IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

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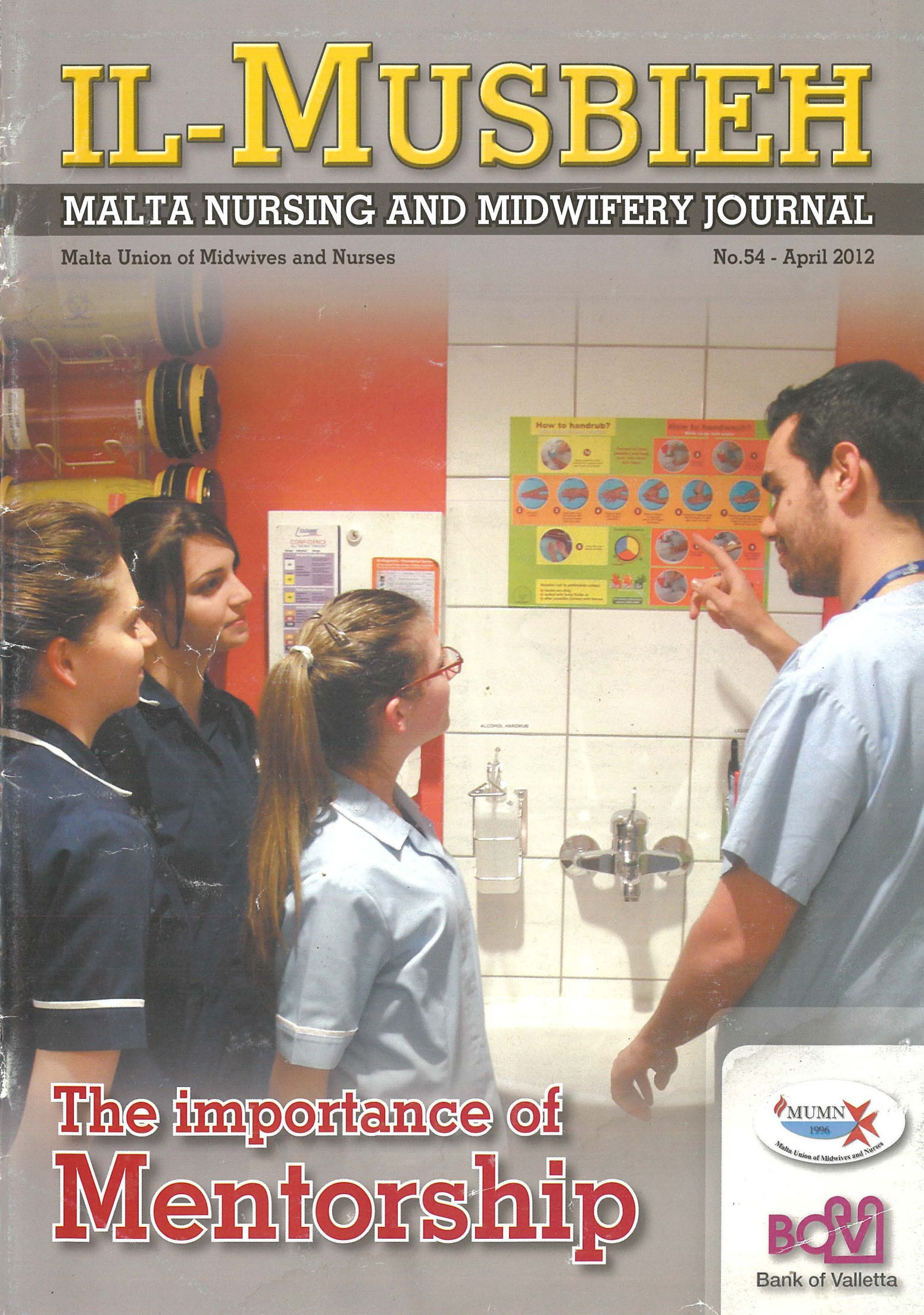

The importance of Mentorship

HARTMANN

Molimed

Prodotti maħluqin għall-inkontinenza ħafifa, magħmulin b`teknoloġija avvanzata u maħsuba biex ikunu kemm komdi u ma jidhrux

Cempel fuq 21446205 għal aktar informazzjoni fuq dan il-prodott

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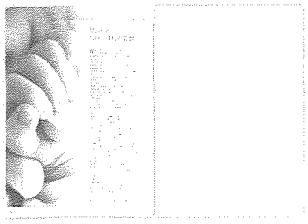

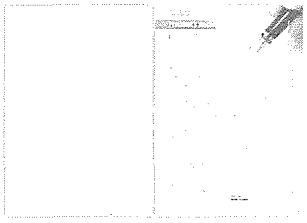

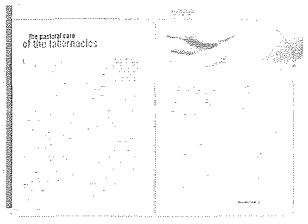

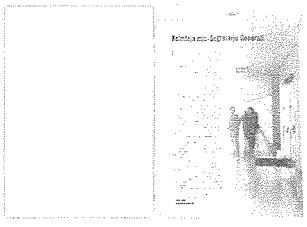

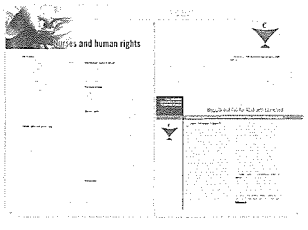

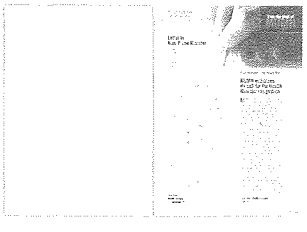

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Il-fehmiet li jidhru f'dan il-ġurnal mhux necessarjament li jirriflettu l-fehma jew il-policy tal-MUMN.

L-MUMN ma tinstax tinżamm responsabbli għal xi ħsara jew konsegwenzi oħra li jiġu kkawżati meta tintuża informazzjoni minn dan il-ġurnal.

L-ebda parti mill-ġurnal ma tista' tiġi riprodotta mingħajr il-permess bil-miktub tal-MUMN.

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Dan il-ġurnal jitqassam b'xejn lill-membri kollha u lill-entitajiet oħra, li l-bord editorjali flimkien mad-direzzjoni tal-MUMN jiddeċiedi fuqhom.

Il-bord editorjali jiggarantixxi d-dritt tar-riservatezza fuq l-indirizzi ta' kull min jirċievi dan il-ġurnal.

Kull bdil fl-indirizzi għandu jiġi kkomunikat mas-Segretarja mill-aktar fis possibbli.

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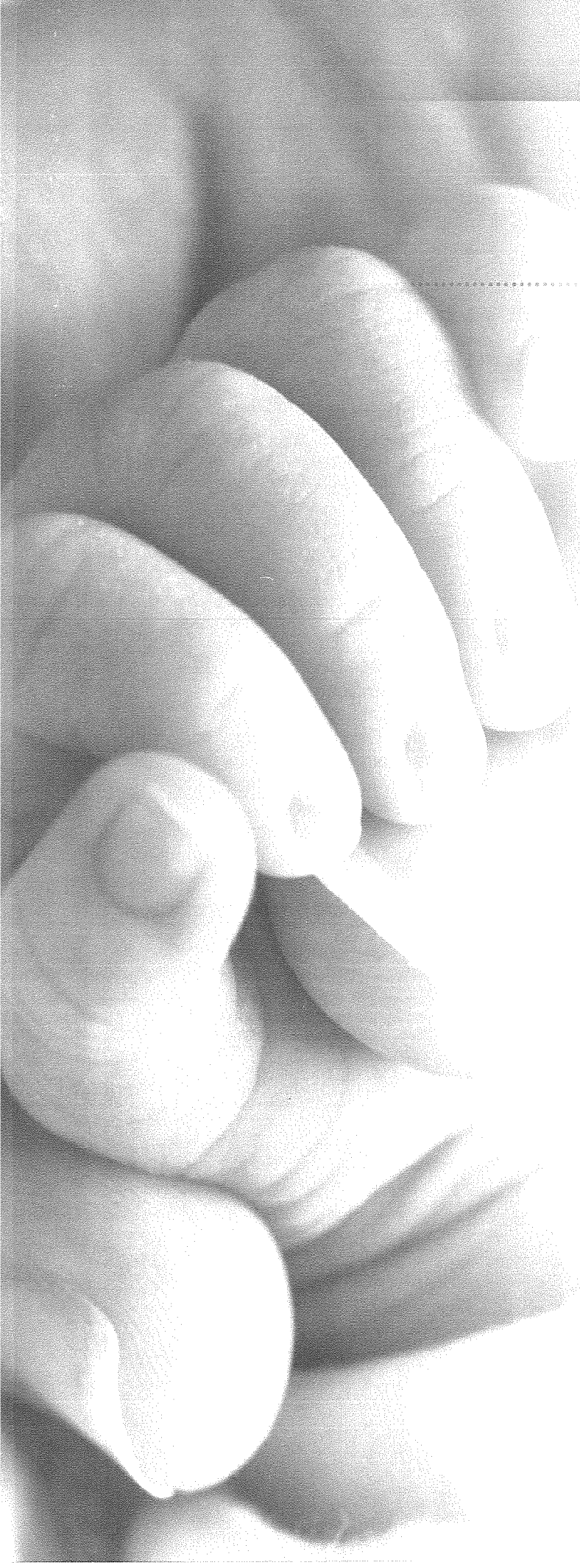


Moving forward together!?

When children say that they want to be a nurse or midwive when they grow up, they want to be someone who cares for people and makes them feel better. They imagine making their patients more comfortable and having concern for them. They don't imagine making schedules, managing staff, doing paperwork and being pulled in so many directions at once they barely get a chance to look at their patients' faces.

As we have moved towards and beyond the new millennium nursing and midwifery are becoming as much about communication skills and management ability, as applying bandages. Research suggests people who understand their condition and what to expect from their treatment, get better quicker than those that are left in ignorance. The ability both to listen, and to explain a situation clearly an accurately, is a core nursing requirement. Our definition of management is not of the paper pushing kind. Whether you are leading a nursing/midwifery team, handling limited resources or developing new approaches to care, your skills will have a direct impact on patients. We as nurses and midwives need to shout louder to be heard...or else nobody will listen to us.

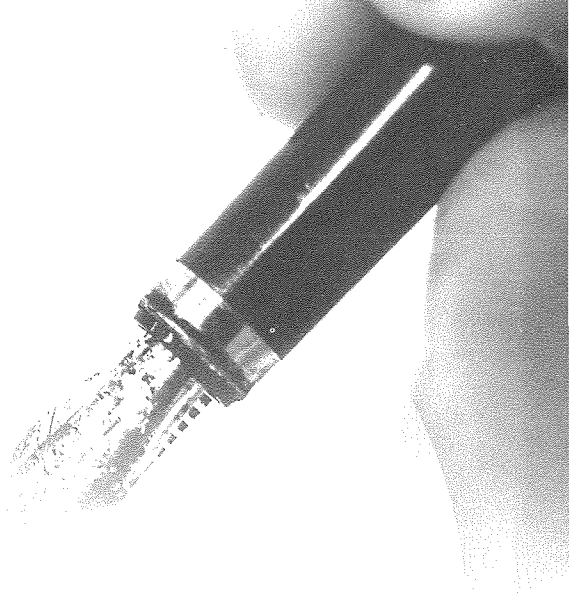
As nurses and midwives we should all work hard to move forward together. All of us should pack up our degrees, our experiences, our ideas and share them amongst each other and thus one fine day we will truly say that the nursing and the midwifery profession are moving forward not as individuals ... but together.

It is very sad to see so many assignments, research, so many thesis, all nicely bounded and left there on shelves for dust to accumulate on them. Is it so difficult to share what we have learnt during our hard times of studying? What are we afraid of? Or we don't care to share our knowledge?

We should all be very proud that students use our work during their studies. We should try and publish articles on this journal. At the moment we have to use any foreign research and article because we do not get enough articles from local nurses and midwives. We as the editorial team and together with the executive of MUMN, would like to encourage all those nurses and midwives who have articles that we can publish, to hand them over to us and we will publish it. We know that everyone is busy and have other things to do but we are so many nurses and midwives, that if all of us send in, one article, we will be lost for choice.

Thank You
We wish you and all your families a Happy Easter

President's message



Like all unions in Malta, MUMN has to work also with politicians – Health Minister, Prime Ministers, etc and with their appointed personnel. Issues which are important to MUMN such as the working conditions of its members depend heavily on the politician of the day. As a union, MUMN does not have any principles of any political party and our statute goes even one step further by not allowing all the Council Members to be actively involved in any political party even as a candidate for any posts including local councils. Having said that, that does not imply that MUMN is not into politics. Unfortunately the impressions here in Malta is that politics belongs solely to the political parties spheres but actually the day to day running of a country is also through politics.

