phone to list home visits and patient contact details.

If you have enabled location services on your phone, anyone with your phone number could track your movements.

The photo you take on your phone, can be automatically streamed between all of your networked devices – for example from your iPhone to your son's iPod or your family iPad – if that is a image of a patient's wound that you want to discuss with a colleague, you are required to protect that medical record; to encrypt it and store it securely with the rest of the medical notes.

Some phones stream all images to the cloud for storage and sharing by default, some even stream photos to public facing Google plus accounts. Digital images can contain details about the exact device used to take them along with the date, time, location etc. This is a serious information governance risk and can threaten patient confidentiality and patient safety.

*Bernadette John is the lead consultant at DigitalProfessionalism.com She was the digital professionalism and social media lead at King's College London (KCL) until July 2014 and has 26 years' experience in various professional roles from midwife to training development manager and year lead at KCL Medical School. She initiated the teaching of digital professionalism at King's College London, five years ago, and was the driver for the adoption of this training across the College from medicine to dentistry and law*

*A new study day on digital professionalism will be launched by the INMO on November 24, 2015 at the INMO Professional Development Centre. If you would like to learn current skills of relevance to you and your entire team, it is essential that you attend.  
Fee: €120 INMO members; €180 non-members.  
To book a place Tel: 01 6640641 or 01 6640618 or log onto [www.inmoprofessional.ie](http://www.inmoprofessional.ie)*

# Refresh your life

## REFRESH YOUR LIFE

*Resilience    Bounceability    Happiness*

**Date:** **Thursday, 24 September 2015**

**Venue:** Professional Development Centre, INMO,  
The Whitworth Building,  
North Brunswick Street,  
Dublin 7

**Time:** 10.00am – 4.00pm (registration 9.45am)

**Fee:**

**€80.00**

INMO Members;

**€140.00**

non-members

This course will focus on strategies that protect and help us manage stress better. It will explore the science of resilience and highlight evidence-based strategies linked to better outcomes during changes and challenges. It also hopes to uplift and inspire change in the lives of the nurses and midwives who attend but even more importantly inspire participants to incorporate it into their homes, workplaces and communities.

**Speaker: Shane Martin Reg.Psychol., PS.S.I.**

For complete details of the programme go to  
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# Presenteeism

## Findings of the INMO/DCU health and wellbeing survey

THE INMO in conjunction with DCU undertook a survey of nurses and midwives, seeking to establish the extent of their attendance at work while unwell. Presenteeism had been reported to the INMO as an increasing phenomenon and this survey confirms that this is the case.

The INMO has sought an urgent meeting with the HSE as this is an issue that should be a concern to the employer. The underlying issue of low staffing levels, which add to the decision of nurses and midwives to attend work to ensure they do not compromise care by being absent, must be addressed without delay.

Nurses and midwives across Ireland were invited to take part in an online survey, resulting in 1,479 responses. The survey was constructed in collaboration with researchers at DCU using well established constructs and validated scales.

### Summary of main results

The majority of respondents were female (96%), aged between 46-55 (34%) or between 36-45 (28%), Irish (95%), were working full time (64%), worked a 12-hour shift (43%) or one-to-eight hour shift (34%), and have worked for their employer for 10-19 years (38%).

Previous research indicates that compared to many professionals, nurses and midwives score particularly high in terms presenteeism.<sup>1</sup>

In the past 12 months, 82% reported to attend work despite feeling sick. Therefore, presenteeism is a critical and ongoing problem. Based on these results it is plausible to suggest that reducing absenteeism will not be addressed by cutting sick leave entitlements without having severe unintended consequences.

Regarding frequency, 26% of nurses and midwives reported that they attended work sick once, 48% said two to five times and 10% said that it has occurred more than five times.

In terms of how many days people are

showing up for work while unwell, 27% said one to two days, 34% said three to five days, 14% said five to 10 days and 9% said 10 days.

### Reasons for attending work while sick

The main reason for nurses and midwives showing up for work while unwell was that they 'did not wish to let the team down – already short staffed'. Other reasons included 'fear of losing pay/sick leave – may have more serious illness in the future', 'pressure from management to attend work because of staff shortages' and 'concern for patient care'.

### Demographics and presenteeism

There was no statistically significant difference between the gender of nurses and midwives and presenteeism. This somewhat contradicts previous research in the hospital context which shows that males are more likely to attend to work while sick than females.<sup>2</sup> However, the overwhelming majority of nurses and midwives in this sample were females.

There was a statistically significant difference between age and presenteeism. Between the ages of 19-25, 26-35 and 36-45, the older the nurses and midwives are, the more likely they are to attend work while unwell. However, between the ages of 46-55 and 56-65, the older nurses and midwives are, the less likely they are to attend work while unwell. The results are consistent with previous research that confirms those who are middle aged tend to show up for work sick the most.<sup>1</sup> Also, those on a 12-hour shift compared to an eight-hour shift are more likely to attend work while unwell. This is consistent with research showing that those who work on shifts are more inclined to show for work while unwell.<sup>3</sup>

### Implications of presenteeism for nurses and midwives wellbeing

Showing up for work while unwell has negative implications for the wellbeing of nurses and midwives. Analysis carried out based on the survey data revealed that

showing up for work while unwell is associated with higher levels of experienced burnout (emotional exhaustion and cynicism) and stress. It also shows that attending work while unwell ensures that nurses and midwives are less likely to recover from their job while on rostered time off.

### Implications for patient care

Staff perceive that when they show up for work while sick, the quality of patient care that they deliver is reduced.

### Employers' attitudes to nurses and midwives wellbeing

Overall, 41% of nurses and midwives feel that their health and wellbeing are not important to their employer. Indeed, 87% of nurses and midwives perceive that their employer does not promote staying well in the workplace, ie. regular health checks; education seminars about health promotion. Moreover, when employees leave work while on duty, 35% of nurses and midwives perceived that there was no response taken by their employer.

### Employers' responses to nurses and midwives occupational health

In terms of nurses' views on referral to occupational health by their employer, only 24% view it to be a positive approach taken to their wellbeing. Also, following referral for an occupational health appointment, 7% have had to wait more than one month. Following a period of sick leave, 65% did have a back-to-work conversation with their line manager in accordance with the management attendance policy.

– Phil Ni Sheaghda,

INMO director of industrial relations

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# More breastfeeding support needed

We report on a recent HSE-commissioned survey that highlighted the need to support breastfeeding in Ireland to reduce infant morbidity

THE effectiveness of the national breastfeeding promotion strategy was called into question in a recent article published in the *Irish Journal of Medical Science (IJMS)* entitled 'Determinants of breastfeeding in Ireland', which reported that Ireland has one of the lowest rates of breastfeeding initiation rates in Europe and is failing to meet its targets as outlined in the strategy.<sup>1</sup>

When compared to other European countries, breastfeeding rates in Ireland have always been low, and among 29 countries reported in 2003, Ireland had the third-lowest initiation rate.<sup>2</sup> National and regional studies have shown that very few women in Ireland who initiate exclusive breastfeeding continue to breastfeed for the recommended six months following birth.<sup>1</sup>

The survey, on which the *IJMS* article is based, was commissioned by the HSE and carried out by a team from the School of Nursing and Midwifery at Trinity College Dublin. It aimed to assess the rate of exclusive and partial breastfeeding in Ireland and was divided into three different time periods in order to determine how long women continued to breastfeed after birth. The time periods were divided as follows: birth to 48 hours after birth (phase 1), three to four months following birth (phase 2) and when the child was six to seven months old (phase 3).

