

IL-MUSBIEH

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MALTA UNION OF MIDWIVES AND NURSES

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Nurses' and Midwives' Monument

- *ICN Conference in Malta*
- *Skin Integrity in Older Persons*
- *Creating a Sacred Space*





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editorial

"For us who Nurse, our Nursing is a thing, which, unless in it we are making progress every year, every month, every week, take my word for it we are going back.... The more experience we gain, the more progress we can make.... A woman who thinks in herself: 'Now I am a "full" Nurse, a "skilled" Nurse, I have learnt all that there is to be learnt': take my word for it, she does not know what a Nurse is, and she never will know; she is gone back already.... Every year of her service a good Nurse will say: 'I learn something every day.'" (Florence Nightingale 1872)

This part of the letter struck me most, due to the relevance Florence's message has today, 139 years later! In her writing she challenged the nurses of her day to be continual learners. Today it is widely accepted that continual learning is a hallmark not only of leadership and emotional intelligence but of success as well. To be continual learners require that we, nurses and midwives also embrace growth and change, for one cannot learn and not grow, and you cannot grow and not change.

Change is difficult to accept and has been since the beginning of the nursing career. How many times have you said, "Why can't things just stay the same? Why do they have to change?" I have said those words myself, during different stages in my nursing career. But then I think about all the lives that have been saved, the disability that has been avoided, and the good outcomes that we nurses and midwives see for patients, families, and their loved ones. A single presentation of a "good" change seems to make the discomfort of change less difficult to accept. I know how hard the work of a nurse is, for I do it every day. I know how easy it is to lose sight of the difference you make, for I too sometimes am blinded. But I do believe that each of us makes a difference many times every day, even when we are tired, frustrated, or discouraged in our daily work. As nurses and midwives, we touch more lives than any other profession.

How many times have you ever been asked why you became a nurse or a midwife? We all have been asked that question at some time. But have you ever been asked why you stayed in nursing or midwifery profession? Have you ever really thought about why you have stayed in such a demanding profession? If you had to tell me in one sentence why you have stayed in nursing/ midwifery all these years, could you? And what would your one sentence say? If you asked me, I would tell you that I have stayed in nursing because it allows me to make a difference in someone's life when they least expect it and most need it.

the editor



message

from the president

Paul Pace President

mumn@maltanet.net

The activities of these last two months were unprecedented for MUMN. We knew that for MUMN, such activities would test MUMN to its very limits since the challenges which have been bestowed on us have all finally arrived. The Commonwealth Nurses Federation Conference was the first Meeting which was organized at the end of April. MUMN hosted 58 Presidents and Officials from different nursing associations coming from Commonwealth countries as to pave future relationships between the Commonwealth nursing countries. Afterwards in the beginning of May, the Council of National Representatives, which is the summit of 131 countries, met as to address different issues within the International Council of Nurses. Then on the 5th May the three day international conference initiated where thanks to MUMN volunteers a major success was.

For the Mediterranean Conference Centre, the biggest conference was of 1600 delegates which was a medical conference, whilst the ICN conference was over two thousand delegates. So one can imagine how the resources of such a centre were used to the full. Thank God MUMN had the privilege of having 130 volunteers which really made the venue a successful one.

MUMN organized two Maltese cultures events and a Gala Dinner which made us all proud to be Maltese and to be nurses/midwives. We also now have the privilege to have a nursing/midwifery monument (which is in the gardens behind Boffa hospital), something which MUMN had included in the October 2007 agreement as to commemorate nurses day and midwives day.

The delegates attending all the events expressed great satisfaction and were impressed on our history and culture which we as Maltese have to offer to our tourists. My friends this was history in the making and such events are now chiseled in our history. But after all such events MUMN's elections for a new Council were due. As MUMN we are proud of our democratic process were all MUMN members are eligible to vote and elect their representatives for their Union's Council. Other unions organize such elections in the way that only the official delegates vote but as MUMN we adopted a system where all members could participate. I would like to thank you for voting and participating in such a democratic process. I am honored like the rest of the elected members in the Council to represent you for the next four years which I am sure would be also very challenging. I would like to thank all the candidates who contested the elections but most of all the Members who served in the last MUMN Council.

In front of us we have goals to attain in these coming four years. In the coming months MUMN would be summoning all members when the collective agreement for the public service is finalized. For me, as President of MUMN, to sign such an agreement would need the consensus of the nurses/midwives attending a general meeting. After such an agreement, MUMN would embark on two other collective agreements which are one for Karen Grech nurses and the other is a sectoral agreement where professional and managerial developments would be included and be reflective in salary scales.

Well, the next four years will be also seeing another migration, and that of the new oncology hospital from Boffa hospital. Long standing problems such as the shortage of nurses and midwives still need to be resolved. Hopefully the midwives role in the community would be also an accomplishment since MUMN has earmarked this issue as one of its goals. Shortly we will be organizing a bloke email of all members as to improve the communication structure between the work of the Council with its members. This for me is important since most of our work as MUMN is not appreciated since members are not always aware of the numerous issues and actions which MUMN Officials have to address. As President and I am sure even as a Council, we have to organize the necessary structures using today's technology as to improve the links and information to our members. I highly recommend to all members as to phone MUMN office to update any change of address and to provide us with your mobile number and emails. Both mobile and email will be used by the new Council for important dissemination of information to our members.

So these were some of the highlights but there will definitely be more and more to do for our nurses and midwives. But we have a great Union, a great Council and a great number of Activists which make MUMN strong. Thank you ones again and we should all be proud to belong to one big family of nurses and midwives.

Paul Pace President



Colin Galea
General Secretary

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message

from the general secretary

The last two months have flown by with hardly any time for reflection. The long awaited ICN Conference has come and gone and so did the elections for the new MUMN Council for the next four years. It's true what they say, time waits for no one!

This conference left everyone feeling good about their involvement. MUMN's contribution was genuinely appreciated by ICN. The excellent organization was evident and everyone felt comfortable being amongst us for the eight day duration. All activities were exceptional and I wish to take this opportunity to thank the Hon. Prime Minister and the Head of Secretariat at his Office for their dedication and commitment every time we turned to them for assistance. I also wish to thank the Hon. Minister for Health, Hon. Parliamentary Secretary at the same Ministry and the Hon. Parliamentary Secretary at the Ministry of Tourism. Their support helped to make this conference a success.

A few days later we held our MUMN Council Elections, just one day after the Referendum for Divorce. This election saw the addition of a ballot box which enabled us to reach more members at their respective place of work. This year we also introduced the voting document. This was to ensure that members only voted once. However this concept will be evaluated in further detail in order to make things easier next time for the members whilst safeguarding the integrity of our elections.

The elected members are all well known faces. Seven of them were already serving in the previous Council. Two are also Group Committee Members at Mater Dei Hospital and also representing the Union on the Nurses and Midwives Regulatory Board. The other person is none other than the Office Administrator, the person you talk to when you call the MUMN Office. In our next publication we shall show you photos of all the Council members as this issue will be focusing on the new Council. These ten people, starting from myself, are there to serve you as a member were, while reminding you of your duties, we also help you to better your working conditions which in turn will enable you more to offer your patients the benefit of your professional care. I take this opportunity on behalf of all the Council members to thank all those who through their vote participated in this democratic process. I also would like to thank and praise all the other candidates who, if elected, were willing to offer their free time to support the Union in service to all the members.

I would like to close on a very important note and that is the intensive exercise we are taking in strive over the next three months to gather the email addresses and mobile numbers of all our members. This is to ensure that all information reaches you promptly and efficiently. Therefore I ask each member to kindly send his/her mobile number and the other relevant information through an email to administrator@mumn.org. This information will be kept strictly confidential and used only for the purpose of updating you with your Union's updates.

A handwritten signature in black ink, appearing to read 'Colin Galea', is positioned above the typed name.

Colin Galea Segretarju

Creating a sacred space



Fr Mario Attard OFM Cap

The American author Joseph Campbell once wrote: "Your sacred space is where you can find yourself again and again". Every one needs his/her space. Alas if that space is somehow negated or trampled upon. One's space is sacred and unique. It is what makes that person that kind of person. It defines, militates and promotes a person's singular identity.

In virtue of our specialized calling we, as hospital chaplains, are intrinsically called to be ministers of sacred space. People want to talk. They want to be heard because they believe that their stories are unique and amid the hustle and bustle of life, their suffering has been unheard of. They crave for someone who can journey with them "through the valley of the shadow of death" (Ps 23, 4). People in distress look for the minister of the sacred in order to help them "lie down in green pastures [and] lead [them] beside still waters" (Ps 23, 2). They might need him/her so as to disclose their angry feelings against a God with whom they have been brought up with. A Higher Power that, in their perception, has failed them in many ways. Yet, even if they feel betrayed by Him they still want to dialogue and understand Him.

Unknowingly, people who hunger for sacred space make their own the vibrant words of the Psalm 139. "O Lord, thou hast searched me and known me! Thou knowest when I sit down and when I rise up; thou discernest my thoughts from afar. Thou searchest out my path and my lying down, and art acquainted with all my ways. Even before a word is on my tongue, lo, O Lord, thou knowest it altogether. Thou dost beset me behind and before, and layest thy hand upon me. Such knowledge is too wonderful for me; it is high, I cannot attain it. Whither shall I go from thy Spirit? Or whither shall I flee from thy presence? If I ascend to heaven, thou art there! If I make my bed in Sheol, thou art there! If I take the wings of the morning and dwell in the uttermost parts of the sea, even there thy hand shall lead me, and thy right hand shall hold me. If I say, "Let only darkness cover me, and the light about me be night," even the darkness is not dark to thee, the night is bright as the day; for darkness is as light with thee. For thou didst form my inward parts, thou didst knit me together in my mother's womb. I praise thee, for thou art fearful and wonderful. Wonderful are thy works! Thou knowest me right well; my frame was not hidden from thee, when I was being made in secret, intricately wrought in the depths of the earth. Thy eyes beheld my unformed substance; in thy book were

written, every one of them, the days that were formed for me, when as yet there was none of them. How precious to me are thy thoughts, O God! How vast is the sum of them! If I would count them, they are more than the sand... Search me, O God, and know my heart! Try me and know my thoughts! And see if there be any wicked way in me, and lead me in the way everlasting!"

When faced with people who eagerly want to delve deeper into themselves so as to find once again that peace that will accompany them through their tumultuous life ordeals my hospital experience taught me to sit down and listen. Principally it made me realize that by being a caring presence and help them creating their own sacred space I was completely fulfilling my pastoral role.

