

Nursing and Midwifery Career Guide:

A guide for newly qualified nurses and midwives in the Republic of Ireland





Volume 1, Issue 1 2018

School of Nursing and Midwifery

Trinity College Dublin 24 D'Olier Street Dublin 2 D02 T283 Ireland

Email enquiries: nursing.midwifery@tcd.ie

First published 2018

Copyright © School of Nursing and Midwifery, Trinity College Dublin, 2018





Contents

Introduction	1
Starting your nursing or midwifery career Transitioning from student to staff nurse and midwife: a process of discovery Inducting newly qualified staff into clinical practice Professional networks and networking Types of nursing and midwifery careers Improving your employability Fitness to practice Code of professional conduct and ethics Nursing and midwifery salaries and benefits	2 4 6 8 9 11 13 15
Theory, research and practice Advancing your career through further education Applying for promotion in clinical practice Nursing technologies and trends Integrating theory into nursing and midwifery practice Applying for education and research grants: investing in you and addressing the global shortage of doctoral prepared nurses and midwives	17 19 21 23
Leadership in nursing and midwifery Leading the way in clinical practice: leadership is everyone's responsibility Doing advocacy Don't underestimate the importance of informal learning in your professional development Professional Indemnity Working within your scope of practice	26 28 31 33 35
Travelling and volunteering Traveling as a nurse or midwife	37
Meet the production team	38
Meet the contributors	39
Acknowledgements	42
Further education	42
Career opportunities	43



Introduction

Ms Michelle Cleary Trinity College Dublin



This guide has been developed to assist nursing and midwifery students as they prepare to transition to newly qualified nurses or midwives. I completed my degree in Intellectual Disability Nursing in the School of Nursing and Midwifery, Trinity College Dublin in 2007. Although it is over 10 years ago, I can still remember the mixed emotions of excitement and anxiety as I embarked on my journey as a newly qualified staff nurse. Back then, I would have welcomed this guide as it provides key information and guidance on commencing and developing as a healthcare professional. A career in nursing or midwifery is exciting and there is a vast range of career opportunities available in general, children's, intellectual disability and mental health nursing and midwifery. Whether you are considering starting your career in the public or private sectors, at home or abroad, or considering future roles in specialist practice, management, education or research, this guide will help you as you embark on this journey.

The transition from student to newly qualified registered nurse or midwife marks the end of formal education and the beginning of your professional career. Even after four years of formal educational preparation and experience gained during placements in clinical practice, this process is daunting and it is not unusual to feel anxious as you prepare for this transition. I can still recall my very first shift as a staff nurse.

The reality of becoming a registered nurse brought a range of emotions from an enthusiastic eagerness to fear and a certain naivety as I prepared to start. These different emotions continued throughout the early period of my career. Do not be afraid to acknowledge these feelings, as knowing your capabilities as well as your limitations are important to becoming safe and confident healthcare professionals. My early days as a newly qualified staff nurse were quite challenging. You may feel a sense of achievement on days that have gone well, other days you may feel overwhelmed. This is part of the process but you must give yourself time to reflect on your practice, learn and grow from these experiences.

During the early years in my career, the advice and support I received from my colleagues who had many years of experience was invaluable and I will be forever grateful for their help. Their assistance helped me to develop confidence and reduce my anxieties. Never be afraid to seek support from your colleagues. You can learn so much from other team members. I also found my college friends a huge support during this settling in period. After all, they were in the same boat as me. I found meeting up for a chat always offered reassurance, knowing that I was not alone in this process and it made the process feel a little less difficult. It is also important to find a balance between work and rest. Remember to take breaks during your shift, keep hydrated and eat well. Try to find a suitable balance between home and work life too. Take time for relaxation, hobbies and meeting family and friends when you are on your days off.

This guide is designed to assist you as you start your nursing or midwifery career. It offers advice and guidance on advancing your career, nursing and midwifery research, leadership in nursing and midwifery, traveling and volunteering as a nurse or midwife and also provides information for useful links and contacts. It is a must read as you embark on your career trajectory.



Transitioning from student to staff nurse and midwife: a process of discovery

Dr Colin Griffiths, Trinity College Dublin



Introduction

Moving from one role to another can be stressful at the best of times however moving from the status of student into fulltime work as a qualified professional is perhaps one of the most difficult career transitions. Nursing and midwifery are complex and involved professions because, as health professionals, we are deeply involved in the lives of those whom we support with the result that taking full responsibility for the lives of others can seem a daunting task. In the past the transition was perceived by newly qualified graduates as quite haphazard and characterised in one study in 1985 as 'fumbling along' (Gerrish 2000). However these days, pre-registration courses are somewhat better oriented to address the shock of how to manage as a newly qualified staff nurse or midwife.

Be prepared

It is likely that as a newly qualified nurse or midwife you will feel some degree of stress, anxiety and uncertainty. Be aware of your feelings and how to deal with them. Some days will probably be good and you will feel you have achieved much, while on other days, things may not go so well and you will be upset or disappointed. Accept that this will happen and try to learn from what goes well and what goes poorly. Do remember that your role has changed from student to one of qualified health professional with responsibility, this greatly impacts on how others see you and this will mean people will relate to you differently as expectations change in light of the way you are disconnected from your student past and the way you forge a new identity.

Skills you will have to acquire

There are many clinical and practical skills and competencies that you learnt while doing your degree that will be have to be developed quickly when you take up your staff nurse / midwife role. These skills will include:

- Organisational planning skills
- Time management skills
- Managing staffing issues
- Interpersonal skill management.

There are two elements:

1. Managing staff:

As a qualified professional you will have to manage staffing issues. This can be particularly difficult if your responsibilities include managing staff (healthcare assistants or nurses), who have been around a long time as they may resent being directed by a newly qualified nurse/midwife. This process can require tact and empathy in order to discriminate how to get the best out of each individual with whom you are working.

2. Managing inter-professional interactions:

Nursing and midwifery are cooperative professions so part of the nurse's or midwife's role is to bring together the wisdom and abilities of a large number of others [doctors, various therapists, dieticians, clerical support staff etc.] with the purpose of enabling the patient or service user to get better or at least obtain the best possible quality of life. Getting the best out of other professionals requires a finely tuned inter-personal empathy as well as an ability to make decisions that not everybody may be pleased with combined with a capacity to explain to the displeased the rationale for the decision. This comes with experience but you should not expect too much from yourself in this area at the start of your career.

Things you should do

Seek support of other nurses: friends, more experienced nurses/ clinical supervisors. Remember: you are still learning and you will learn by succeeding and sometimes by making mistakes. So treat mistakes as opportunities to learn and be kind to yourself when that happens.

What you will discover

Your confidence will grow (Kumaran and Carney 2014). As your theoretical knowledge is paired with your practical experience and as you develop the ability to reflect on what happens in your practice your clinical and personal confidence will grow and your stress and anxiety should decrease. (O'Shea and Kelly 2006)



References

Gerrish K. (2000). Still fumbling along? A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse. *Journal of Advanced Nursing*. 32(2): 473-480.

Kumaran S and Carney M (2014). Role transition from student to staff nurse: facilitating the transition period. *Nurse Education in Practice.* 14: 605-611.

O'Shea M and Kelly B (2006). The lived experiences of newly qualified nurses on clinical placement during the first six months following registration in the Republic of Ireland. *Journal of Clinical Nursing*. 16: 1534-1542

Work matters	Personal matters
Always work within your scope of practice. Often, newly qualified nurses and midwives can feel embarrassed or feel they are supposed to know everything once they have their NMBI nursing pin. This is not true. Always ask for help from a more senior member of staff when you do not feel comfortable to carry out an aspect of care.	You have four years of experience, do not put yourself down or think that you know nothing. You have so much knowledge and your own experiences to bring to the job.
Read. You will encounter a lot of information that is new to you as you begin this career. Make a note of what you don't yet know and read about it. It will stand you in good stead.	Always ask for help and support if you are feeling stressed or under pressure. You are never on your own.
Learn from others. Take any learning opportunity available to you and listen to those with experience. They were once in your shoes. Use the internship to go over things that you foresee will come up for you when qualified.	Keep a diary for yourself to reflect on your new role and your new experiences.
Carry a notepad with you to note down items for the end of shift report that you might forget.	Be the best you can be, every day. You have so much to bring. You are the future of nursing. However remember no one is perfect and perfection is not expected of you.
Be organised. Take 5 minutes at the start of your shift to plan your day and prioritise your patients and duties.	Be kind to yourself. Remember it is ok not to know it all and congratulate yourself on the amazing work you can do. Nobody is perfect in this career, you will always be learning.
Make sure to give yourself as much time as possible to do longer tasks such as medication administration and writing up notes. It will take you longer initially so be sure to plan your day for this.	Reflect. Give yourself time to think about your shifts, make sense of your busy day. Reflecting allows us to come up with areas we can improve upon but also gives us an opportunity to acknowledge the positives in our care.
Try and go on as many training days and courses as your job will allow you. They will be useful for guiding your work.	Don't be afraid, you are qualified, you have earned this qualification.
If you have completed your work, help out someone else, you may need their assistance someday.	Talk to others. Meeting up and chatting with your friends and colleagues over a cup of tea will make everything seem much easier.
	Have fun. Make the most of your time off, it is valuable. You'll deserve your days off, that weekend away, or night out with your friends.
	And lastly: invest in a good pair of shoes. It may save you back problems in the future.



Inducting newly qualified staff into clinical practice

Mr Paul Gallagher, St James's Hospital



The transition from student to staff nurse or midwife is a rite of passage that marks the end of your initial educational preparation in your discipline and the beginning of the professional journey as a nurse or midwife. This transition is often described as exciting but it can be an extremely challenging time for many. As a student psychiatric nurse and postgraduate student in general nursing, I clearly recall the transition from student and being 'dependent' on others, to a staff nurse who was 'depended' on.

Experiences of newly qualified health professionals

The experiences of a newly appointed staff nurse or midwife are often very exciting and exhilarating especially after four years of life as a student. Not unlike many other careers, the first stage of employment can often be described as a 'honeymoon phase' however, this may be short-lived as the nurse discovers that the role, workload and expectations can be challenging. At this fundamentally important time in your new career it is essential to continue to use the supports that are available: colleagues, ward managers and the professional networks that you established during your degree course. Most of us have experienced this in the early stages of our careers; however, as time passes as a newly qualified nurse and midwife you will achieve a work life balance and the confidence to continue to develop in your roles. As you begin your career it is quite usual to feel somewhat unsettled after you commence clinical practice and feeling discontentment can often be a part of settling in to such an important role. When the right approach is adopted by all stakeholders i.e. you as the newly qualified staff nurse or midwife, your colleagues and employers, this time of transition can be a rewarding one.