MUMN is a founder of the confederation of eleven unions under the name of FORUM. Through FORUM, a platform is formed with other important unions within an organised structure. This is beneficial to MUMN and its members since a clear voice on the politics of the country can be issued. In fact in Malta nearly all unions (with the exceptions of just one union) are affiliated in a confederation. Through FORUM, MUMN is contributing to nurses and midwives not just on issues regarding their working conditions but also on issues which also effect nurses and midwives in their daily lives. That is why MUMN with all other unions in the country participated in a protest in Valletta against the raise of the utility tariffs since even such high utility tariffs are paid by nurses and midwives. Through FORUM, MUMN consolidated strong alliance with other unions including MUT and the GWU. I would like to publicly to thank GWU through their the General Secretary Mr. T. Zarb for reporting loyally all press releases issued by MUMN and for its support to MUMN especially when MUMN was in industrial disputes, fighting to improve the working conditions of its members. Thanks also to GWU, FORUM (and that implies also MUMN) is now also part of ETUC (European Trade union Council) thus showing that although the Prime Minster did not allow FORUM into MCESD, the EU trade union council accepted FORUM as one of its members.

We have reached in the absurdity that FORUM can contribute on an EU level but thanks to the Prime Minster, FORUM can't contribute in MCESD in Malta. Unfortunately to the Maltese workers, we have a Prime Minister that with a mysterious agenda, Forum (or MUMN) cannot become a social partner in MCESD. When a parliamentary vote was taken, all Nationalist MPs voted against a bill proposed by the Labour Party so that Forum could be in a position to join MCESD. Presently ONLY the Labour party has the ideology to allow FORUM in MCESD and this was confirmed in writing and through various speeches (such as the recent budget speech)of Dr. Muscat confirming that FORUM place is in MCESD.

The Prime Minister can offer nice words to nurses and midwives but then in reality, would not allow such professionals to contribute with all other social partners' not just on national issues but also on issues related to the health sector. The Prime Minister is very naieve to believe that the union representatives within FORUM are stupid enough to believe his feeble reasoning as not to allow 12 unions to join MCESD. MUMN is the biggest union in the Health Sector and the fourth largest union in the country whilst MUT is the biggest with the educational sector and the third largest in the country – both not allowed contributing in the MCESD. Whilst the other trade unions within FORUM are "experts" within their work sectors.The "reasons" which the Prime Minister adopts are unbelievable how senseless and holds no ground.

The last FORUM meeting with the Prime Minister in Castille which was prior the last budget, I personally voiced and protested that MUMN and all the other 10 unions are not second class unions and his personal agenda of not allowing FORUM joining MCESD has lost all credibility in the eyes of the whole country. Recently, the editorial of the Times issued appeals to the Prime Minster to allow FORUM joining MCESD. The Times editorial went even one step further by appealing to the Prime Minister that such a saga needs to end for the benefit of the country, and that FORUM and Gozo Chamber should become social partners in MCESD. But the Prime Minister feels powerful enough to act as the gate keeper of MCESD.

The Prime Minister even resorted to low level tactics by blaming the other MCESD members most especially UHM for not allowing Forum to join MCESD. Hiding behind organisation has become sometimes convenient in politics. Then the new administration of UHM burst the Prime Minister bubble by declaring that UHM will not act as a gate keeper to MCESD and have no objection of Forum joining MCESD. A Prime Minster who ignores the voice of 12,000 workers and their families could result that eventually 12,000 families could also ignore his electoral programme when an election comes. After all, no one in our country could be taken for granted. If the Prime Minster wants to take such a risk, that is up to him but having a Prime Minister who ignores the appeals even from leading personalities is after all not healthy for the country. After all FORUM main intentions are to contribute for the good of this country and its workers –is that a crime, I would ask?

Paul Pace
MUMN President

the pastoral care of the tabernacles

Last year marked the 10th anniversary of the horrible terrorist attacks, carried out on September 11, 2001 in USA, which killed 3000 innocent people. On that sad day, I had the grace of celebrating Mass at the Obstetrics Ward 2. The usual Sunday Eucharist which we chaplains usually celebrate in various wards during the year throughout *Mater Dei*, turned out to be for me an outstanding landmark in my pastoral ministry.

As I arrived at the ward I was briefed by one of the nurses concerning the aim and work of the ward. The key word which stuck into my mind and heart was tabernacle. When I noticed the expectant mothers gently treading around the place and even letting myself being captivated by their idiosyncratic way of sitting, and, most of all, imaging with how much loving strength they were protecting their precious treasures who do dwell in them, I could readily understand their singular cherished gift of motherhood.

The Hebrew word for tabernacle is *mishkan* (ÐÐÐÐ) meaning "residence" or "dwelling place". For the Hebrew Torah (or the Christian Old Testament), the Tabernacle was the moveable dwelling place for the Divine Presence from the time of the Exodus from Egypt through the conquering of the land of Canaan. Built according to the details given by God to Moses, it accompanied the Israelites on their strayings in the desert as well as their occupation of the Promised Land. The Tabernacle was ultimately put in the First Temple in Jerusalem, which ousted it as the dwelling place of God among the Israelites. There is a complete silence of the Tabernacle following the destruction of Jerusalem and the Temple at the hands of the Babylonians in 587 BCE.

The heart of the Tabernacle is surely the *Shekhinah*, which comes from the Hebrew verb ÐÐÐ, which literally means to *settle, inhabit,* or *dwell*. Instances where the word is used are Exodus 40,35; Genesis 9,27; 14,13; Psalms 37,3; and Jeremiah 33,16. The Hebrew word for Tabernacle, *mischan*, is an offshoot of the same root and employed in the sense of dwelling place in the Bible, such as in Psalm 132,5: "Until I find a place for the Lord, *mishcanot* (dwelling places) for the Mighty One of Jacob." Consequently, in classic Jewish understanding, the *Shekhinah* alludes to a dwelling or settling of Divine Presence, to the result that, while in closeness to the *Shekhinah*, the connection to God is more clearly detected. Certain Christian theologians have associated the notion of *Shekhinah* to the Greek word *Parousia*, meaning "presence", "arrival", which is used in the New Testament in a corresponding manner for "Divine Presence".

The Judeo-Christian comprehension of both the Tabernacle (*mishkan*) and its indwelling Divine Presence (*Shekhinah*), offer me an excellent insight of the reality present in Obstetrics Ward 2. The exptant mothers are the tabernacles that are hosting, caring and keeping watch of the Divine Presence, the unborn children, created in God's image, who live in them. Unborn life, which starts from the moment of its conception, should be defended with the utmost of care. Thus, as Blessed John Paul II passionately appealed in his Encyclical *Evangelium vitae*, no 15, every person must "respect, protect, love and serve life, every human life! Only in this direction will you find justice, development, true freedom, peace and happiness!" His ardent appeal also means seriously appreciating the incomparable gift of unborn life!

In his homily for the celebration of First Vespers of the First Sunday of Advent 2010, that was specifically dedicated for unborn life, the present Pope, Benedict XVI, explained why the Christian faith highly secures unborn children from the possible extermination by the crime of abortion. "The Incarnation reveals to us, with intense light and in a surprising way, that every human life has a very lofty and incomparable dignity... With feeling and gratitude, let us be aware of the value of every human person's incomparable dignity and of our great responsibility to all. 'Christ, the final Adam', the Second Vatican Council states, 'by the revelation of the mystery of the Father and his love, fully reveals man to man himself and makes his supreme calling clear... by his Incarnation, the Son of God has in a certain way united himself with each man' (*Gaudium et Spes*, n. 22). Believing in Jesus Christ also means seeing man in a new way, with trust and hope. Moreover, experience itself and right reason testify that the human being is capable of understanding and of wanting, conscious of himself and free, unrepeatable and irreplaceable, the summit of all earthly realities, and who demands to be recognized as a value in himself and deserves always to be accepted with respect and love. He is entitled not to be treated as an object to be possessed or a thing to be manipulated at will, and not to be exploited as a means for the benefit of others and their interests. The human person is a good in himself and his integral development must always be sought. Love for all, moreover, if it is sincere, tends spontaneously to become preferential attention to the weakest and poorest. This explains the Church's concern for the unborn, the frailest, those most threatened by the selfishness of adults and the clouding of consciences".

On the other hand, the Catholic Church greatly esteems

the sacred and singular role as present in the mystery of every human conception, gestation and birth. Whether she is separated, divorced or unmarried, every mother is God's right hand, an active loving protagonist, in the procreation and promotion of human life. This is powerfully shown in the letter Blessed John Paul II wrote to women seventeen years ago. "Thank you, women who are mothers! You have sheltered human beings within yourselves in a unique experience of joy and travail. This experience makes you become God's own smile upon the newborn child, the one who guides your child's first steps, who helps it to grow, and who is the anchor as the child makes its way along the journey of life" (§ 2).

Since, as Jim Manfordonia put it, "the unborn child is not a potential life, but a life with potential", it is essentially apt to propagate a spirituality particularly addressed to pregnant mothers. In her book, *Your Labor of Love: A Spiritual Companion for Expectant Mothers*, Agnes Penny pens a guide to help expectant mothers journey safely through their joys and trials during their pregnancies. Agnes started writing this book after her first pregnancy because she could not come across a Catholic book of spiritual encouragement for expectant mothers. In fact, she says: "I wrote to sort things out in my own mind. The seemingly interminable morning sickness and discouragement of the previous nine months, and the inexpressible joys I was experiencing in caring for a baby all my own at last".

When asked about the value of pregnancy as a spiritual event vis-à-vis a culture that has less respect for the child in the womb, Penny makes the following reflection. "Pregnancy is a gift from God and is an unparalleled privilege, for in pregnancy we cooperate with him in the creation of a new human life with a human soul that will live forever. This view of pregnancy is totally denied in today's culture, in which children are seen as commodities to be acquired at the exact time and in the exact quantity that the parents choose. Pregnancy is also a huge responsibility because in each pregnancy, God has placed one of his precious children into our care, and sadly, this is denied when women leave their children to work outside the home, when they are driven not by economic need but by a desire for a luxurious standard of living. Lastly, pregnancy can be a great opportunity for spiritual growth because almost all pregnancies involve some kind of suffering, great or small, and learning to suffer with joy and love is how we to grow closer to Christ. This, too, is denied by this hedonistic culture, in which any pain or discomfort is to be avoided at all costs".

Expectant mothers need a spiritual companion to help them face the physical discomforts; anxieties and fears; past experiences of miscarriages, stillbirths or difficult labours together with financial difficulties. Thanks to a spiritual guide or companion, expectant mothers are indubitably boosted in acknowledging the value, the beauty and the significance of their maternal calling even if they have to suffer to fulfill their vocation. In order that Catholic mothers could spiritually savour the wonderful miracle that is occurring within them in every pregnancy, holding healthy conversations with Mary, the Mother of God and Mother of all mothers, can be pivotal towards a deeper understanding of the motherhood vocation, as the subsequent telling experience of Agnes Penny powerfully portrays. "During my third pregnancy, when I would sit up all night because of heartburn, I would just smile and talk to Our Lady about the baby, and about the things I wanted for my unborn child, such as purity, virtue love for the holy Eucharist. It was so much more peaceful than those restless nights I spent in the same chair two pregnancies earlier".

My pastoral visitation at the Obstetrics Ward 2 ended with the blessing of each tabernacle that was holding the *Shekhinah,* the unborn child created in God's image, after Mass. Behind every tear shed and gestures of gratitude there were the joy and trial of being a mother and a child yet to be born. All in all, I would happily epitomize my current reflection by espousing Martin H. Fischer's insight: "God's interest in the human race is nowhere better evinced than in obstetrics!"

Fr Mario Attard OFM Cap

Kelmtejn mis-Segretarju Ġenerali

Il-problemi fis-settur tas-saħħa ma jispiċċaw qatt. Meta taħseb li solvejt kwistjoni, ma jgħaddux jumejn li ma tinqalax oħra. U dawn il-problemi kollha jżommuk 'il bogħod milli tiffoka u tippjana kif tista' ttejjeb u tħares 'il quddiem.

L-MUMN qegħda l-ħin kollu tirsisti sabiex id-diffikultajiet li jressqu n-nurses u l-midwives jiġu solvuti. M'hemmx sptar wieħed li mhux qed iħabbat wiċċu ma' numru sostanzjali ta' problemi. In-nuqqas ta' policies u ppjanar fit-tul ġabuna f'din is-sitwazzjoni prekarja.

Fuq nota pożitiva, din il-Union bi ftehim mad-Dipartiment tas-Saħħa, irnexxiela tirregolarizza l-ħlas ta' l-ikel dovut lin-nurses u l-midwives prattikament fil-postijiet kollha tax-xogħol. Punt ieħor huwa l-ħruġ ta' sejħiet sabiex jimtlew ħames postijiet ta' speċjalizzazjoni fosthom għall-ewwel darba l-Occupational Health Nurse.

F'hiex wasslu l-Ftehim Kollettiv u dak Settorali? Il-Ftehim Kollettiv ġej bis-suluzzu. Niltaqgħu darba kultant fejn tkun qed taħseb li b'xi mod jew ieħor tkun wasalt però tinduna kemm fl-istess ħin għadna 'l bogħod. Ilna kwazi sentejn niddiskutu ftehim ġdid. Qatt ma niftakar li bdejna niddiskutu dan il-ftehim minn daqshekk kmieni u fl-istess waqt li domna nkarkru daqshekk fit-tul biex nikkonkludu. F'dak li jirrigwarda l-Ftehim Settorali, wara li ppreżentajna l-proposti tagħna, issa qed nistennew il-kontro proposti tal-Gvern u li wara jsiru sensiela ta' laqgħat sabiex nibdew niddiskutu u nikkonkludu dan l-istess Ftehim Settorali.