In her intriguing article entitled A Response to the Psychotherapeutic Model: The Art of Presence, Jewish Chaplain Laurie Dinerstein-Kurs thoroughly explicates how a chaplain aids in creating a sacred space by the quality of presence s/he offers. "So, what exactly IS our role? Our basic role is that of Presence. Presence: the art of not thinking of your personal 'To Do List' while you are pretending to pay attention to a patient's concerns. Presence: not looking at your watch thinking of an impending meeting. Presence: the art of holding a hand and the patient feeling a connection. Presence: the art of demonstrating compassion. Presence: the art of conveying to someone they are not alone. Presence: the art of imbuing self confidence to a distraught patient who feels they are being judged for how they feel, what they may have done or what they believe. Presence: the art of allowing patients to feel someone believes in them. Presence: the art of conversation with someone who has no visitors and needs to vent. Presence: the art of knowing when to smile and maybe even eliciting a smile from someone who is sad. Presence: the art of knowing when to speak and when to be a silent. Presence: the art of offering words of hope. Presence: the art of knowing when to offer prayer - and when not. Presence: the art of NOT starting a conversation knowing you don't have time to finish it. Presence: the art of bringing comfort and healing to mind and spirit. Presence: the art of bringing a sense of the spiritual to someone who may feel they are undeserving. Presence: the art of allowing your soul to intertwine with theirs and to be truly be empathetic".

Creating a sacred space by means of attentive and caring presence is the passport of authentic chaplaincy.

Supporting Skin Integrity in Elderly Persons



Healthy skin is very important in our general well-being. Measuring approximately two square meters, the skin is the largest human organ. It acts as an external protection against chemical, physical and biological influences on the body and prevents excess moisture loss. A constant regeneration of the skin is necessary for its proper functioning. Newly-formed cells migrate from the base layer to the skin's surface. They create an impermeable layer, the "stratum corneum". Epidermal lipids, created during this process, act in the same way as cement binding bricks together. The stratum corneum has a prevailing slightly acid milieu which acts as the "acid protection mantle" to prevent bacteria and fungi penetration. An acid pH value is also required for the replacement of old cells, the creation of epidermal lipids, and regeneration of the skin, in case of damage.

During the aging process the skin normally loses some of its natural barrier functions. Experts distinguish between two different kinds of skin ageing-processes. The "internal ageing process" is determined by the individual genetic code of each person, whilst the "external ageing process" is influenced by environmental factors like stress,

nutrition, and exposure to sunlight. The thickness of the stratum corneum decreases steadily with aging. Due to the skin's reduced ability to produce moisture-storing epidermal lipids, it easily dries out and becomes less elastic. The skin's acid protection mantle, an important defense against bacteria and germs, becomes increasingly unstable and a longer recovery period is necessary. In addition, incontinence can severely damage elderly skin. A moist skin environment leads to swelling and maceration of the stratum corneum and the formation of highly alkaline ammonia additionally attacks the acid protection mantle, thereby further weakening the skin's barrier function. Faeces contain traces of digestive enzymes, which can also directly attack the skin. Frequent and thorough cleansing, especially during incontinence, and the use of standard detergents, or normal soaps, leave a more apparent and longer-lasting negative effect on the skin. Alkaline detergents modify the acid content within the skin, and therefore weaken the regeneration function of the acid protection mantle. Such detergents also wash off valuable epidermal lipids, natural moisturizing agents which support the elasticity and barrier function of the stratum corneum and the prevention of internal moisture loss.

Elderly skin requires more care. The University of Iowa Hospitals and Clinics report that elderly skin is prone to moisture loss, sagging, dryness and an increase in wrinkles. It requires the use of special care products designed to provide protection and help replenish lost moisture^{1,2}. Recent research and the clinical practice guidelines published by the Agency for Health Care Policy and Research (AHCPR), recommend proper selection of topical agents, i.e., cleansers, moisturizers and topical barriers; to assist caregivers in developing a comprehensive approach to elderly skin care^{3,4}. The AHCPR guidelines advise the use of non-alkalinic, mild cleansing agents to minimize irritation and dryness and to better maintain the skin's protective acid mantle. The use of moisturisers, such as lotions and creams, in order to maintain the skin's suppleness and pliability is essential. Proper barrier preparations should be used to protect the skin against irritation, such as during incontinence. The use of powders for this purpose is not recommended since they will be washed away with the next incontinent episode^{3,4}. It is therefore necessary to protect the skin by using specifically designed skin-protecting products. Studies have shown that certain barrier products form a protective net on the skin and are also effective for use in decubitus-prophylaxis.

Specially designed skin care systems have been developed that are effective in maintaining elderly skin integrity. The key is to match the appropriate products with individual skin requirements of the person^{3,4}. It is estimated that about two thirds of skin irritations and problems in elderly, can be avoided by the use of suitable cleansing, caring, and protection products. Specially designed professional skin care formulae usually include the use of components such as Panthenol and Creatine. Panthenol restores oils, transports moisture into the skin and ensures that moisture is bound within the skin. Creatine stimulates

the energy exchange rate of skin that declines with age, thereby supporting the skin's natural functional mechanisms. It also forms a protective film around the skin cells and protects them from external attack. Irritated skin is hence protected against further damage. Such skin care formulae should ideally have a skin-balanced pH value of 5.5 and be dermatologically tested.

Maintainance of skin integrity in elderly persons is a continuous challenge. Elderly persons often have a tendency toward drying, thinning skin and a greater susceptibility to shearing-type injuries. When developing an individualised plan of care, it is very important to consider factors such as skin type, present skin integrity, ease of product application and removal, and cost. Selecting a "universal" preparation for cleansing and moisturising is not an ideal solution if the decision is being based on the elderly person's best interest^{3,4}.

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Huntington's disease:

ENZYME OFFERS HOPE, STUDY FINDS

Researchers reduced the death of neurons in fruit flies by blocking a particular enzyme. A new approach to treating Huntington's disease may have been found, a UK study carried out in fruit flies suggests. The incurable disease, caused by degeneration of nerve cells, gradually impairs a person's ability to function. Researchers slowed the development of neurodegeneration - a key factor in Huntington's disease - by targeting a particular enzyme in fruit-flies.

The study, led by the University of Leicester, is published in *Current Biology*. "This breakthrough is important as no drugs currently exist that halt progression, or delay onset of Huntington's disease," said Dr Giorgini, who led the study. The researchers found decreasing the activity of a certain enzyme - known as KMO - reduced the number of neurons dying in the fruit-flies. "Since we have identified an actual target and there are chemicals that can act on the target, there is a possibility that we could develop drugs to delay the onset of the disease," Dr Giorgini said. Scientists also found that targeting other related enzymes with chemicals improved Huntington's symptoms in fruit flies. "We would like to look in closer detail at the other enzymes in the same pathway and to develop new inhibitors of KMO," Dr Giorgini said.

Brain inflammation

Research from America also suggests the enzyme could be a key target for therapies. The US research, published in *Cell*, found symptoms of Huntington's disease in mouse models could be reduced by blocking the same enzyme. They developed a new compound - known as JM6 - that blocks the enzyme, leading to reduced brain inflammation in mice. Working with mouse models of another neurodegenerative condition - Alzheimer's disease - they found that JM6 also prevents memory loss. The discovery has significant implications for two devastating diseases and suggest that the KMO enzyme is a good protein for us to target with medications in diverse neurodegenerative disorders," said Professor Lennart Mucke, of the Gladstone Institute, where the research took place. Huntington's Disease Association chief executive Cath Stanley said: "This is an exciting piece of research that will offer hope to the many people affected by Huntington's disease."

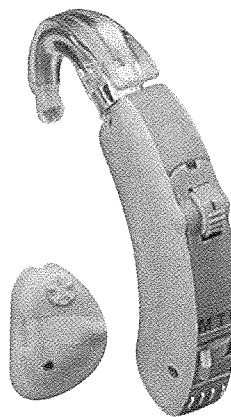
Source: <http://www.bbc.co.uk/news/health-13626459>

Tonsil removal increases heart risk

Removing the tonsils or appendix can increase the risk of suffering a heart attack at a young age, research has revealed. People who undergo a tonsillectomy before they turn 20 could raise their chances of having a premature heart attack by 44%. The research also found that an appendectomy procedure increased the risk by a third. But Swedish researchers highlighted that the absolute chances of suffering a heart attack were low even for children having the operations. The study saw the national health records of millions of Swedish residents monitored by a team from the Karolinska Institute in Stockholm for an average of 23.5 years. Among the study population were more than 27,284 people whose tonsils had been removed and 54,449 who had undergone appendectomies before the age of 20. During the study period, 89 of the appendectomy group and 47 of the tonsillectomy group experienced an acute myocardial infarction (AMI), or heart attack. Their likelihood of suffering an attack was compared with that of randomly chosen 'controls' who had not undergone tonsil or appendix operations. The findings were published in the *European Heart Journal*. Studies suggest that between 10% and 20% of all young people have their tonsils or appendix removed, usually because of infections.

Source: http://www.nursinginpractice.com/article/25694/Tonsil_removal_increases_heart_risk

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The International Council of Nurses (ICN), which is a federation of more than 130 national nurses associations, and represents more than 13 million nurses worldwide, recently coordinated the much anticipated Conference here in Malta with a particular theme for 2011 being, 'Nurses Driving Access, Quality and Health.' The main Conference was held at the Mediterranean Conference Centre (MCC), a 16th century building with magnificent views across the Grand Harbour. To note the MCC is one of Europe's largest Conference Centres within a historical setting. The dates in which the Conference was held, were spanned throughout the 2nd and 8th May, coincidentally serving also as the focus of International Nurses Day which was celebrated on the 12th May. Together with the Conference, the Council of National Representatives (CNR) composed of national representatives and technical advisers from each of ICN's member associations also took place from 2nd May –



4th May at the Malta Hilton to identify the profession's priorities and ICN future directions. As Ms. Rosemary Bryant, President ICN and Mr. David Benton CEO ICN stated on this Conference's programme booklet that this event should demonstrate a chance to reinforce our perception of access and equity and the outcome of inequality on health.

The Malta Union of Midwives and Nurses (MUMN) played a vital part throughout this event, since in 2009 it had campaigned in South Africa for this crucial event to be held in Malta. On the welcome page of the ICN Conference programme booklet, Mr. Paul Pace President MUMN on behalf of all the Maltese nurses stated that, "We are proud that such a historic event is taking place on our small island, which is famous for its hospitality." He also added that both the ICN Conference and CNR are golden opportunities for us as nurses to examine measure and strengthen the goals to be of service to our patients.