## Survey results

The results were based on phase II data ( $n = 1826$ ), as the purpose of phase I was mainly to recruit participants, however initiation rates were consistent between both phases.<sup>1</sup>

Of the mothers who responded to phase 2 of the study, 56% ( $n = 1002$ ) had initiated breastfeeding at birth. Some 42% of women were exclusively breastfeeding their babies by the 48-hour period (or on discharge, if that was earlier), with a further 13% breast and bottle-feeding.<sup>1</sup>

Among the mothers who stopped breastfeeding between birth and the end of phase II (three to four months), 35%

did so within the first two weeks. By one month after birth, 55% of mothers had completely stopped breastfeeding and at three to four months, exclusive breastfeeding had declined to just 19%. At this point, 15% of children were partially breastfed.<sup>1</sup>

The survey also revealed some interesting results regarding Irish women's breastfeeding patterns in comparison with their non-national counterparts. It found that Irish women were less likely to initiate breastfeeding compared to British and Polish women, among other nationalities. According to the study, 64% of British and 82.2% of Polish women respectively initiated breastfeeding, whereas only 52.6% of Irish women did so.<sup>1</sup>

Age had a significant influence on whether or not a woman breastfed, with the study showing that younger mothers were less likely to have initiated breastfeeding. Those aged between 40 and 44 were the most likely to be exclusively breastfeeding at three to four months.<sup>1</sup>

The study also found that a woman's job had an influence on whether or not she breastfed, with the results showing that professional, managerial, and technical workers were more likely to initiate breastfeeding (70 and 69% respectively) than those working in non-manual, semi-skilled, skilled or manual employment.<sup>1</sup>

Maternal characteristics such as employment status, parity, social class, health insurance status, marital status and education level attained also played a role in breastfeeding initiation.<sup>1</sup> Friends were also a factor in whether or not women initiated breastfeeding after birth; 79% of women were more likely to breastfeed their children at birth if their friends had done so.<sup>1</sup>

By phase 3, 18% of the mothers who were breastfeeding at three to four months, were still exclusively breastfeeding at six to seven months. This represents only 6% of women who had breastfed their infants at birth, and only 2.4% of the mothers who partook in the study<sup>1</sup>

## Survey conclusions

While the breastfeeding initiation rate of 56% in this study suggested that there was a marginal upward trend in the number of mothers breastfeeding in Ireland through the first decade of the 21st century,<sup>3</sup> this figure still falls far below the 2% increase per year targeted in the national breastfeeding strategy,<sup>2</sup> thus highlighting the shortcomings of the strategy.

The study also made note of the fact that there is a need to consider nationalities while conducting studies on women who breastfeed in Ireland because when the findings for Irish women were viewed separately from those of other nationalities who partook in the survey, it was evident that breastfeeding rates among Irish women remained lower than those of non-nationals.<sup>1</sup> These findings raise questions about the effectiveness of the national breastfeeding promotion strategy<sup>4</sup> in increasing breastfeeding rates among Irish women, as it appears the policy had relatively little impact on these rates.<sup>1</sup>

The results of this study highlighted the need for a national system to monitor breastfeeding rates and their contributory factors. Through this suggested system, the success of current and future breastfeeding promotion strategies can be measured. It also identified the need for an 'urgent' review of the national strategic plan, along with local and hospital initiatives to promote and support breastfeeding in Ireland.<sup>1</sup>

— Sinéad Makk

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# Making the most of first year

## Michelle Garvey advises incoming students on how to survive their first year of college

I HAVE just completed my first year of general nursing in Dundalk Institute of Technology and while there were some stressful times, I can honestly say I enjoyed every minute of it, well almost every minute of it.

September is upon us and by now the exam results are out, as are the CAO offers. Firstly, let me start by saying congratulations on securing your place in third level education. Your hard work has paid off and you have some exciting times ahead. Everyone in your class will have different expectations and worries for the year ahead and everyone will have a different experience this year, but just relax and enjoy it. The good news is it's going to be fine, but just in case you are worried here are some tips for surviving your first year of college.

### Attend orientation and mingle

Many colleges hold an orientation week for first year students. Orientation week involves campus tours, meet and greets with lecturers, and class bonding exercises. I know that all sounds a bit tedious and definitely doesn't sound as nice as spending time in the college bar, at home in bed or squeezing in the last bit of quality time with your family before you start your course.

Campus tours are an excellent opportunity to familiarise yourself with your new surroundings and they also incorporate a tour of the library, which involves showing you the specific sections of the library where you will find the books relevant to your course, showing you how to use the printers and how to check books in and out. Class bonding exercises really help to break the ice and take the awkwardness out of meeting people for the first time. Orientation is a must in my opinion.

You will make some great friends this

year, but try not to stick to the same few people all year. Sit beside someone new every now and again and don't be afraid to have a chat. Try to make a lot of friends because when you go on placement, the chances are that you won't end up on the same ward as your friends, let alone in the same hospital. It can be tough going out on placement for the first time so it's good to know you have some friends to lean on and share the first day nerves with.

### Ask questions and don't expect to be spoon-fed

First and foremost, get used to seeing the words 'recommended reading'. Your lecturers will cover topics throughout the year however it is not always possible for them to cover every little detail of each topic in limited class time, so when you see a 'recommended reading' list, be advised that this list is not for the 'nerds'. It means the lecturers haven't gone into as much detail as they would have liked, therefore you need to do further reading on the topic. These lists could be the difference between a pass and a distinction in an exam or assignment.

Secondly, I cannot stress enough how important it is to ask questions. If you are struggling, do not sit through a lecture and let it go over your head, bite the bullet and don't be afraid to say 'I don't understand' or 'I am totally lost', chances are you aren't the only one. Finally, use your voice in class; don't be afraid to engage in discussion.

### Get organised

Life is about to become extremely busy. Whether it is trying to find time to study while partying five nights a week or trying to juggle work or family while studying, organisation will be your best friend.

Firstly, get your timetable organised and manage your time wisely. Set aside your

time for leisure, time for studying and time for yourself. When it comes to studying and assignments you might find your time is limited so it is best to make a study plan. If you have an hour set aside for studying without a plan you will waste half an hour trying to get started. Know what you want to cover in that hour before you start and make the most of your time. Most importantly, do not leave assignments until the last minute – a mistake I made many times this year and I think it may have aged me at least 10 years.