Ma nistax f'dawn il-kelmtejn ma nirringrazzjax lill-Group Committees tal-Union li qed jaħdmu bla hedha sabiex flimkien mal-Kunsill insibu dawk is-soluzzjonijiet xierqa għall-memnri tagħna. Ħafna drabi qegħdin iwettqu l-ħidma tagħhom fil-ħin liberu tagħhom u ta' dan l-Amministrazzjoni tal-Union hija grata għall-kontribuzzjoni ta' dawn il-Group Committees.

Barra x-xogħol trejdunjonistiku tagħha, l-MUMN qegħda nvoluta wkoll fl-għoti ta' korsijiet edukattivi lil dawk interessati. Il-feedback li qed nirċievi hija pożittiva immens u dan jgħamlilna kuraġġ sabiex nkompli f'din it-triq interessanti. Barra minn hekk l-MUMN irnexxiela tiġbor it-tagħrif meħtieġ fuq proġett tal-EU fejn jinvolvi training kontinwu lin-nurses u l-midwives. L-MUMN qed taħdem flimkien mad-Dipartiment tas-Saħħa fuq dan il-proġett li jekk jiġi aċċettat ikun ta' siewi kbir lejn iż-żewġ professjonijiet.

Nieħu din l-opportunità sabiex nawgura l-Għid it-Tajjeb lilek u l-familja tiegħek kollha.

Colin Galea
Segretarju Ġenerali

UK - MALTA BILATERAL EXCHANGE 2010

a day by day account... an experience to be shared

In October/November 2010, three nurses, Sylvia Spiteri B.Sc. (Hons Community Nursing), Carmen Farrugia B.Sc. (Hons Community Nursing) and Anna Abela SN, from the Primary Health Department had the opportunity of experiencing work in the community within the Preston NHS in Lancashire. The Primary Health Department supported us to participate in this 15 day working experience in the UK. Following a call for application in May 2010 from the Training and Development Organisation for the UK Bilateral Exchange Scheme, whereby I had to find a workplace related to my place of work, I was informed that I had been chosen to benefit from this venture.

One of the main interests I had was to see how the walk-in Health Centres catered for their clients with the aim of bringing back new ideas for improving our own services. The following is an account of all the exposure I had in the community in Preston.

We were posted at two main Health Centres mainly Ashton Health Centre and Geoffrey Street Health Centre. I happened to be allocated to the latter. All was well prepared for us and the District Nursing Sister oriented two of us to the walk-in clinic. A full time-table to cover various areas was handed to us.

The catchment area covered a large distance with a number of clinics in different parts of Preston offering various services. Among the clinics we had to visit there was: Geoffrey Street Health Centre - Drop in treatment room, blood letting, GP clinics; Brookfield Clinic - Continence services, Ear syringing clinic, Tissue Viability; Preston Health Port - Dermatology clinic; Saul Street Clinic - Leg Ulcer Clinic; Fulwood Clinic - Women's Physiotherapy; Preston Business Centre - Sexual Health Services; Minerva Centre – (All specialities were stationed in one area only)- Healthy Lifestyles Team, Smoke cessation team, COPD services, Diabetes services, Cardiac Specialist Nurse, Community Matrons; Asthon Health Centre - Specialist Practitioner for Care Homes, Falls Prevention team.

My first placement was with the district nurses who cover a designated area. The district nurses report at the Health Centre and the allocation of patients is discussed. Each area has approximately an eight GP team service. The GPs (NHS) serve with in the Health Centres by appointment and also in other clinics separate from the Health Centres. The district nurses are seconded to the GP team by the NHS and they liaison with them over the deliver of care to their clients. Each district nurse is given a list of clients to visit. During her visits documentation is done and when she goes back to the Health Centre she gives over as to the needs of her client. The Nurse prescriber will also order any dressings/ tablets which are needed by the client and the pharmacist will see that these are delivered directly to the client's home. Nurses are also supplied with a mobile phone so that any queries can be dealt with immediately without having to incur the expense themselves. The number of patients allocated to any one nurse is with the intention so that she is not overloaded. Quality time is given to each client. The patients we visited needed change of dressings. These are done as we do them but all the instruments are disposable and the dressings are all supplied to the patients. Minimal wastage is done for cleansing and normal saline is supplied in phials of 20mls.

On our second day all of us visited the Minerva Centre. These are new premises since 2009, where all the specialization clinics are posted in one place. We had an interview with the "Healthy Lifestyle Clinics" organizing team. These are health promotion services whereby they do community out-reach. One such project was a pilot program in Chorley delivering smoke cessation sessions, weight management kiosks, GP referral of clients needing lifestyle changes and training of staff in general about Healthy Lifestyle Changes. Advertisement is done on market days and through local councils, health trainees, GP referrals and linkage with school nurses. Each Weight management class (WMC) consists of 20 participants. The WMC and smoke cessation sessions are done in conjunction with dancing classes (move to music) as an anti-stress. All this was delivered against a fee of 2 GBP so as to contribute towards expenses and also lessen drop-outs. They were also aiming to start healthy eating sessions in the cafeteria in Minerva Centre. The day finished with an exclusive interview with the communication manager of NHS Preston. This interview was published on their news letter.

Next day I visited the incontinence nurse at Brookfield Clinic. This is one of the three Incontinence clinics which cater for W. Lancashire, Chorley and Preston. This service receives referrals from any person who is in contact with someone who has an incontinence problem (urinary or faecal) or by self referral. Consultation is done by appointment at the clinic or as a home visit. The district nurse may do the initial assessment and then refer for bladder scan.

Patients are offered special treatment for enlarged prostate Flowmax, which is a new drug on the market. All clients after the age of 4 years who remain incontinent benefit from full range free products. The incontinence nurse uses an assessment tool (cast score) to determine the severity of the incontinence. The delivery service for the client within the Primary Care Trust (PCT) is done by the suppliers. These will deliver a 12 week supply direct to the client's home. After that the client will contact the supplier directly and there will not be any need for further prescriptions to be issued unless a change of items is needed. This saves both time and

| continued on page 16

A memorable visit to Malta

A recent family trip to Malta was a welcome and memorable occasion from a professional point of view. After having the opportunity to meet Paul Pace, President of the Malta Union of Midwives and Nurses (MUMN), I was invited to the annual festive celebration of their union.

The event was attended by other Maltese union executives, Government and opposition officials for health. It was a real chance for me to network and learn more about healthcare in Malta, exchanging ideas and sharing good practice.

For a union that is only fifteen years old and with 2,500 members, the MUMN is an impressive and forward-thinking organisation. I was so encouraged to see the drive and determination of the representatives I met, and the real focus they had on nursing and patients.

One of the most striking aspects of their work is that because Malta is such a small island, any gathering of the profession feels like a family occasion, and I was privileged to be a part of it. My sincere thanks are extended to Paul and his team who made me feel at home and with whom I was able to discuss nursing in both of our countries. This has only convinced me further that nursing organisations from around the world must work together to influence nursing practice and promote our global profession.

Cecilia Anim
Vice-President
Royal College of Nurses

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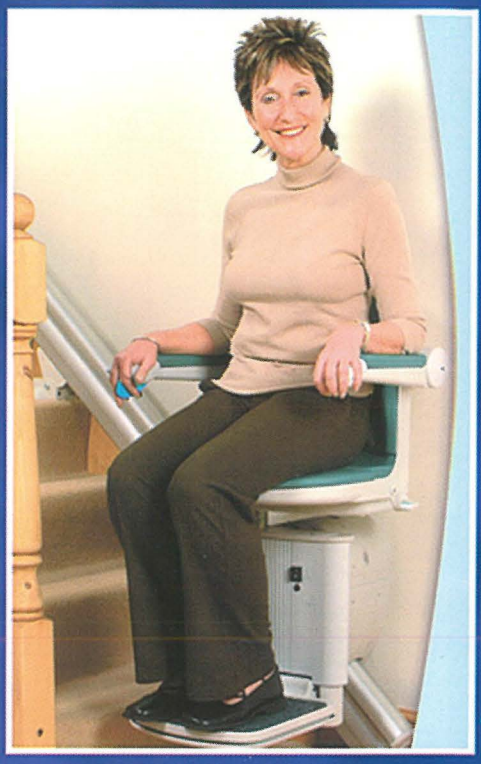

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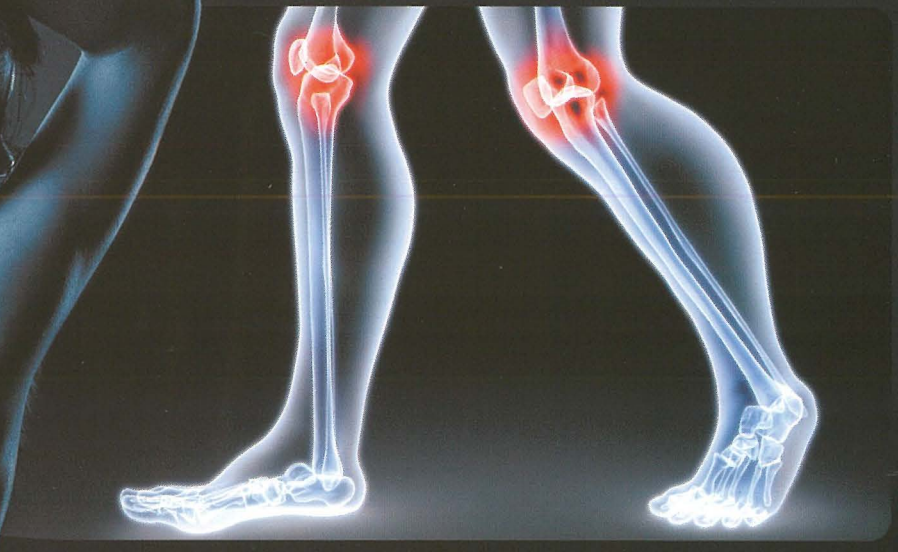

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Programme:

08:00 – 09:00:	Registration
09:00 - 09.10:	Opening Speech
09.10 - 09.40:	Exploring the Ward Nurse Managers' Views of Workplace learning.
09.40 - 10-10:	Awareness of the use and misuse of antibiotic therapy amongst healthcare professionals working in a local private hospital.
10-10 -10.40:	Surgical nurses' views regarding cardiopulmonary resuscitation decision making
10.40 - 11.10:	The effect of chemotherapy on patients' nutritional status.
11.10 - 11.40:	Coffee Break
11.40 - 12.10:	Midwives views on their support of breastfeeding mothers.
12.10 - 12.40:	Becoming a midwife in Malta: a single case study.
12.40 - 13.10:	Where does learning disability nursing stand in Malta?
13.10 - 14.30:	Lunch
14.30 - 15.00:	Perception of Maltese patients regarding their preparation for Total Joint replacement at the Pre-admisssion clinic.
15.00 - 15.30:	Music in hospital – is it still valid as a treatment modality?
15.30 - 16.00:	Discussion – distribution of certificates
16.00 - 16.10:	Closing speech

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MUMN condemn the demotivation and the anxiety caused by the lack of leadership within the Ministry of Health

After The Director of Nursing Service unexpectedly announced mass transfers to the surprised Nursing Officers (Nurses who have the responsibility to manage the wards) in all Government Hospitals more than one month ago during a meeting , MUMN is displeased to note that such transfers have not yet materialised.

Such declaration on the nursing work force has caused demotivation and demoralization in the nursing line of work that MUMN believes has affected the service to our patients very badly. Such transfers although declared more than one month ago are still awaiting the Ministerial approval.

The Minister of Health seems to be more preoccupied on his budget speech and the propaganda such speeches bring about than actually the running of the Health Department itself.

Such lassire d'affaire has resulted that the festive season has now arrived and MUMN feels that such unrequested transfers are not the appropriate timing to be issued . Whilst the Minster would be now enjoying Christmas with his family, hundreds of nursing officers and their families are left worried that every phone call during their line of duty or any letter in their letter box, their fate is sealed in a transfer which will result in anger and pain. Shame on the Health Ministry to allow such pain and stress on a professional body delivering such sterling work. On one hand the minister declares his appreciation to the nursing profession and makes a scene by thanking them on the media as a good means of propaganda than on the other hand the reality is that the Health Divisoin itself is causing stress and anxiety to all the nursing profession whoi are left in the dark of their outcome at their place of work.

MUMN condemns such attitude and approach since vacation leaves have been booked and any change of rosters which transfers can cause makes it inappropriate to issue such transfers. This clearly shows the lack of administration, lack of leadership since MUMN had expected that after the declaration of the Director Nursing Service, such transfers should have been issued and would not have collided with the festive season. This is the pitiful state the Health Division has fallen.