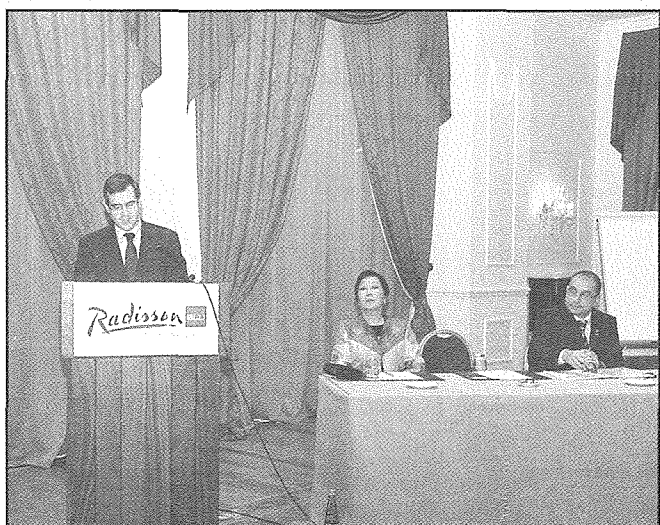
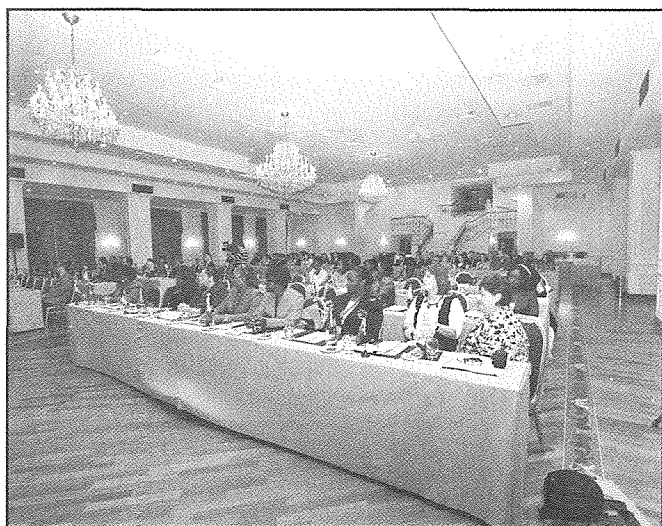
The programme was undoubtedly a very hectic one. Since I made part of a number of volunteers made up of nursing students, nurses and midwives, I had the pleasure to go through a week which enabled me to live the 'behind the scenes' experiences, in such a grandiose event which hosted over 2,000 nurses coming from all over the world. All volunteers worked according to a job description which was distributed to each a few weeks before the actual event took place. Such roles enabled teams to work collectively, make one's visit as pleasant as possible and to guarantee a smooth running throughout. Volunteers were all over the Conference venue wearing red polo shirts which contained both the ICN and MUMN logo together with the white wording 'volunteers' on the back. We collaborated directly with MCI, a foreign based Professional Congress Organiser, mandated by ICN to organise the logistics of the Conference itself.

Conference participants had the opportunity to learn about nursing practice and health care in Malta. Thanks to MUMN arrangements had been made for these participants to visit one of the local hospitals, which literally went down well. All visits took place simultaneously on Sunday 8th May 2011. Special events were particularly the Opening Ceremony which was held at the Malta Fairs and Convention Centre (MFCC) on Wednesday 4th May 2011. This event was marked by the Parade of Member Associations and by the formal presentations of the Partners in Development Award. The Florence Nightingale International Foundation Fundraising Luncheon which was held on Friday 6th May 2011 presented a guest speaker, being an International Achievement Award recipient Liisa Hallila, an international expert in nursing education, management and nursing ethics. The Nursing Student Assembly held on Wednesday 4th May 2011 in the Republic Hall of the MCC provided simultaneous interpretations in English, French and Spanish. The Assembly rendered nursing students enrolled in basic nursing education programmes at first entry level, the opportunity to meet and explore priority issues. The students were also given the possibility of presenting a summary of their discussions to the ICN Council of Nurses Representatives. The Closing Session saw the participation of Hon. Dr. Joseph Cassar, Minister of Health in the Republic Hall of the MCC.

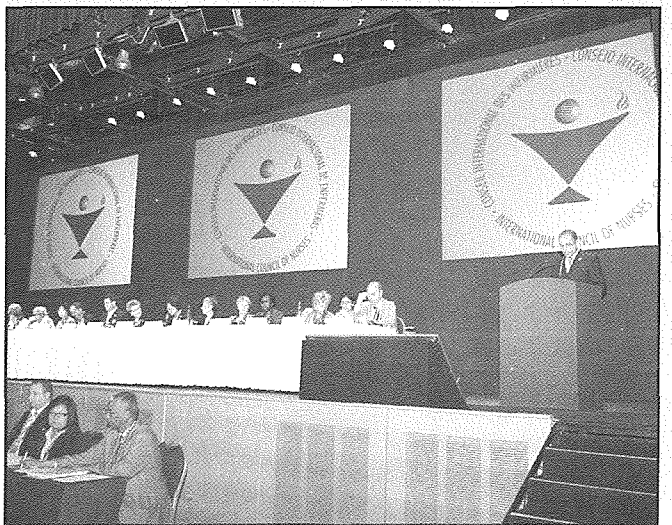
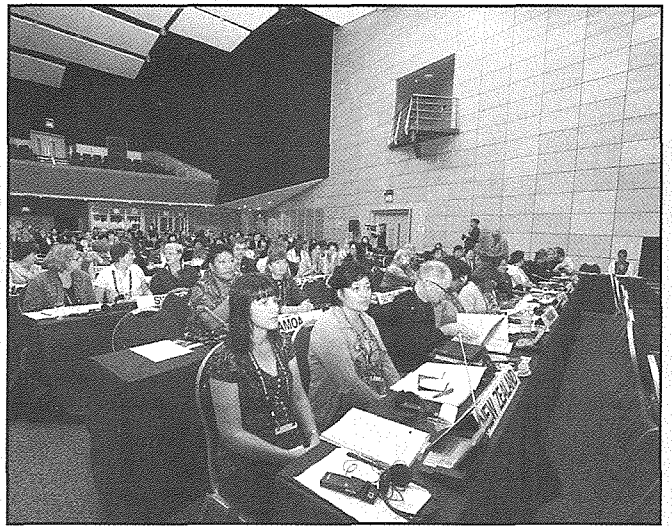
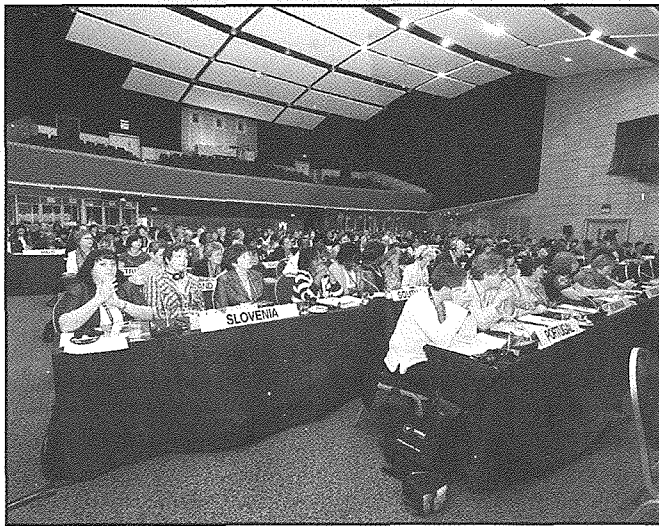
Apart from the various halls available throughout the whole event, a Virtual Classroom was also available. The Virtual Classroom was a hub of activity: an informal setting where Conference participants could meet to discuss various topics of interest. Various were those subjects presented by several presenters from 'How to best use the internet for nurses' mainly stating how the internet has revolutionised access to health information / communication for professionals and the public; 'Tackling tobacco deaths: The nurse's role' where a range of tips and techniques were shown for achieving best practice; Other halls offered exhibitions, symposia, concurrent sessions, posters and network meetings with subjects I found of interest being on 'The Health System of Malta' determining the methods of work, finance system and the skill mix of its health sector labour force. This was presented by Maltese speakers; 'HIV/AIDS, Including Prevention of Mother to Child Transmission' describing the growing number of children are living with the disease stating the importance of prevention of mother to child transmission; 'Gap between Theory and Practice: The Transition of the Newly Qualified Nurse' mainly stating the complexity of the health care environments in general. This demonstrates how research in several countries showed evidence that newly qualified nurses (alike here) often find it difficult to meet the challenges placed upon them as they enter into these complex environments; 'Role of Women' where it was stated that where women contribute on an equal footing, societies do well; 'Mental Health' expressing primarily that mental health services specifically and disease prevention and health promotion activities in general are often among the first to be cut during periods of economic crisis and austerity measures as they are often as they are often considered a low priority, and much more.

All in all this was definitely an amazing experience and it was an honour for us Maltese health professionals to host such an event. Attendees shared positive comments on the organisation, the Maltese islands, the event itself and most of all the help they were given throughout. The way forward should see the next ICN Conference 2013 which is to be held in Melbourne, Australia. I am quite certain that on an organisational level, they will surely look back at how we were able to organise and man such an enormous event so professionally.

Commonwealth Nurses Federation Conference



Council for National Representatives



SPEECH BY THE HON LAWRENCE GONZI, PRIME MINISTER DURING THE OPENING OF THE INTERNATIONAL COUNCIL OF NURSES CONFERENCE MFCC, TA' QALI – WEDNESDAY 4TH MAY 2011

President Bryant, President Pace, Distinguished guests, Nurses

On behalf of the Government and people of Malta, it is an honour for me to welcome the International Council of Nurses and all you delegates to Malta.

Your being here allows you to not only network and to participate in the various workshops being organised, but it also allows you to experience Malta's unique history and culture.

Our island, through its very long and rich history, has proved its worth in the role of "Nurse of the Mediterranean" welcoming one of the profession's greatest, Florence Nightingale, on our shores. From the times of the Knights, through the two World Wars and lately when faced with the unfolding human tragedy of immigration and the Libyan Crisis, Malta has truly stood up to this dignifying and proud role. However, the people of Malta are not only proud with our nursing history but more importantly we are proud of our nurses, with your profession, your vocation.

It is your unconditional care, dedication and effort that make us all proud of you and your work. There are few whose lives have not been touched by the care and reassurance that nurses provide, every hour of the day, every day of the year. Ladies and gentlemen, you represent the backbone of health services worldwide. You sustain us, policy makers, in our efforts and policies to ensure a patient-centred health strategy. We are conscious that you are indeed key drivers and catalysts in sustaining and improving the access and quality of health care.

Malta's health service has registered remarkable progress over the years. This progress reflects the significant investment undertaken in equipment, infrastructure and above all in human resources. Our national health service which is freely accessible to all citizens is in fact ranked amongst the best in the world by the World Health Organisation.

This investment over the years has allowed us to make significant progress in the quality of service provided. Our new hospital is reaching new records of service delivery with new records being reached surpassing the 41,000 operation carried out, representing a 28% increase from the amount carried out at our previous hospital. The dedication and professionalism of our nurses was especially visible throughout the migration from one hospital to the new one which happened in less than 10 days. That is an achievement made possible by our medical staff.

These and other positive results are not only the result of the latest technology and equipment that we have invested in. Above all, they reflect Malta's dedicated, qualified and caring health care work force. From nurses to consultants and from support staff to medical students they are all contributing immensely to our service delivery. In order to sustain these improvements we are conscious that the first and most basic investment needs to be in our human resources. Government has long recognised that professional practice of nurses is tantamount to a successful health care system.