Get your finances in order, some costs will be unavoidable however there are many ways to save money. Keep a diary for a week and have a look at your weekly spending habits and try to pick out areas you could cut back. The more money you can save yourself the less you have to worry. This leads me on to diet. I cannot stress enough that your food is your fuel. Do a weekly shop and bring a packed lunch and snacks with you every day. It will save you a fortune in canteen costs and will allow you to choose healthier options.

### Say yes and get involved

Say yes to all the opportunities that come along and get involved with as many clubs and societies as you can. It is a great way to meet people and you never know where it will lead you. During my first week in DKIT, I volunteered to be a class representative for the INMO and it led to some great experiences this year including meeting Minister for Health, Leo Varadkar and being allowed time to discuss some student issues with him.

The final bit of advice I can give you is to make some time for yourself; all work and no play makes for a very dull day so embrace and enjoy your first year.

*Michelle Garvey is a second-year general nursing student at Dundalk Institute of Technology*



# Student guide to handling first year

Dean Flanagan advises new students on how to manage their first year of college and clinical placement while still having fun

WELCOME to all the nursing and midwifery students who are just about to embark on their studies and welcome to the Irish Nurses and Midwives Organisation. My name is Dean Flanagan and I am the student and new graduate officer with the INMO. I hope to be the link between you and the INMO.

You have picked an exciting field with a lot of opportunities. Nurses and midwives work in various settings including hospitals, public health agencies, insurance companies, crime labs and universities, but before you can start your nursing career, you need to get through third level education. Getting through it may be easier if you know what to expect. Below are some things to keep in mind during your first year as a nursing student.

## Orientation gets the ball rolling

Most universities and colleges invite you to attend an orientation before classes start; this runs a little differently in every college but it will give you a sense of how the college programme runs. During orientation, you are likely to get a booklet containing a lot of information including a student handbook. In your handbook you will find information on classes, sup-

plies needed, dress code and other rules. I hope to meet most first years around the country during this time but I will visit every campus during the first two months, with an INMO goodie bag for new student members. During my visits I will also be seeking at least two or three representatives who can relay information back to me from each year.

## It's okay to admit you don't know

You will learn a lot during your first year and for some people it is the first time they will be working with patients in a hospital. It will be difficult to remember everything. It is okay to admit you don't know an answer or how to perform a procedure. Trying to fake your way through a procedure is not beneficial to the patient or to you. Ask questions when you don't know something.

## Documenting is very important

Even as a student, charting is important. Charting documents what you did and did not do. It also provides information to other members of the healthcare team. If your documenting is inaccurate or not thorough, you can run into problems. If you did not document something, it is hard to prove you did it. As a student,

getting in to the habit of accurate documenting will help you throughout your career.

When you start clinical placements, you will be assigned to a nurse or midwife each shift, who will act as your preceptor for that day. The fact is, some people enjoy teaching students and others do not. Some may feel students are a burden, or they just don't like to teach. Make the best of the situation. Be helpful when you can and try to learn as much from the experience as possible. However, if you continually get assigned to nurses or midwives who are not good preceptors, speak to your clinical placement co-ordinator.

## There is always more to learn

When you consider the various organ systems, diseases, treatments and medications, you can see why it can be difficult to learn everything. Keep in mind, you will never know everything there is to know about your profession.

Being a nurse or midwife involves ongoing learning. The INMO also provides lots of extra training for staff and students alike, please check out [www.inmoprofessional.ie](http://www.inmoprofessional.ie) to view the INMO's full range of courses and dates.

**Enjoy days off**

You will find yourself in the academic lecture halls more than some other courses. Science classes, such as anatomy and physiology, can be challenging. During your clinical placements, you may also have long shifts working at a hospital. It is safe to say, this can be time-consuming. The moral of the story is, enjoy your time away from the classroom. When you have a day off from classroom work or clinical rotations, take advantage of the time. Although you have to find time to study, it is also important to allow yourself some downtime to relax and have fun.

**College won't last forever**

You will have bad days. You may study all night for a test and still not do well. A preceptor may seem unfair and difficult to please. Some patient situations will break your heart. Nursing and midwifery training can be tough but the good news is it does not last forever. When times get tough, try to keep your eye on the prize and remind yourself of why you want to be a nurse or midwife. Before you know it, you will graduate and all the hours of studying, clinical simulation, homework and assignments will have been worth it.

**Freshers' week**

This will in no doubt be a great week to socialise with new friends and usually the first time you will meet the current members of the various student unions across the country. However, it is always important to look after your own safety, visit [www.drinkaware.ie](http://www.drinkaware.ie) and download their great student survival book. Things will get easier if you get involved in activities on campus, make new friends and stay organised right from the start.

It's also helpful to have the right attitude, if you are interested in becoming more involved with the INMO, please email me at: [dean.flanagan@inmo.ie](mailto:dean.flanagan@inmo.ie).

**European Student Nurses Association**

Recently, I had the privilege of attending and chairing the European Student Nurses Association (ENSA) midterm meeting in Brussels. This was a very productive meeting seeking to establish the goals and discussions for the AGM in London this October. One of the recurring themes for discussion was the interprofessional collaboration between healthcare students. Results from a recent European survey in which nurses, doctors, dentists, pharmacists and physiotherapists took part, showed that 97% of all respondents felt that they would gain a considerable base knowledge of patient management if at an



*Dean Flanagan addressing fourth-year students during a talk at St James's Hospital, Dublin*

undergraduate level some core academic or reflective sessions were inclusive of other professional healthcare providers.

I hope that some Irish student nurses and midwives may have an interest in European nursing politics and can join ENSA in October. If you would like to ask me anything about ENSA, please email me at: [dean.flanagan@inmo.ie](mailto:dean.flanagan@inmo.ie)

**INMO Youth Workshop**

The INMO is delighted to announce a workshop for young workers during November in Dublin. The workshop will look at difficulties the younger members of the INMO face in the workplace, and what the INMO can do going forward. This event will be run on a first-come first-served basis and costs will be covered, so I would urge you to ensure you apply as soon as possible by sending an email to [dean.flanagan@inmo.ie](mailto:dean.flanagan@inmo.ie). This is a fantastic opportunity for younger nurses and midwives to meet up, network and have some fun while doing so. Remember this event is for younger workers, not just students so spread the word.

**European Federation of Public Service Unions**

Youth delegates of the European Federation of Public Service Unions (EPSU) youth network (including the INMO) met at a European youth workers event. A delegation of the EPSU Youth network participated in the first event of the project of the European Trade Union Federations following the background of their campaign 'Back to our Future'.

Over 150 young workers from across Europe gathered near Dubrovnik to discuss issues such as youth employment, precarious work and the role of young trade

unionists as well as developing skills and knowledge for mobilising at national and European level.