Paul Pacre
MUMN President

Revision of current benefits

The Florence Nightingale Benevolent Fund aims at acting as a means of social support for members who are passing through particularly difficult times. Benefits for members who have been contributing for at least six months include:

Medical treatment abroad

1. Should a member require medical treatment abroad (which treatment is not available locally), an air ticket is offered to the member and another ticket to the person accompanying him/her. If the member's ticket is funded by the state, an air ticket is offered to the accompanying person.
2. FNBF also offers €50 for each day spent abroad for treatment up to a maximum of 28 days.
3. A married member's spouse and his children or legally adopted children or fostered children can also benefit from the fund (This provision lasts until the children are dependent on their family or fostered family)
4. For a single status member who lives with his parents, his parents and any brothers or sister till the age of 18 years old can also benefit from the fund.
5. For a married member who lives with his spouse and his parents, his parents can not benefit from the fund.
6. For members who are separated or divorced and their children live in a different address their children can still benefit from the fund. When applying for this benefit a child birth certificate from the public registry has to be presented to the fund.
7. When a member of the fund lives with a partner, the partner can benefit from the fund but the partner's own children will not benefit.
8. The member is obliged to inform the fund for any changes in his status, and to send a copy of the partner's identity card to the fund.

Sick Leave

1. If a member is on sick leave half pay he/she may receive €232 every fortnight for a maximum of €696. The list of illnesses remains that specified in OPM Circular 38/98.
2. If a member exhausts all his/her sick-leave on full and half pay and is on sick leave without pay, he/she may receive €465 every fortnight for a maximum of €1395. The list of illnesses remains that specified in OPM Circular 38/98.

Loss of allowances due to an injury on duty

1. If a member is not able to work due to an injury sustained while exercising his/her duties and, although receiving a basic salary, misses out on more than €230 in allowances, he/she will benefit from half of the allowances lost, up to a maximum of €700.

Claim submission

1. Claims are to be submitted to the FNBF within twelve months from date of occurrence.

Newsletters

1. Information about FNBF functions and updates will be given in the MUMN Magazine "Il-Musbieh" from time to time.

Diary

1. Each year a diary is provided for free to all FNBF members.

Retirement from work

1. Once a year a social function is organised in recognition of the service carried out by FNBF members who would have retired during the previous year. Each member is awarded a thanksgiving momento and treated to a reception. Members have to inform the fund that they are going to retire from work.

Counselling services

1. Members are entitled to individual counselling sessions with a professional counsellor from the Richmond Foundation.

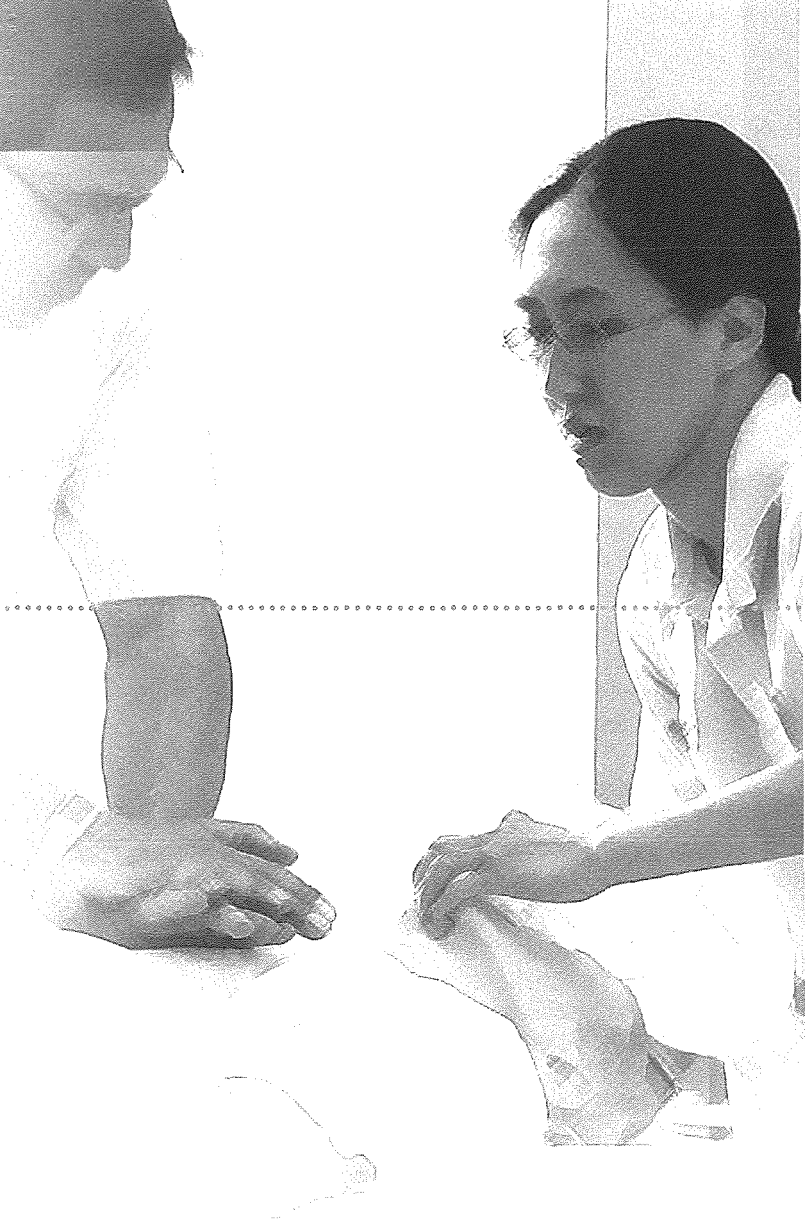
Death of members

1. In the case of a death of a member, the sum of €1000 is given to the person who pays for the funeral as a contribution towards the funeral expenses.

UK - MALTA BILATERAL EXCHANGE 2010 | continued from page 9

manpower, thus lowering the expenditures. The incontinence nurse may need to perform PR or PV on clients and referrals to Women's Health Services may be indicated if there is stress incontinence.

The centre of Preston Health Port dealt with all intermediate services with the aim to limit the referrals to hospital. A team the Extended Scope Practitioner and Physiotherapist (ESPP) will triage all the patients who are referred by their GP to limit patients from being sent to hospital. A dermatology department is run by GPs with specialist interest in dermatology. They will operate minor surgery so that the waiting period for an intervention is not longer than 4 weeks otherwise clients will be sent to hospital. I had the opportunity of assisting during a minor surgery procedure in the theatre available in the clinic. Surprisingly all the instruments were thrown away. It seems that they have found that using disposable instruments has decreased the expenditure in the primary care. I have also done some research regarding the cost worthiness of such usage and presented the findings to our head of Primary Care in Malta with a recommendation for the consideration of adopting a disposable item policy within our department.



A matter of style and clinical learning

It may not be easy to read Plato but a good philosophy tutor may provide the necessary gap meeting the adult learner half way (Foley 2004). The probability of achieving this goal will be enhanced if the appropriate individual learning style is tapped.

The Aim of this Learning Experience

The aim of this write up will be primarily the integration of the individual learner's style, with that preferred and appropriate, utilised by the educator. This will practically mean, how the preferred learning style be brought down to the learning environment in a state that may be managed both by the learner and educator. This, one will try to accomplish within the concept of adult learning.

What Characteristics a Learning Style?

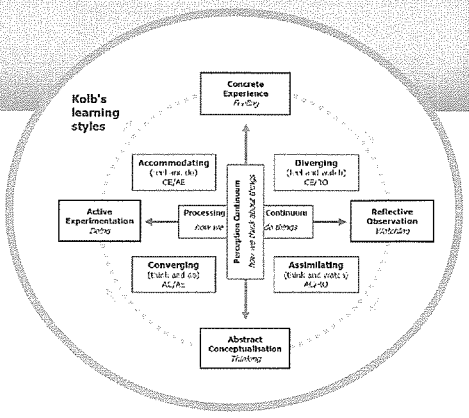
An overview of the main learning strategies, presented one with three basic stages for this process (Quinn 1995), namely:

- ***The perception of information*** where the learner may utilise an array of sensory functions ranging from the visual to handling.
- ***The processing of information*** where the learner chooses relevant information in an abstract or concrete context. Further to this, the learner may either prefer to process this information in a logical sequential manner or as an overview. The Gestalt (Quinn 1995), approach to learning may be of relevance in understanding this approach.
- ***The organising of information where a learner may prefer presenting one's thoughts/findings either in a holistic overview or in a detailed logical analysis. This may be done through either verbal presentation or the use of imagery.***

Clouds and Learning Styles

There still seem to be grey areas in 'clinically' defining the term. This subtle apprehension is very well synthesised and reflected by Evans and Sadler Smith (2005) when they describe the area of learning styles in education and training as "a field of study which lacks a broad and unified explanatory theoretical underpinning". This state of affairs is described as 'unfortunate' due to the extensive range of models allied to a sometimes ambiguous use of terminologies. This state may prove laborious to access by busy practitioners to understand and apply learning styles research readily. The temptation for one to adopt one's own ungrounded 'style' may become an easier option, in this case. This does not necessarily mean that all models are to be looked at sceptically, but that styles are to be applied critically, in a way that fits the holistic environment and the subject matter being addressed.: this, without, as stated by Coffield et al (2004), "necessarily pigeonholing the individual".

The above is further affirmed by Berings et al (2007), who in their study to establish, a work environment based learning style questionnaire, further claimed that "although numerous questionnaires measuring learning styles have been developed, none are suitable for working environments. Existing instruments do not meet the requirements for use in workplace settings and tend to ignore the influence of different learning situations". This does not necessarily mean that there need not be a 'style' (learning), but that it has to be situational and according to the particular environment. Surely it reinforces the



thinking by Jarvis (1992) who states that the "the individual is moulded by the forces that are exerted upon him as he seeks to discover his place in society". It is but added but that the person is more than a passive recipient and processor of social pressures, one is able to act upon one's world and become an agency of change. There may be strong scepticism coming from Berings et al (2007) where it is claimed that "literature is still unclear on whether learning styles should be regarded as stable across situations – as traits – or as changing with each learning situation – as states".

In all quotes there seem to be also a delicate but distinctive reference to the vulnerability, indecisiveness and challenge 'to' and 'in' the whole process; the possibility that if not handled correctly, all will cave in. Hence, the possible process fragility, of this experience.

Where to?

It is with all the above in mind that one goes for an experiential learning style, namely David Kolb's Learning Style based on, his own and Fry's Learning Cycle, (Quinn 1995). Coming from the area of practice development, this framework reinforces one's activity within the clinical area with the assertion by Kolb (1984) where he sees "learning as a core of human development, and makes a distinction between development and simple readjustment to change" (Quinn 1995). Possibly depicting the depth in the learning gained. The importance afforded to the process of learning could not be further affirmed by the statements emanating from the psychologist himself where he states that "learning style is one of the important factors that effect personal academic competence" (Quinn 1995). Furthermore he saw learning style "as the unique learning method presented by the learner during the learning process and situation" (Quinn 1995).

The Style

The cognitive learning style, (and possibly some behavioural) conceived by Kolb provides four styles of learning between two dimensions; one on a vertical continuum between the concrete and the abstract and the other on the horizontal plane from the action to the reflection. Each of the quadrants between the poles has a particular learning style and individuals within these quadrants are distinguished by four distinctive learning styles, (Zanich, 1991). These learning styles include the converger, diverger, assimilator and accommodator type (Zanich, 1991). (See detailed diagram of styles in Fig. 1 below).

The style provides an ample framework within which the individual learner is taken through four experiences. These aims are re-affirmed by Kolb himself when he described its attributes by stating that "it pursues a framework for examining and strengthening the critical linkages arising from education, work and personal development". This statement implicitly provides the possible missing links that arise mostly in the clinical area, where a newly graduated 'novice' nurse finds it difficult to adapt to the reality of the clinical area. Where the *formal* education obtained seems to have no relevance to the practice area proper. Where a nurse of five years experience seems to have remained in the recruit stage and is unable to apply the baggage of experience one has obtained over the years. The framework tends to apply to nurses in various specialities of nursing care. Taking intensive care as an example, where technology and innovative practices are continuously introduced to the clinical setting and where active experimentation in a guided environment is what precedes changes in care approaches taking place.

The effectiveness of the model is not only relevant in the clinical area, but presumably also in 'formal' classroom education where students are guided through experiences on which they may form one's own abstract conceptualisation. From the horizontal continuum, that of active experimentation of the newly formed concept; to reflective observation on the validity of the concept itself. Hence the strength of the model, in my opinion, is not only in its validity, as described above, but also in its applicability in the various specialities within nursing, namely general, specialist and psychiatric.

If there is a need emphasise the validity of this model, Bruner (1960) may be very near to that, in his description where the notion of 'discovery learning' and its three processes of acquisition of new information, transformation of same and its evaluation. Beard (2006) described experiential learning as "the sense making process of active engagement between the inner world of the person and the outer world of the environment". Foley (2004) encompasses the attributes of an ideal learning process where it is claimed that there exists no 'essentialised' adult learner holding the countless diversities of people and their experiences. This is further supplemented by the consideration of the physical context and the relation between the learner and educator. Both assertions seem to give credit to Kolb's learning style framework which practically provides one with all the possibilities for Beard's and Foley's notions to take place, whilst providing a humanistic tinge to the process.

Conclusion

Learning from experience may be a fundamental and natural means of learning available to all. Optimistically upon classifying an adult student's learning style, one will not end up in the state that is best described by a pupil: "it is not that I haven't learnt much; it is just that I do not really understand what I am doing". The selection and use of the appropriate style may surely limit this unfortunate scenario and make a success out of learning about the learning experience.

