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MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

No.55 - June 2012

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Contents

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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.

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Editorial

Time is running out. We as nurses and midwives need to stand up together and voice our concerns, our ideas, and our regrets in our profession. We have to stand up as a whole big group of professionals and make it known to everyone that what we are asking for is nothing but our rights. We need to be on the alert by watching and listening to all that is happening around us. Nurses and midwives are not isolated from the rest of the working force. We are professional workers like all other professional workers and should be treated as such. Not even one nurse or midwife should be considered or looked at in a different manner. We are not the weak profession, as few other professionals happily believe. Nursing and midwifery are two very strong and important professions and we as nurses and midwives should make it known to all.

Nice words, that fill me up, as a nurse with some courage to keep moving forward, but the good spirit is not long lasting. Every morning I still have to go to work and don't have a proper uniform to change into. I am proud of being a nurse and I am very proud to wear a nurse's uniform. When are these uniforms going to be ready? Promises....Promises.... I went for my measurements more than once but still these uniforms have not arrived. To add insult to injury, people in authority and who know that there are no uniforms available issue circulars for all staff to adhere to their uniforms. Can somebody tell us when we can collect our uniforms?

The recent requirements asked for, so as to apply for a PDM post is another slap to us nurses and midwives. As Mr. P. Pace clearly stated this is very unjust and I might add that it has been done to accommodate some individuals. How many nurses, especially those who have been working for the last 30 years have had the chance to further their studies to get a degree let alone a Master's degree? Why is experience being put on shelves, just to gather dust and left there to rot? Why are these nurses being condemned to remain in the same posts for the rest of their working career, with only a transfer as a means of change?

I have just mentioned two issues that are fermenting every day, and that I believe are causing unnecessary burdens on us nurses and midwives. We need to stand up and insist for our rights like other professionals do. Together we can change things for the good of all nurses and midwives. Let's move forward and not lose ourselves in the only problem that people in authority are leading everyone to believe, that are the waiting lists and beds. Nurses and midwives have other problems, that are being ignored or made invisible, but are silently discouraging nurses and midwives in the delivery of their duties.

President's message

MUMN made every effort to get closer to its members and adopt a totally new strategy in doing so. There were times in the past that our work within the trade union was not always felt by all our members. This was not always due to MUMN's modus operandi since as MUMN, we have always relied heavily on our quarterly journal the 'Il-Musbieh'. But time changes and new technologies are being more accessible to everyone. Yet as MUMN we pondered how we could improve the communication between us. This was challenging since although we are a sectorial union, our members are literally spread all over the island.

We embarked on updating our data base, getting all the emails of our members and literally "opening" MUMN to communicate better with our members. Posters are a thing of the past.

Today those who have registered their email on MUMN database, receive first hand information on all our press releases sent to the media, all directives related to their place of work and all nursing and midwifery issues which are of national importance. Very soon emails would be send to summon our members for an important meeting for the approval (or disapproval) of the civil service agreement.

It is important to all to abide to MUMN's directives when these are issued. Presently there are directives in MDH, Main Operating Theatres and Mt. Carmel Hospital. The directives in SVPR had been recently withdrawn. There are also national directives such as that no incident reports are to be written when requested by management. All directives have been issued to safe guard both the warrant and the right of our members. It is up to the members to follow these directives since after all directives are not to the benefit of MUMN but to you as a member. One has to be realistic. Whilst doctors are a powerful profession were even disciplinary actions against them is unthinkable (especially the consultant's sector) the same cannot be said to the nursing and midwifery profession. A typical example was recently when MUMN had prove that verification of sick leave which was being done by doctors sent to our homes, was purely done on nurses/midwives and never on the medical profession. Having a health division run by doctors with the minister being a consultant himself decisions are always one sided and definitely not in favor of nurses/midwives. That is why empowering nurses in this country with the current management is next to impossible. MUMN has to be more on its guard, more active to protect its members who are the main target not by just hospital management but even by the Health Division itself. So one has to recognize the difficult work MUMN has on its hands. All MUMN officials are proud to represent you and do their utmost to see that the nursing and midwifery conditions are not second to any other professionals.

Keeping you informed is important to us since MUMN faces daily issues which some of them are unprecedented.