Our investments in education have been transformational and evolutionary in nature. Government is committed to the professionalisation of the nursing and midwifery professions. From the set-up of the Institute of Health Care back in 1988 we

have recently transformed it into the Faculty of Health Sciences.

This evolution was needed to prepare for the new medical challenges in a more technologically advanced reality. It has also contributed to the recognition of nursing as a regulated profession which has been embodied in the granting of a Maltese Government warrant in 2009.

Nurses are also reaching new levels of competency as the demand for more complex nursing care increases. We established specialised degrees in a number of specific areas including nursing, midwifery, mental health nursing and community nursing. These are now also being offered at post-graduate level. Continuous training and capacity building are also key policy pillars in our aim to achieve excellence in health care.

We invest because we believe.

We believe in your potential.

We believe in your role in
health care and in society at large.

Government's commitment to health care and to nursing has seen the growth of the nursing profession in number by more than 30% in the last ten years. In these last three years alone over 400 full timers were employed bringing the total of nurses in the public sector to 2,600. It is envisaged that this growth increases considerably over the next two years with an additional 240 nurses being employed in 2011.

However, improving the health service with greater numbers of more widely qualified nurses is not the whole answer. Clinical leadership and engagement is recognised as a fundamental driver for better patient outcomes.

To focus on safe, quality care, nurses want to spend the maximum time caring for patients. To this end, Government has instituted the supporting roles of ward clerks, nursing aides and more recently medical secretaries to assist nurses in the necessary paperwork. Our emphasis is now on providing more services to patients with a stronger emphasis on quality and improving patient contact time. Our recently launched National Cancer Plan and investments in the area of oncology have placed this at the core. With an emphasis on palliative care and specialised training together with the investment in a new oncology centre, we are placing both patients and health care staff at the centre of our strategy. We are also investing in rehabilitation and nursing homes for our elderly for them to receive the best of care with the best facilities. These investments are a commitment and a confirmation that we care about the health of our people. Ladies and gentlemen, progress in health care around the world has been made possible thanks to the well trained and dedicated medical staff.

It is also thanks to your effort, dedication and vocation that we have made substantial improvements in service delivery.

The nursing profession has come a long way since the achievements of Florence Nightingale. Your profession has a bright future and I am confident that this ICN conference will continue you all for the future challenges.

Thank you all. Thank you for everything you do.



FROM OUR diary...



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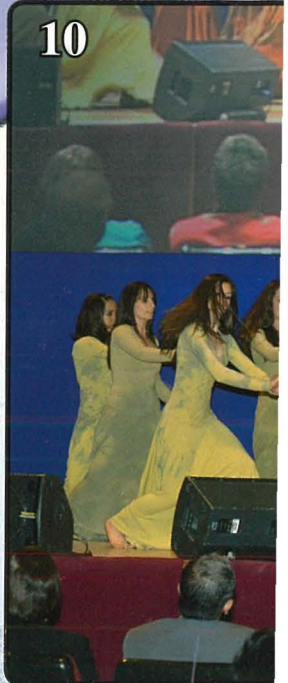
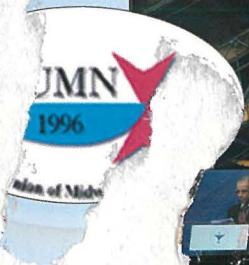
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1 A substantial number of Nurses and Midwives attended the conference being organized by the Commonwealth Nurses Federation in collaboration with MUMN. The conference was organized at the SAS Radisson Blu in St. Julian's.

2 The Council for the National Representatives is the highest body within ICN where policies and other important decisions are taken. In the photo we are seeing MUMN Administration representing the Maltese Nurses together with the other representatives from each country with a total of 133 countries from all over the globe.

3 MUMN with the collaboration of the Malta Tourism Authority organized a Gala Dinner for the Council of National Representatives together with other distinguished guests. This dinner was organized at the Upper Barracks in Valletta.

FROM OLD





- 8**
- 4** The ICN Conference started with the Opening Ceremony. In this photo we are seeing MUMN President welcoming the thousands of delegates that attending for this ceremony.
 - 5** After the important speeches were delivered, it was time for all the Nurses present to cheer and celebrate the opening of this conference.
 - 6** The success of the ICN Conference was mainly due to these volunteers who really made a difference and had a word of praise from everyone. David Benton, ICN's CEO is seen in this photo with the Maltese volunteers.
 - 7** One of the most important moments during this conference was the unveiling of the Nurses' and Midwives' Monument by the Hon. Prime Minister Dr. Lawrence Gonzi. This monument is situated in the gardens near the War Memorial just going up the road to Auberge de Castille
 - 8** MUMN President is receiving a beautiful momento handed to her by the President as a sign of appreciation for all the hard work MUMN Officials had put in for this conference.
 - 9** MUMN Council together with the Maltese ICN volunteers were holding a closing ceremony held in the Mediterranean Conference Center.
 - 10** At the end of the closing ceremony, MUMN with the cooperation of the Ministry made it sure that the conference delegates will leave with satisfaction. Yada Dancers provided the show.



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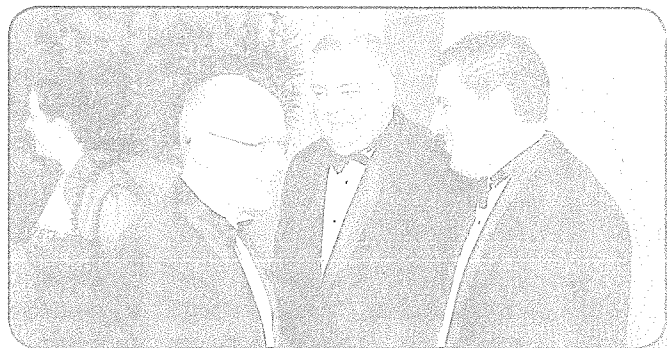
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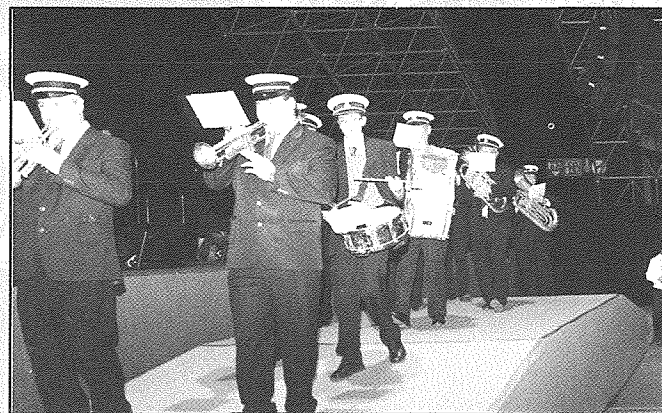
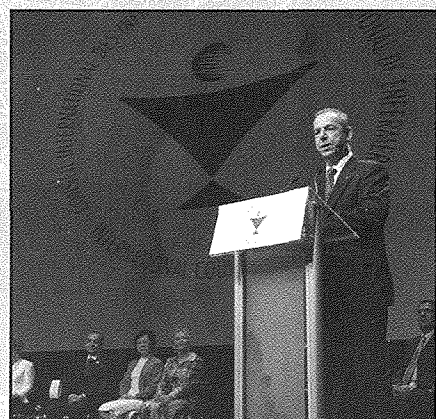
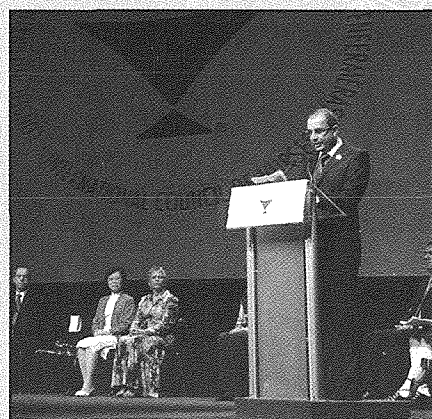
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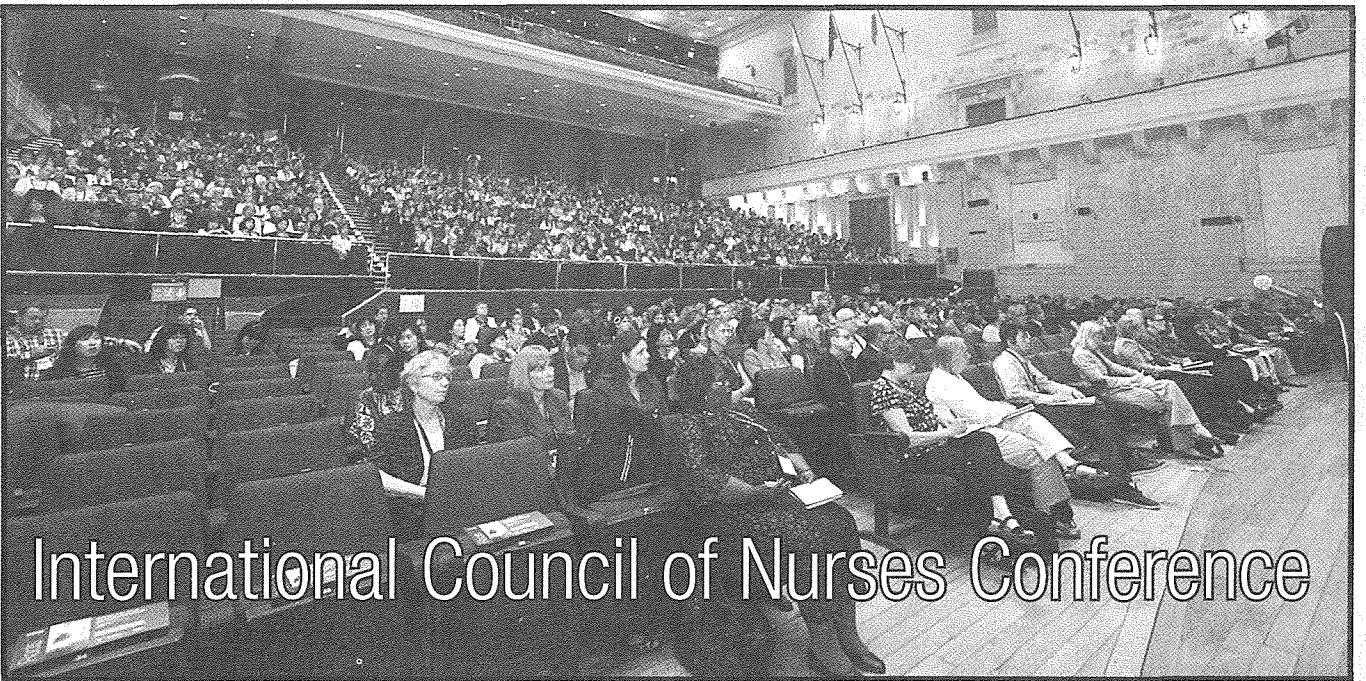
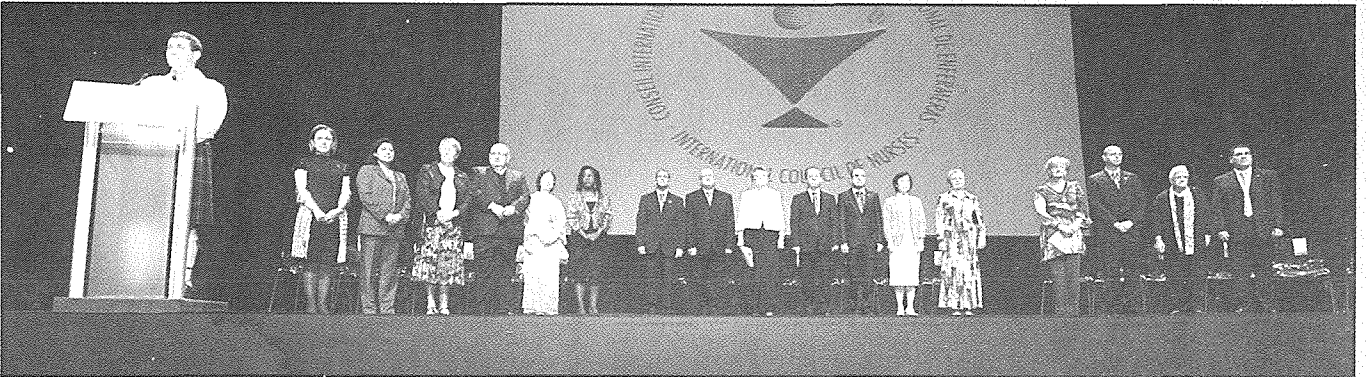
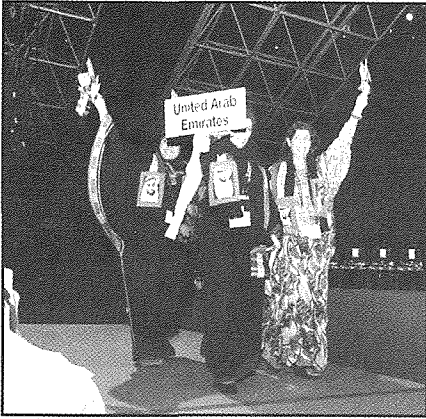
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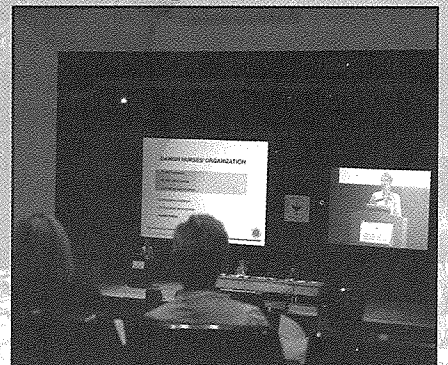
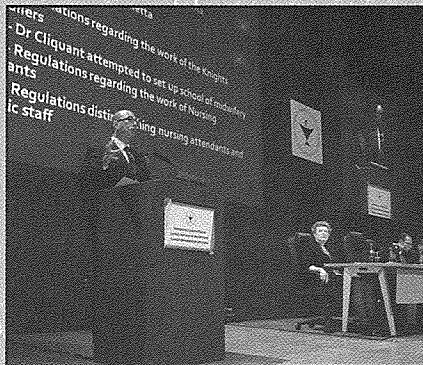
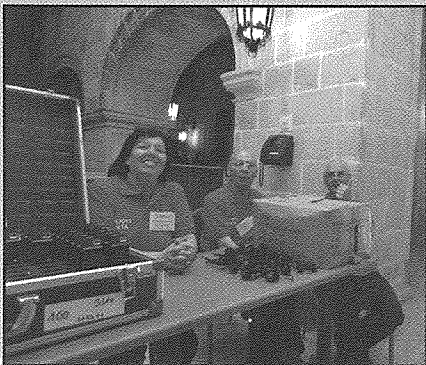
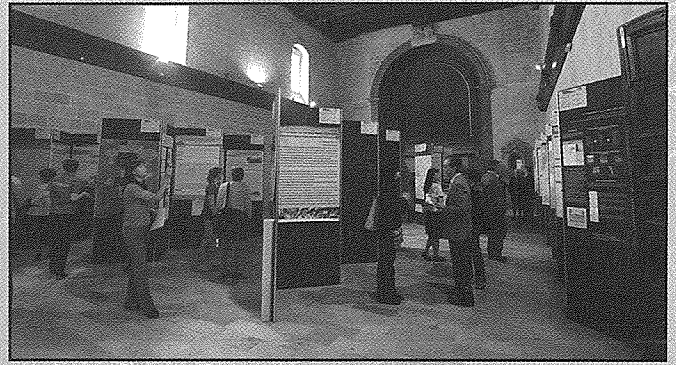
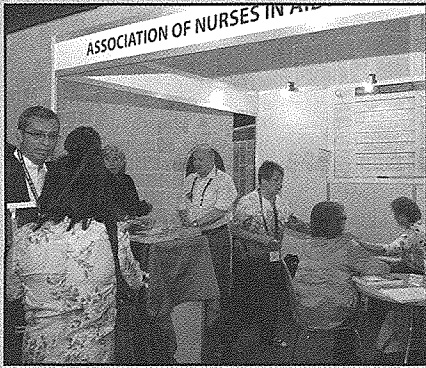