Carmel Grima - Practise Development Nurse
Surgical Department, Mater Dei Hospital

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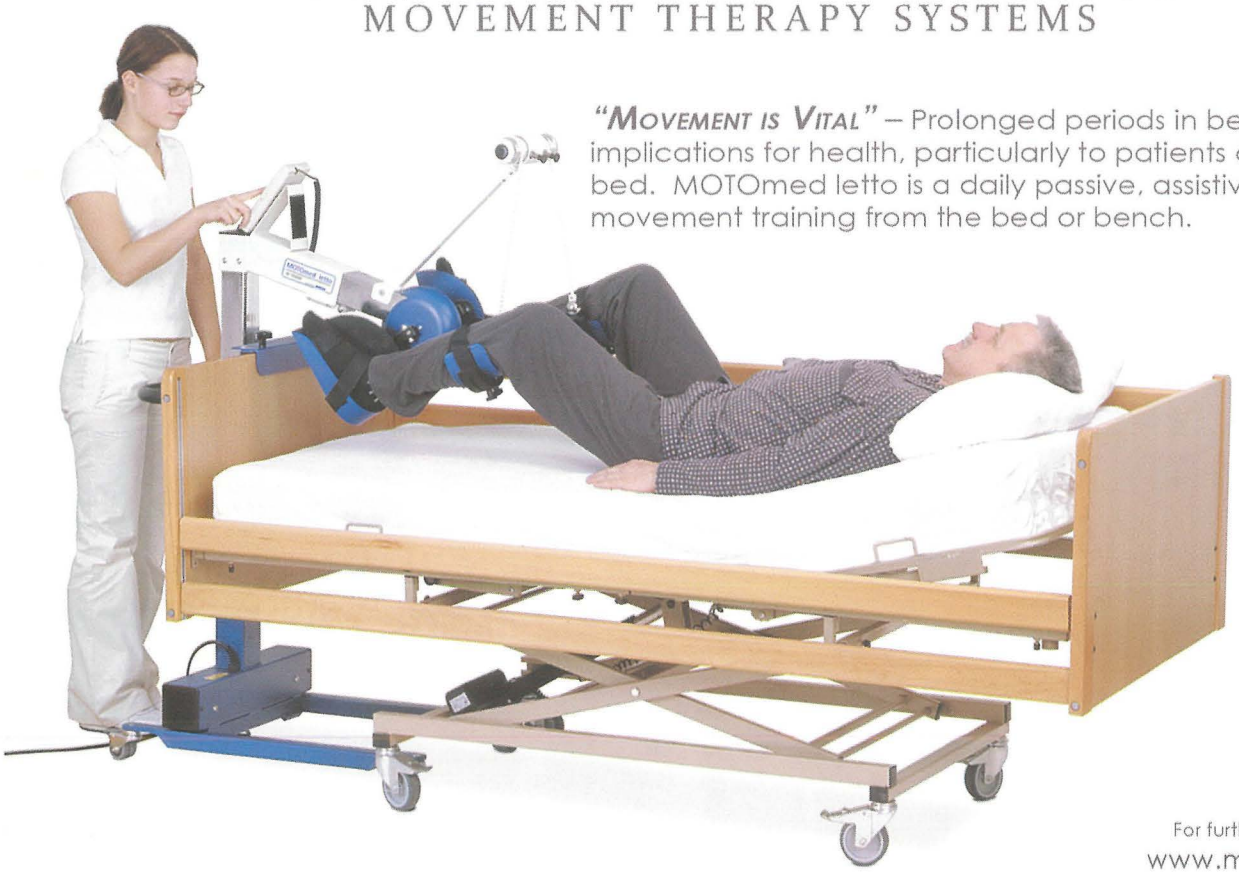

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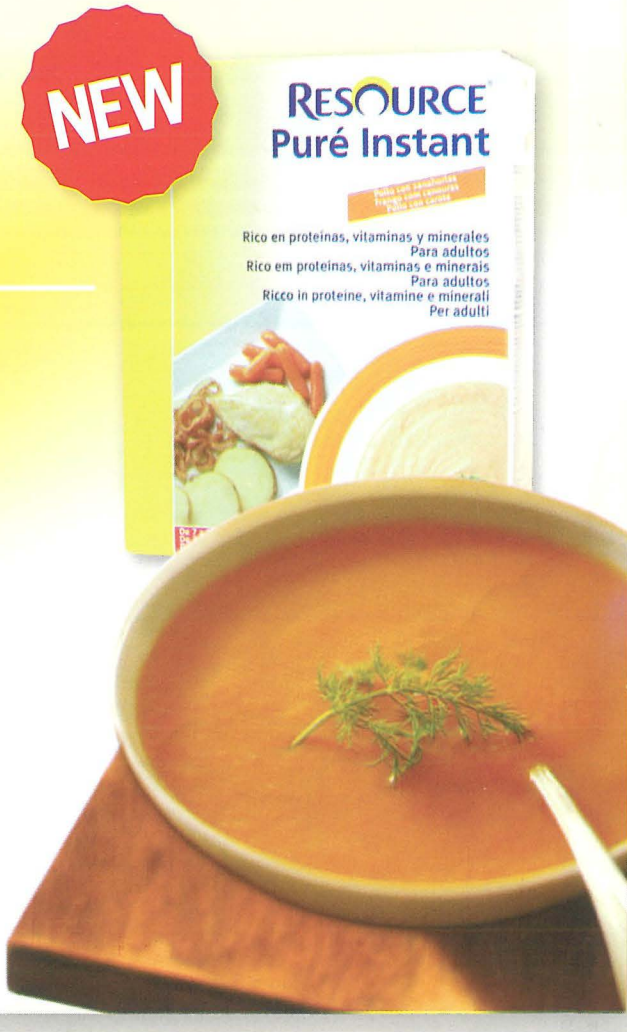


from our diary...

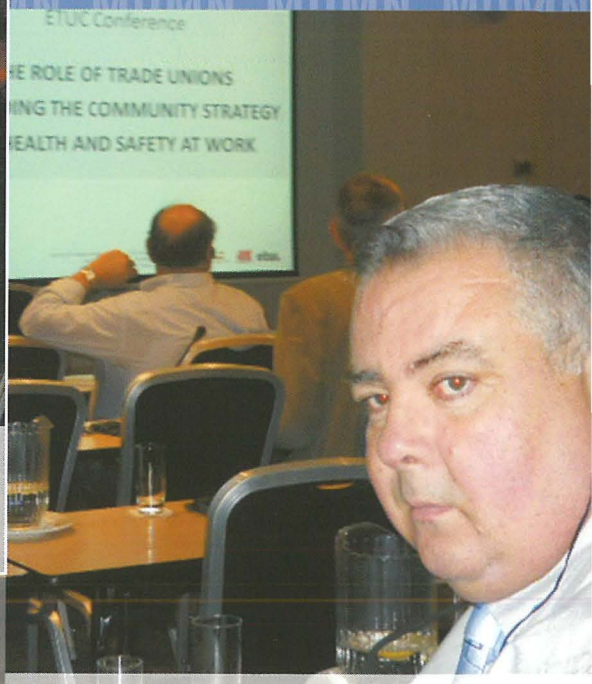
During MUMN's Christmas Party a number of unions were present – GWU, FORUM, UHM, MUT and MUMN

Two Vice-Presidents – Cecilia Anim from RCN and Maria Cutajar from MUMN during a visit that Cecilia made in Malta

MUMN's General Secretary together Colin Galea with CMTU President William Portelli during a conference organized by the ETUC on Labour Market.

This year's winners of the Paul Bezzina Shield were the Entertainment Group Committee. Well done and keep it up.

MUMN's Christmas Dinner Dance was this year organized at the Radisson SAS Bay Point in St. Julian's. It was a night to remember



MUMN's Financial Secretary George Saliba attended a conference on behalf of the FORUM organized by the ETUC on Health & Safety at the place of work.

A press conference organized by MUMN regarding bed shortage at Mater Dei Hospital.

MUMN's Administration together with the Union's Legal Adviser just after a judicial hearing that the Union filed against the Times of Malta.

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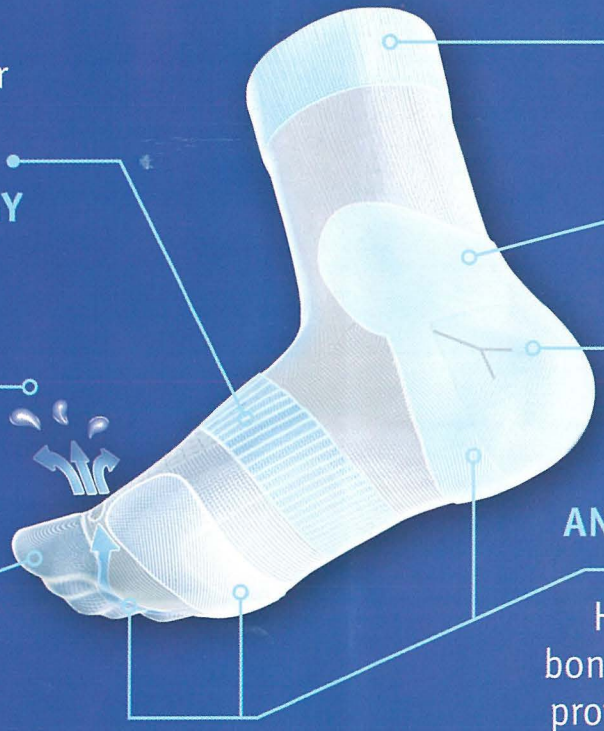

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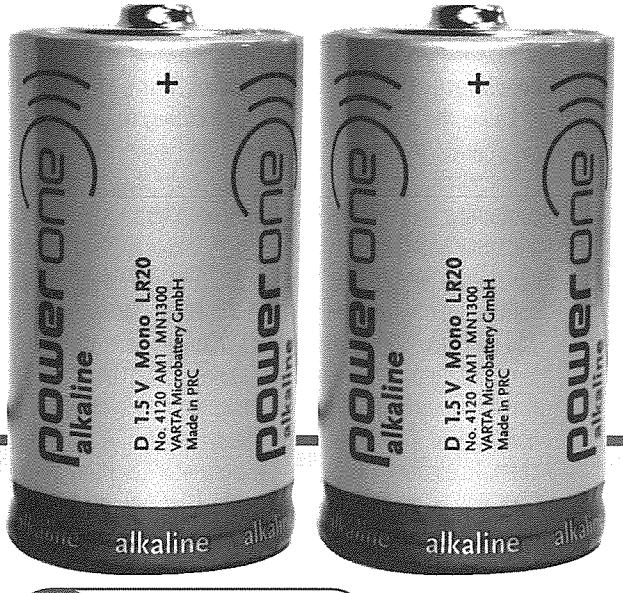

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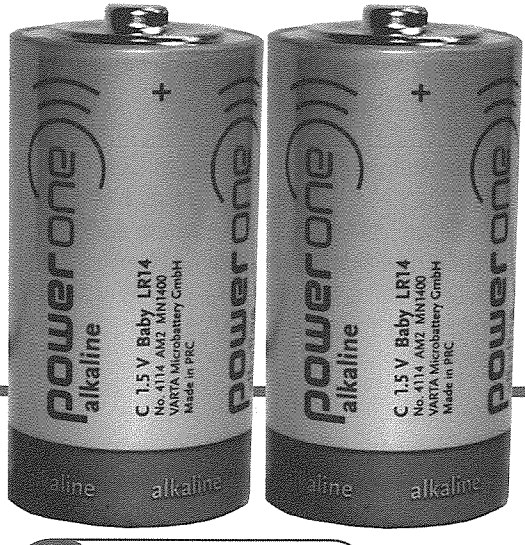

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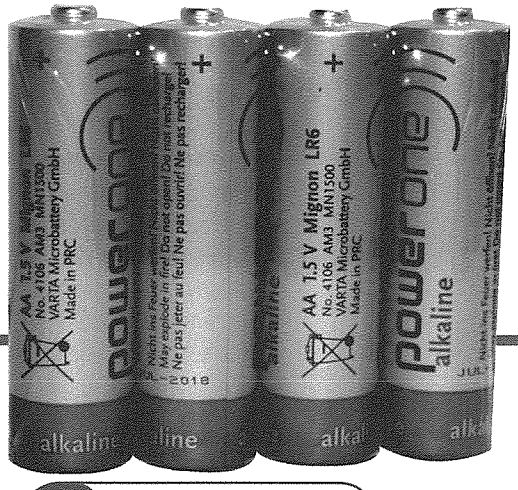

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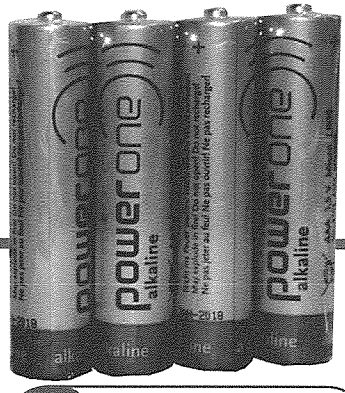

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Colophony Contact Allergy

The previous article mainly dealt with the clinical issues of colophony contact allergies. The aim of this article is to explain in more detail about possible, main, unintended causes of exposure. Colophony has wide-spread applications, and exposure to it or its derivatives is very common[1]. It is often used in chewing gum, cleansing agents for leather and clothes, cosmetics such as eye-shadow, mascara, rouge, soaps and sunscreens; dental floss, disinfectants and insecticides, fireworks, newspaper, paints, epoxy resin, violin bow rosin, and tacky preparations to prevent slipping as athletic grips, sports handles (golf, tennis)[2,3]. The main allergens in colophony are its oxidation products and the new resin acids synthesized during modification[1]. Colophony can either be an additive in the manufacture of medical devices or else it could be a naturally occurring substance in the components of a device.