An example

At St James's hospital we have identified three key areas that both the newly qualified nurse or midwife and the hospital are mindful of, to ease and support the transition from student to staff nurse. These are summarised as follows:

- i. Support and Feedback
- ii. Skill and Competence Development
- iii. Development of Critical Thinking skills

As a hospital employer it is our responsibility to provide the necessary supports for these individual areas however, it is also your responsibility as a registered nurse or midwife to ensure that you participate and expand on your professional practice and personal development.

Conclusion

In concluding, I wish to emphasise a few key points that all newly qualified nurses and midwives should consider as they make the transition from student to qualified health professional. These are:

- Keep your patients safe and be their voice.
- The first 6-12 months for many newly qualified nurses and midwives can be very stressful, therefore, utilise the supports that are available to you.
- Look for career opportunities that offer a structured graduate programme with inbuilt dedicated preceptorship. If this is not available, ask your ward nurse/midwife manager to provide you with a preceptor or a role model who is experienced and who can be approached to give objective support and direction.
- Be patient with yourself. As you gain more experience you will become more confident in your practice. We all make mistakes, however, it is reflecting and learning from them that is important: this also develops your critical thinking skills.
- Self-care is often overlooked so do not forget to mind yourself and your colleagues.

Bibliography

Doody, O., Tuohy, D., Deasy, C. (2012) Final-year student nurses' perceptions of role transition. *British Journal of Nursing*. 21(11): 684-688.

Duchscher J.E. (2009) Transition shock: the initial stage of role adaptation for newly graduate registered nurses. *Journal of Advanced Nursing*. 65(5): 1103-1113.

Hardacre, R., Hayes, L. (2016) The transition to becoming a newly qualified nurse: a reflection. *The Journal of New Writing in Health and Social Care*. 2(2): 32-43.

Hofler, L. and Thomas, K. (2016) Transition of new graduate nurses to the workforce: challenges and solutions the changing healthcare environment. NC *Medical Journal*. 77(2): 133-136.

Kramer, M. (1974) Reality Shock: Why nurses Leave Nursing. Mosby: St Louis.

Ash, R., Lemcke, P., Sacre S (2009) Enhancing transition: an enhanced model of clinical placement. *Nurse Education Today.* 29(1): 48-56.

Sparacino, L.L. (2015) Faculty role in assisting new graduate nurses to practice International Journal of Nursing. 2(2): 7-46.

Twibell, R., St Pierre, J. (2012) Tripping over the welcome mat: why new nurses don't stay and what the evidence says we can do about it. *American Nurse Today.* 7(6). [ONLINE] Available at https:// www.americannursetoday.com/tripping-over-the-welcome-mat-why-new-nurses-dont-stay-and-what-the-evidence-says-we-can-do-about-it/ (accessed 28th

Whitehead, B. (2011) Are newly qualified nurses prepared for practice? *Nursing Times*. 107(19/20): 20-23



March 2017).



Professional networks and networking

Professor Kate Irving, Dublin City University



Introduction

Networks are groups of people with a common interest who exchange knowledge in a way that is mutually beneficial. In other words, a connection may be able to offer direct help or put you in contact with someone who can help. Do bear in mind also, that you may be in a position to return the favour at some point.

Dynamic professions

Nursing and midwifery are highly dynamic fields. Patient care is constantly evolving and the scope of nursing practice continues to expand. Therefore, maintaining current knowledge of trends and advancements in nursing and midwifery is imperative. Finding information is not a problem but finding important information among the 'noise' of information overload is the main challenge we face. Networks are useful mechanisms for crowd sourcing information so that you can find the information you require.

In nursing and midwifery, in which there are many professional paths, networking can be helpful for finding out about new positions, meeting mentors or learning about interesting events and conferences. You never know where your professional interests may lead. Therefore, developing a professional network with a broad scope will help you to be agile throughout your career. Having the support of a professional network may help to combat the kind of stress that leads to burn out. It is a way of getting advice from more experienced colleagues and may result in practical ideas to improve things. Networking not only with nurses and midwives but with our allied health colleagues as well as those

outside of health disciplines e.g. business studies, will be important for nursing / midwifery leadership if the professions are to deal with the many challenges facing them. Furthermore, collaborative networks are crucial if nurses and midwives are to achieve equal status with other healthcare professionals (Cook 2001).

Professional associations

These are useful for meeting others in the nursing and midwifery professions; the anchor of your network is in your own ability to develop relationships. Begin early. Use your time as a student to start joining professional associations and building your network by exchanging contact information with those you meet. Attending nursing or midwifery conferences and events is another great way to network. Initiate conversations and have business cards made up so that you can exchange contacts. Aim to join networks that align with either your current role, and / or the career aspirations you have for the future.

Social media

This can be an important resource for nurses and midwives and can also act as a global voice for the professions, help counteract negative stereotypes, and promote the professions. It can provide an instant means of communicating with colleagues; Facebook, Twitter and YouTube have opened up access to a vast wealth of information, practice experience, health care disciplines and developments. While social media is a valuable aid, a note of caution is required. Keep a strict divide between the personal and professional use of social media and, it is vital to remember to always respect patient confidentiality as well as the dignity and respect for others in any online communication. The Guidance to Nurses and Midwives on Social Media and Social Networking can help nurses understand basic guidelines for its safe use.

See more at: www.nmbi.ie/Standards-Guidance/More-Standards-Guidance/Social-Media-Social-Networking



Conclusion

Nursing and midwifery are demanding professions but do try to make time for networking. Set aside a few minutes for updating your social profiles or committing to attend a couple of conferences each year. This is an investment in your career and yourself.

Courtney et al. (2002) reported that nurses often fail to prioritise networking in their work schedules. You have worked hard for your nursing or midwifery qualifications so capitalise on this hard work to improve your profile and showcase your contribution to your respective professions.

References

Cook MJ (2001). The renaissance of clinical leadership. *International Nursing Review* 48 (1), 38–46.

Courtney M, Yacopetti J, James C, Walsh A (2002) Comparison of roles and professional development need of nurse executives working in metropolitan, provincial, rural or remote settings in Queensland. *Australian Journal of Rural Health*. 10 (4), 202-208.





Types of nursing and midwifery careers

Dr Angela Flynn, University College Cork



Introduction

Getting settled in your new role as a newly qualified nurse or midwife can be very challenging. How do you know you're in the right place? Is it a good match for you and your interests? As you have gained experience of different specialities during your education, you probably felt more 'at home' in some areas than in others. We work best in a place where we are most comfortable and where we gain the most personal and professional satisfaction.

Developing your specialism

When we think of 'specialist' areas of practice, we tend to think of areas of high acuity with specific skills and knowledge required to practice safely and competently. These fields do demand additional training and qualifications in order to practice effectively, and increasing numbers of HEIs are offering such training at postgraduate level. Nurses working in settings such as Emergency Nursing, Intensive and Critical Care/High Dependency Nursing, Theatre Nursing, Recovery Nursing, and many others, tend to seek specialist training in these fields. You can pick up much experience of these areas while working in them, but to add to your knowledge of evidence based practice in these, it is advisable to seek specialist training.

To develop your career in a particular area, or to get promotion you certainly will need to have completed further postgraduate study, ideally to MSc level. Many HEIs offer the modules that make up these programmes as 'stand-alone' Continuing Professional Development (CPD) modules which may be more affordable and manageable while working full time. Most nurses however, will find themselves working in generic settings and currently there are very few specific courses that cater for career development in such settings. To build up your portfolio, you should seek out CPD and inhouse training courses.

Moving into nursing or midwifery management

From a very early stage in nursing and midwifery, we are called upon to make decisions around the management of patients and workloads. Very soon, the newly qualified nurse or midwife can find themselves 'incharge' and will be called upon to use skills of 'people management', interpersonal and communication skills, as well as decision making, often while under much pressure and stress. Postgraduate and Higher Diplomas in management should be sought out by those wishing to move formally into nursing or midwifery management. Additionally, those interested in moving into leadership or management should complete the Leadership training course 'LEO' which is currently a 3 day programme.

Moving into nursing or midwifery academia

Many people get great satisfaction from teaching and supporting learners. As a preceptor you may find that this is an area you would like to develop further. Most roles within academia now require doctoral qualifications however, there are often studentships that offer sponsorship while you complete your studies, and provide experience in lecturing. Research goes hand-inhand with education in nursing and midwifery. You may already have a subject that you would like to research further. If you find you are drawn to ensuring quality evidence based practice, then you might find you would like to work in Practice Development, where you would work with colleagues in developing and ensuring evidence based practices and policies.



Improving your employability Ms Linda Ryan, Trinity College Dublin



Introduction

There is much debate surrounding the word employability. It is suggested that some professionals use it interchangeably with; getting a job, or with the concept of enterprise or entrepreneurship (Pool & Sewell, 2007). In this article the term is used to refer to "the readiness for work in an area you want to work in".

Readiness defined

Readiness is defined as being fully prepared and fully willing in this case, to work as a nurse or midwife. Apart from the technical aspects of nursing and midwifery, employability means that a graduate can demonstrate attributes and competencies such as communication skills, collaboration skills, ability to work under pressure, and deal with unpredictability. A graduate needs to be able to communicate that they are ethically aware and have integrity as core values. As graduates progress through their career, it will be important that they not only apply the knowledge they acquired during the course of their studies but also demonstrate self- determination by mastering tasks and increasing the depth and breadth of their knowledge. Essential to working within healthcare is the concept of reflection. Therefore, as a newly qualified health professional you are required to reflect on your performance: ponder on successful as well as unsuccessful initiatives / situations and learning from both.

Global professions

Nursing and midwifery are global professions and those who work in Ireland do so under strict guidelines and policies in order to ensure public safety for those they care for. Irrespective of where you chose to work you must be guided by local regulations and work always within your scope of practice. Being work ready means that you can answer questions about employability and are competent to inform and advise others on what is expected. Professional responsibility is crucial to working as a nurse or midwife so demonstrating employability and being able to articulate that you have the required skills and qualities to potential employers is vital to securing a job.

Endorsing your employability

To ratify your employability you must be able to vocalise and demonstrate to potential employers that you meet the required attributes and competencies referred to above. Healthcare graduates can do this by drawing on all areas of life, their academic courses and achievements, their co and extra-curricular activities such as committee membership of a club or society. They can also demonstrate this through informal and unrelated voluntary work experiences that they may have. It is important also that graduates familiarise themselves with the hospital or healthcare facility they wish to work in prior to interview. Those who find suitable employment tend to be individuals who are well prepared for interview and respond positively to feedback. They are clear about what they have to offer and are clearly able to articulate this to any potential employer.

Conclusion

Before concluding, your attention is drawn to some key skills and qualities employers consider important for developing clinical nursing and midwifery practice. The literature documents several skills and qualities but the items below have been selected for your information.