International Council of Nurses Conference





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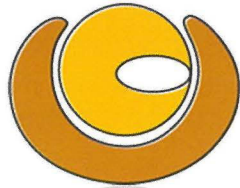


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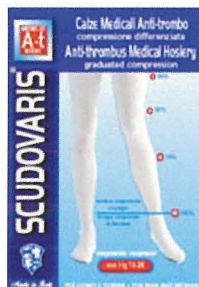
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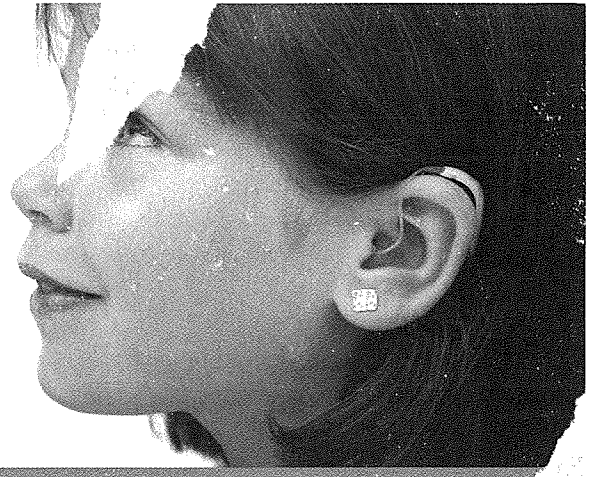
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A guide to choosing a hearing aids

Andrew Sciberras MSC (LOND)
Audiological Scientist
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Wearing a hearing aid is becoming common as more people are aware of the need to be able to hear properly and under other people talking. It is very common for people to turn up at an Audiology Clinic say that they can hear most things they tend to miss out on what people say and this can be very distressing.

Nowadays this problem can be solved easily by being fitted with the right kind of hearing aid.

Before choosing a hearing aid, you should have a good understanding of your hearing loss. The following questions should be asked. What kind of hearing loss do you have? Is it permanent? What does your audiogram say about what sounds you can and cannot hear? Once you understand your audiogram, you can begin to understand why you are having trouble hearing in different situations. You should always make sure that you go to a certified and properly qualified Audiologist.

Visiting your Audiologist

The first thing that the Audiologist will do is to conduct a hearing assessment and the results should be explained so that you will understand the nature of your hearing loss. Then the audiologist will talk with you about your ability to use hearing aids.

Your audiologist will want to find out about your typical communication activities at home, at work, and in social and leisure activities. You are a very important partner in this discussion. Your answers will help to decide the type and style of hearing aid that is best for you. Your answers will also help in deciding what hearing aid features you need.

Once you and your audiologist have discussed your listening needs, he or she can recommend the hearing aid(s) that will best accommodate your needs. The audiologist will consider your hearing loss, communication needs, and budget in selecting your hearing aids.

Depending on the model, a trial could be arranged so that you could experience wearing a hearing aid. Some might also let you take it home and try it in your own environment.

Digital Hearing Aids

There has been huge increase in the number of digital hearing aids on the market in the last five years. There are many manufacturers with digital hearing aids marketed and some of them are moving toward their third or fourth generation of digital products. The technology is here to stay--but are digital hearing aids really better?

Digital hearing aids were introduced to the market in 1987 which was very high-tech for their time, but unfortunately due to their large size and high battery drain they were abandoned.

Fortunately, for both dispensing audiologists and patients current digital hearing aids have different features and advanced signal processing that has significant advantages over those found in analog instruments.

Different Styles of Hearing Aids

In-the-Canal (ITC) and Completely-in-the-Canal (CIC) Aids

These hearing aids are the smallest aids available and offer some cosmetic and listening advantages. The Aid fits in a tiny custom made shell that fits partly or completely into the ear canal. Normally adults with a mild to moderate hearing loss should be fitted with these hearing aids due to problems with feedback.

In-the-Ear (ITE) Aids

All parts of the aid are contained in a shell that fills in the outer part of the ear. These aids are larger than canal aids and, for some people, may be easier to handle than smaller aids. These hearing aids are ideal for adults with a moderate to severe hearing loss

Behind-the-Ear (BTE) Aids

This hearing aid which contains the electronic parts rests behind the ear and is connected to an earmould by a piece of clear tubing. This style is ideal for young children for safety and growth reasons. These hearing aids can be very powerful and are suitable for all types of hearing losses.

Behind-the-Ear Aid: Open Fitting

This is a behind the ear hearing aid but much smaller. It uses a very fine clear tube instead of a mould which runs into the ear canal. Inside the ear canal, a small, soft silicone dome or a molded, highly vented acrylic tip holds the tube in place. These aids are ideal for cosmetic reasons and also reduce occlusion which is an echo produced by your own voice when the ear canal is blocked. These types of hearing aids are recommended to adults with a mild to moderate high frequency hearing loss.

Receiver-in-Canal Aids

These aids look very similar to the behind-the-ear hearing aid with a unique difference: the speaker of the hearing aid is placed inside the ear canal, and thin electrical wires replace the acoustic tube of the BTE aid. These aids also offer cosmetic and listening advantages. Due the great feedback technology in most of these hearing aids these hearing aids can be fitted on People who have a mild to severe hearing loss.

Myths and Facts About Hearing Aids

Myth: Hearing aids restore hearing to normal just as an eyeglass prescription can restore vision to 20/20.

Fact: Hearing aids do not restore hearing to "normal." Hearing aids do not "cure" your hearing loss, but they provide benefit and improvement in communication. They can improve your hearing and listening abilities, and they can substantially improve your quality of life.

