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BOTSWANA HOSTS CNF BIENNIAL
The Commonwealth Nurses Federation (CNF), founded in 1973, is a federation of national nursing and midwifery associations in Commonwealth countries.

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The Commonwealth Nurses Federation (CNF) started the Year of the Ox with the Commonwealth Nurse, a journal to keep you up to date with what is happening in our Commonwealth nursing family. We hope you enjoy reading it. Like the ox, the CNF is staying strong; ploughing and planting furrow by furrow, slowly and steadily!

The CNF held its Biennial Meeting in Botswana in June 2009. I sincerely thank the Nurses Association of Botswana for hosting a very successful meeting. The Biennial meeting and workshop was one of those rare occasions when nurses from across the Commonwealth have the opportunity to share experiences and to network with fellow nurses. It is at meetings like this that I am reminded of how lucky those of us from developed countries are especially when I hear stories of how nurses from less developed countries reach out to care for patients suffering from HIV and AIDS when they themselves and some of their family members are also afflicted with the disease. I feel truly humbled and I salute these nurses for their courage and dedication.

In the last few months, the CNF has conducted workshops in Tanzania, Uganda, Kenya and Malaysia. Another workshop is planned for the Bahamas at the end of this year and a couple in West Africa early next year. Discussions are being held to conduct migration research in the South Pacific and the CNF Europe Region is organising a Conference in Cyprus in March 2010.

The CNF is committed to its members and despite having limited resources has made substantial progress in achieving our objectives. We are still working hard to get more funding to carry out our work. Perhaps each national nurses association could consider organising a fundraising activity at the local or national level and use the funds to organise a CNF event in their country.

As we approach the holiday season, I wish those who celebrate Christmas a happy and peaceful celebration and to everyone a safe, happy and peaceful 2010.
The vision of the New Zealand Nurses Organisation (NZNO) is: Freed to care, Proud to nurse.

The NZNO maintains that in so many situations nurses are overworked and understaffed and are constantly working in unsafe environments. If the work environment and working condition can be improved, then nurses will be freed to care which will make us proud to nurse.

The NZNO strategic plan is divided into four areas: leadership, membership, organisational and social. Within each of the four areas aims and objectives have been established which are considered necessary to move the organisation forward.

The NZNO is conducting a number of campaigns to achieve the goals outlined in their strategic plan.

Fair play: fair play refers to fair working conditions as well as fair pay

A Fair Share for Aged Care and Grow to win: Growing the number of members working in the aged care sector in order to improve pay and working conditions.

In all their campaigns, the NZNO works to ensure:

- that the voice of nurses and nursing at all levels is heard,
- they influence the development of policy,
- they provide professional leadership and development,
- they improve employment and working conditions for nurses,
- they develop positive stakeholder relationships.

The NZNO consider they are successful because they are a member led organisation. They have committed membership and staff; and they work hard to ensure they have positive and effective communication, industrial representation and professional development and education for their members. They believe they are absolutely making a difference to nursing and midwifery in New Zealand.
Ramziah shared with delegates strategies that the Malaysian Nurses Association have successfully negotiated with the Malaysian Department of Health to improve nurses’ salaries, working conditions and career structure in order to retain nurses in Malaysia. As a result of the enhanced conditions negotiated by the Malaysian Nurses Association, there is now better retention of nurses, less attrition, less migration, and fewer resignations. The negotiations were based on information gained through surveying nurses. Having evidence on which to base claims made it easier, Ramziah said, to achieve positive outcomes for nurses.

Geetha presented the results of a research project conducted by the Nurses Association of Botswana (NAB) in 2006. The NAB target was 5% of the nursing population and they used a survey, in-depth interviews, and focus groups to collect their data. The research found a large majority of the nurses surveyed expressed an intention to migrate. Among the reasons nurses gave for their intention to migrate were: inappropriate deployment, lack of job satisfaction, too few staff, lack of educational opportunities and the fear of contracting HIV and AIDS.

Janet described the Wellness Centre that is being built in Uganda under the auspices of the Uganda Nurses and Midwives Association (UNAMN) and with the support of the International Council of Nurses. A Wellness Centre is a centre for delivering holistic care exclusively to health workers and their families through case management and services for counselling, testing and treatment of HIV and AIDS, TB and other diseases. It is designed to be a centre of excellence that will also provide research and continuing education.