Key skills, knowledge and responsibilities required by employers

Leadership: is central to nursing and midwifery professions and is everyone's business. Therefore, being knowledgeable about leadership is important when seeking any job in healthcare.

Change: all nurses and midwives must recognise the importance of change in nursing and midwifery practice and be able and willing to facilitate it.



Education: acknowledge the relevance of life-long learning in nursing and midwifery, cultivate and encourage informal learning, and promote continuing professional development in clinical practice.

Research-based knowledge: understand the importance of research in nursing and midwifery and be willing to avail of opportunities that facilitate this in clinical practice.

Motivation: being motivated is important in clinical practice – be aware of the ways in which you can contribute to creating a motivating work environment e.g. showing energy, enthusiasm, determination, having a positive outlook and so on.

Communication: is an essential skill for all aspects of nursing and midwifery practice. Do your best to utilise knowledge gained during your degree course and remember always to communicate with clarity, honesty and kindness.

Ethical considerations: act ethically at all times and make compassionate care a core value in clinical practice.

Critical thinking and decision making: are core requirements in clinical practice. These skills should become easier as you gain experience but always seek advice when in doubt.

Diverse work environments: being able to work in diverse environments and treating everyone equally and with dignity and respect (patients and staff) are central to contemporary healthcare.

Dr Elizabeth A. Curtis, Trinity College Dublin

References

Pool L.D. & Sewell P. (2007) The key to employability: developing a practical model of graduate employability. *Education and Training* 49(4): 277-289.





Fitness to practice

Dr Phil Halligan, University College Dublin



Introduction

Fitness to Practise (FtP) is a multifaceted concept and as a nurse intern or new graduate, you may experience anxiety around it (Devereux et al. 2012). Fitness to practice is first and foremost about protection of the public (Lauder et al, 2008). Patient and public safety is at the heart of all professional regulators and therefore their role is to ensure that nurses and midwives are fit for practice at the point of entry and while registered as a nurse or midwife.

Standards

Standards of patient safety are core to all healthcare professionals. However, following a number of recent health inquires, concerns have been voiced that student nurses are not 'fit for practise' due to a perceived lack of clinical skills at the point of registration. Holland et al. (2010) suggest that registration is only the beginning of a lifelong learning experience. But, what does being FtP mean to a nurse or midwife as they embark on a new career? FtP is not defined by the Irish regulators, The Nursing and Midwifery Council (NMBI) however the Nursing and Midwifery Council (NMC) (2015) in the UK defines FtP as nurses possessing "the skills, knowledge, good health and good character to do their job safely and effectively".

NMBI

An FtP committee within the NMBI deals with any allegations about a nurse's or midwife's 'fitness' to practise which may be due to one or more of the following:

- As a Registered Nurse or Midwife professional misconduct is taken very seriously because both professional groups are considered to have fallen short by omission or commission of the standards of conduct expected amongst nurses / midwives. If the registered nurse or midwife is alleged to have been involved to some degree of moral turpitude (for example, rape, forgery, robbery, and prostitution), fraud or dishonesty; then from a professional point of view it may constitute professional misconduct.
- Poor professional performance whereby a registered nurse or midwife fails to meet the standards of competence (this could be either knowledge or skills or the application of knowledge or skills) that can be reasonably expected from any Registered Nurse / Midwife carrying out similar work.
- If a Registered Nurse or Midwife has or acquires a physical and / or mental disability and this potentially impacts on their ability to practise safely; they are obliged to inform the NMBI. Although students and employees are well protected by legislation, if there is a risk to patient safety, then the Registered Nurse or Midwife must disclose to their employer who will provide additional support in the way of reasonable accommodations.
- Registered Nurses and midwives are expected to be of good character and to uphold the profession in good standing. This means that if they are involved in any criminal activity and obtain a conviction or caution (for example, addiction) they are expected to self-declare to the NMBI who will then make a decision as to how they will proceed.
- In certain circumstances, at the time of entry to the register, NMBI may attach certain conditions to a nurse or midwife registration for example, following a fitness to practise inquiry.
- Fraudulent or incorrect entry in the Register of NMBI (NMBI 2017).



Conclusion

To conclude, FtP is not once off but a life long journey of learning. It is really important that all Registered Nurses and Midwives remain aware of their personal and professional accountability and recognise any limitations in their knowledge and experience and continue to seek advice from more experienced professionals and keep up to date with emerging research evidence and skills.

References

Devereux, J., Hosgood, P., Kirton, J., Jack, B.A., Jinks, A.M., (2012) Why do students fail to disclose health problems? Nursing Times. 108(1–2): 18–20.

Holland, K., Roxburgh, M., Johnson, M., Topping, K., Watson, R., Lauder, W. and Porter, M., (2010) Fitness for practice in nursing and midwifery education in Scotland, United Kingdom. Journal of Clinical education in Scotland, United Kingdom. Journal of Clinical Nursing. 19(3-4): 461-469.

Lauder, W., Roxburgh, M., Holland, K., Johnson, M., Watson, R., Porter, M., Topping, K.J. and Behr, A., (2008) Nursing and Midwifery in Scotland: Being Fit for Practice. NHS Education for Scotland: Scotland.

Nursing, Midwifery Board of Ireland (2017) Fitness to Practise Department. [ONLINE] Available from https://www.nmbi.ie/What-We-Do/Who-we-are/Fitness-to-Practise-Department. (accessed 23rd March 2017).

Nursing, Midwifery Council (2015) What is fitness to practise? [ONLINE] Available from https://www.nmc.org.uk/concerns-nurses-midwives/what-we-do/what-is-fitness-to-practise/ (assessed 23rd Mar 2017)





Code of professional conduct and ethics

Dr Phil Halligan, University College Dublin



Introduction

The Nursing and Midwifery Board of Ireland (NMBI) is the regulator of the professions of nursing and midwifery in Ireland. The primary purpose of the Board is to protect the public, and ensure the integrity of nursing and midwifery practice. All registered nurses and midwives are expected to abide by the professional standards set out in The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014). The Code is based on five principles: Respect for the dignity of the person; Professional responsibility and accountability; Quality of practice; Trust and confidentiality; and Collaboration with others and each principle is underpinned by a number of ethical values and standards of conduct and practice that registered nurses and midwives must uphold in order to be registered to practice. This is an invaluable framework for nurses and midwives and it is vital that you understand what is expected of you.

The Code

The purpose of the Code is to guide nurses and midwives in their day-to-day practice and help them understand their professional responsibilities in caring for patients in a safe, ethical and effective way (NMBI 2014). As a new registered nurse or midwife, you are agreeing to uphold these professional standards and this commitment to professional standards is fundamental to being part of a profession (NMC 2015). A breach of the Code may constitute either professional misconduct or unprofessional conduct and this can prompt the NMBI to take action and in serious cases,

remove you from the register. It is worth noting that the Code is not just for nurses and midwives but others too, for example: service users, educators, other health workers; the community in general; and employers (NMBA 2008). Moreover, the Code can assist nurses and midwives in many ways: to reflect on their practice, enhance patient safety, and assist personal and professional development.

The following points about the Code are important and relevant to your practice and I suggest you consider them carefully:

- Nurses and midwives should refer to and read the Code frequently. This can serve to reinforce your professionalism while using it as a guide to practice daily in a professional manner. Before students graduate, educators can use the Code to help students understand and reinforce what it means to be a registered professional and how keeping to the Code helps to achieve that.
- Every nurse and midwife can self-appraise their standards of care and make a judgement regarding the quality of the service they provide. Managers and educators can also use it as a tool for staff appraisal and development. In addition, the Code often provides the basis for NMBI to assess the fitness to practise of nurses and midwives who are referred to them if concerns about their practice arise.
- The Code can be useful for every nurse and midwife who cares about good nursing and midwifery care and can be invaluable for reinforcing your professionalism. Although renewal of registration is currently not a requirement for NMBI, creating a portfolio based on the Code principles and standards can assist you in purposeful reflection on how you meet these standards and therefore will provide robust evidence of your continued ability to practise safely and effectively. This will also give the Code significance in your professional life, and raise its status and importance for employers.
- The Code can be used by all staff to promote safe and effective practice at work. To do this it would be useful to have copies of the NMBI Code of Professional Conduct and Ethics booklet or poster available as reading materials for patients and service users, as this may assist them in understanding the roles of the nurse and midwife and contribute to greater transparency.



Conclusion

The Code offers an excellent framework to guide conduct and professional practice in an ethical manner. However, it is unable to account for the varied and complex situations that may arise in practice (Sutcliffe 2011). Therefore, it is incumbent upon every registered nurse and midwife to take responsibility for the care they provide to people, society and each other in order to remain safe competent practitioners (NMBA 2008).

References

Nursing and Midwifery Board of Australia (NMBA) (2008) Code of Professional Conduct for Nurses in Australia. Australian Nursing and Midwifery Council: Melbourne. [ONLINE] Available from http://www. nursingmidwiferyboard.gov.au (accessed 28th March 2017).

Nursing and Midwifery Council (NMC) (2015) The Code Professional Standards of Practice and Behaviour for Nurses and Midwives. NMC: London. [ONLINE] Available from https://www.nmc.org.uk/globalassets/ sitedocuments/nmc-publications/nmc-code.pdf (accessed 28th March 2017).

Nursing, Midwifery Board of Ireland (NMBI) (2014) The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. NMBI: Dublin. [ONLINE] Available from https://www.nmbi.ie/Standards-Guidance/Code#sthash.ma9VYBMK.dpuf (accessed 28th March 2017).

Sutcliffe H, (2011) Understanding the NMC Code of Conduct: a student perspective. Nursing Standard. 25(52): 35-39.





Nursing and midwifery salaries and benefits

Ms Emma Duffy, Trinity College Dublin



Introduction

The career opportunities available to newly qualified nurses and midwifes in Ireland are vast and exciting. This range of careers offers graduates the chance to work in a general capacity as a staff nurse or midwife; public health nurse; clinical nurse or midwife and nurse educator. Equally within these roles, discipline specific positions are available.

Employment opportunities and pay scales

As a newly qualified nurse or midwife, you will no doubt be eager to get started on your journey as a healthcare professional and take home your first salary, but it is important to be aware of the starting salary points and potential salary expansion available. As you develop you naturally want your career and salary to develop with you. There are a number of avenues you could take with regard to career growth, which can have a significant impact on your salary. Details of these career paths will be explored in the next article.

According to the Irish Nurses and Midwives Organisation (INMO), as of April 2017 following qualification, preregistered nurses and midwives can expect to receive a starting salary of €24,361. Once registration has been achieved you can expect your starting annual salary to increase to approximately €28,483. Although slightly varying across the disciplines, salaries for nursing and midwifery roles increase annually through increment scales. The lifespan of these increments can differ depending on the role and point in your career. Details of expected increment scales can be found on the Irish Nurses and Midwives Organisation (INMO) webpage.