Myth: You can save time and money by buying hearing aids online or by mail order.

Fact: By working with an audiologist, you are purchasing professional care and services to ensure that the correct hearing aid is selected and that proper programming of the hearing aid is completed Other professional care includes:

- Hearing evaluation
- Referral for medical treatment (if needed)
- Hearing aid evaluation
- Verification of fit of hearing aid
- Instruction in how to properly use and maintain the hearing aid
- Follow-up care and support
- Repair services
- Rehabilitation services

Myth: A hearing aid will damage your hearing.

Fact: A properly fitted and maintained hearing aid will not damage your hearing.

Myth: A milder hearing loss is not bad enough for a hearing aid.

Fact: Everyone's hearing loss and listening needs are different. By working with your audiologist, you can determine if a hearing aid is needed and how much it will improve your hearing.

Myth: Wearing two hearing aids is not necessary.

Fact: We normally hear with two ears. Binaural (two-eared) hearing helps us localize sounds, assists us in noisy settings, and provides natural sound quality. Most people with hearing loss in both ears can understand better with two aids than with one.

Myth: The invisible hearing aids worn in the ear are the best hearing aids to purchase.

Fact: There are several styles of hearing aids, and all are "state of the art." What is most important is that you purchase a hearing aid that accommodates your hearing loss and your listening needs. Just because your friend uses a particular hearing aid style does not mean you have to (or should) use that style. Your friend's style of hearing aid may be a totally inappropriate prescription for your needs.

Why is early identification and early intervention for hearing loss so important? Hearing is critical for the development of speech, language, communication skills, and learning. The earlier that hearing loss occurs in a child's life, the more serious is the effect on the child's development. Similarly, the earlier the hearing loss is identified and intervention begun, the more likely it is that the delays in speech and language development will be diminished. If you have any doubts about your child's hearing ask your Doctor to refer you to Audiology for the necessary testing, treatment and management.

Success in wearing a hearing aid

Successful hearing aid users are those who are motivated to improve their communication by improving their listening and hearing. It is important that they work with their audiologist to learn what they can expect from a hearing aid and understand its functions. It is important that one can understand its limitations. Family support is an extremely important part of auditory rehabilitation. The public needs to be more aware of other people wearing hearing aids and should learn how to communicate properly and not pass comments which will make them stop using their hearing aid.

The majority of people who have a hearing loss do not use hearing aids and they don't realize that most hearing losses can be treated with hearing aids. Untreated hearing loss can cause embarrassment, social stress, tension, and fatigue. This is true not only for the person with the hearing loss but also for family members, friends, and colleagues. So get your hearing tested and if you have a hearing loss try out a hearing aid and see what you are missing.

3 Nurses and a Wish

A nursing assistant, floor nurse, and charge nurse from a small nursing home were taking a lunch break in the break room. In walks a lady dressed in silk scarfs and wearing large polished stoned jewelry.

"I am 'Gina the Great'," stated the lady. "I am so pleased with the way you have taken care of my aunt that I will now grant the next three wishes!" With a wave of her hand and a puff of smoke, the room was filled with flowers, fruit and bottles of drink, proving that she did have the power to grant wishes before any of the nurses could think otherwise.

The nurses quickly argued among themselves as to which one would ask for the first wish. Speaking up, the nursing assistant wished first. "I wish I were on a tropical island beach, with single, well-built men feeding me fruit and tending to my every need." With a puff of smoke, the nursing assistant was gone.

The floor nurse went next. "I wish I were rich and retired and spending my days in my own warm cabin at a ski resort with well groomed men feeding me coccoa and doughnuts." With a puff of smoke, she too was gone.

"Now, what is the last wish?" asked the lady. The charge nurse said,

"I want those two back on the floor at the end of the lunch break."

SPEECH BY THE HON LAWRENCE GONZI, PRIME MINISTER DURING THE INAUGURATION OF THE MONUMENT DEDICATED TO NURSES FLORIANA – THURSDAY 5TH MAY 2011

Ms Bryant
Mr Pace
Distinguished guests

Over 150 years ago a young woman together with a group of thirty eight women stopped over to Malta on their way to Crimea. That woman, Florence Nightingale, thanks to her selfless duty became known as the 'lady with the lamp' - the lamp that became the lasting symbol of the nursing profession.

It is therefore with immense satisfaction that I am here this evening to inaugurate this lasting tribute not only to the woman that graced our island with her presence but above all, a tribute to a profession that makes us all so proud.

It is also of significance that this ceremony is taking place during the ICN Conference here in Malta. We are privileged a country to host such an important federation and professional learning conference. We are also proud of the fact that out of 135 countries forming part of ICN, Malta is ably represented by Mr Rudolph Cini as the first vice-President on the Board of Directors.

It is especially fitting to be here, overlooking Malta's majestic Grand Harbour, to inaugurate this tribute. It is a Grand Harbour that embodies Malta's natural vocation as a strategic hub in the Mediterranean. A hub that has embraced medical care and nursing as core functions throughout the course of history and even into this day.

Our Grand Harbour is lined with what once were hospitals including naval and military hospitals dating back to the Knights of Saint John. A harbour that, has only recently welcomed evacuees and injured people from the conflicts in Libya.

In living up to our reputation of 'Nurse of the Mediterranean,' our nurses have always gone beyond their call of duty making our country proud of them and of our health service.

We have all, Maltese and foreigners, been touched by the selfless care and dedication of nurses. Nurses are there both at the beginning of any life and accompany us as we embark our final voyage.

Nurses have witnessed the joys and suffering of life. They often laugh and cry with patients and families alike providing a shoulder and ear to those going through hardships.

Even in the darkest of times, your love and dedication have always been like a shining lamp. You are all beacons of hope in your own specialised area.

From the midwives accompanying young couples in becoming parents to specialised nurses working day and night in intensive therapy units. From community nurses providing medication in peoples' homes to nurses in the mental health sector. From our nursing students and lecturers to nurses taking care of our elderly in caring homes. From the nurses supporting operations to those facing the challenges in emergency and admission departments. For all of this we are proud and grateful.

Ladies and gentlemen, we are gathered this evening to pay homage. Homage to a vocation and profession that is pivotal in our personal and society's well being. We are here, from all four corners of the world, to show our appreciation to the nursing profession.

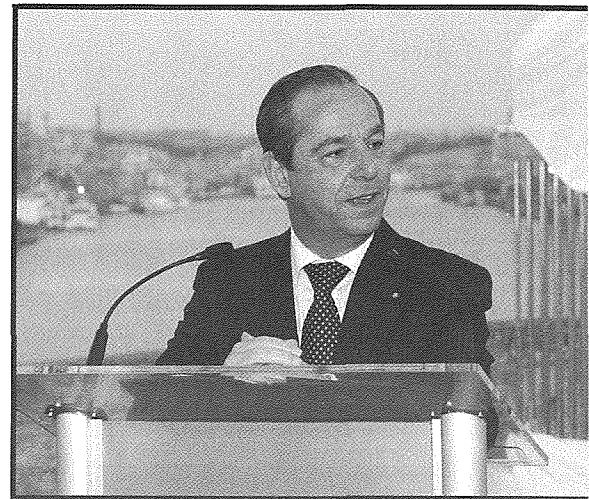
This monument is our tribute, a tribute to all those nurses young and old; retired and not; who have rendered and continue to render a selfless service.

A service that shines every hour of the day, every day of the year.

A service that shines brightest in the hardest situations.

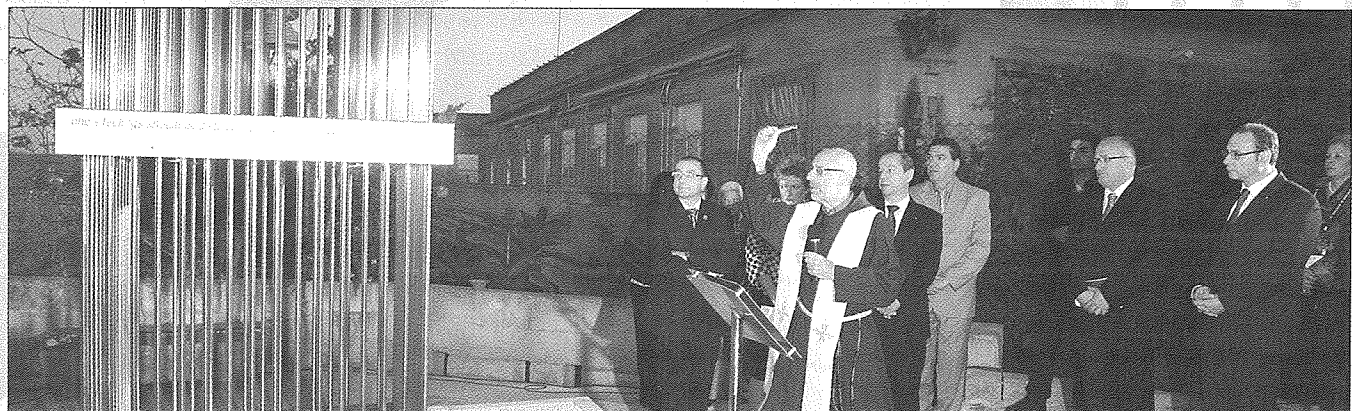
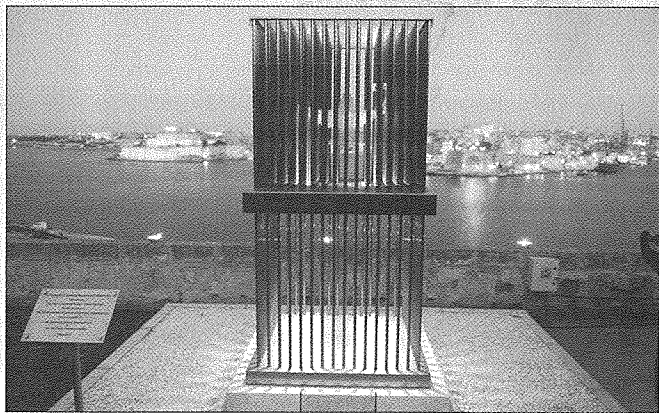
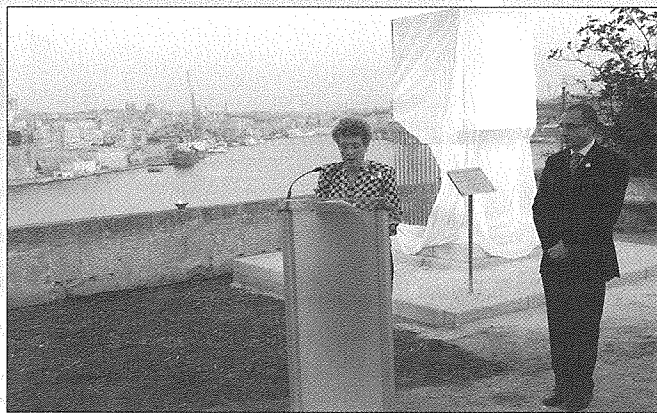
A service that makes us all so proud.