Colophony as additive:

As seen in the previous article, colophony can be used as a plasticiser in adhesive plasters[4], as the tackifying agent[5] in certain hydro-active wound dressings, in surgical drape adhesives and other medical devices. It is also used to enhance the touch and quality of clothing[6] in disposable surgical wear. Since, the best way to minimise risks of colophony contact allergy is to avoid using products containing this substance[7], one has to check the chemical content of medical devices in use[3]. This can be done by consulting the product label, material safety data sheets or contacting the manufacturer[8,9]. However, since colophony and its derivatives have many synonyms, it is very important to be aware of such names by which it may be identified. The following is a list of the most common synonyms: Rosin, Abietic acid, Abietic alcohol, Abietyl alcohol, Abitol, Methyl abietate alcohol, Dercolyte ZS, Dermatol 18, Dertophene 18, Foral 105, Granolite SG, Staybelite 10, Gum rosin, Resina terebinthinate, Tall oil, W-W wood rosin, Hercolyn D[2,3,10].

Colophony as a naturally occurring substance:

is found in paper products, such as diapers, incontinence pads and feminine hygiene products[3]. A study conducted in Sweden clearly showed that cheap quality continence care products can be the source of colophony contact dermatitis. The author discussed that the type of fluff used for the absorbent layer, greatly influences the colophony content in the fluff and hence directly influences the allergenic potential of such devices. Whereas chemical pulp had traditionally been used for the fluff, less expensive mechanical pulp is recently being used for cheaper continence

products[11]. Wood pulp is prepared by chemically or mechanically separating cellulose fibres from wood. Mechanical pulping involves grinding of wood, resulting in physically tearing the cellulose fibres one from another with most of the lignin remaining adhered to the fibres[12]. The hydrophobic nature of lignin may also interfere with the absorption capacity of mechanical pulp when compared to that of Kraft pulp. Kraft or Chemical pulping degrades hemicellulose and lignin, which glues the fibres to each other in wood, into small water-soluble molecules, which are then washed away from the cellulose fibres[12]. Kraft pulping dissolves the lignin with less damage to the cellulose, thus resulting in longer more flexible and more porous cellulose fibers when compared to mechanical pulp[13]. During this process, rosin soap rises to the surface, and is skimmed off. Kraft pulp, hence, consists of almost pure cellulose fibres[14] with most of the colophony content removed. This is a very important factor, since development of colophony sensitivity mainly depends on the length of exposure, the concentration of the allergen, the site of exposure and skin integrity [1, 15]. Concentration of colophony in continence devices should be kept at a minimum, because these are in constant contact with the skin for long periods of time and skin integrity in such individuals is compromised due to occlusion and irritation, and hence risks of allergies are greater[11].

Since, recommendation of medical devices should be based on the best possible outcome expected, it is very important that health-care professionals are well informed about the different devices available on the market. They should be aware of both physical and chemical properties of medical device components and their possible colophony content, since these may greatly influence the out-come of their clinical interventions.

For clarification purposes or for a copy of the previous article, the author may be contacted on: tcarabott@alfredgera.com

"Despite the demand of low priced dressing materials, which, it must be said, are rarely dependable or of high quality, I refuse to abandon my principle of delivering the best there is to offer, time after time."

Tanya Carabott, P.Q.Dip.HSc (Mgmt)

Paul Hartmann, 1885

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Nursing Sensitive Criteria for the Selection of

'European Centres of Excellence'

In the context of the **Patients' rights in Cross Border Healthcare EU Directive** (2011/24/EU), the Commission shall support Member States in the development of European reference networks (*Article 12*) between healthcare providers and centres of expertise in order to improve the access to the provision of high-quality healthcare to all patients. The **European Reference Networks** are expected to aim at helping to realise the potential of European Cooperation on high quality healthcare, maximising the cost-effective use of resources, encouraging the development of quality and safety benchmarks to help develop and spread best practices, and helping Member States to provide highly quality services in particular conditions or lack of resources.

For that purpose, the Commission shall adopt a list of specific criteria and conditions that the European Reference networks must fulfil to receive support from the Commission. Therefore, the EFN proposes to the Commission to incorporate the below evidence based nursing sensitive criteria in order to fulfil the qualitative requirements of the European Centres of Excellence and to enhance nursing policy and practice in these settings. Such nursing sensitive criteria include:

- Workplace policies that support continuity of care, with services using holistic approaches tailored to individuals' care needs. A holistic and integrated approach will help to empower patients and enhance patient care.
- Establish systems to measure outcomes of continuity of care (patient sensitive quality indicators), quality of care and patient safetyi as well as formalised networks for exchange of best practice.
- Accurate, comprehensive, up to date, clear, user-friendly, standardised, accessible, integrated, secure

| continued on page 31

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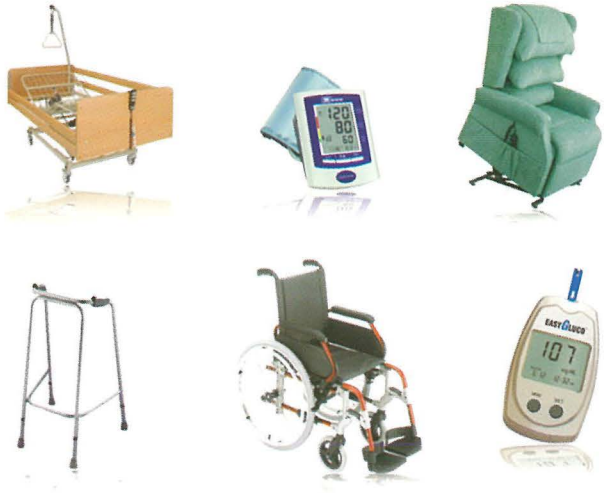

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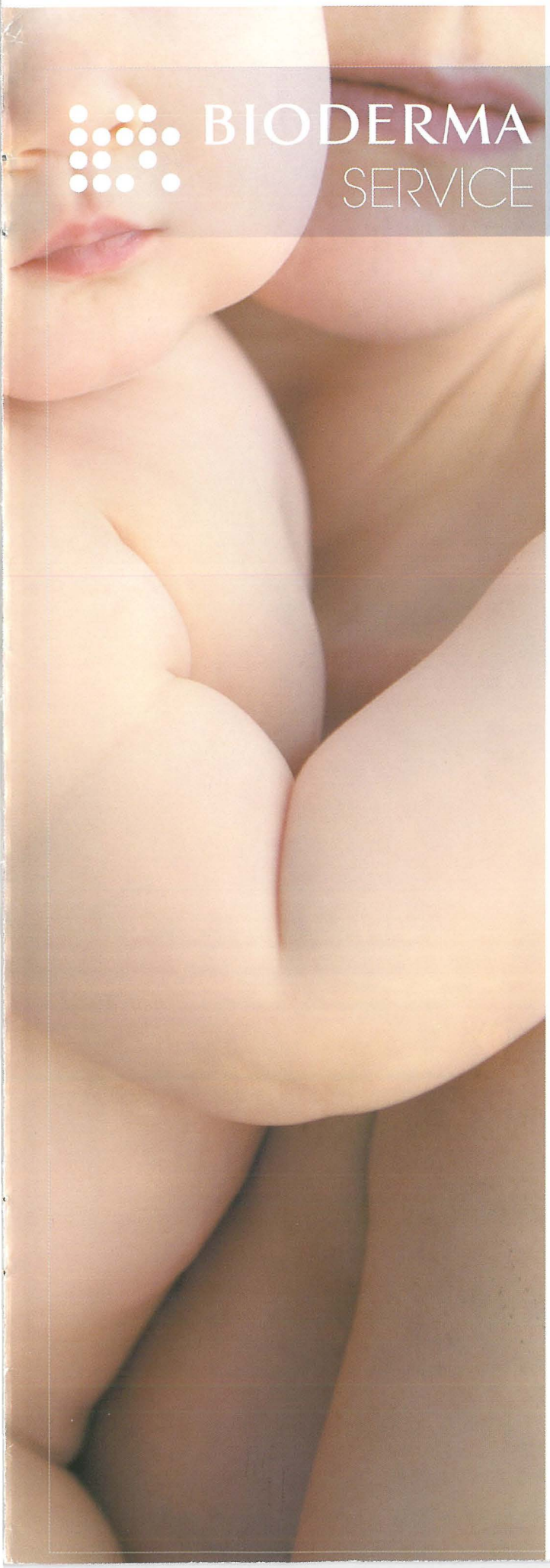

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Nursing Sensitive Criteria for the Selection of 'European Centres of Excellence'

| continued

(respecting data protection and inform consent) and rapidly available patient recordsii,iii.

• Clear understanding about the exchange of necessary and relevant health care information between the different levels of careiv.

• Develop nursing leadership and research opportunities and encourage professional autonomy.

• Interoperable eHealth services to support channels of communication among healthcare professionals and clear mechanism for information sharing.

• Nursing terminology, such as International Classification for Nursing Practice (ICNP®), should be integrated in patient records, in order to ensure quality of care, patient safety and nursing sensitive outcomesv,vi,vii,viii.

• Clear identification of roles and responsibilities defined for registered nurses and advanced nurse practitionersix,x,

• High standards of cooperation, active flows of communication, team working and multidisciplinary approach to be brought together within integrated delivery systems. Use an integrated approach to service planning, financing, organisation re-structuring and implementation.

• Workplace policies that promote positive practice environments and protect the rights and entitlements of nurses, specifically around sick leave or maternity leave benefits. Strong policies in place to monitor workloads and shift workxi; levels of qualifications and education; and ensure optimal staffing skill mix ratios, and of professionals as the evidence shows a strong correlation between staffing levels and that research has positive patient outcomesxii.

• Support and facilitate information and forecasting on service provisionxiii.

• Continuity of communication and information sharing between primary and secondary care.

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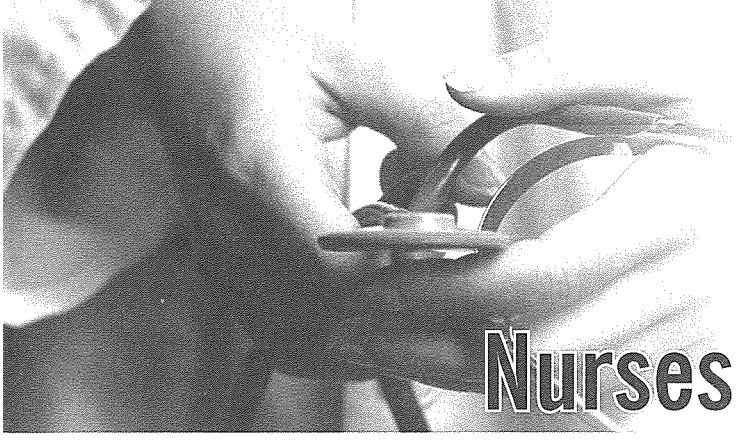

Nurses and human rights

ICN Position:

The International Council of Nurses[1] (ICN) endorses the Universal Declaration of Human Rights[1], General Comment No. 14[2] of the Committee on Economic, Social and Cultural Rights[3] and the International Bill of Human Rights that brings together the key human rights agreements of the United Nations. The International Council of Nurses' (ICN) position on nursing and human rights is to be interpreted within the framework of these international human rights agreements and ICN's Code of Ethics for Nurses.

ICN views health care as a right of all individuals, that is available, affordable and culturally acceptable, regardless of financial, social, political, geographic, racial or religious considerations.

This includes the right to choose or decline care and to accept or refuse treatment or nourishment; the right to be treated with respect, the right to informed consent; including to be free of non-consensual medical treatment, such as forced or coerced sterilisation, and the right to confidentiality and dignity, including the right to die with dignity and to be free from pain, torture and other cruel, inhumane or degrading treatment.

Human rights and nurses' role

ICN recognizes that all human rights are interdependent and indivisible and that individuals' health and wellbeing can be harmed when their human rights in any category are violated.

Nurses have an obligation to safeguard, respect and actively promote people's health rights at all times and in all places. This includes ensuring that adequate care is provided within the resources available and in accordance with nursing ethics. As well, the nurse is obliged to ensure that patients receive appropriate information in understandable language prior to consenting to treatment or procedures, including participation in research. The use of coercion or manipulation to obtain consent is unethical and a violation of human rights and professional codes of conduct.

Nurses are accountable for their own actions and inactions in safeguarding human rights, while national nurses associations (NNAs) have a responsibility to participate in the development of health and social policy and legislation related to patient rights.

[1] Universal Declaration of Human Rights (1948), New York: United Nations [2] Committee on Economic, Social and Cultural Rights, General Comment no 14, the right to the highest attainable standard of health (2000), New York, United Nations [3] International Bill of Human Rights www2.ohchr.org/english/law/

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PositionStatement

Nurses and human rights, page 2

Where nurses face a "dual loyalty" -a conflict between their professional duties and fulfilling obligations to their employer or other authority-their primary responsibility is to those who require care. This includes taking action such as whistle blowing to safeguard human rights.