Distinction between public and private sectors

Several benefits are available to nurses and midwifes in both the public and private sectors. Ranging from allowances to flexible working hours to greater individual patient care time, every effort is made by both sectors to provide the best possible benefits to its nurses and midwives. See Table 1

Conclusion

As you embark on your nursing or midwifery careers you will have a number of opportunities to avail of. The most obvious of these will be choosing a role in either the public or private sector. Both offer different benefits and paths for career progression, including salary increments; annual leave; flexibility and allowances. It is important to keep these in mind as you navigate through your career as a health professional.

Table 1: Benefits Public and Private Sectors

Public sector Allowances Continuing professional developments Educational sponsorship Leave entitlements Competitive salary with additional pay for shift and differentials Public service pension Travel pass schemes Private sector Leave entitlements Greater individual patient time Flexible working time Joining bonus Relocation bonus



Bibliography

Health Service Executive. 2016. Payscales. [ONLINE] Available at: http://www.hse.ie/eng/staff/ BenefitsServices/pay/. (accessed 9th March 2017).

Health Service Executive. 2013. Salary Scales for Student Nurse and Post Qualification/Pre-Registration Nurses. [ONLINE] Available at http://www.hse.ie/eng/staff/Resources/HR_Circulars/circular0242013.pdf. (accessed 9th March 2017).

Health Service Executive. Nursing in Ireland. [ONLINE] Available at http://www.nursinginireland.ie/working-inireland/. (accessed 9th March 2017).

Irish Nurses and Midwives Organisation. Private Sector Employees. [ONLINE] Available at https://www.inmo.ie/private_sector_employees. (accessed 21th June 2017).

Irish Nurses and Midwives Organisation. Salary Information, [ONLINE] Available at https://www.inmo.ie/Salary_Information. (accessed 21th June 2017).

Nurse Jobs Ireland. 2016. Advantages and Disadvantages of Nursing in Ireland. [ONLINE] Available at https://www.nursejobsireland.com/blog/2016/05/advantages-and-disadvantages-of-nursing-in-ireland. (accessed 9th March 2017).

Mater Private. 2017. Nursing Career Opportunities. [ONLINE] Available at http://www.materprivate. ie/careers/current-vacancies/nursing-career-opportunit/index.xml?utm_source=Indeed&utm_medium=organic&utm_campaign=Indeed. (accessed 8th March 2017).





Theory, research and practice

Advancing your career through further education

Mr Frank O'Rourke, Trinity College Dublin



Introduction

Continuing education is critical to the careers of nurses and midwives. It is a requirement by the Nursing and Midwifery Board of Ireland that nurses and midwives continuously develop their knowledge and skills. Whether you are looking to change roles or apply for promotion, the importance of having the right qualifications cannot be stressed enough. Nursing is an ever changing profession and engagement in lifelong learning will open doors as you progress through your career. In most instances advanced roles in specialist practice, research, education and management will only be attainable through getting the right qualifications, so further education cannot be overlooked.

Types of Educational Courses

Depending on what you want to achieve there are many options for educational courses. Courses will vary in duration, difficulty and recognition, so choosing the right course for you can be as important as successfully passing the course itself. It goes without saying that recognition of the course is of paramount importance. There is no point in investing time and money in a course which is not accredited by a recognised institution or professional body if you need it to help you in your career progression. Some types of courses are described below.

Continuing professional education (CPD)

This is usually a short course which is focused on a specific topic or skill. There are many providers for this type of course and a good source of information on approved courses is available from the Nursing and Midwifery Board of Ireland.

Online courses

Can be a good way of balancing education with work and life. Universities and Institutes of Technology recognise the difficulties that nursing students have in mixing education and work and are offering more online courses, some of which may be completely online and others may have an online component. A blended education course is an option for those who like the flexibility of online learning but can also benefit from the classroom and social interaction aspect of education. Most postgraduate courses now have at least some element of online education.

Post-registration courses

These courses can offer opportunities to nurses and midwives who wish to advance their career in a different direction; it is important that you check that the course you are applying for has NMBI approval. Examples of post-registration programmes available in Ireland include Children's Nursing, Midwifery, Nurse/Midwife Tutor, etc. A full list of registration programmes is available from the Nursing and Midwifery Board of Ireland.

Postgraduate courses

There is a wide variety of postgraduate courses offered across Higher Education Institutions in Ireland so choosing the right course for you can be tricky. It may take time to choose the right course and indeed the right College, but there are some useful sources of information to guide you for career advancement. Since the introduction of a degree level entry into nursing and midwifery in 2002 further education has become more important in the profession. To be eligible to apply for many posts such as Advanced Nurse Practitioner an appropriate M.Sc. is a prerequisite.

Sources of information

The Nursing and Midwifery Board of Ireland website contains a vast array of information on courses. This is a useful resource for checking if a course is validated by them and for giving you advice on a range of other topics in your professional career

Higher Education Institution websites offer a wide range of courses and often provide other relevant advice and information useful to you in your career. Of course, the website is only the front door to the HEI, speaking with the relevant course contact will provide you with much more detail about the course and help in making the right decision for you. It is important when choosing the right HEI that it is well recognised. Particularly if you are planning to use your qualification abroad in future a globally recognised university can open many doors.

Colleagues, managers and mentors are an invaluable source of information in choosing the right course. Advice from colleagues who have attended a course can give you an insight into a course which you cannot get from a website. Speaking with a colleague or mentor in an area or post you aspire to will also help in choosing the right course.

Funding and getting time off for attending classes is also something you should consider. Some courses, particularly in areas of national skills shortages, can receive 100% funding from the HSE or your employer. It is advisable to speak with your line manager and/or Human Resources to explore what supports might be available to you.

Conclusion

There are many options for further education, but picking the right course or courses is key to helping you advance your career. Speaking to others, particularly those in positions you aspire to will help in making better decisions about your further education pathway and ultimately your career.





Theory, research and practice

Applying for promotion in clinical practice

Dr Rhona O'Connell, University College Cork



Introduction

Once you are confident in your role as a staff nurse or midwife, look around and consider where your future may lie. Where will you be working in five years' time, what about ten, will you be looking for opportunities to progress in your chosen career and what about applying for promotional posts? There are many opportunities in nursing and midwifery to take on the challenges of working at a more senior level in a dynamic healthcare environment with its constant changing needs and demands. This requires newly qualified nurses and midwives to be prepared to take on future roles in specialist or advanced practice, management, education or research.

Newly qualified

For newly qualified nurses and midwives, rather than becoming specialised too early, it is useful to obtain a broad range of diverse experiences. Try out different areas of practice and if you have the opportunity to work abroad this will be useful as you will learn to adapt to different practice settings and increase your knowledge and skills. While you may not have a plan for advancement at the start of your career, at some stage you may consider the opportunities for career progression and become aware of roles that interest you. The main areas to consider are practice roles, including specialist or advanced practice, management roles at ward, unit or hospital level, and education or research roles in the health service or academic settings. All require a diverse range of knowledge, skills and competencies which you will gain from practice over the next few years. Do bear in mind however, that additional continuing professional development may be required.

Consult others

Once you become interested in career advancement, talk to others in senior roles, ascertain if further education is required to secure career progression? It is always a good idea to avail of the educational opportunities that come your way, not just the mandatory training required by your employer but look for study days, conferences and courses that interest you. Attendance at Continuing Professional Development (CPD) programmes will improve your CV and potentially increase your competencies and skills. You may become interested in a particular postgraduate education programme or consider undertaking an MSc; this is increasingly important when applying for promotional posts.

Clinical practice

In practice settings, take opportunities that come your way, you may unexpectedly find that you are in a leadership role when responding to a clinical situation or working with more junior members of staff, don't back away from challenges such as 'acting up' for someone. Use the support of your colleagues and always ask for help or advice when you are out of your depth. While Benner (2001) once highlighted that you cannot know what you have never experienced, be prepared to learn quickly from the good days not just the bad ones. Even when you have a difficult day, this adds to your skills and expertise and is amazingly useful when you are preparing for interviews when you start applying for promotional posts. Let your line manager know if you are interested in progressing in your career, sometimes a manager can put opportunities your way. In particular, there are often acting or temporary posts before a post is finalised or you may be asked to 'act up' for a shift or over a weekend. Use these opportunities to broaden your practice experience.

Promotion

If applying for a promotional post, recruitment may be local or national. For local recruitment employers may require that you submit a personal CV. The HSE often recruit nationally through the National Recruitment Service (NRS). Posts will be advertised on the HSE web site. There is a strict closing date so give yourself time to prepare your application and ensure all relevant documentation is submitted in time.

Your application can create a good impression as it can be seen to reflect your communication skills and ability to complete documentation accurately. The HSE uses a competency based assessment approach for selection and appointment of candidates. Be familiar with the job that you are applying for: ask advice so that you are aware of the competencies required for the promotional role. Showcase situations that demonstrate (a) your initiative or leadership ability, (b) situations where you have acted as advocate for a patient and which made a difference to care, (c) where you performed well in difficult clinical situations, and (d) organised or delegated work to others in challenging circumstances. Try to select examples from practice where you have demonstrated competency beyond the routine aspects of practice.

Interview

If called for interview, be sure you present yourself well, with a confidence that you have the skills and experience required to apply for the post. Bring along your application form; the interviewers will use the documentation you sent in to decide what questions to ask. Expect that the interviewers will enquire about your competencies so be prepared to provide additional information about the examples provided. If the interview is for a staff nurse or staff midwife post, the interviewers will expect you to perform well at that level. If you are applying for a promotional grade consider your transferable skills, can you demonstrate organisational and management skills, problem solving, critical thinking, leadership ability appropriate for the job? You will need to demonstrate that you are the best candidate to take this post.

Conclusion

With proper preparation and effective interview practice, you can demonstrate that you have the skills required to take on the new role, beat the competition and be offered the new job and new salary. This is an exciting time within the health services and there will be many career opportunities available to you. Avail of opportunities for progression that come your way and be open to the challenges and satisfaction of nursing and midwifery which can provide a long and fulfilling career.

Reference

Benner P (2001) From Novice to Expert: Excellence and *Power in Clinical Nursing Practice* Upper New Jersey: Prentice Hall





Theory, research and practice

Nursing technologies and trends Dr Fintan Sheerin, Trinity College Dublin



Introduction

Technological developments have taken place in all areas of our personal lives, with smartphones and tablets becoming commonplace. One of the key features of such devices is their interactivity and their ability to communicate with other smart technology. The arrival of new devices is no longer met with wonder or disbelief and has become a regular part of the modern experience. Such is also true of healthcare practice and, in nursing and midwifery, we may consider these from the perspectives of nursing / midwifery care, patient support and remote monitoring.