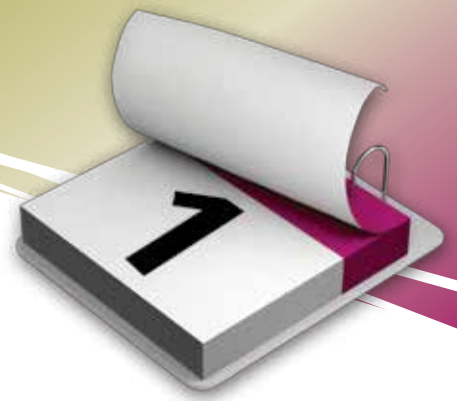
The conference consisted of workshops to empower young trade unionists in their role of making unions more attractive to young workers and to start the discussion on changing the trend of ageing in the European trade union organisations. This project will now go national and present a brochure on the back of the conference.

**Special address to internship students**

Firstly, congratulations on nearing the end of your internship. I have been lucky to visit some of the fourth-years and as you are aware, the HSE has made a commitment that all nursing interns should be offered contracts. It is so important that during this time starting off in your career that you look after your registration and one of the best ways to do this is to ensure that you update your INMO membership from student members to full members. You can easily do this by visiting [www.inmo.ie](http://www.inmo.ie) or calling the INMO membership department at Tel: 01 6640600

*Dean Flanagan is student and new graduate officer at the INMO*





# Living life to the fullest

**Ann Keating met with Patricia Gibbons, an RNID from Donegal, and her daughter Lucy to hear about their experience with cerebral palsy**

PATRICIA and Lucy Gibbons hail from Bunrana in Co Donegal. Patricia is a registered nurse in intellectual disability. She previously had a background in accounts and worked with many high profile clients during her time working at Fruit of the Loom. Lucy, who was born in 1996, is the youngest of her three children.

There were significant difficulties at the perinatal stage of Lucy's birth and she spent her first two weeks of life in the special care neonatal unit in Letterkenny General Hospital. She was a fretful baby and had a disrupted sleep pattern especially in the first two years of her life. Many nights were spent driving the roads of Bunrana just to get her to sleep.

## Diagnosis

In 1998 Lucy was diagnosed with cerebral palsy and as information and answers were not forthcoming, contact was made with a solicitor to request the medical records relating to her birth. There then followed a ten-year period of engagement with legal representatives who built a medical negligence case which was eventually settled out of court in 2010. Part of the settlement agreement was that Lucy would become a ward of court.

Lucy is now a 19-year-old living with dyskinetic cerebral palsy. She enjoys good health, has a great sense of humour and enjoys life to the full. Articulation and clarity of speech can sometimes pose problems when communicating. Her mobility, especially over long distances, can be quite compromised, which increases the risk of falls, but otherwise her life and interests are similar to that of any other teenager.

She requires a minimal level of assistance as she is very independent but her

physical disabilities often require a helping hand from others to live life to the fullest. Lucy is resourceful and copes very well with her communication difficulties and does not allow her disability to restrict her life.

Up to 2012, her family members were the main influences on her life. Lucy attended school. She has two older grown up siblings who no longer live in the family home. She had a home support worker, Maureen, who continues to support Lucy by providing supervision when Patricia is working night duty, and she is an important part of Lucy's life.

The journey the family has embarked on over the past two to three years has been an education, yet for Lucy it was an opportunity to experience life and gain independence. A privately funded care package was put in place in March 2012, as a result of which, Lucy has been able to forge new friendships and develop great relationships with the girls who support her.

## Care

Ann Marie Doran leads the care team and works 22 hours a week with Lucy. She takes responsibility for co-ordinating Lucy's care package. She completes administration duties and advocates for Lucy's rights and helps make her dreams come true. Since she finished school in 2014, Lucy is attending New Horizons, which is a cross-border, cross-community organisation that provides services to learning disabled and other disadvantaged clients. She commenced work experience in May 2015 as part of her training.

Ann Marie has designed a structured package for the days that Lucy does not attend her training programme. The care

package focuses on learning in a natural environment, shopping, value of money and planning the day. Ann Marie also sources activities or courses in the local area that benefit Lucy's development and enhance her independence. Lucy has been welcomed into Ann Marie's circle of friends and her family.

Ann Marie's sister Amanda provides one weekend per month respite where Lucy stays at Amanda's home.

Karen Grant is an internship student nurse (RNID) and is very much the entertainment facilitator as Lucy loves music and karaoke. At present Karen works 20 hours per month as a support worker and usually organises going to local events, concerts or the cinema. Karen accompanied Lucy on a stage of the Camino last year where Lucy walked five to seven kilometres a day. They were thrilled to find a karaoke bar in Santiago de Compostela.

She also organised a trip to the *X Factor* final at Wembley in 2013.

Roisin Doherty is the newest member of the care team and works 10 hours per week with Lucy. Roisin is studying for her masters degree in psychology at present and she works with iCARE a local autism service.

Lucy welcomes the new girls on board as they are young and have similar interests such as clothes, music and going out socially. Each of her support workers makes a valuable contribution to improving Lucy's quality of life and supporting her development as a person.

## Ward of court

Although Lucy turned 18 last year she is now an adult ward of court. This is not on a medical or functional basis and is no reflection of her ability. Four questions

from a mental health expert determined that she should continue to be a ward of court.

According to Patricia, the Assisted Decision-Making (Capacity) Bill 2013 which has progressed to committee stage cannot come soon enough. The legislation will replace the Lunacy Regulation (Ireland) Act 1871 and will mean adults with diminished mental capacity will no longer be wards of court; instead a decision-making assistant, a co-decision-maker or an attorney will be appointed based on the capacity of the person.

The Bill will allow people with limited decision-making capacity to better manage their personal, property and financial affairs. Patricia believes that nurses in ID services should be involved in these decisions because they are the people who know the client best. She thinks there is a need for a family liaison nurse who can help parents like herself find out what is available, what support systems are in place and to advise on issues like being a ward of court.

#### Development

Lucy took part in the Bridging the Gap pilot programme from March to December 2014. Bridging the Gap was funded by Genio which works to bring government and philanthropists together to develop better ways to support disadvantaged people to live full lives in their communities.

It was good value for money and there was great scope to design a daily/weekly schedule suitable for Lucy, from the programme. This is certainly the way forward in service provision to people with disabilities. Lucy had huge input on how she wanted to spend her time and money. A total of €6,559 was paid directly from the HSE.

New Horizons was paid €60 per day directly from these funds for attendance on their programme. Through this programme Lucy attends beauty therapy and drama at North West College campus in Strabane every Wednesday during term time, she attends New Horizons premises in Bunrana each Thursday and designs her person-centred plan with assistance from New Horizons staff.

Lucy also has a work placement as part of this programme at a local Montessori pre-school every Monday afternoon, which was accommodated by a job coach at New Horizons.