Thank you for all you have done and continue to do.





Nurses' and Midwives' Monument



A speech by the MUMN President during the Unveiling of the Monument

Monuments in Malta are usually made to honor a person or a group of persons due to his or their contribution to the Maltese nation. They are usually attributed to famous politicians or to commemorate National days. Monuments are a means of remembrance so as we say with the famous expression so "that we might not least forget".

In fact we have different days commemorating events or persons during the entire year. We have from Poppy Day which remind us about the soldiers and the people who lost their lives during the wars and we also have Mothers' and Fathers' Day where we use it as a proper occasion to show more respect than usual to our mothers and fathers on that particular day. But whatever the occasion is, such days are a good means of appreciation and that as human beings we should never take anyone for granted.

There is also a Nurses' and Midwives' Day which come on the 12th May and 5th May respectively recognizing the contributions and commitments of the nurses and midwives. But what is important is that on such days the general public, and not the just patients, are made aware about the significance and the work which the nurses and the midwives perform in their daily work.

In Malta we consider nursing and midwifery as a vocation and there is a reason behind it. Nursing and Midwifery is something which is more than just a job. It will effect and mould your life making that person a very sensitive person to the needs of others. Nurses and midwives are there from the beginning of one's life on this Earth and nurses are also there when the time comes to part from this life. So that is why in the old days most nurses were from a religious order. Since the church in its teachings always says that God is there with you from the minute a person is born till his/her death.

For today's address I was looking for a definition on what makes a nurse/midwife but in my preparation for this speech I came across something different from what I have expected but when reading it, I realized that such a definition is more important than what I was looking for. It reads like this:

What it means to be a nurse

Being a nurse means. . .

You will never be bored.

You will always be frustrated.

You will be surrounded by challenges.

So much to do and so little time

*You will carry immense responsibility
and very little authority.*

You will step into people's lives

and you will make a difference.

Some will bless you.

Some will curse you.

You will see people at their worst--

and at their best.

You will never cease to

be amazed at people's capacity

for love, courage, and endurance.

*You will experience resounding triumphs
and devastating failures.*

You will cry a lot.

You will laugh a lot.

You will know what it is to be

human and to be humane.

But Allow me to relate a nurse's shift on her day to day duties. The public perspective is that nurses are there to change dressings and to give injections. That is far from the truth. Nurses and Midwives are there for a holistic approach. Let me share this experience with you, that is something I believe nurses and midwives meet in their line of duties:

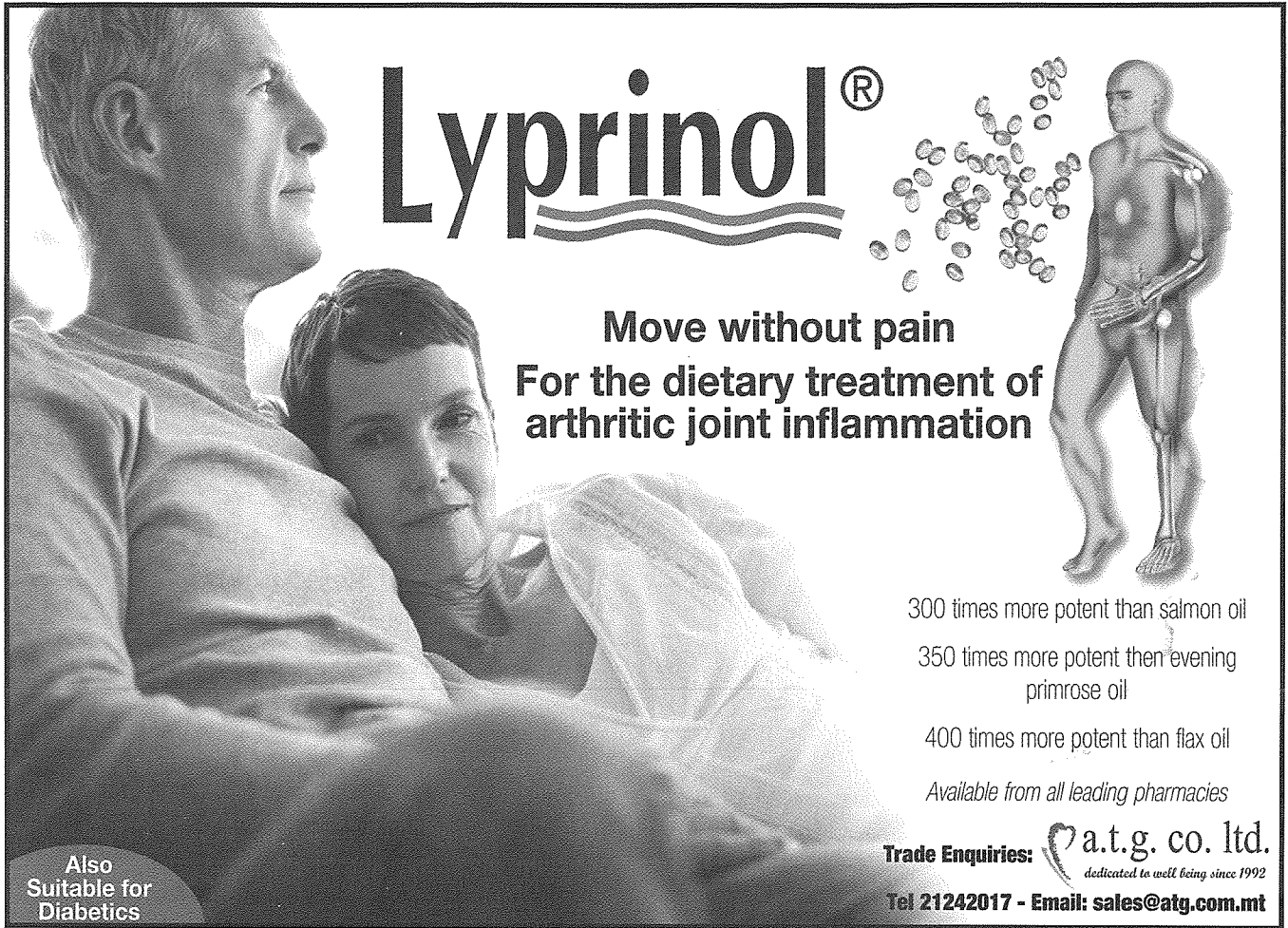
I remember one evening shift, I learned that one demented patient became very aggressive, kicked and punched some of our staff late in the morning. Nobody dares to approach her. I was her nurse that evening so when I approached her my heart was in my throat.

I knocked on her door, slowly entered her room and started calling out her name. She was lying in her bed in tears. She told me she misses her family and she has a severe back pain. I wipe her tears, gave her pain killers, touched her hand and I started a simple nurses' prayer. Both of us are in tears and she was smiling back at me afterwards.

Moments like that breaks my heart to be a nurse, but it was also a wonderful experience that you can ever imagine, holding someone's hand when they are dying and no one else by their side. It's amazing how a simple smile and warm handshake can touch or make their day. Or when they finally get discharged they have another chance to live and be loved.

I truly believe that nurses and the midwives who have rendered such a service on our islands rightly deserve to be honored. I say this statement not only as a President of MUMN but as a person since any work which makes a real contribution to the decency, comfort, wisdom and happiness of a person merits to be honored and remembered.

Paul Pace
President



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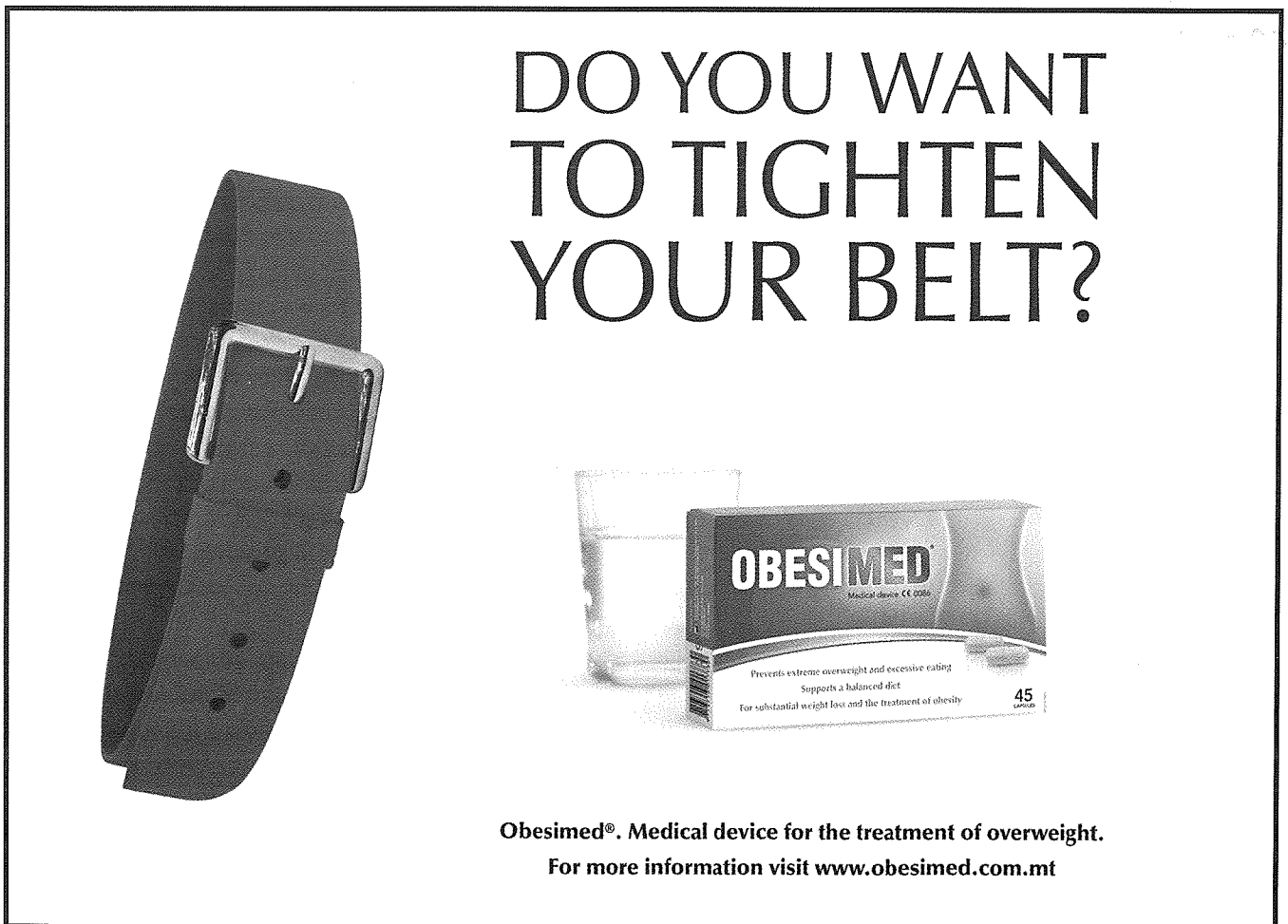
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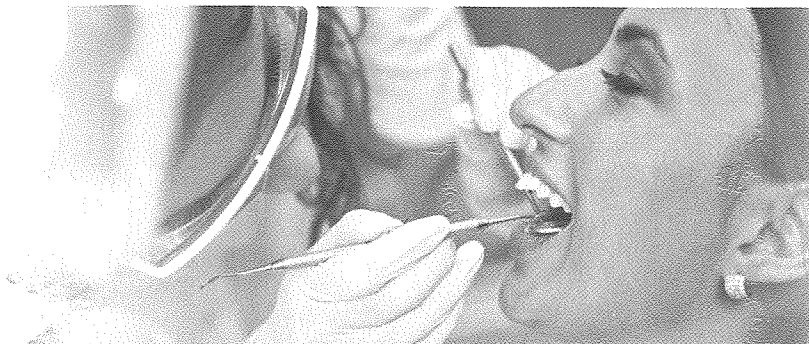
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*1 in 3
adults
suffer
from
sensitive
teeth*

One in every three adults aged between 20 and 50 years suffers from dentin hypersensitivity, referred to as the common cold of dentistry. Studies also revealed that despite its impact on some patients' quality of life, most people fail to take up the condition with their dentist.