Nursing/midwifery care

When nurses or midwives of my vintage look back on the equipment which was used to provide nursing care in our youth, it sounds terribly antiquated. Mercury-based thermometers and sphygmomanometers, drip-stands with no pumps, no pulse-oximetry and beds that had to be pumped up manually! All of these have been replaced by new and accurate devices which have made the work of the nurse or midwife much easier. The written nursing / midwifery charts are also being gradually replaced by computer-based documentation systems which allow nurses and midwives to generate care plans that are grounded in an evidence-based body of knowledge, embedded in the computer programme. Thus, nurses and midwives can now demonstrate clear accountability in their documentation and develop an increasingly large repository of information which can inform education, research and practice.

Patient support

There are many examples of how remote patient support devices can be employed in healthcare, including patients engaging in self-assessment or in health promotional / educational endeavours. The assessment may also be undertaken by the clinic from a distance through health monitoring technologies. These approaches may support patients to make their own decisions regarding health management. They may also allow people to move beyond their limited abilities and maintain as much independence as possible in the home. There is the potential for therapies, such as cognitive behaviour therapy, to be provided distally. Information is vital to independence and to informed decision making. The provision of accessible health information through accessible media may help to ensure that patients can take control of their own health.

Remote monitoring

eHealth also increases the potential for people to remain at home using devices to compensate for impaired function and for health monitoring and education. This may be particularly pertinent in respect of older people as well as those with disabilities. The movement of the 'patient' or 'service user' away from the human interface with the clinician poses a challenge to healthcare providers, but particularly to nurses and midwives who have traditionally valued the role of interpersonal contact and face-to-face communication in the development of trust which is central to the delivery of quality nursing. This can be overcome through telemonitoring and remote electronic monitoring. Such approaches may be supported by a nurse, in a similar way to that in which nurses provide advice and support to individuals in health insurance companies and health promoting charities. Thus, the nurse can be central to interacting with people as they live at home, offering advice or information and ensuring that there is a human link to other services that might be required (telenursing).



Keeping up to date

Nursing has traditionally associated itself with particular values and ideals. One of the most commonly-cited is that of person-centeredness. The use of individually-determined remote patient support devices is in keeping with that ideal as it recognises the individuality and uniqueness of the person and, furthermore, promotes another important concept, self-care. In doing so, it again allows individuals to take control of their health. There are, however, risks and challenges associated with remote eHealth devices. From a professional perspective it is likely that a development with increased use of eHealth applications in home based care will change professional roles and the way care is organized.

Conclusion

There are many indications that home based care will increase in importance in the future and it is important for nurses / midwives in general, including the community nurses, to have an active role in this development.





Theory, research and practice

Integrating theory into nursing and midwifery practice

Dr Colin Griffiths, Trinity College Dublin



Introduction

As a newly qualified nurse or midwife you will be concerned about how to use your understanding of what and how to care for patients and service users. In other words, how do you apply or integrate the theory you have been taught as a student into clinical practice? This will involve bringing your clinical skills and theoretical nursing and midwifery knowledge as well as your inter-personal skills and managerial skills to bear upon what you do in practice.

Integrating theory into practice

There are two ways to integrate: (a) in most situations you should approach this in a reflexive manner where your reflection seamlessly runs through your work, you do not pause to reflect but engage in what you do in a conscious and reflexive manner. So ideally when approaching a patient or service user you should consider what you know about the nursing action you are about to undertake [the theory] before its application and adjust it when you are applying it in your work with the patient/service user. You use reflexive thinking to do this; that is, always being aware of what you are doing, how you are doing it, and the pressures that are being brought to bear on you and the patient / service user. Subsequently consider how you used what you knew [the theory] what you learned and how you can integrate the new learning into your practice and your theoretical knowledge base. (b) A second approach involving the use of reflective models can be utilised to deal with more explicitly discrete [and outstanding] nursing/midwifery events which may be

based on positive experiences or negative ones. This is a more formal approach and it uses a reflective model to analyse events that take place in your daily nursing and midwifery experiences.

Reflective models

There are quite a few reflective models such as Gibbs Reflective Cycle (Gibbs 1988) and Rolfe's Framework for Reflective Practice (Rolfe et al. 2001) to name just two. All reflective processes aim to get you to highlight what you wish to reflect upon [name it, describe it], explore your feelings about it [what was the experience like?], and then what you are going to do next [how what you have learned will impact on your practice]. When you are completing the second approach you may examine what others did in the same situation by looking over the theoretical literature and policy guidelines relating to the experience, with a view to developing your understanding of what happened in the context of others having gone through the same experience. This process integrates theoretical knowledge with the personal and professional knowledge that you gain through doing nursing and midwifery activities and helps to develop a personal practice and knowledge base that can be integrated into your way of working.

Conclusion

Effectively utilizing these approaches in your work should enable you to settle in to your life as a newly qualified staff nurse or midwife, and you will find that gradually the pieces of the jigsaw will fall into place and allow you grow and become comfortable in your work.

References

Gibbs G (1988) Learning by Doing: *A Guide to Teaching and Learning Methods*. Further Education Unit. Oxford Polytechnic: Oxford.

Rolfe, G., Freshwater, D., Jasper, M. (2001) *Critical Reflection in Nursing and the Helping Professions: A User's Guide*. Palgrave Macmillan: Basingstoke.

Theory, research and practice

Applying for education and research grants: investing in you and addressing the global shortage of doctoral prepared nurses and midwives

Professor Catherine Comiskey, Trinity College Dublin



Introduction

Comiskey el al (2015) have highlighted the global shortage of nursing and midwifery professionals educated at baccalaureate level and beyond and the impact of this shortage internationally. To address the nursing shortfalls within the United States, targets have been set to ensure that at least 10% of all baccalaureate graduates enter into a master's or doctoral program within 5 years of graduation. More nurses and midwives with a PhD degree are needed to serve as Advanced Practice Registered Nurses, assume faculty roles, embark on research careers, and pursue top leadership positions.

International perspective

Thompson and Hyrkas (2014) also commented on the demands on nursing leadership at a global level. In their editorial they provide a summary of work from over 13 contributions from more than 10 countries from Canada to Australia and New Zealand, from North and South America to Europe, from Finland to Israel and beyond. They believe that nurse leadership needs to be active not only in practice, but also in education, research and the policy and political arenas. Given this global shortage within the profession there is an urgent need for graduate nurses to take on the mantle and plan for the future of the profession by investing in themselves, their education and their career. The first step in this investment is to find a practice-based or college mentor whom you can emulate and learn from, and together or independently apply for, and secure funding.

Securing funding

Responding to a call for applications for education and research grants. Quinn, Comiskey and Birkbeck (2017) provide details on a successful tender application and their ten guidelines detailed by Comiskey apply here. The first and foremost priority is to identify, clarify and confirm the key or overarching aim of the funder. Once the key aim of the funder is decided upon, the applicant can start writing. The funder may specify precisely what information is required in an application, while the applicant needs to know and be cognisant of the award criteria throughout the submission phase. This may include some or all of the ten guidelines below:

Ten Guidelines:

- 1. Introduction;
- 2. Background rationale;
- 3. Statement of the key aim and objectives;
- 4. Study design and methodology;
- 5. Data analysis and results;
- 6. Timeline of outputs and deliverables;
- 7. Project management and expertise;
- Costing:
- 9. Ethics and good research practice;
- 10. Added value.



Conclusion

Throughout the writing of the grant submission the researcher should be reading and re-reading the application, continuing to research the background of the funding agent and ensuring that their submission is easy to read, provides sufficient information on each of the awarding criteria and clearly meets the needs of the funder. Do not be discouraged should your first application for funding fail, no work is ever wasted and each is a learning process. Places where funding might be secured are your alma mater, your place of work, the Irish Research Council, the Health Research Board, Activelink, eTenders, the Irish Cancer Society, The Welcome Trust and a host of EU agencies. Take your first step and start by speaking with your College mentor who will be happy to advise you. Best of luck and do let us know if you are thinking of further education.

References

Comiskey, CM, Mathews, A., Williamson, C., Bruce, J; Mulaudzi, M & Klopper, H. (2015). Scaling up nurse education: An evaluation of a national PhD capacity development programme in South Africa, in the context of the global shortage of nursing graduates, *Nurse Education Today.* 35: 647–652.

Thompson, P. & Hyrkas, K. (2014). Global Nursing Leadership. Editorial. *Journal of Nursing Management*. 22: 1–3.

Quinn, M., Comiskey, C., and Birkbeck, G. (2017) Commissioning, Procuring and Contracting Evaluations and Research. In: S. Guerin and N. Hayes. (eds) *Research, Evaluation, Policy and Practice (REPP)* Project. Routledge, UK. Chapter 3.





Leadership in nursing and midwifery

Leading the way in clinical practice: leadership is everyone's responsibility

Dr Elizabeth A. Curtis, Trinity College Dublin



Introduction

On encountering this article you may well ponder over its inclusion in this career guide. Well, the reason is simple: leadership is an important and necessary requirement for improving nursing and midwifery practice and therefore relevant to you as you embark on your career. Several authors (e.g.Curtis et al. 2011) have emphasised this point and research has demonstrated positive relationships between leadership and several key variables including patient care outcomes (Wong et al. 2013). Additionally, leadership is compulsory for initiating change, transforming healthcare systems and retaining staff. Over the years, leadership has stimulated much interest among people and this has resulted in a huge amount of literature. For this reason, I have singled out two key points to bring to your attention: (a) the distinction between leadership and management and (b) draw attention to the call from key writers that a different approach to leadership is required in healthcare.

Distinction between leadership and management

As would be expected with any large volume of literature there are several definitions of leadership but in spite of this the concept remains imprecise and problematic (Barr & Dowding 2012, Scully 2015). To compound this problem the term leadership is often used interchangeably with management especially in the nursing literature, and management is often afforded more attention in clinical practice and pedagogy. The

corollary of this is that leadership can be construed as the responsibility of those in management or senior positions. This of course is most definitely inaccurate as emphasised by authors such as Bennis & Nanus (2003), and Grossman & Valiga (2012). In fact it has been suggested that leadership should be dislocated/separated from management, a view that I support wholeheartedly. This however, should not be construed negatively as the intention is to promote clarity and improved symbiosis between the two concepts.