The UNAMN consider that the Wellness Centre will improve the quality of health for nurses and other health workers in Uganda and contribute to the retention of nurses and reverse some of the push factors that lead to perpetual absenteeism, attrition and migration of nurses and improve their attitude, motivation and morale.
MAKING A DIFFERENCE - ACHIEVING POLITICAL OUTCOMES

The theme for the conference is achieving a sustainable nursing and midwifery workforce for the future. Every country and every organisation represented here today will be acutely aware of the day to day struggles we all have in promoting and campaigning for advances in the employment of nurses and midwives. It is an issue which is far from won; and one which cannot be lost.

My objective today is to talk about this issue from a political perspective. I want to do this by detailing and describing a campaign currently being run by the Australian Nursing Federation (ANF) to achieve some positive changes for nurses employed in the residential aged care sector in Australia.

Politics is the process by which groups of people make decisions. The term is generally applied to behaviour within governments, but politics has been observed in all human group interactions, including corporate, academic, and religious institutions.

The key aspects of political a campaign are to:

* build relationships,
* lobby for change, and
* influence.

In June 2007 in Australia there were 2,872 residential aged care facilities with 167,578 beds. The sector is characterised by increasing resident acuity and demands for nursing care as the Australian population ages.

Nurses working in aged care earn, on average, $330 less per week than nurses working in other sectors. When nurses consider aged care they see a sector with a poor image, low wages, hard and heavy work, often low morale, and minimal staffing levels. It was in this environment that the ANF launched its national campaign: Because we care.

The campaign is designed to raise a number of issues facing the aged care industry in a positive way and to reposition the ANF as an advocate for the industry.

The campaign coincides at a time when Australia’s population continues to age, more and more people need nursing home care and the number of nurses in aged care continues to drop significantly while unskilled or semi skilled care workers are growing. The subsequent change in the skills mix is putting greater pressure on the remaining staff and threatening a sustainable nursing workforce in aged care in Australia.

The campaign objectives are to:

1. Reposition the ANF in the aged care sector: The media, political and campaigning strategies are designed to reposition the ANF as the voice of the aged care industry; in the media, the community, and with state and commonwealth political groups. If successful the campaign will assist the ANF to become a key advocate for the aged care industry and for older Australians.
2. Provide a platform for wage disparity to be addressed: The campaign will seek to bring pressure on the funding agencies and government to address the shortfall in the funding of residential aged care.

3. Create a political environment for the establishment of minimum staffing levels and skills mix: Staffing levels are the most important issue for nurses, residents and their families. The introduction of regulated minimum staffing levels and skills mix can only be achieved in an environment where aged care funding and staffing have been identified as important political and community issues.

4. Regulation of all care workers in aged care: the campaign will pursue the regulation of all care workers.

5. Transparent and accountable funding: The campaign will support accountability mechanisms to ensure openness and transparency for government funding to the aged care sector and to ensure this funding is appropriately spent.

The diverse nature of the campaign goals along with the need to broaden support to secure the outcomes required ANF to adopt different strategies for different political players: aged care workers, ANF members, non-ANF members, employers, state and national governments, parliamentarians, the media, residents in aged care and their families and the wider community.

One of the key strategies was a Charter for Quality Aged Care.

The Charter was a simple and effective strategy to allow disparate but interested individuals and groups to show their support for the campaign. Signing the Charter indicated awareness of and support for the Campaign objectives. The Charter is widely available both electronically and in hard copy and can be signed by nurses, carers, residents, family members, employers and government ministers. To date tens of thousands of Charters have been signed.

**Progress to date**

- The campaign was launched in March 2009 at the national parliament.
- A campaign committee has been established to drive the campaign.
- Financial and human resources have been committed to the campaign.
- An e-bulletin has been produced to keep people up to date with campaign activities.
- Campaign branding has been produced.
- Research has commenced, including mapping, surveys and focus group work.

Although the campaign is still in its early phases the signs are positive. We have the first positive membership growth in aged care in a decade; improved political and media profile for the ANF and aged care; improved relationships with employers and raised morale within the aged care workforce. We hope that our campaign will build a momentum that will be difficult, if not impossible to stop.