From Patricia's perspective the direct payment scheme was value for money and certainly gave autonomy to Lucy



*Pictured (l-r) in Bunrana, Co Donegal were: Ann Marie Doran; Patricia Gibbons; Lucy Gibbons; and Karen Grant*

and allowed her experience what every other teenager wants to do. She had her first girls only (no parents) foreign holiday and attended her first Gaelic football match at Croke Park as part of this scheme.

Patricia feels that people need to take control of what they want for their family member. She thinks services need to change their approach. "Life has a 24-hour clock. It doesn't finish at 5pm when people clock off. There needs to be spontaneity. There needs to be a move away from institutions. We lose the focus on the individual and their needs and abilities. Supports need to go beyond day centres. If you want to go to a class in the evening, the cinema or swimming – all these things happen after 6pm," she said. She believes that direct payment is vital to enable the client to make their own choices.

#### Independence

Lucy has a great structure in place. As well as learning practical things like reading and cooking and the value of money she is getting to do lots of fun things. She has been to see The Script in Croke Park, is going to see One Direction which was a Christmas present and is hoping to kidnap Niall Horan. She loves to travel and has been to New York, London, Benidorm, Amsterdam and Medjugorje.

New friends and new experiences have been perhaps the most important components of the private care package, there has been a lot of fun and learning. Lucy is living the life she wants to live.

There is still a strong family bond but Lucy has autonomy and is supported to make her own decisions. Her carers do so much with her while teaching and learn-



*Lucy does not let her cerebral palsy prevent her from living her life to the fullest*

ing in a natural environment. They use risk assessments to make it happen, not to stop it happening.

For Patricia her biggest adjustment was to let Lucy live her own life. She had to stand back and let her go. She is growing up and needs to be treated like an adult. The girls support her in how she wants to live her life. They let her make a decision based on giving her all the information including the risks. It is important that Lucy lives a full and rewarding life and she can only do this by getting out there and experiencing it.

In the future Lucy would like to be an educator. She would like to spread the word on what life can be like. At this stage in Lucy's life she is a very well-adjusted happy teenager who does not focus on her disability. In Lucy's mind having cerebral palsy is like having green eyes - no big deal!

# From nurse to midwife

Dawn O'Rourke-Glynn explains why doing a higher diploma in midwifery was one of the best decisions she has ever made

SINCE a very young age I knew I wanted a meaningful career that involved helping people. In September 2005, just after finishing my Leaving Certificate, I started a degree in general nursing in Trinity College Dublin. During my training as a general nurse, I completed a two-week placement in the Coombe Women and Infants University Hospital in Dublin and I loved every minute of it. I found it so intriguing and it was from there that the idea of pursuing a higher diploma in midwifery began.

## General nursing

When I qualified as a general nurse there was an embargo on employment so I began working as a staff nurse in the nursing bank in Tallaght Hospital, which involved working in a variety of settings throughout the hospital from the general and surgical wards, to the emergency department to the haematology day ward. At times it was overwhelming as a newly qualified nurse, but I think it was a positive experience for me. I worked for almost four years in general nursing, during which I took seven months off while I was on maternity leave. I had such a positive experience when I gave birth to my son that it made me realise I wanted to help women have the same positive experience that I had during that precious moment of giving birth. From the moment a woman becomes pregnant, it is the start of a journey leading to one of life's greatest miracles, the birth of a baby.

## Higher diploma in midwifery

Two nurses I trained with had commenced a higher diploma in midwifery the previous year. Listening to their experiences of the course I knew that I had to apply. I submitted an application form to the maternity hospital and was then called for interview and, once successful, I proceeded with the college

application. Thankfully, I got my position on the course. I was apprehensive initially about the career change but I was also very excited about the new start.

In September 2013, I started the higher diploma in midwifery with TCD and the Coombe Hospital. Initially, the transition from a qualified nurse to a student midwife was challenging in some aspects. For example, it involved needing supervision administering medication, something that I had not needed for four years since qualifying as a general nurse. It also involved learning many new skills. There are competencies that you need to attain and as you achieve these you gain confidence, preparing you to become a staff midwife.

There was a lot of support throughout the 18-month course and you were never left to do things that you felt unsure about. The principle of working within your scope of practice was always maintained. Support was the key, as was good preceptorship during the transition period. It allowed me to grow both personally and professionally.

## Course details

The course had a good balance of clinical placement and lectures, providing both knowledge and practical experience. Although midwifery aims to promote and maintain normal childbirth, I also gained valuable experience in caring for mothers, babies and their extended families in both normal birth and complicated births.

The role of a midwife is diverse and provides parental education and health promotion to women and families. Midwives help support the mother and her family throughout the pregnancy and childbirth to help them adjust to their new parental role. My training provided me with the knowledge and experience to care for women during their pregnancy, the birth

of their baby and in the postnatal period, in both the hospital and community setting.

Dividing your time between a clinical and academic learning environment is the best of both worlds. The staff in all areas helped provide a wonderful learning opportunity. The class sizes were small which meant the lecturers were available to share their knowledge and help us reach our goals. The focus and philosophy in both the clinical and learning environment was always on women centred care.

The word midwife means 'with woman' and is an amazing profession for anyone interested in working with women, their newborn babies and families during pregnancy and childbirth. Completing this course involved a big commitment but I thoroughly recommend it to anyone considering it.

## Opportunities

There are so many opportunities for me now that I have qualified as a nurse and a midwife, both in Ireland and abroad. I am excited for my future as a registered nurse and registered midwife. Those who qualified with me and applied for a job were immediately offered contracts of employment, allowing us to gain valuable experience as registered midwives. I would definitely recommend the journey and experience of becoming a midwife to anyone.

The next higher diploma in midwifery in TCD is expected to commence in September 2016. Advertisements for the course can be expected around March 2016. See [nursing-midwifery.tcd.ie](http://nursing-midwifery.tcd.ie) for further information.

Higher diploma in midwifery programmes are also offered in UCD, UCC NUIG and Limerick University.

*Dawn O'Rourke-Glynn is a registered midwife at the Coombe Women and Infants University Hospital, Dublin*



# Irish national maternity strategy

The new national maternity strategy aims to put women and babies at its centre. The INMO Midwives Section looks at developments so far

THE National Maternity Strategy aims to encompass preconception, antenatal, intrapartum, postnatal and neonatal care provided across acute, primary and community settings – generally spanning the period from up to three months before conception and until six weeks after birth.<sup>1</sup>

In April 2015, the Minister for Health established a Steering Group to advise on the development of a National Maternity Strategy. In doing so, the Minister is deemed to be implementing one of the recommendations of the HIQA Report into the care of Savita Halappanavar.