Need for a different approach to leadership in contemporary healthcare

Several leadership approaches/theories exist including Great Man Theory (personal characteristics or traits), Situational Theory (takes into account the situation), and leadership that accounts for organisational culture (transformational / transactional Theory). Transformational leadership has received much attention in the leadership literature, and one of its key principles is that employees sacrifice their own personal interests for the sake of the organisation's interest/ vision (McCleskey 2014). Merits of the theory have been reported in the literature but there have been several criticisms too (Yukl 2011, 2015, Northouse 2007, 2013). Chief among the criticisms is that transformational leadership is seen as elitist given that it emphasises a leader centric view of leadership. Furthermore, theories of leadership have traditionally focused on individuals in charge of organisations/groups, frequently referring to them as inspiring and motivating. Thankfully, developments in theory are taking a more pluralistic stance of leadership and are recognising that it should not be confined to persons with power or those in a senior position. Recent media reports about failures in healthcare have resulted in much anger both in Ireland and England and several reports have called for improved leadership in nursing, midwifery and healthcare generally. In a document about healthcare leadership Ahmed et al. (2015: 20) called for a new kind of leadership if healthcare is to be more integrated and focused on patients. To achieve this "requires a shift away from heroic individual leaders to a model ofdistributed leadership across organisations and systems". Distributed leadership has the ability to move away from the attributes and behaviours of 'the individual' as leader to a perspective that embraces a collective process where many individuals have the opportunity to participate in leadership. Such a viewpoint has been supported by authors such as (Chreim & MacNaughton 2016 and Benson & Blackman 2011).



You as leader

As a student or newly qualified health professional you can engage in leadership in several ways including; planning and leading care for a group of patients/ clients, educating patients/clients and their families, participating in healthcare discussions and decision-making, appraising appropriate research evidence and using this to guide patient/client care, and helping to develop a work climate that nurtures participation and inclusiveness.

Conclusion

At present, the nursing profession is facing a number of very real challenges. Scott (2011) for example points out that nurses are required to lead innovative care, to work as equal members of multidisciplinary care teams to redesign care that is effective, and to participate in board and committee meetings at senior level. A final challenge that has also been articulated in the literature is the lack of emphasis on developing nursing leadership (Scully, 2015). Therefore, it is essential that as a final year student or newly qualified nurse or midwife that you place leadership and its development high on your agenda now and in the coming years so that the nursing and midwifery professions can tackle the many challenges they face.

References

Ahmed N., Ahmed F., Anis H., Carr P., Gauher S. & Rahman F. (2015) *An NHS Leadership Team for the Future.* [ONLINE] Available at http://www.reform.uk/wp-content/uploads/2015/11/NHS-Leadership-team-A5-report_WEB.pdf. (accessed 30th January 2017).

Barr J and Dowdling L. (2012) *Leadership in Healthcare* 2nd Edn. SAGE Publications: London.

Benson A.M. & Blackman D. (2011) *To Distribute leadership or Not?* A Lesson from the Islands. Tourism Management 32(5): 1141-1149.

Bennis W. & Nanus B. (2003) Leaders: *Strategies for Taking Charge*. 2nd edn. Harper & Row: New York.

Chreim S. & MacNaughton K. (2016) Distributed Leadership in Health Care Teams: Constellation Role Distribution and Leadership Practices. *Health Care Management Review.* 41(3): 200-212.

Curtis E., de Vries J. & Sheerin F. (2011) Developing leadership in nursing: exploring core factors. *British Journal of Nursing*,

Grossman S. & Valiga T. (2012) The New Leadership Challenge – Creating the Future of Nursing. 4th edn. F.D. Davis Company: Philadelphia.

McCleskey J. (2014) Situational, Transformational, and Transactional Leadership and Leadership Development. *Journal of Business Studies Quarterly.* 5(4): 117-130.

Northouse P.G. (2007) *Leadership: Theory and Practice*. 4th edn. Sage Publications: California.

Northouse P.G. (2013) Leadership: Theory and Practice. 6th edn. Sage Publications: London.

Scott E.S. (2011) Educational Preparation to Strengthen Nursing Leadership *North Carolina Medical Journal*. 72(4): 296-299.

Scully N.J. (2015) Leadership in Nursing: The Importance of Recognising Inherent Values and Attributes to Secure a Positive Future for the Profession. *The Australian Journal of Nursing Practice, Scholarship and Research.* 22(4): 439-444.

Wong C.A., Cummings G.G. & Ducharme L. (2013) The Relationship Between Nursing Leadership and Patient Outcomes: A Systematic Review Update. *Journal of Nursing Management* 21: 709-724.

Yukl G. (2013) *Leadership in Organisations*. 8th edn. Pearson: Harlow.

Yukl G. (2011) Contingency Theories of Effective Leadership. In A. Bryman, D. Collinson, K. Grint, B. Jackson & M. Uhl-Bien (Eds.) *The Sage Handbook of Leadership*. Sage: Thousand Oaks, CA. pp 286-298



Leadership in nursing and midwifery

Doing advocacy

Dr Fintan Sheerin, Trinity College Dublin Dr Elizabeth A. Curtis, Trinity College Dublin





Introduction

Advocacy is a very important aspect of everybody's life, and is about individuals or groups speaking up for themselves, in order to influence others to make a change which will positively affect their lives. Most people can advocate for themselves, but if a person is considered to have a cognitive or intellectual impairment, this might be more difficult, either due to the impairment itself or because of other people's actions. Professionals working in intellectual disability practice can play a very significant role in ensuring that the people have the main voice in their own lives. They must, however, be aware that their role may not be that of advocate but as a supporter: '... who is independent of social services and the NHS, and who isn't part of your family or one of your friends.' (NHS 2016).

Types of advocacy

There are two main types of advocacy, self-advocacy and representative advocacy. Self-advocacy refers to a situation whereby people can speak for themselves. It also means that they are aware of their rights and responsibilities and are free from any coercion (Disability Rights UK 2012). Sometimes people may not be able to do this, themselves, and may require others to represent them. In these situations, peers and family may assist but it is often better to have an independent person or a representative from a legal or statutory body to act on their behalf, again free from any form of coercion, so that they can present the voice on the person (BILD 2017; EHRC 2010).

Facilitators and barriers to advocacy

Facilitators of advocacy

- The relationship between the provider and recipient of service
 - Forming a good relationship
 - Listening to people and encouraging them to express their viewpoints
- Service leadership
 - Listening to the voice of service recipients
 - Person-centeredness
 - Openness to independent advocacy models
- Due attention to people's social needs and health status
 - Undertaking a comprehensive assessment
 - Making referrals as required e.g. social worker or independent advocate.
- Professional Responsibility
 - Being guided by professional standards on ethics, respect for rights and well-being
- Knowledge and skills
 - Clinical and theoretical knowledge is important
 - Continuing professional education (Negarandeh et al. 2006)

Barriers to advocacy

- Conflict of interest
 - Employee's responsibility to the person and duty to the organisation where employed
- Powerlessness
 - Working as a team member when a shortcoming has been identified you do not report it
- Lack of support for nurses
 - Feeling that there is no support from managers for the advocacy role
- Medical team leading
 - Staff may feel unable to comment if a doctor is wrong
- Time constraints
 - Staff amending work schedules to complete tasks in time e.g. cutting short a conversation with a person to complete another task
- Limited communication
 - Little time to listen to people if the unit is very busy
- Uncertainty risk of advocate's role
 - Who supports you as a staff advocate?
 - What if the staff member is sacked as a consequence of taking on an advocate role?
 - Loyalty to peer group work together and cannot offend others in the team
- Lack of motivation
 - Because of all these potential barriers nurses may feel less motivated to take on the role of patient/client advocate. (Negarandeh et al. 2006)



Advocacy and leadership

The importance and relevance of leadership in promoting nursing and health care (Francis 2013), evidence-based practice (Kvist et al. 2014) and better patient and client care outcomes (Ahmed et al. 2015) is well documented. Less discussed or reported in the literature however, is the significance of leadership in patient/client advocacy (Antill 2015). The meaning of advocacy has already been outlined, but it is worth reminding the reader that it is an integral part of most nursing codes of conduct and professional documents (e.g. The Nursing and Midwifery Council 2015, Nursing and Midwifery Board of Ireland 2014) and a pre-requisite in nursing practice. In spite of this, advocacy remains vague and nebulous within the profession; but more alarming is that its symbiotic relationship with leadership is often overlooked. The core principles required for leadership are the very ones required for advocacy. These include adopting an adversarial role, upholding the rights of patients, listening and communicating clearly, trust and equality, dignity and respect, a strong emphasis on participation, encouraging and inspiring others, and providing a supportive, enabling, and healthy work environment (Antill 2015).

Putting advocacy into practice/ supporting advocacy

So, how can we apply advocacy in practice? We propose that this be done by developing a professional standard on advocacy that utilises key elements of leadership. A professional standard is a document that is created by a professional group outlining the accepted actions or norms about a specific element of care. Professional standards can be used as a benchmark for attaining safe practice. Below are some key headings that could be used to develop a professional standard on advocacy in your area of practice.

An Example:

Standard: advocacy practice in intellectual disability nursing

In providing clinical care and services to patients, clients and staff, leadership principles and practices as well as national and international policies must be used to guide decision making procedures when supporting advocacy in clinical practice.

Rationale

Health and social care professionals face many complex problems or situations during the course of their daily work. As such they must consult widely, and demonstrate leadership that supports participation by all stakeholders, when making decisions on advocacy issues for persons with an intellectual disability.

Key Considerations for writing a professional standard on advocacy

- Assess the situation thoroughly and engage as many stakeholders as required. This can include the person, relative, health and social care professionals, independent advocates.
- Apply principles of leadership e.g. trust, clear communication, dignity and respect and so on.
- Keep accurate and clear documentation document issues such as self-determination, rights of person, staff member, policies used to underpin procedures, and actions, document outcome.
- All activities and decisions taken must be within ethical and legal regulations used by the profession as well as employers.
- Ensure that all key individuals and staff are fully informed and that they participate in the discussions and decision-making processes.
- Education and training needs about advocacy and leadership must be identified and provided for staff at all levels.

Some practical tips and useful resources:

- Consider the definition of advocacy you will use to guide your actions when advocating for self or others
- Consider when to advocate and use all available resources to assist you (is there a tool kit on advocacy in your place of work)
- Consider using a structured approach when advocating on behalf of someone
- Consider where possible, the use of case studies on advocacy
- Consider the situation holistically and involve key people from the beginning when trying to advocate on someone's behalf.

Resources and further reading: Useful websites

- Health and Patient Advocacy Resources http:// healthadvocateresources.com/
- BILD http://www.bild.org.uk/about-bild/advocacy/advocacy-types/
- Disability Rights UK http://www.disabilityrightsuk. org/self-advocacy
- MENCAP https://www.mencap.org.uk/advice-andsupport/services-you-can-count/advocacy



- Advocacy services Care and support NHS Choices http://www.nhs.uk/Conditions/social-careand- support-guide/Pages/advocacy-services.aspx
- SEAP www.seap.org.uk
- National Advocacy Service for People with Disabilities (Ireland) http://www.citizensinformationboard.ie/en/ services/advocacy/
- Nursing and Midwifery Board of Ireland https://www.nmbi.ie/Complaints/Who-Can-Help

References

Ahmed, N., Ahmad, F., Anis, H., Carr, P., Gaugher, S. & Rahman, F. (2015) An NHS Leadership Team for the Future. Reform, London.