**Conclusion**

The international shortage of nurses and midwives is long term and entrenched, and could emerge as the dominant international health issue for the future. It is in everyone’s interest to protect and promote nursing and midwifery. If they are to remain viable professions their status must be enhanced and their welfare promoted. Fundamental to this is the issue of workforce levels. If we are unable to ensure a sustainable workforce this will consign nursing and the public that depends on its care to a perpetual cycle of labour shortages and sub optimal care.

http://www.becausewecare.org.au
INTRODUCTION

Virginia Henderson defined nursing as: 
assisting an individual, sick or well in the 
performance of those activities contributing to 
health or its recovery or to a peaceful death 
which he would normally do if he had the 
necessary will, knowledge or strength and 
doing this in such a way to bring the 
individual to independence as quickly as 
possible.

In order to achieve a sustainable nursing and 
midwifery workforce for the future, we must 
begin from these basics. Education is the 
foundation on which we should build; 
continuing education is the walls and 
professionalism provides the roof. I am going 
to talk on the importance of education and 
professionalism as a way forward to achieving 
a sustainable nursing and midwifery 
workforce for the future.

BASIC NURSING EDUCATION

Every nurse should be capable of answering 
basic questions such as:
• What is nursing?
• Who is a nurse?
• How is nursing different from medicine?

This basic knowledge creates awareness in 
the nurse and inculcates in her the sense of 
being in control. When a nurse understands 
that nursing is caring, and understands the 
place of a nurse in the health care delivery 
system, she is able to put her head up, 
square her shoulders and be proud to be 
called a nurse.

Many people refer to nurses as: mini 
doctors or the doctor’s handmaiden. This 
damages the self esteem of the nurse and 
unless she has a proper basic education in 
the uniqueness of nursing she will never feel 
she is making an equal contribution to 
patient care. Basic nursing education is the 
arena for nurses to learn and develop the 
technical skills required for their practice.

NURSING CONTINUING EDUCATION

The initial educational program that nurses 
undertake teaches them to think creatively 
and reflectively. It is designed to create a 
thirst for more knowledge, not merely 
training. In itself, a basic training program 
will not prepare an individual nurse for 
every situation and context. It is simply a 
ground work for further learning and 
without this further learning, the skills that 
a student has acquired during this time will 
stagnate and the desire for learning and 
new learning will become frustrated (Reed 
and Procter 1993).

Nurses attain increased autonomy through 
higher levels of education. Autonomy means 
that a person is reasonably independent and 
self governing in decision making and 
practice. Autonomy is an essential element 
to professional nursing. Through clinical 
competence in diverse clinical settings, 
nurses will continually take on independent 
roles in nurse run clinics, collaborative 
practice and advanced nurse practice 
settings; with increased autonomy will come 
greater responsibility and accountability.

It is very important for nurses to engage in 
continuing education and training as well. 
Many people assume that once a nurse has 
finished her education and become 
registered, then, that is it, she does not 
have to bother with any more learning, and 
she just gets on with looking after patients 
and soothing fevered brows.

Nothing could be further from the truth, a 
nurse ensuring her nursing continuing 
education is kept updated is very important, 
and is an integral part of maintaining her 
registration. The needs of patients continue 
to change and there are new developments 
in procedures. The education of a nurse 
never stops as they are required to 
continually master new skills and concepts 
throughout their career.
The nurse’s life in the 21st century is very fast paced. As medicine and surgical procedures advance and improve, it is her duty to ensure she keeps to the forefront of any major changes and improvements. This can be very difficult if she is working very long hours on the wards and clinics and ensuring her nursing continuing education is kept updated is easier said than done.

A good hospital will ensure they provide everything needed for nurses to continue their nursing education. They should also ensure the education and training a registered nurse requires is provided free of charge. This ensures that a lack of funds does not prevent any registered nurse from using the excuse that they could not afford to access the education needed for contemporary practice. Nursing is not one of the better paid professions and for many people, higher levels of qualification such as a degree are often out of reach purely because the nurse cannot afford to access the courses. This type of continuing education should become more accessible to nurses with perhaps the employer funding the courses for the registered nurses they employ.

For many years, nursing as a profession was not concerned with gaining academic credibility. However this has changed over time and in the drive to gain this recognition and be seen as a profession, nursing has to reorganise and change its focus. To strive for more and better knowledge, the nurse must take part in further education and not be left behind (Reed and Procter 1993). Griffiths (2002) considers that education is central to nursing as a profession. One of the hallmarks of professional behaviour is a commitment to lifelong learning and enhancement of practice.