The National Maternity Strategy aims to put the needs of mothers and babies at its centre. A consultation questionnaire to ascertain the views of health professionals, interested groups and the general public remained open to the public up to July 15.<sup>1</sup>

## INMO submission

The INMO Midwives Section submitted a detailed response with a clear emphasis on advocating for women to improve maternity services by increasing accessibility, choice and co-designing services. The submission included the following, although not exclusive:

- Stronger advocacy for women, including women co-designing maternity services: preconception, antenatal and postnatal care
- Greater choice, accessibility and autonomy for women including midwifery-led care at home, community or hospital for normal pregnancy or integrated care for individual needs
- First booking by a midwife in the home, community or hospital and clear pathways of care with GP, referral to obstetrician, social worker, physiotherapist or other healthcare professional
- Safe midwifery staffing (night as well as day) with incentives to recruit and retain staff
- Culture of open disclosure including supports for women, families, midwives and other healthcare professionals and

measurement of implemented learning

- Continued professional development prioritised by trending concerns reported to NMBI and HSE by patients and/or staff
- Clear career progression pathway for midwives, including freedom of movement of permanent contracted midwives within Ireland
- A national maternity service 'think tank' sharing research, innovation, good examples of clinical practice and services
- Skills facilitators for all areas of care, supporting the multidisciplinary team
- Clearer focus on breastfeeding, mental health, eg. birth trauma, postnatal depression screening and bereavement supports for women and their families accessible in the community, hospital and home
- Integrated care pathways for women progressing through the maternity services, safe timely evidence-based multidisciplinary care for women experiencing complex pregnancies and choice and availability for midwifery services for women experiencing straightforward low risk pregnancies.

All submissions received by the Department are subject to the Freedom of Information (FOI) Act, 2014 and may be released in response to an FOI request.

## Terms of reference

The terms of reference state that the strategy seeks to ensure:

- Women and babies have access to safe, high quality maternity care
- The needs of mothers and families are placed at the centre of maternity services
- The health and wellbeing of women and babies is promoted and protected and women's choice is facilitated insofar as it is safe to do so
- Outcomes in Ireland are on a par with best international performance
- Care is accessible and delivered by the most appropriate professional(s) in the



most appropriate setting based on the woman and infant's needs

- Resources are used effectively in producing these outcomes.
- The strategy aims to address the following key issues:
- Principles that should underpin integrated models of care and appropriate care pathways
  - Arrangements for workforce planning and organisation which maximise the contribution of the maternity service workforce, support the delivery of best practice models of care and facilitate staff to work to the full scope of their practice
  - Governance and leadership arrangements necessary at a local, regional (hospital group) and national level to ensure the outcomes set out are achieved and demonstrated.

The National Strategy process is expected to conclude and report to the Minister by October 31, 2015.

*Submitted by Deirdre Munro, midwife INMO Executive Council and education officer, INMO Midwives Section, Quality Improvement Division, Corporate HSE*

*Special thanks to Rhona Mahony, master of the National Maternity Hospital and Mary Higgins, chairperson of the INMO Midwives Section*

## Reference

1. National Maternity Strategy terms of reference: <http://health.gov.ie/wp-content/uploads/2015/06/Information-Sheet-on-Public-Consultation-15.06.15.pdf> accessed July 2015



# Without justice there is no peace

Freda Hughes outlines the ICTU's campaign to boycott Israeli settlement produce and how it could affect change in Palestine

DELEGATES at the ICTU biennial delegate conference took part in the launch of Congress' campaign for a boycott and ban on goods from illegal Israeli settlements.

They were addressed by Palestinian diplomat Afif Safieh, after which a number of delegates addressed the crowd regarding the situation in Palestine.

In 2007, a trade union delegation travelled to Israel and Palestine. Subsequently, two motions were passed at the biennial delegate conference, affirming the ICTU's support for Palestine and committing them to a series of actions and interventions in support of the Palestinian struggle for national liberation.

One of these commitments was to support the call from the Palestinian civil society for a campaign of Boycott, Divestment and Sanctions (BDS) against the Israeli state until such a time that it complies fully with international law and respects human rights. This position was strongly supported and welcomed by human rights groups both nationally and internationally. Congress could never fully roll out a worker-led BDS Campaign, but it does openly support it and has encouraged its members, as consumers, not to buy Israeli goods.

At this year's ICTU biennial delegate conference, a new campaign was launched which asks members not to buy goods

from illegal Israeli settlements. This is a smaller scale boycott campaign than originally committed to in 2007, however it is a necessary one as produce from these settlements is illegal and should not be sold in the EU.

## Illegal Israeli settlements in the West Bank

The first Israeli settlements were built in late 1967, immediately following the military occupation of the Palestinian territories. Today, more than half a million Israelis live in such settlements. As Article 49 of the Fourth Geneva Convention states that it is illegal for an occupying power to 'deport or transfer parts of its own civilian population into the territory it occupies', all such settlements are thus war crimes.

UN Security Council Resolution 446 declares settlements have 'no legal validity.' In 1980, Israel formally annexed East Jerusalem as Israel's 'complete and united' capital. UNSC Resolution 478 declares the annexation 'a violation of international law', which is 'null and void and must be rescinded'.

When talking about settlements, images of tiny hill-side outposts may spring to mind, but the illegal Israeli settlements in the West Bank bear no resemblance. They are often built on hills, on the best land, after Palestinian homes

and villages have been destroyed or occupied. These settlements take the form of cities and towns with all the modern accoutrements associated with them, such as branches of Israeli universities, banks, industrial estates, apartment blocks, luxurious houses, international chain stores and eateries. Nothing prepares you for travelling to the region and witnessing the ongoing human rights abuses and atrocities on a daily basis, although I must admit that the sheer size and modernity of the settlements was one of the things that surprised me most.

They are commercial and economic units 'policed' by armed civilian settlers who are protected by the Israeli military. These settlers, despite their illegal status, gun wielding tendencies and the fact that they live in Palestine, are subject to Israeli civilian law. Meanwhile, all Palestinians living in the West Bank are subject to Israeli military law. A system of apartheid also exists regarding transport and travel in the West Bank. Palestinians are not allowed to use 'settler only' bus services and are not even allowed to drive on many 'Israeli only' roads in their own land. As Mr Safieh told the conference: "They want as much of our geography as possible with as little of our demography as possible."

Christian Aid and Trócaire have recently worked with 22 other NGOs to publish

a report entitled 'Trading Away Peace', which details how European policy helps sustain the illegal settlements, despite the fact that EU policy conflicts directly with this. The report shows that the EU imports approximately 15 times more from the illegal settlements than from Palestinian sources.

Working with groups such as Trócaire, Christian Aid and Who Profits, ICTU hope to compile an easily identifiable list of products that are manufactured by companies operating in the illegal settlements.

There are also campaigns for enforced correct labelling of settlement produce across Europe which, it is hoped, will come to fruition this year. This will make identification of settlement produce easier. Some obvious examples of settlement produce are; all Dead Sea beauty products, Keter Plastics, Ahava and SodaStream.

Congress stress that they are acting in the public interest when they call for a boycott of goods from the illegally occupied territories as the Irish public may be being deceived by product labelling and may unknowingly be purchasing goods produced in illegal Israeli settlements.