Antill, C. (2015) Rocking the Boat: The Link Between Transformational Leadership and Advocacy. British Journal of Healthcare Assistants 9 (2) 93-99.

British Institute of Learning Disabilities (2017) Types of Advocacy. Online. Available: http://www.bild.org.uk/about-bild/advocacy/advocacy-

Disability Rights UK (2012) Self-Advocacy Fact Sheet F37. Online. Available:

http://www.disabilityrightsuk.org/self-advocacy. Accessed 13th January 2017.

types. Accessed 13th January 2017.

European and Human Rights Commission (2010) Advocacy in Social Care for Groups Protected Under Equality Legislation. Manchester: EHRC.

Francis R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry. London, The Stationery Office.

Kvist, T., Tahka, K., Ruotsalainen, M. & Tavo-Heikkinen, T. (2014) The Impact of Nursing Leadership Training on Evidence-Based Leadership and Practice. Journal of Nursing Care 3 (4).

National Health Service (2016) Advocacy Services. Care and Support. Online. Available: http://www.nhs.uk/Conditions/social-care-and-supportguide/Pages/advocacy-services.aspx. Accessed 16th January 2017.

Negarandeh R., Oskouie F., Ahmadi F., Nikravesh M. & Hallberg I.R. (2006) Patient Advocacy: Barriers and Facilitators BMC Nursing 5 (3), available from http://www.biomedcentral.com/1372-6955/5/3.

Nursing and Midwifery Council (2015) The Code: Professional Standards for Practice and Behaviour for Nurses and Midwives. Online: Available: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf. Accessed 16th January 2017.

Nursing and Midwifery Board of Ireland (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Online: Available: http://www.nmbi.ie/Standards-Guidance/Code. Accessed 16th January 2016.



Leadership in nursing and midwifery

Don't underestimate the importance of informal learning in your professional development

Dr Siobhan Corrigan, Trinity College Dublin Dr Elizabeth A. Curtis, Trinity College Dublin





Introduction

Learning is central to the success of individuals in society (Van Noy et al. 2016) as well as organisations (Bjork et al. 2013). While formal learning is a well-researched topic the same is not so for informal learning especially by nurses and midwives. Evidence however, suggests that most learning that takes place at work is informal (Fahlman 2013) particularly in healthcare (Wihak & Hall 2011) where it is considered to be an integral part of "holistic learning" especially in clinical practice (Kelly & Hager 2015:376). Work environments offer an ideal setting for integrating work activities and formal learning from your degree course. In this article we highlight the significant role and value that informal learning processes will play as part of your professional development in an ever-changing healthcare system.

Distinction between formal learning and informal learning

Formal learning typically includes a specified curriculum, taught by expert teachers/lecturers and involves ongoing assessment, certification and accreditation. These are largely planned and pre specified activities which take place in colleges, universities, and schools, just like the BSc degree course some of you are currently completing. Informal learning

on the other hand can be indeterminate, opportunistic, and should be seen as an ongoing lifelong learning process. Coffield (2002: 1) sums up the importance of informal learning by stating that "if all learning were to be represented by an iceberg then the section above the surface of the water would be sufficient to cover formal learning, but the submerged two thirds would be needed to convey the much greater importance of informal learning".

Research Evidence for the Value of Informal Learning

Research in nursing (Bjork et al. 2013) has shown that opportunities for informal learning occurred among younger nurses (a) when they were given more responsibility, (b) when guided by experienced staff during the execution of complicated tasks/situations and (c) by the way leaders' organised work. Bjørk et al. (2013) carried out research investigating what possibilities nurses had for informal learning in their work-place. Their research found that there were several opportunities for informal learning, for example prerounds with physicians, getting the medications ready, 'floating' around in the staff room while talking to other staff to name but a few. Further support for informal learning has been reported by The Directorate for Education, Education and Training Policy Division of the OECD (2010) in their document entitled "pointers for policy development" which states ".... learning that takes place outside formal education institutions - can be a rich source of human capital" and should be a prominent item on policy agendas (OECD 2010: 1).

Conclusion

In concluding, we wish to remind you of the critical role you will play in the smooth running of complex ever changing healthcare environments. Participating in and facilitating informal learning will in our view, help to prepare you for the many challenges you will face in that role. Furthermore, nursing and midwifery are highly regulated professions and you will need to take responsibility for maintaining your own knowledge base and professional competence throughout your career. Learning does not stop after you complete your formal education, in many ways it is just beginning. Your current degree course will provide you with an excellent platform for your career and much of continuing professional development will occur informally. As such, it must be recognised for its potential contribution in professional nursing and midwifery practice.

References

Bjørk, I.T., Tøien, M., & Sørenson, A.C. (2013) Exploring Informal Learning among Hospital Nurses. *Journal of Workplace Learning*. 25(7): 426-440.

Coffield, F (2002) *The Necessity of Informal Learning.* The Policy Press.

Fahlman D. (2013) Examining Informal Learning Using Mobile Devices in the Healthcare Workplace. *Canadian Journal of Learning and Technology.* 39(4): 1-21

Kelly. M., & Hager, P. (2015) Informal Learning: Relevance and Application to Health Care Simulation. *Clinical Simulation in Nursing.* 1(8): 376-382.

OECD - Organisation for Economic Co-operation and Development (2010) *Recognition of Non- formal and Informal Learning Pointers for Policy Development*. [ONLINE] Available at http://www.oecd.org/edu/skills-beyond-school/recognitionofnonformalandinformallearning-home.htm (accessed on 8th June 2016).

Van Noy M., James M. & Bedley C. (2016)
Reconceptualising Learning: A Review of the Literature on Informal Learning. Rutgers Education and Employment Research Centre, The State University of New Jersey.
[ONLINE] Available at: http://actfdn.org/wp-content/uploads/2016/04/Informal-Learning-Lit-Review-Final-April-2016.pdf. (accessed on 9th June 2016).

Wihak C. & Hall G. (2011) Work-Related Informal Learning. Centre for Workplace Skills. [ONLINE] Available at http://www.workplaceskills.ca/ (accessed on 8th June 2016).



Leadership in nursing and midwifery

Professional indemnity

Dr Edward Mathews, Irish Nurses and Midwives Organisation (INMO)

Dr Michele Glacken, St Angela's College, a college of the National University of Ireland, Galway





NUI Galway OÉ Gaillimh

Introduction

It is very clear in the Code of Professional Conduct & Ethics for Registered Nurses and Midwives (NMBI,2014) that nurses and midwives are accountable both legally and professionally for their practice, that is, for the decisions they make and the consequences of those decisions. Nurses and Midwives are accountable to the patient, the public, their regulatory body, their employer and any relevant supervisory authority.

Legal accountability involves you as a nurse or midwife being responsible for ensuring you have professional indemnity insurance. This insurance allow patients/ service users to be compensated if they have been harmed in any way because of any professional negligence on your part. Many healthcare organisations provide professional indemnity for their nursing and midwifery personnel.

How do I know if I am covered through my place of employment?

If you are working in the public health service, you are covered under the State Clinical Indemnity Scheme (CIS). The scheme provides professional negligence insurance for all nurses and midwives. The public health service includes HSE facilities, and many voluntary service providers who provide service for the HSE in

alignment with Section 38 of the Health Act. It is important if you are working outside of the HSE that you check with your employer that they do participate in the State Clinical Indemnity Scheme, and thus you are protected under the scheme. If they do not, you must ensure you have appropriate insurance arrangements in place. It is also important to remember that even if your normal place of nursing practice is in a public healthcare facility and they are part of the CIS you should not assume that you are covered for any additional work you may partake in, for example in a nursing home. You need to check whether you are covered by this additional employer.

To date, the NMBI do not require nurses and midwives to self-declare they have professional indemnity to either attain or maintain their registration. However, for those of you who may consider working in the UK in the future, you need to be aware that you are legally required to declare that you have or your employer will have the relevant indemnity insurance in order to attain and maintain your registration with the Nursing & Midwifery Council. This requirement to self-declare is a result of the Health Care and Associated Professions (Indemnity Arrangements) Order which came into effect in 2014.

Where can I obtain professional indemnity insurance?

The easiest way to ensure you have sufficient clinical indemnity insurance is through joining a professional organisation such as the Irish Nurses & Midwives Organisation who provide a clinical indemnity scheme as an inherent part of membership. If you opt to obtain professional insurance outside a professional organisation you should ensure that you are covered adequately for all of the activities you engage in.

Is professional indemnity insurance enough?

No, because it is more likely that nurses and midwives are subject to a fitness to practise complaint than being sued for negligently treating a patient/ service user. You therefore need to have an insurance policy in place to ensure that you can be appropriately defended if you are the subject of a complaint to the Fitness to Practice Committee of NMBI. The defence in a basic case before the NMBI can cost up to €5000, and that cost can escalate very quickly if you are the subject of a full hearing. The only way to effectively ensure that you have the appropriate defence resources available to you is through joining a Professional Organisation such as the INMO who offer a legal defence insurance policy.



Conclusion

Nurses and midwives must take care to work within their Scope of Practice at all times as they are accountable for their actions. They must ensure that they have professional indemnity insurance through their employer or through securing such insurance independently through a professional organisation or through an insurance broker. If they opt for the latter choice they must ensure that they are adequately covered. They also need to consider legal defence insurance.

Please note the majority of the content was supplied on request by Edward Mathews, Director of Regulation & Social Policy, Irish Nurses and Midwives Organisation.

References

Nursing and Midwifery Board of Ireland. (2014). Code of Professional Conduct for Registered Nurses and Registered Midwives (2014) Dublin: Nursing & Midwifery Board of Ireland.

Department of Health (2014) Health Care and Associated Professions (Indemnity Arrangements) Order London: Department of Health.





Leadership in nursing and midwifery

Working within your scope of practice

Ms Caroline Dalton, University College Cork



Introduction

As a newly qualified nursing or midwifery graduate, you are proficient in understanding your role and responsibilities in maintaining the standards of your profession: which includes, providing a safe clinical environment and ensuring patient/client safety. However, nursing practice is continually evolving and at some point in your career you may encounter a situation where you are unsure of your competence to perform a particular skill, undertake certain responsibilities or delegate to support staff (Casey et al. 2014).

Strategies to support your Scope of Practice

When faced with evolving or new professional situations, nurses and midwives can use a number of strategies to assist in decisions relating to their scope of practice. As newly qualified health professionals, you will begin to develop the skills of self-reliance and professional judgement used by nurses and midwives as you make day to day decisions regarding your scope of practice. You may also turn to more experienced colleagues and managers for advice and support when making such decisions. Nurses and midwives may also use clinical guidelines, care pathways and organizational policies and supports (Fealy et al. 2015). In situations, where nurses are practicing in isolated environments without the support of colleagues and where organizational policies and supports might not be available the nurse or midwife may avail of online resources, publications and the online Help Centre provided by the Nursing and Midwifery Board of Ireland (NMBI) (Brady et al. 2015).