PROFESSIONALISM
Nursing is an art and science involves many activities, concepts, skills related to basic social sciences, physical sciences, ethics, contemporary issues, and other areas. Nursing is a unique profession because it addresses the responses of individuals and families to health promotion, health maintenance and health problems.

Nursing is not simply a collection of specific skills and a nurse is not simply a person trained to perform specific tasks. Nursing is a profession.

No one factor absolutely differentiates a job from a profession but the difference is important in terms of how nurses practice. When we say a person acts ‘professionally’, for example, we imply that the person is conscientious in actions, knowledgeable in subject, and responsible to self and others. Professions possess the following primary characteristics:

- A profession requires an extended education of its members as well as a basic liberal foundation.
- A profession has a theoretical body of knowledge, leading to defined skills, abilities and norms.
- A profession provides a specific service.
- Members of a profession have autonomy in decision making and practice.
- The profession as a whole has a code of ethics and practice.

Nursing clearly shares to some extent each of these characteristics. However nursing as a profession still faces controversial issues as nurses strive for greater professionalism.

The professional association must concern itself with the nature of nursing practice, the means for improving nursing practice, the education necessary for practice, and the standard for membership in the professional association.
CNF INDIA WORKSHOP

The CNF in conjunction with the Trained Nurses Association of India (TNAI) held a very successful workshop in New Delhi 18 February 2009 on the CNF 4Safety theme: A safe patient; a safe workplace; a safe profession and a safe nurse.

Forty five nurses attended the workshop from India, Sri Lanka and the Maldives. Participants included Mrs Satish Chawla the CNF Vice President, Mr Arvind Kulkarni CNF Board member for the South Asia region and Mrs Sheila Seda Secretary General of TNAI.

CNF MEETS WITH SENIOR NURSES IN UGANDA

The CNF was privileged to participate in a forum for senior nurses and midwives hosted by the Uganda National Association for Nurses and Midwives (UNANM) on Friday 23 October, in Wakaliga, Kampala, Uganda. The purpose of the forum was to identify issues and discuss strategies for strengthening nursing and midwifery.

The forum identified excessive workloads; unacceptable nurse to patient ratios; unsafe task shifting; poor clinical experiences for student nurses; poor working conditions; insufficient resources; a lack of teamwork with other health colleagues; and a lack of access to information technology as factors contributing to nurses generally having low self esteem and feeling powerless and unable to influence change.

UNANM leaders Janet Obuni (President) and Patrick Bateganya (Secretary)

The forum was characterised by a strong sense of solidarity and determination among the senior nurse leaders to work together with UNANM to address the issues identified.
THE CNF GOES TO TANZANIA

In a first for both the CNF and the Tanzania Nurses Association (TANNA), the CNF took its 4 Safety workshop to Dar es Salaam. Thirty nurses spent two days reflecting on issues around a safe patient, a safe workplace, a safe profession and a safe nurse.

Participants decided that the three most important factors to achieve patient safety were:

* a safe environment,
* competent and sufficient staff,
* good communication.

The nurses concluded that while they agreed nursing was a profession, they did not think it was a ‘safe’ profession until the workplace in which nurses deliver care is safe and until all nurses are familiar with and practised according to national standards and a national code of ethics and code of conduct.

The President of TANNA, Mr Ntuli Kimido Mwambingu and Executive Secretary, Ms Romana Sanga are working with the CNF to develop a proposal to replicate the 4 Safety workshops across the country, particularly to nurses in rural areas.

NNAK HOSTS CNF VISIT

The National Nurses Association of Kenya was host to the CNF 26-27 October 2009. A program of visits was arranged for 26 October and a CNF 4 Safety workshop was conducted on 27 October.

The CNF was welcomed to Kenya by the President of NNAK, Luke K’Odambo, Secretary Fredrick Omiah, Treasurer Jeremiah Maina, Project Officer Faith Mbehero, and past President and CNF Board Member for the Central, Eastern and Southern African Region, Donald Epaalat.

Mr Chris Rakuom, Kenya’s Chief Nursing Officer outlined some of the exciting initiatives being introduced in Kenya to retain nurses, including a post registration internship year and bilateral agreements with neighbouring countries to manage nurse migration.