Nurses' rights

Nurses have the right to practice in accordance with the nursing legislation of the country in which they work and to adopt the ICN Code of Ethics for Nurses or their own national ethical code. They also have a right to practice in a positive practice environment that provides personal safety, freedom from abuse and violence, threats or intimidation and in which there is no fear of reprisal.

Nurses individually and collectively through their national nurses associations have a duty to report and speak up when there are violations of human rights, particularly those related to access to essential health care, torture and inhumane, cruel and degrading treatment and/or patient safety.

National nurses associations need to ensure an effective mechanism through which nurses can seek confidential advice, counsel, support and assistance in dealing with difficult human rights situations.

The ICN calls on NNAs to encourage their governments to fulfil their obligations to respect and protect human rights, to adopt and uphold legislation or other measures ensuring equal access to health care.

Background

Nurses deal with human rights issues daily, in all aspects of their professional role. As such, they may be pressured to apply their knowledge and skills in ways that are detrimental to patients and others. There is a need for increased vigilance, and a requirement to be well informed, about how new technology and experimentation can violate human rights. Furthermore nurses are increasingly facing

complex human rights issues, arising from conflict situations within jurisdictions, political upheaval and wars. The application of human rights protection should emphasise vulnerable groups such as women, children, elderly, refugees and stigmatised groups. To prepare nurses to adequately address human rights, human rights issues and the nurses' role need to be included in all levels of nursing education programmes.

ICN addresses human rights issues through a number of mechanisms including advocacy and lobbying, position statements, fact sheets, and other means.

Adopted in 1998 Reviewed and revised in 2006 and 2011

(Replaces previous ICN Position: "The Nurse's Role in Safeguarding Human Rights", adopted 1983, updated 1993).

The International Council of Nurses is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

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ICN Congress 2013

Website and Call for Abstracts Launched

25th Quadrennial Congress will be held in one of the world's 'most liveable' cities - Melbourne, Australia, 18-23 May 2013

Geneva, Switzerland 28 November, 2011..... The International Council of Nurses (ICN) is pleased to release the Call for Abstracts and launch the website for its 25th Quadrennial Congress and CNR. Headlined with the theme *Equity and Access to Health Care,* Congress will take place in Melbourne, Australia from 18-23 May 2013. Instructions for submitting abstracts for the scientific programme and details on the themes to be addressed can be accessed at www.icn2013.ch. The deadline for abstract submission is 14 September 2012.

Inspiring plenary sessions will be dedicated to exploring the Congress theme, with particular focus on gender equity, the global epidemic of non-communicable diseases and the tension between personal and societal responsibility for health. Featured main sessions will offer the most recent expertise on wellness and prevention, the nursing workforce, ethics/human rights, clinical care and patient safety. Themes for abstract submissions (concurrent sessions, symposia and posters) will address these issues plus developments in nursing education, disasters and conflict, care systems and access, eHealth, regulation and the history of nursing. The Congress will also be the venue for ICN Network meetings.

To share your ideas and expertise you are invited to submit an abstract for a concurrent session, a symposium or a poster. The abstract submission guidelines are now available on the Congress website: www.icn2013.ch. The online abstract submission system will be live as of 16 April 2012.

The Council of National Representatives, ICN's global governing body, will also convene in Melbourne just prior to the Congress, from 16-19 May 2013. Congress participants who are members of ICN member associations will be able to observe global nursing leaders identify the profession's priorities and future directions.

To keep up with all the latest information on the Congress programme and related events, visit the Congress website at www.icn2013.ch

Editor's note: The **International Council of Nurses** (ICN) is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality care for all and sound health policies globally.

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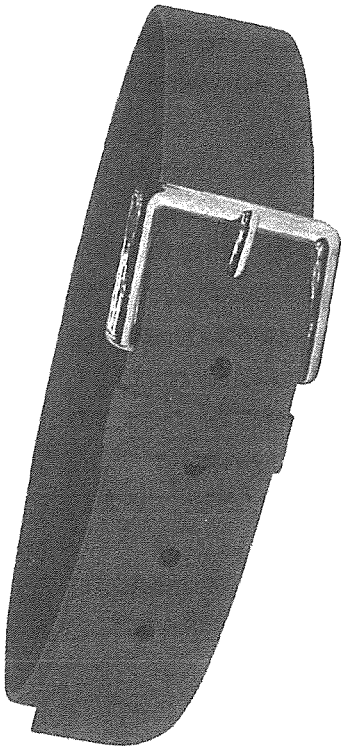

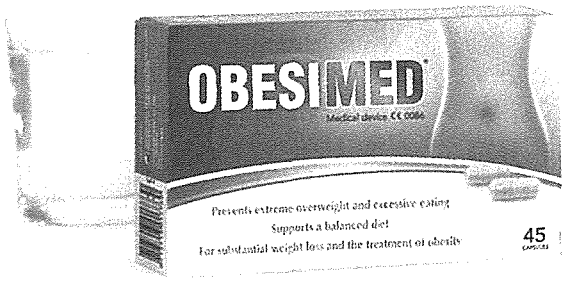

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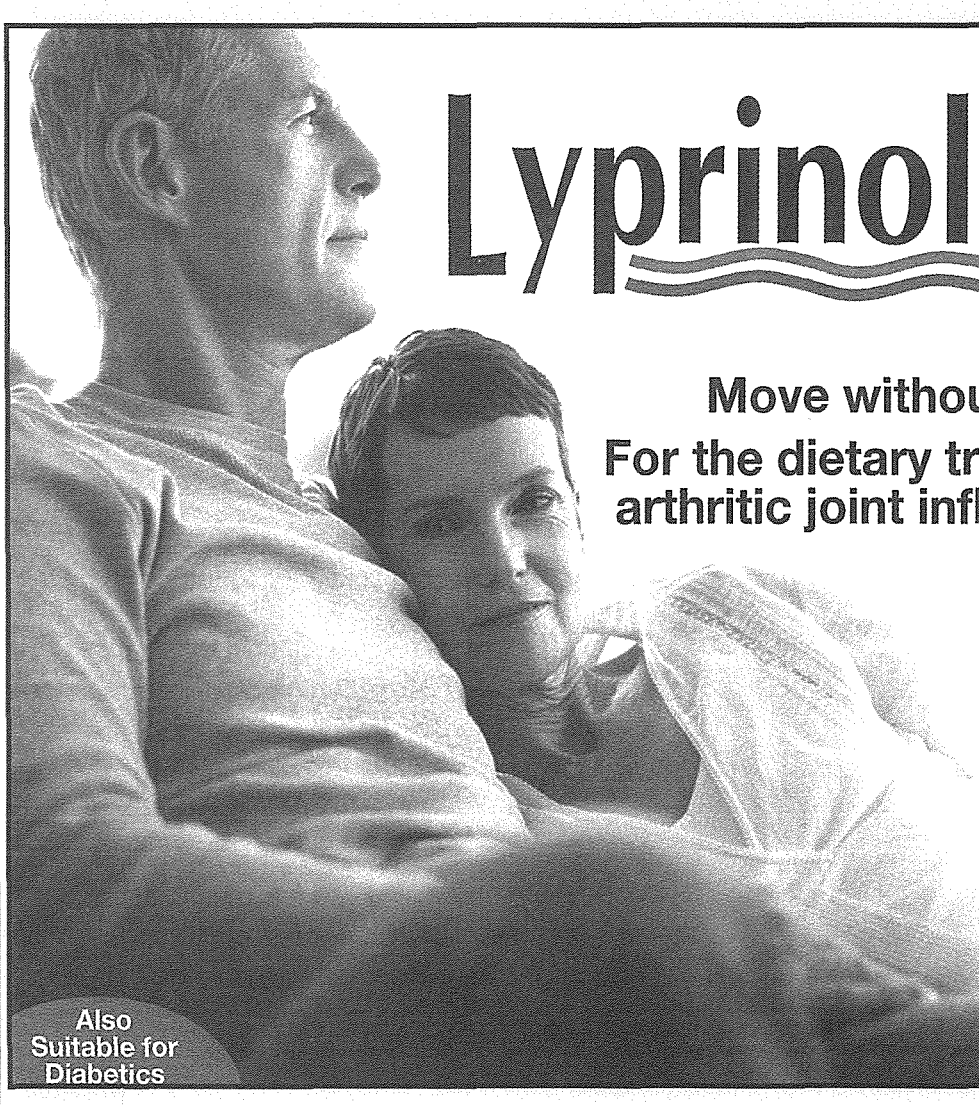

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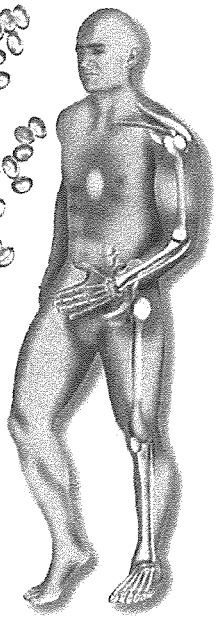

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Letter to Hon. Prime Minister

Dr. Lawrence Gonzi
Prime Minister

Dear Dr. Gonzi,

MUMN has been informed that certain members of the medical profession are exerting pressure on your office to revoke certain nursing transfers which have been recently issued.

MUMN has never resorted to such political pressures especially in the light that such transfers have been issued on a large scale of Nursing Officers/ Deputy Nursing officers and not as an one off transfer. MUMN is informing your office that a substantial number of such nurses have not been requested to be transferred. Such transfers did cause anger and pain since such nurses were taken by surprise and never expected to be transferred. I would not comment on the numerous phone calls MUMN received after the issue of the transfers nor would I comment on the phone calls MUMN had to do to certain Nursing Officers and Deputy Nursing officers since we felt worried on their state of health. MUMN shared with them their disappointment and their anger too.

MUMN is writing to you that if your office considers to revoke any transfers, MUMN will not object to such transfer but MUMN will forward you a list of nurses who also should have his/her transfer revoked and will expect a 100% compliancy from this list also. It is not appropriate to declare any industrial disputes during any festive season but MUMN cannot and will not accept that your office concedes to pressures from the medical profession or from any political pressure but then ignores the official voice of the nurses/ midwives that is of MUMN. This would be a matter of make or break for MUMN.

In case that such transfer are not revoked, MUMN is appealing that the Health Division is to initiate an exercise in six months' time after the issue of the transfers, to order to evaluate the nurses who can't get accustomed to their new work places. Allowing demotivation to prevail within the Health sector is not something acceptable to MUMN since this can result in mental stress and breakdowns which will surely affect the service we provide to our patients. Such appeal is being issued in the light that the nursing Officers/ deputy Nursing Officers were not given the opportunity to choose from the various vacancies which are currently available in the Health sector.

Whilst waiting for a reply, MUMN would be monitoring all transfers in the coming months within the Health Sector.

Regards

Paul Pace
MUMN President
17th December 2011

Press statement - 23rd January 2012

MUMN withdraws its call for the Health Minister resignation

MUMN is pleased to inform that the long awaited posts for Occupational Health Nurses have been finally issued by the Health Division. Such specialized posts have been issued after a series of meetings between MUMN and the Health Division which took place when MUMN issued a press statement requesting the resignation of the Health Minister for not honouring the 2010 agreement last November 2011.

Such Occupational Health Nurses would be placed in Mater Dei Hospital and should be in a position to provide a health service to all Government employees (not just to nurses and midwives) working in all Government hospitals in Malta.

MUMN would like to note that other specialized posts have also been issued for Practise Development Nurses (PDN) which should improve nursing care in the psychiatric setting, paediatric setting and oncology setting. MUMN is satisfied that its recommendations to improve nursing care to the benefit of our patients were accepted by the Health Division. Now the Health Division can boost to have a Practise Development Nurse in every hospital in Malta. MUMN is still awaiting Gozo Ministry to issue such a post for the nurses working in Gozo General Hospital.

In the light of the issue of such important specialized posts, MUMN is withdrawing its call for the resignation of the Health Minster and would like to thank the Health Division and the Health Ministry for finally taking all necessary measures to provide such essential service to ALL hospital workers.

Paul Pace, MUMN President
23/01/12

Il-Ftehim bejn id-Dipartiment tas-Saħħa u l-MUMN iħares l-interessi tal-pazjenti u tal-infermiera

Il-Malta Union of Midwives & Nurses hija ferm sorpriza bil-kummenti li ghogobha taghmel l-Assocjazzjoni tat-Tobba fuq il-Ftehim milhuq bejn id-Dipartiment tas-Sahha u l-MUMN, liema Ftehim ihares l-interessi tal-pazjenti kif ukoll dawk tan-nurses.

Il-kmamar li fihom gew ammessi l-pazjenti fis-swali tal-medicina u l-kirurgija mhummiex attrezzati sabiex jilqghu fihom zewg pazjenti. Dawn il-kmamar huma attrezzati li jilqghu pazjent wiehed biss u z-zieda ta' aktar pazjenti holqot inkwiet serju fil-kura ta' dawn l-istess pazjenti.