Israel has denied Palestinians their fundamental rights of freedom, equality, and

self-determination through ethnic cleansing, colonisation, racial discrimination, and military occupation. Abundant condemnation of Israeli policies by the UN, other international bodies, and pre-eminent human rights organisations have amounted to little as the international community has failed to hold Israel accountable and enforce compliance with basic principles of law. Just last summer, between July and August, 2,251 people were killed by the IDF in Gaza. Israel is yet to be brought to justice for this.

Israel is also afforded preferential trade with Europe through the Euro-Med agreement, of which it is in breach of article 2 which states: "Relations between the Parties, as well as all the provisions of the agreement itself, shall be based on respect for human rights and democratic principles, which guides their internal and international policy and constitutes an essential element of this agreement."

Israel has also repeatedly violated statutes of international law including:

- The Fourth Geneva Convention
- The Charter of the United Nations
- The Universal Declaration of Human Rights
- The International Convention on Elimination of Racial Discrimination

- The International Covenant on Economic, Social and Cultural Rights
- The UN Declaration on the Right to Development
- The Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment (1984)
- The Convention on the Rights of the Child.

The Boycott Campaign is a peaceful and effective tactic that allows us, as individuals, to apply pressure internationally and help to bring about an end to injustice. The aim is similar to the Boycott Campaign against South Africa's apartheid regime, which took decades to grow to a global movement, but essentially, was hugely effective in helping to overthrow apartheid in the region.

The campaign is not designed to affect workers, but attempts to level the playing field between Israel, the fourth biggest military power in the world, and the beleaguered and oppressed Palestinian people until such a time that Israel complies fully with international law and respects human rights. As Mr Safieh said: "Without justice there is no peace."

*Freda Hughes is assistant media relations officer at the INMO*

## Operating Department Nurses Section Conference 2016



### Call for Abstracts

The INMO ODN Section conference planning committee welcomes submissions from members on current Irish perioperative research, to form part of the conference programme.

Abstracts (between 250-300 words) to be submitted to [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie)

**Closing date for abstracts: November 27, 2015**

For all enquiries email: [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie), Tel: 01 664 0648

Website: [www.inmoprofessional.ie](http://www.inmoprofessional.ie)



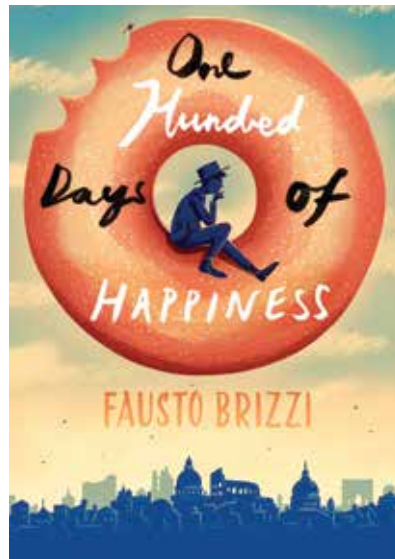
# Exploring life and death

"THE important thing is to make sure that when death comes, it finds us still alive" – in his debut novel *One Hundred Days of Happiness*, Fausto Brizzi tells the story of 46-year-old, terminally-ill Lucio Battistini who tries to live as much as he can, despite the fact he's dying.

Having been kicked out of his house by his wife and taking up residence in the stockroom of his father-in-law's bakery, Lucio doesn't have much to live for, but rather than send him further into depression, the news of his cancer inspires him to make the most of the time that he has left; 100 days give or take a few. Tucked away in the back of his drawer, Lucio finds a small notebook and numbering the pages one to 100, he sets about the difficult task of deciding what it is he wants to do with the little time he has.

Far from the clichéd 'bucket-list' you would expect, Lucio's goals are more realistic, focusing on how he can right his wrongs and make every moment count, with his main goal being to get his wife to forgive him for what he has done.

Unlike many stories that have gone before, this isn't the story of the great



adventures of a dying man, jetting across the world, crossing everything off a list before he dies; this is the story of a dying man and what he can realistically achieve in the time he has remaining. Rather than filling readers with a romanticised view of a terminal diagnosis where you can suddenly afford to do all the things you couldn't do before – such as go skydiving or see the

Great Wall of China – Lucio's story gives readers a more realistic take on dying and doing what you can with the time you have left. The result is a story just as compelling and even more poignant than the improbable story of a dying man who achieves everything he ever wanted to.

While the book was originally written in Italian, the humorous and fervent narrative translates well to English. The first-time author also manages to achieve something very difficult – to write a believable story about cancer and dying that is more uplifting than it is depressing.

As so astutely pointed out in the opening pages of the book, we are all dying, but should it take a terminal illness for us to really give credence to this thought? Through his engaging and thought-provoking narration, Brizzi encourages us to reflect on the realities of life and death and really ask ourselves the difficult questions, including 'what would I do if I had only 100 days left to live?'

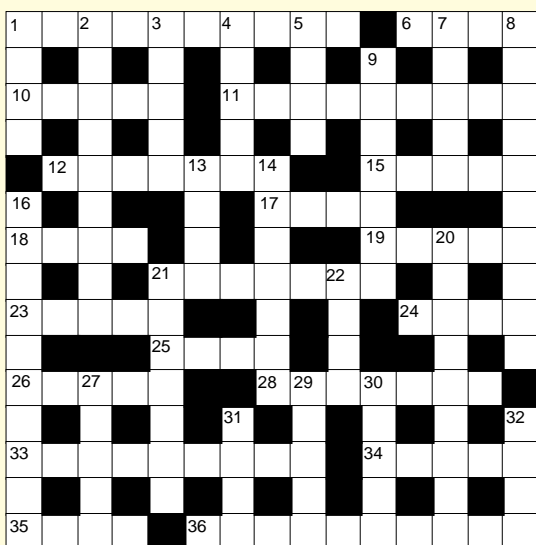
– Sinéad Makk

*'One Hundred Days of Happiness'* is published by Pamela Dorman Books and has a RRP of €19.50. ISBN: 9780525427377

## Crossword Competition



WIN A €30 BOOK TOKEN



**Across**

1. He'll splash out to get sweetener, Pop! (5,5)
6. Part of the Tamil dialect is not harsh (4)
10. Nip (5)
11. In a state of remorse (9)
12. Dilemma (7)
15. Clean the undergrowth (5)
17. Man-eating monster (4)
18. Dines (4)
19. At no time did Verne change (5)
21. Pharmacist (7)
23. Ms Brightman is involved literally with the commissar ahead (5)
24. Some cloth from Usain? (4)
25. River that flows through Bath and Bristol (4)
26. Rail-post (5)
28. The cynic finds a character in unhealthy surroundings (7)
33. Item of headgear named for a battle in the Crimean War (9)
34. Archaic form of 'yours' (5)
35. Simple, straightforward (4)
36. Such strange inch-orbits can cause a lung problem (10)