Defined as a short, sharp pain arising from exposed dentin, tooth sensitivity is typically triggered by common stimuli like foods and beverages that are hot, cold, sweet, or sour. Cold air also is a common stimulus. The buccal cervical zones of canine and premolar teeth are the sites most susceptible to sensitivity.

"Our understanding of dentin hypersensitivity has come a long way and today we are in a position to not only define the condition and its impact on dental health and the person's quality of life, but we also have access to technologically-advanced solutions for its prevention and treatment," said Irish dental expert Dr Garry Fleming.

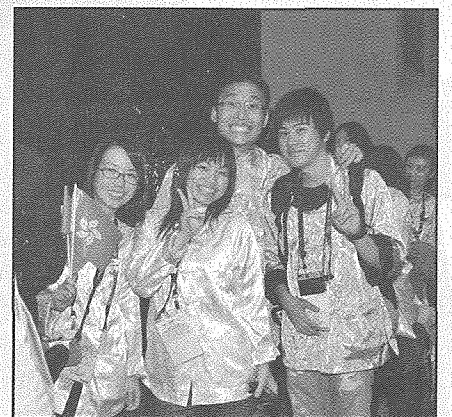
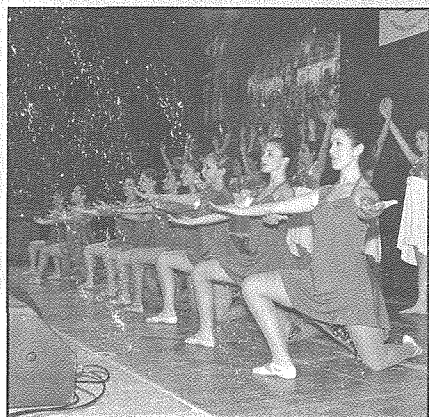
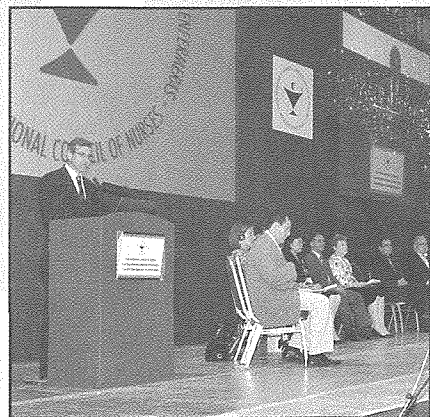
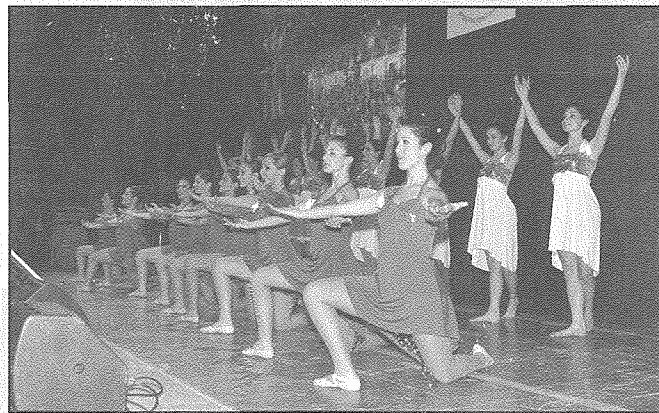
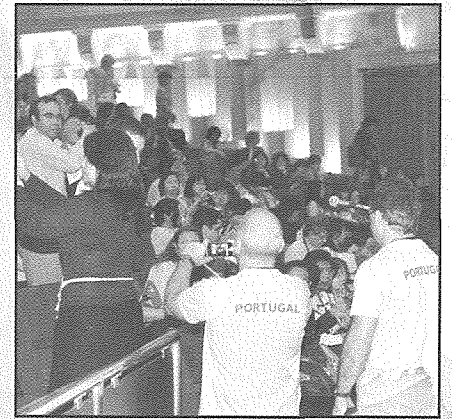
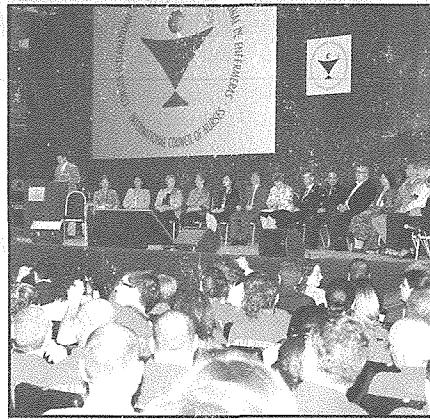
Dr Fleming was in Malta for a meeting with Maltese dentists about the breakthrough technology Novamin® in dental care. His meeting coincides with the launch of Sensodyne Repair and Protect by GlaxoSmithKline in Malta. Novamin® is a unique formula with roots in a technology originally developed to help stimulate bone regeneration. Harnessing this technology, Sensodyne Repair and Protect seeks out and attaches to the areas of teeth that are sensitive, to form a tooth-like layer over exposed dentine, which helps continually repair and protect.

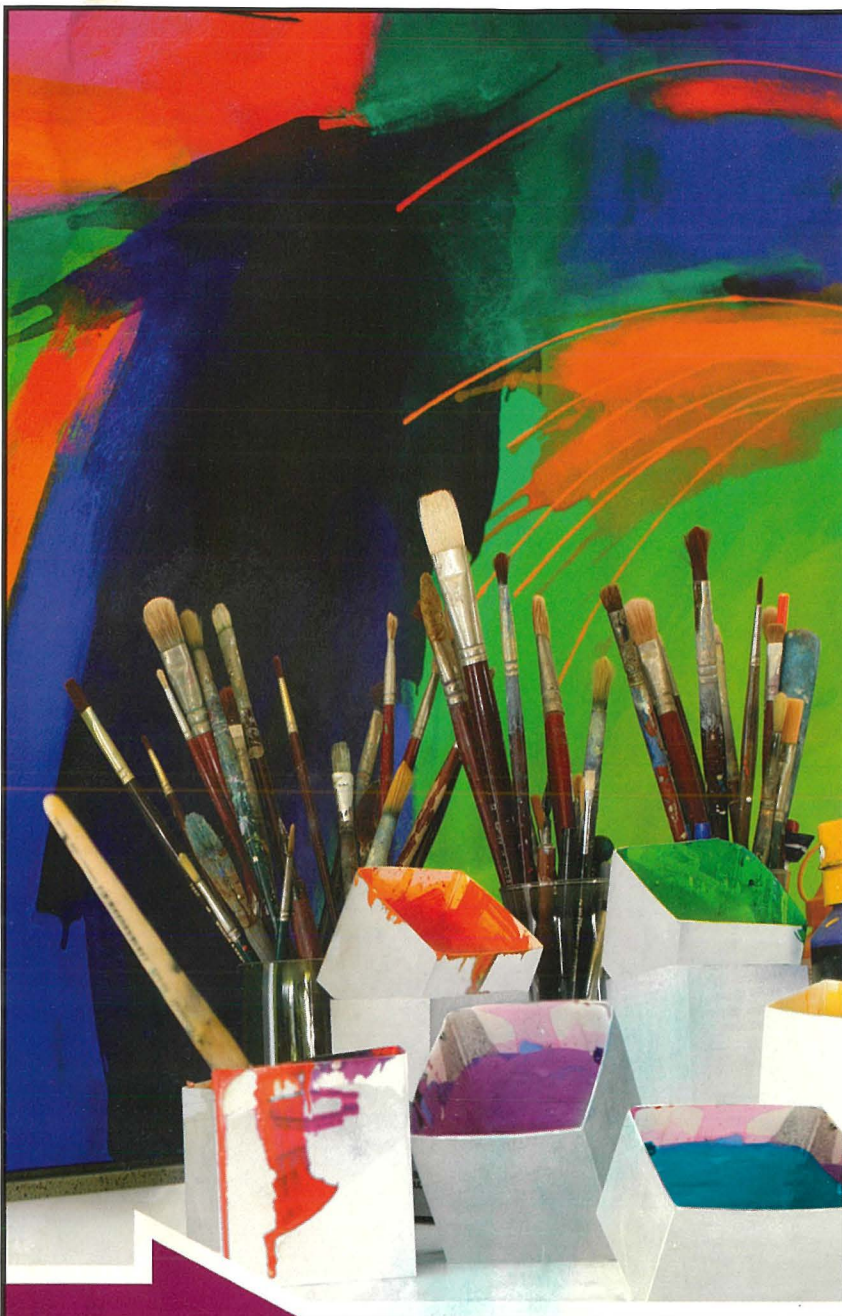
"Independent surveys reveal that 52% of patients with sensitivity fail to seek their dentist's advice. Furthermore, at least 75% of patients have never used desensitising toothpaste or used it infrequently," said Dr Fleming.

Dr Fleming says there are various reasons why patients do not ask their dentist about dentin hypersensitivity. Among them is the fear of something more serious; the thought that it is not important enough, or that if the dentist does not mention it, then it must not be serious; and self-taught coping strategies. Many patients in fact modify everyday habits, like consumption of hot or cold foods or beverages, to avoid sensitivity, and may not even be aware they are doing so.

Dentin hypersensitivity can also have a big impact on some patients' quality of life and if untreated, it can lead to behavioural changes, like neglecting oral hygiene, particularly avoiding brushing sensitive areas; failure to comply with oral care instructions; and avoiding dental appointments. These behavioural changes place them at risk for plaque build-up, calculus formation, and even gingivitis, says Dr Fleming.







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*Welcome to the new science
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Specialist in dentine hypersensitivity management

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