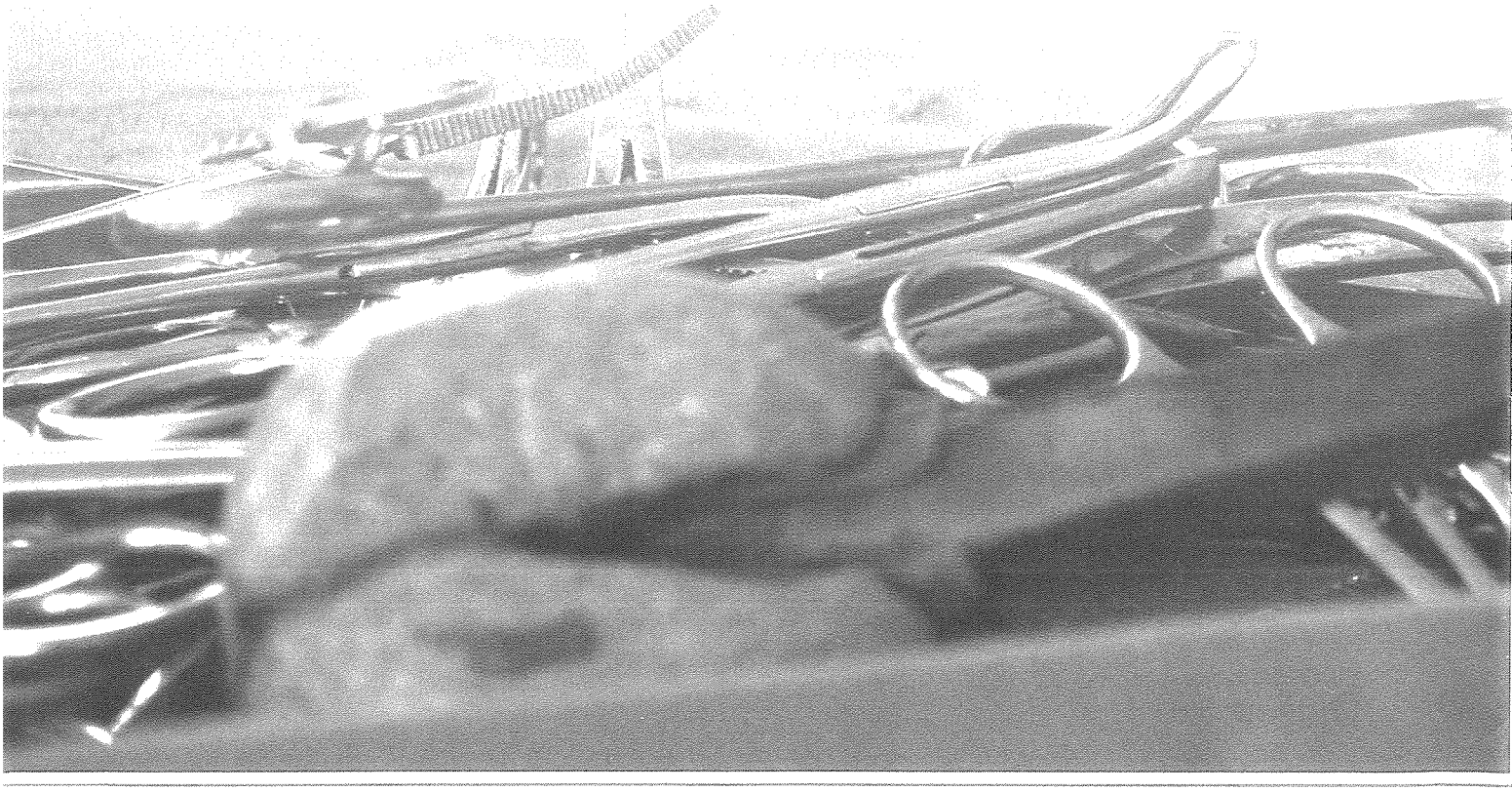
Infatti numru ta' pazjenti li kienu involuti f'dan il-process ilmentaw li dawn il-kmamar fihom nuqqas serju ta' facilitajiet medici u talbu lin-nurses sabiex ma jibqghux jigu ttrattati f'dawn il-kmamar.

L-unika organizzazjoni li kienet favur l-introduzzjoni ta' dawn il-pazjenti f'kmamar li mhummiex attrazzati ghalihom, hija biss l-Assocjazzjoni tat-Tobba. L-MUMN hija infurmata li l-Assocjazzjoni tat-Tobba insistiet fuq din iz-zieda ta' pazjenti fis-swali ghal raguni wahda, liema raguni hija sabiex il-konsulenti ma joqghodux iduru s-swali sabiex jinvistaw il-pazjenti taghhom u b'hekk ikunu komdi li l-pazjenti taghhom ikunu f'post wiehed.

Jekk veru l-Assocjazzjoni tat-Tobba hija prejokkupata dwar il-pazjenti fil-kurituri ghandha theggeg lill-membri taghha sabiex nhar ta' Hadd jattendu fl-isptar Mater Dei u, bhal ma jghamlu fost il-gimgha, f'din il-gurnata wkoll jezaminaw il-pazjenti, u min ikun f'kundizzjoni li jmur id-dar ma jhaluhx jokkupa sodda ghal xejn. Dan is-sitwazzjoni qeghda tohloq l-akbar problema dwar il-pazjenti fil-kurituri. Barra minn hekk l-Assocjazzjoni tat-Tobba ghandha wkoll theggeg lill-membri taghha sabiex jikkordinaw ma' l-awtoritajiet ta' l-isptar kull meta jkunu ser jibghatu l-pazjenti taghhom mill-privat, sabiex b'hekk jilhqu jsiru l-preparamenti necessarji sabiex jinstabu s-sodod ghal dawn il-pazjenti. B'hekk biss tista' l-Assocjazzjoni tat-Tobba tkun kredibli u tigi emnuta li dak li qed taghmel huwa fl-interess tal-pazjenti.

In-nurses huma l-unici professjonisti li jibqghu jiehdu hsieb il-marid erbgha u ghoxrin siegha kuljum u ghalhekk huma l-aktar professjonisti konxji ta' dak li veru jhoss il-pazjent rikoverat fl-isptar.

Colin Galea
Segretarju Generali



Ms. Charmaine Attard
Director Nursing Services
Mater Dei Hospital

Dear Ms. Attard

I am writing this letter not to seek confrontation withyou but I am trying my best to voice the anxiety and demotivation presently being felt by nurses working in the main operating theatre in Mater Dei Hospital. This is an open letter since all nurses in theatre are fully aware on the mal practises listed in this letter within the operating theatre.

MUMN and the nurses in theatre are fully aware of the waiting list and that the actual number of operations is being used as a politically propaganda within the politicallyscenario. Having said that, such increase in operations cannot be at the detriment of either the nursing working conditions or to the detriment of the health and safety of the patients.

MUMN would like to officially inform you:

1) Major operations are not being done by the agreedinternational compliment of three qualified scrubs nurses as the international and the current nursing practises dictate. Also the compliment of three nurses (trained scrub nurses) has been the compliment used for many years. Currently operation list are being drafted without checking the nursing compliment present in theatre. Such operation lists are being send to theatre constraining the nursing staff to allocate ONLY two nurses for major operations or nurses relieversbeing send to theatre who have no expertise in theatre to assist in operation. This is not acceptable to MUMN since it places nurses under great stress since such lack of compliment is jeopardising health and safety of the patients involved.

2) Minors operations are being done not in the presence of a nurse but in the presence of a carer supplied by the contractor to assist the surgeons.

Both these issues are not acceptable to MUMN and such issues need to be addressed by your office and stopped immediately. Addressing such issues should not implicate any cancellation of vacation leave since every nurse has a right to avail itself of its vacation leave as per the PSMC. Also such practises are constraining the nursing staff to take their breaks in not only abnormal hours but after long hours of work.

MUMN will be monitoring the situation and if such scenario persists, MUMN will be summoning all nurses in theatre and will issue actions which the nurses of theatre will instruct their union. Hoping that your management will resolve this issue since MUMN always believes that the operation lists have to be plannedaccording to safe practise and according to the staff present in theatres. Till now MUMN rest its case.

Paul Pace
MUMN President
21/01/12

Directives to all Nursing Staff working in Operating Theatres at Mater Dei Hospital

MUMN is issuing directives on a health and safety issue. MUMN adopts zero tolerance where the safety of its members is in jeopardy. Lead apron suits have been more than one year to PROCURE.

WHO is responsible for this procurement?? No one is accountable?? WHO should resign for such a grievance issue? Well ONLY IN MALTA – or better still ONLY in Mater Dei Hospital.

MUMN is issuing directives that all nursing staff are to abandon the operating room before any X-RAYS exposures. The welfare of the patient falls under the person who neglected the lead aprons procurement and still receiving a salary. Such Directive is with immediate effect.

Paul Pace
MUMN President
21/01/12

27th January 2012
Press Release

MUMN condemns violence on nurses

Unfortunately certain members of the public, to vet their frustration and anger, target nurses for acts of violence whilst such nurses are doing their utmost to deliver a sterling service with all imaginable constraints during their duties. MUMN is aware on the lack of reforms needed to address the persistent problems within the Health sector such as the issue of patients on stretchers and the lack of proper facilities in Mt. Carmel Hospital. Not to mention the lack of protocols to minimize the waiting time in the admitting/emergency department in Mater Dei Hospital.

But the public should be aware that the nurses do not do the system in their place of work but are a part of a system which MUMN has been stressing needs drastically changes which till to this very day have not taken place. Unfortunately the last recent act of violence took place in the Primary Health Care where a nurse suffered injuries to the face. MUMN FULLY CONDEMNS SUCH VIOLENCE.

MUMN appeals humbly to the general public that whatever the frustration or anger, the nurse should never be targeted and to suffer grievous consequences. Violence is never justified and although such acts of violence are taken up by the police, MUMN is issuing an appeal so such acts of violence do not take place in the first place.

Paul Pace
MUMN President

4 ta' Marzu 2012
Stqarrija għall-istampa u x-xandir

Ftehim bejn l-MUMN u l-Emergency Nurses Union

Il-Malta Union of Midwives & Nurses (MUMN) u l-Emergency Nurses Union (ENU) lahqu ftehim fejn l-ENU issa ġiet xolta u ġiet amalgamata fi ħdan l-istrutturi tal-MUMN.

B'dan il-Ftehim il-Kumitat tat-tmexxija ta' l-ENU ġie amalgamat bħala Group Committee fi ħdan l-MUMN fejn flimkien mal-Kunsill tal-MUMN ser jibqgħu jħarsu l-interessi tan-Nurses fid-Dipartiment tal-Emergenza fl-Isptar Mater Dei.

Dan il-Ftehim ser ikompli jsaħħaħ l-għaqda fost in-Nurses u jkabbar l-iżvilupp professjonali fl-interess tal-istess professjoni kif ukoll fil-kura li tingħata lill-pazjenti u ċitaddini kollha.

Colin Galea
Segretarju Generali

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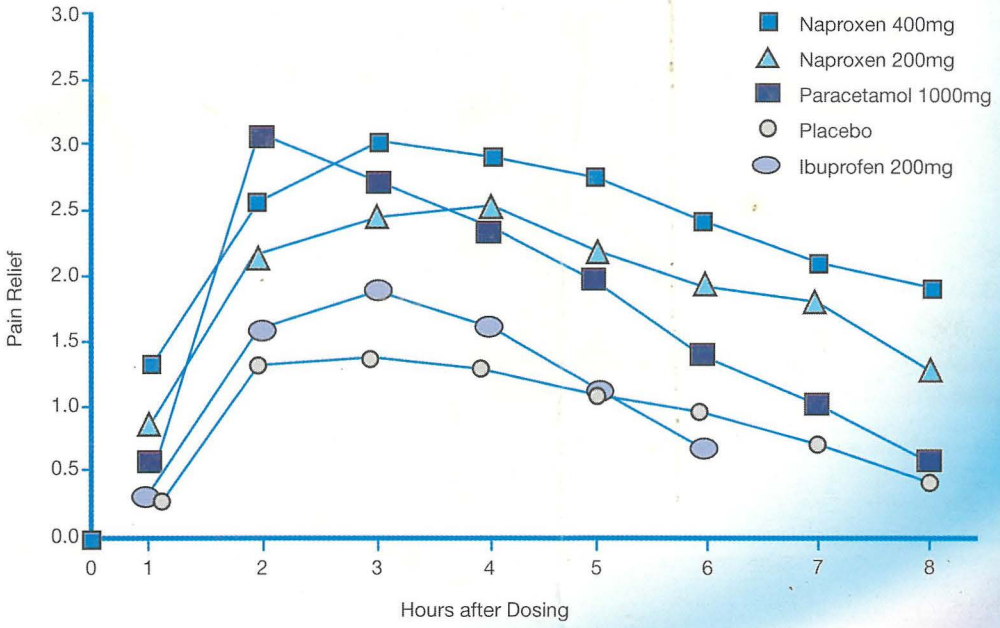
- Paracetamol is strong enough to relieve the pain and discomfort associated with menstruation, but without risk of GI side effects



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1. Adams Hillard PJ. Consultation with the Specialist: Dysmenorrhea. Pediatr. Rev 2006;27:64–71.
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4. Laska EM, Sunshine A, Zighelboim I, et al. Effect of caffeine on acetaminophen analgesia. Clin Pharm Ther. 1983, 33, 498-509.