**Down**

1. Takes small drinks (4)
2. The Great Nore can be a provider of electricity (9)
3. Restoration to wellness, in short (5)
4. The central walkway in a church (5)
5. Gloomy, unlit (4)
7. Deduce (5)
8. On purpose (10)
9. Agree to see what Conor dispatched (7)
13. Whip (4)
14. Members of the Church of Jesus Christ of Latter-day Saints (7)
16. Redistribution of noble areas? That's 31 down (10)
20. This musician is on the fiddle (9)
21. Sacred vessel (7)
22. Out of danger (4)
27. Promenades (5)
29. It is made up of links (5)
30. On which rugby, for example, is played (5)
31. It's just a market (4)
32. Apartments converted from urban stables (4)

**Solutions to July/August crossword:**

- Across:**
1. Binoculars
  6. Form
  10. Bowel resection
  12. Pop over
  15. Earls
  17. AWOL
  18. El Al
  19. Older
  21. Stilton
  23. Spout
  24. Plan
  25. Robe
  26. Morse
  28. Doorman
  33. Suez Canal
  34. Beige
  35. So-so
  36. Headstones
- Down**
1. Baby
  2. New potato
  3. Cello
  4. Large
  5. Risk
  7. Osier
  8. Minestrone
  9. Echelon
  13. Vast
  14. Rallied
  16. Pessimists
  20. Dalmatian
  21. Stretch
  22. Oslo
  27. Reeks
  29. Ogled
  30. Robot
  31. Once
  32. Mess

The winner of the July/August crossword is:  
**Mary Jarvis, Clones, Co Monaghan**

(The crossword grid printed last month was incorrect – special thanks to all who entered nevertheless, using various inventive methods)

Name: .....  
Address: .....

The prize will go to the first all correct entry opened.  
Closing date: Friday, September 18, 2015  
Post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin

## September

### Tuesday 8

**Care of the Older Person Section** workshop on Risk Assessment. INMO HQ. 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Thursday 10

**Retired Nurses Section** meeting. INMO HQ. 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Saturday 12

**PHN Section** meeting. INMO HQ. 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Saturday 12

**Community RGN Section.** INMO HQ. 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Wednesday 16

**RNID Section** meeting and education session on assisted decision making. 10am-1pm. Log on to [www.inmoprofessional.ie](http://www.inmoprofessional.ie) to book or contact: helen.oconnell@inmo.ie or Tel: 01 6640616

### Thursday 17 to Sunday 20

**American Association for the History of Nursing** annual conference. Alexander and Davenport Hotels, Dublin. Further details, including registration, are available at: [www.resourcecentre.net](http://www.resourcecentre.net)

### Saturday 19

**CNM CMM Section** meeting and education session on delegation. INMO HQ. 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Thursday 24

**Nurse/Midwife Education Section** meeting. 9am. INMO HQ. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Thursday 24

**Resilience workshop.** 10am-4pm. INMO HQ. See page 76

### Saturday 26

**GP Practice workshop** on developing nursing protocols for medical software packages used in general practice. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Monday 28

**National Children's Nurses Section** meeting. Main Classroom, CNME, Cregg, Sligo. 2pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Wednesday 30

**Telephone Triage Nurses Section** conference. Castletroy Park hotel. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

## October

### Wednesday 7

**ADON Section.** 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details.

### Saturday 10

**School Nurses Section** meeting. INMO HQ on Preparing for HIQA inspections. From 10am. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for details.

### Thursday 15

**All Ireland Midwifery conference.** Armagh City Hotel. Go to: [www.inmoprofessional.ie](http://www.inmoprofessional.ie) to book. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Saturday 17

**ODN Section** meeting, Sligo. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Thursday 22

**Student Allocations Officers** meeting. INMO HQ from 12 – 3pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Thursday 22

**CPC Section** conference. INMO HQ 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

## November

### Saturday 7

**International Nurses Section** conference and Culturefest. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details. See page 79

**INMO Professional DEVELOPMENT CENTRE Library Opening Hours**

**September**

Monday-Thursday: 8.30am-5pm  
Friday: 8.30am-4.30pm

For further information on the library and its services, please contact:  
Tel: 01-6640-625/614  
Fax: 01-01 661 0466  
Email: [library@inmo.ie](mailto:library@inmo.ie)

## INMO Membership Fees 2015

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

### Thursday 12

**Retired Section** conference. INMO HQ. 10am-4pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Thursday 12

**IRNN 8th annual** conference "Changing times in Healthcare Research". 10am-4pm. Centre for Learning and Development in St. James's Hospital, Dublin. Go to [www.irnn.ie](http://www.irnn.ie) for agenda details and to register to attend or for further information contact mary.clarkemoloney@ul.ie. Attendance is free for IRNN members and €20 for non-members

### Friday 13 and Saturday 14

**Third Level Student Health Nurses Section** meeting. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

### Saturday 14

**PHN Section** meeting. INMO HQ. From 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

## Condolence

- ❖ The INMO extends sincere condolences to past president and colleague, Sheila Dickson on the death of her father, Mortimer (Murt) O'Shea. RIP

## Condolence

- ❖ Sincere condolences to Martina Dunne, from all her INMO colleagues, on the recent death of her father, Michael Dunne. RIP

## Best wishes

- ❖ Best wishes to Eily Mullane, INMO rep and former Executive Council member on her recent retirement from St Ita's Hospital Newcastlewest. We wish Eily the very best with the Irish Hospice Foundation



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

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# Staff Nurses/Midwives

If you have at least 20 years' service  
you may qualify for the Senior Staff  
Nurse/Midwife Increment

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- All staff nurses/midwives who obtain 20 years' post-qualification service are eligible for payment of the senior staff nurse/midwife increment
- Service constitutes all genuine nursing experience in Ireland and abroad
- The reference date for determination of service and payment is November 5 each year
- Application forms may be obtained from your Human Resources Department

**If you have any queries in relation to the above, please contact:**

Catherine Hopkins or Karen McCann, INMO Information Officers,

**Tel:** 01 664 0610 or 01 664 0619

**Email:** [catherine.hopkins@inmo.ie](mailto:catherine.hopkins@inmo.ie) or [karen.mccann@inmo.ie](mailto:karen.mccann@inmo.ie)



# ARE YOU READY? Retirement Planning Seminar

We have designed this seminar to ensure you are fully prepared for a secure retirement

Date	Venue
<b>Wednesday, 9 September 2015</b>	The Professional Development Centre, INMO, Whitworth Building, North Brunswick Street, Dublin 7
<b>Wednesday, 28 October 2015</b>	The Professional Development Centre, INMO, The Whitworth Building, North Brunswick Street, Dublin 7
<b>Thursday, 29 October 2015</b>	Conference Room, The Property Registration Authority - Land Registry, Golf Links Road, Co. Roscommon

**Fee:**  
€10.00 INMO Members; €45.00 non-members

**Time:**  
9.45am – 2.30pm (registration 9.30am)

To Book Online and for further information,  
log on to <https://inmoprofessional.ie> or tel 01 6640641/ 01 6640618