Scope of Nursing Framework

The NMBI have identified five core principles to support professional decision making which are identified in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014):

Principle 1: Respect for the dignity of the person **Principle 2:** Professional Responsibility and

Accountability

Principle 3: Quality of Practice **Principle 4:** Trust and Confidentiality **Principle 5:** Collaboration with others

These principles are embedded in the Scope of Nursing and Midwifery Practice Framework developed by the NMBI (2015) to support you as you make decisions about your own scope of practice.

The framework emphasises that each nurse and midwife is accountable for decisions made about their scope of practice. It further emphasises that protecting the rights and needs of the patient/client and promoting and maintaining quality care should be the main impetus of scope of practice decisions. As a newly qualified nurse or midwife you should familiarise yourself with this framework. The framework includes a user friendly decision making flowchart to support you when making decisions to perform a particular skill or undertake certain responsibilities and can be accessed online https://www.nmbi.ie/Standards-Guidance/ Scope-of-Practice/Decision-Making-Flowchart.

Conclusion

As you settle into life as a newly qualified nurse or midwife, you will find your scope of practice will grow and expand, allowing you to provide quality, personcentred care. You can rely on your own professional judgement as it develops during your career, elicit the advice of colleagues, or use policies and scope of practice frameworks. Irrespective of the strategies you use, it is imperative that you recognise that you are responsible for the decisions you make and as such must ensure the outcomes of your decisions result in safe and effective patient/client care.



References

Brady, AM., Fealy, G., Casey, M., Hegarty, J., Kennedy, C., McNamara, M., O'Reilly, P., Prizeman, G & Rohde D (2015) Am I covered?' An analysis of a national enquiry database on scope of practice. Journal of Advanced Nursing. 71(10): 2402-2412.

Casey, M., Fealy, G., Kennedy, C., Hegarty, J., Prizeman, G., McNamara, M., O'Reilly, P., Brady, AM & Rohde, D. (2014). Nurses', midwives' and key stakeholders' experiences and perceptions of a scope of nursing and midwifery practice framework. *Journal of Advanced Nursing*. 71(6): 1227-1237.

Fealy, G., Casey, M., Rohde, D., Brady, AM., Hegarty, J., Kennedy, C., McNamara, M., O'Reilly, P and Geraldine Prizeman (2015). Scope of practice decision making: findings from a national survey of Irish nurses and midwives. *Journal of Clinical Nursing*. 24: 2871–2880.

Nursing and Midwifery Board of Ireland (2014) *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives.* Dublin, Nursing and Midwifery Board of Ireland.





Travelling and volunteering

Traveling as a nurse or midwife

Dr Fintan Sheerin, Trinity College Dublin



Introduction

Degrees in nursing and midwifery offer graduates an opportunity to move directly into the health service workforce in Ireland. They also allow such graduates the possibility of moving beyond these borders to work in a wide variety of countries, where they can hone their skills, explore different contexts for their practice and broaden their views. The possibilities are many but, for most people, this involves either working or volunteering.

Working abroad

In order to work as a nurse or midwife outside Ireland, you must be registered to practice in the relevant country. You will be required to obtain a verification certificate from the NMBI

(www.nmbi.ie/Registration/Working-Outside-Ireland). European directives have led to a situation whereby there is harmonisation of basic nursing and midwifery training / education across the European Union, meaning that there should be straightforward recognition of Irish qualifications. It should be noted, though, that, in terms of nursing, this only applies to general nursing, and recognition is not as easily achievable where the nursing division does not exist in the state you are travelling to. Outside the EU, it becomes more complicated and advice should be sought before travelling to ensure that you will be able to achieve compliance with specific requirements.

Volunteering abroad

Many nurses and midwives opt to spend a period of time working, either on a voluntary basis or as part of a nongovernmental organisation. A list of such organisations

is available via the Dochas website (www.dochas.ie). This is a rewarding but intensely challenging activity and you may often find yourself working, with limited support / supervision, few resources and in situations far removed from the clinical sites that you trained in! For that reason, it is often advisable to gain some post-registration experience to build up skills and confidence before going down this route.

Concluding thoughts

Another way to engage with your profession abroad is to attend conferences in your area of interest and to make yourself available to volunteer as a committee member. This was my initial foray into such waters and my engagement with a European organisation has become a central feature of my career to date, spanning 20 years. Whatever you do, plan well in advance, get advice and enjoy yourself!

Useful Links

ww.nmbi.ie/Registration/Working- Outside-Ireland

www.nursingmidwiferyboard.gov.au/

www.nursingworld.org/for eigneducated nurses



Meet the production team



Dr Elizabeth A. Curtis Lead, MA (jo) PhD MEd Dip. Res Meth. Dip. Comm. Health and Health Prom. DMS, ENB148 RN ONC Assistant Professor, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Professor Catherine Comiskey BA (Mod) MA MSc PhD CMath FIMA. Professor in Healthcare Modelling, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Ms Emma Duffy BSc Administrative Officer, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Dr Colin Griffiths MSc MA (jo) PhD RNID RNT Assistant Professor, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Mr Frank O'Rourke BSc Dip. Geog. MSc MA School Manager, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Dr Fintan Sheerin B.N.S. Cert. Nat.Sci. Pg. Cert. UT Pg.Dip.Ed. M.A. Ph.D. RNID RGN RNT MRSB FEANS FNI Lecturer in Intellectual Disability Nursing, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Ms Jeni Ryan BA (Hons), M.A. (jo) Administrative Officer – Events, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Meet the contributors



Dr Elizabeth A. Curtis Lead, MA (jo), PhD, MEd, Dip. Res Meth., Dip. Comm. Health and Health Prom., DMS, ENB148, RN, ONC Assistant Professor, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Ms Michelle Cleary BSc MSc RNID Teaching Fellow, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Professor Catherine Comiskey BA (Mod) MA MSc PhD CMath FIMA. Professor in Healthcare Modelling, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Dr Siobhan Corrigan BSc MSc PhD Assistant Professor in Organisational Psychology, School of Psychology, The University of Dublin, Trinity College Dublin (TCD)



Ms Caroline Dalton BNS MSc BNS RNID Programme Lead for Intellectual Disability Nursing and Lecturer, School of Nursing and Midwifery, University College Cork (UCC)



Ms Emma Duffy BSc Administrative Officer, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Meet the contributors



Dr Angela Flynn Pg.Dip.Ed. M.Sc. Ph.D. RGN RNT Director of Undergraduate Education, Lecturer, School of Nursing and Midwifery, University College Cork (UCC)



Mr Paul Gallagher Director of Nursing, St. James's Hospital (SJH). Adjunct Associate Professor, School of Nursing & Midwifery, The University of Dublin, Trinity College Dublin (TCD). Fellow of the Faculty of Nursing & Midwifery, Royal College of Surgeons in Ireland (RCSI)



Dr Michele Glacken B.Sc. Pg.Dip. Adv. Nurs. Ph.D. RGN RM ENB A09 Head of Department of Nursing , St. Angela's College, National University of Ireland Galway (NUIG)



Dr Colin Griffiths MSc MA (jo) PhD RNID RNT Assistant Professor, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Dr Phil Halligan Dip.H.A. M.Sc. Ph.D. RGN RM FFNMRCSI Lecturer, School of Nursing, Midwifery and Health Sciences, University College Dublin (UCD)



Professor Kate Irving B.Sc. (Hons) Nursing, Ph.D.
Professor of Clinical Nursing, School of Nursing and Human Sciences,
Dublin City University (DCU)



Meet the contributors



Dr Edward Mathews B.L. L.L.B. L.L.M. T.H.D. RNID Director of Regulation & Social Policy, Irish Nurses' & Midwives' Organisation (INMO)



Dr Rhona O'Connell B.A. M.Ed. Ph.D. RGN RM RNT Lecturer, School of Nursing and Midwifery, University College Cork (UCC)



Mr Frank O'Rourke BSc Dip. Geog. MSc MA School Manager, School of Nursing and Midwifery, The University of Dublin, Trinity College Dublin (TCD)



Ms Linda Ryan B.A. Couns. Psych M.A. Add, Adv.Dip. Cex Coaching, CIPD Dip. LAD Careers Consultant, Careers Advisory Service, The University of Dublin, Trinity College Dublin (TCD)



Dr Fintan Sheerin B.N.S. Cert. Nat.Sci. Pg. Cert. UT Pg.Dip.Ed. M.A. Ph.D. RNID RGN RNT MRSB FEANS FNI Lecturer in Intellectual Disability Nursing, School of Nursing and Midwifery,The University of Dublin, Trinity College Dublin (TCD)



Acknowledgements

Prof Anne-Marie Brady, Head of the School of Nursing and Midwifery, Trinity College Dublin Ms Lisa Fitzgerald, Executive Officer, School of Nursing and Midwifery, Trinity College Dublin

A special thanks to Prof Ruth Northway OBE, University of South Wales who undertook the role as External Reviewer.

Further education

The University of Dublin, Trinity College Dublin (TCD)

nursing-midwifery.tcd.ie/postgraduate/index.php

Dublin City University (DCU)

www.dcu.ie/snhs/postgraduate-listings.shtml

St. Angela's College, National University of Ireland Galway (NUIG)

www.stangelas.nuigalway.ie/departments/index_per_dept.php?dept=Nursing,%20Health%20Sciences%20And%20Disability%20Studies

University College Dublin (UCD)

www.nmhs.ucd.ie/study-with-us/graduate-programmes

University College Cork (UCC)

www.ucc.ie/en/nursingmidwifery/courses/postgrad/

University of Limerick

www.ul.ie/nm/postgraduate

Athlone Institute of Technology

www.ait.ie/courses/department/dept-of-nursing-health-science

Institute of Technology, Tralee

www.ittralee.ie/en/InformationAbout/Courses/HigherDiplomaandPostgraduateStudies/

Letterkenny Institute of Technology

www.lyit.ie/full-timecourses/

Waterford Institute of Technology

www.wit.ie/schools/health_sciences/department_of_nursing/postgraduate_study



Career opportunities



Tallaght Hospital

www.tallaghthospital.ie/careers



St James's Hospital

www.stjames.ie/Careers/



St Patrick's Mental Health Services

https://www.stpatricks.ie/careers



Health Service Executive

www.hse.ie/eng/staff/



Stewarts

www.stewartscare.ie/aboutus/recruitment/



Muiríosa Foundation

www.muiriosa.ie/menu.asp?Menu=56



Coombe Women

and Infants University Hospital www.coombe.ie/index.php?nodeId=999



The Rotunda Hospital

rotunda.ie/careers/



	_	_	_	_
N	$\boldsymbol{\alpha}$	т.	\boldsymbol{n}	c
IV			_	-