The NNAK, the Chief Nursing Officer Kenya and the CNF are working toward forming a partnership to provide more continuing education in Kenya in the future particularly in rural areas.
LEADERSHIP TRAINING IN MALAYSIA

The Malaysian Nurses Association (MNA) was successful in an application to the Commonwealth Foundation for a grant of £10,000.00 to conduct leadership training for young potential nurse leaders in Malaysia. The CNF is supporting the MNA in the delivery of the training.

The purpose of the training is to prepare young nurse leaders with the knowledge, skill and confidence to assume nursing leadership positions in the future. The six day training covers governance, strategic planning, lobbying and advocacy, leadership, and working with the media and is being held over three weekends in August, October and December. The first two days were held in Kuala Lumpur and consisted of presentations, group work, and individual self development exercises.

The second phase of the training was scheduled to take place on Pulau Tuba, a small island off Langkawi, an archipelago of 99 islands in the Andaman Sea, around 30 km off the mainland coast of northwestern Malaysia - a beautiful setting for learning.

Unfortunately, the electricity supply to the island failed and despite the best efforts of the nurses who took time out from their training to negotiate with the electricity workers to restore the electricity supply, the training had to be transferred to Langkawi. The subsequent loss of face and income was a real blow to the people of Pulau Tuba.

The MNA has taken up the unreliable electricity supply with the Malaysian government on behalf of the local people, writing to and receiving responses from the Chief Minister responsible for Pulau Tuba, the Malaysian Minister for Tourism, the Malaysian Tourist Board and the media to highlight the need for a secure electricity supply for the island.

The final phase of the training will be back in Kuala Lumpur. Each training session has been allocated ten CNE points by the Malaysian Nursing Council; a total of 30 CNE points for the completed training.
The Commonwealth Nurses Federation in partnership with the Nurses Association of the Commonwealth of the Bahamas conducted a two day workshop for sixty five nurses in Nassau Bahamas 18-19 November 2009 on patient and nurse safety. The workshop was facilitated by Jill Iliffe Executive Secretary of the Commonwealth Nurses Federation and Marion Francis Howard CNF Board Member for the Atlantic Region.

The 4 Safety Workshop looked at those factors that contribute to a safe patient, a safe workplace, a safe profession, and a safe nurse, such as: such as: safe buildings, security, clean air and water, well maintained equipment, sufficient staff, infection control, education, regulation, standards of practice, and achieving a work/life balance in an environment of global nursing shortages.

The workshop was opened by Mrs Rosemarie Josey, President of the Nurses Association of the Commonwealth of the Bahamas and attended by Mrs Paulette Drakes President of the Barbados Nurses Association.

Participants considered that for safe patient care it was necessary to have:

**SAFE STAFF**
- competent, knowledgeable, well educated individuals and teams
- sufficient staff

**SAFE ENVIRONMENT**
- clean, not cluttered
- adequate resources
- adequate equipment, well maintained, fit for purpose

**SAFE SYSTEMS AND PROCESSES**
- policies, protocols and standards
- incident reporting
- patient complaints and rights

**SAFE COMMUNICATION**
- verbal and written
- language sensitivity and diversity

**SAFE CLINICAL CARE**
- assessment, screening, documentation
- hygiene, infection control
- medication.
Commonwealth Africa Symposium on the International Migration of Health Workers

The Commonwealth Foundation held a second symposium on the international migration of health workers in Gaborone Botswana 16-18 June 2009. The Commonwealth Health Professions Alliance worked in partnership with the Commonwealth Foundation to conduct the symposium.

CNF nurses from Sierra Leone, Cameroon, Uganda, Tanzania, Lesotho and Botswana attended the Symposium to discuss the effects of migration on their nursing workforce and the impact of HIV and AIDS on nurses’ migration decisions.

Participants to the symposium made twelve recommendations which included supporting implementation of the recommendations from the Commonwealth Asia Migration Symposium, developing mechanisms to promote and monitor adherence to the Commonwealth Code of Practice on the International Recruitment of Health Workers and conducting comprehensive migration research across the Commonwealth.

COMMONWEALTH HEALTH MINISTERS MEETING

Susie Kong and Jill Iliffe, on behalf of the CNF, attended the Commonwealth Health Ministers (CHMM) meeting in Geneva on Sunday 17 May 2009. The theme for the 2008 CHMM was Climate change and health.

The Commonwealth Health Professions Alliance (CHPA) was officially launched at the Commonwealth Health Ministers’ meeting. The CHPA consists of seven Commonwealth health professional associations accredited to the Commonwealth. The CHPA consider that by working together they can more efficiently and effectively represent and support health professionals in Commonwealth countries and promote high standards of care and equity in access to care for people living in Commonwealth countries.

Caroline Pontefract, Director of the Social Transformation Programs Division of the Commonwealth Secretariat launched the CHPA which was facilitated by Senator Jan McLucas from Australia who chaired the Commonwealth Health Minister’s meetings. Susie Kong, the CNF President, responded on behalf of the CHPA.
CLIMATE CHANGE AND HEALTH SURVEY

The results of the CHPA Climate change and health survey were presented to the Commonwealth Health Ministers’ meeting in Geneva on 17 May 2009.

Over 800 individuals from 42 of the 53 Commonwealth countries returned the survey, as well as a number of professional associations who returned surveys on behalf of a membership numbering in excess of 200,000. Responses were received from nurses, doctors, pharmacists, dentists, community health workers and others such as dietitians, physiotherapists and health administrators. The full report is available from: http://www.commonwealthnurses.org.

There was remarkable consistency in the effects, identified by health professionals, of global warming and climate change. The effects fell into five main categories: survival, health, economic, social and environmental. Each effect impacted on and was impacted by other effects, forming a relentless cycle of increasing severity.

An amazing 96% of respondents were personally concerned about global warming and climate change. They did not however have the same confidence in their governments’ concern or preparedness. While 73.3% considered global warming was a concern to their government, only 43.8% considered their government had an action plan or high level committee on global warming and climate change and nearly 70% said they had no input into or access to the action plan or high level committee.

Forty percent of respondents said their governments did not involve them in policy decisions or in formulating plans about global warming and climate change. As one respondent said, Health professionals and their associations should be integral to decision making; because they bear the brunt of the health effects and disasters which will arise from global warming and climate change.

Health professionals at all levels want to be kept informed. They understand they will be called on to care for people affected by global warming and climate change, but without information their response will be inadequate.

Global, collaborative strategies are needed to avoid wholesale environmental devastation and gross social disruption with consequent risks to health and peace. There is a clear choice between continuing unsustainable and inequitable consumption of energy use and collaborative planning to mitigate foreseeable economic, environmental, social and health risks associated with climate change. Health professionals consider the cost of doing nothing, of being reactive, much greater in financial and human terms than taking preventative action.

Respondents were concerned that governments are too distracted by other issues, such as their own domestic issues (unemployment, crime, and poverty) and the current global economic crisis. Health professionals felt the time to act was now and that while individual effort was important, the leadership of national governments together with international collaboration and cooperation was critical to success.

There were some key messages to Commonwealth health ministers.

1: We care, do you?
2: Involve us! We want to be involved
3: Keep us informed
4: The cost of inaction is greater than the cost of action
5: Act now!

We have only one planet. If we do not save it, we have nowhere else to go.
new CNF BOARD

A new CNF Board for 2009-2011 took office at the CNF Biennial meeting in Gaborone Botswana 24-25 June 2009. Please feel free to contact your Board member for more information about CNF activities in your region. Contact details are available on the CNF website: http://www.commonwealthnurses.org.

Margaret Brayton turns 90

Margaret Brayton was the first Executive Secretary of the Commonwealth Nurses Federation. In July she celebrated her 90th birthday.

Margaret had a long and distinguished nursing career and has a multitude of nursing friends across the world who I know would want to wish her well. At 90 she is still actively involved in many health, social development and social justice committees and causes.

Without Margaret’s determination, perseverance, warm personality, generous nature and sense of humour, the Commonwealth Nurses Federation would not have prospered. Margaret lay the foundations for the successful organisation the CNF is today. It was a great privilege to attend Margaret’s 90th birthday celebrations in London on 10 July.

8th CNF EUROPEAN REGION CONFERENCE

Advancing health through nursing
12-13 March 2010
Coral Beach Hotel, Paphos, Cyprus

SUBMIT AN ABSTRACT AND PLAN TO BE THERE

Submit abstracts to the Cyprus Nurses and Midwives Association cy.n.a@cytanet.com.cy.