The recent issue when writing this article is that the European Commission is recommending further increase in the retirement age of all workers including us nurses/ midwives. This shows how insensitive the European Commission has become. To sustain pensions, instead of embarking on tax evasion which is rampart or increase taxation of luxury goods such as swimming pools and yachts, the European Commission once again is causing more hardships on us nurses and midwives. Can any of you imagine being still working on the wards at the age of 69. Ridiculous!! So let's us stand up to be counted and if need be we go to the streets as other workers in other countries have done. Nurses and midwives are a force in any country so when time comes to use such force, we make use of it. Our families, our well being are being jeopardized by some technocrat in Brussels whose salary is not 18,000 Euros but in the hundreds of thousands. Such technocrats can easily retire at 50 years and not 69 years having such a huge annual salary.

So as you can see, challenges are coming from everywhere including Brussels. Nurses and midwives have a strong union and together we are stronger than ever. Everyone has a price to pay, and so do MUMN officials. Discrediting a person is easier than discredit a principle but we as MUMN Council, are proud to represent you and believe me that our thoughts and our vision are always to your best interest. Take care of yourself and your family.

Paul Pace
MUMN President

NATIONAL SATURDAY 12 MAY 2012 (ARTICLE TAKEN FROM MALTATODAY)

MUMN President says Health Minister has proved him right and nurses cannot administer medication in emergency settings

Bianca Caruana

In celebration of International Nurses Day, the International Council of Nurses published an online message to "Closing the Gap from Evidence to Action" to strive to use evidence-based approaches to nursing services.

Malta Union of Midwives and Nurses president Paul Pace said the message was appropriate and convening an important point. "Closing the gap means that there is ample evidence in nursing which has not been put into action or into the nursing practice. Unfortunately, closing that gap does not solely depend on the nurses working in the clinical field."

Pace explained that nurses working in pre hospital care at Mater Dei Hospital possess specialised training but are not permitted, according to Maltese legislation to administer simple medication, such as paracetamol to their patients.

"This is because the Health Minister never took the MUMN's initiative to update the law to allow nurses to prescribe lifesaving drugs in an emergency setting. Nurses working in an emergency setting find themselves in a situation where they need to treat patients but are not allowed to do so. This is jeopardising patients' lives especially on ambulances on their way to Mater Dei Hospital," Pace said.

Pace said that empowering nurses in Malta, according to the ICN's statement, will be MUMN's responsibility because it is "the only real driving force for nurses in Malta".

"In these last four years there have been no reforms or legal notices and amendments in our Parliamentary legislation initiated by the present minister so that nurses could be in a better position to offer better nursing care," Pace said.

Reacting to Pace's allegations of idleness, Health Minister Joe Cassar said that while there was no law, Pace was incorrect. "Around five years ago, the Superintendent of Public Health issued a list of medications that all nurses could administer to patients in emergency situations subject to a medical directive."

Cassar explained that a standard operating procedure needed to be written up by the chairperson of the Accident and Emergency department together with the management of A&E to give nurses permission to administer the medication.

"This is happening as we speak over the last year or so, and is now in the process of actually happening," Cassar said.

Responding to Cassar's criticism, Pace said that he has been proven right and nothing has been done to date. "Cassar has proven the MUMN right. We are presenting are facts. Nurses cannot administer medication in emergency or pre-hospital care situations. The minister himself has admitted that it is still being written and has been saying the exact same thing for the last four years!"

Pace said that just a week ago, a mother called for an ambulance because her baby was fitting due to high fever. "Valium PR is administered to babies in such cases to calm the fits. But, because this law does not yet exist, we had to give the mother the valium to administer it herself."

Florence Nightingale MUMN Benevolent Fund

Revision of Current Benefits

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

- **Claim submission**

1. Claims are to be submitted to the FNBF Group Committee (GC) within twelve months from the date of occurrence. No funds will be given if the requested documents by the FNBF GC are not submitted.

- **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 only.
2. FNBF also offers €50, for each day spent abroad for treatment, up to a maximum of 28 days. These funds are allocated for the expenses of transport, food etc. during the stay abroad.
3. A married member's spouse and his children or legally adopted children or fostered children can also benefit from this clause. The provision for the children lasts until they arrive at the age of 18 years.
4. For a single status member who lives with his parents, his parents can benefit from this clause while the brothers and/or sisters can benefit until they arrive at the age of 18 years.
5. For a married member who lives with his spouse and his parents, his parents cannot benefit from this clause.
6. For members who are separated or divorced and their children live in a different address, their children can still benefit from this clause. When applying for this benefit a child birth certificate from the public registry has to be presented to the GC.
7. If a married member regains the single status and will start living with his parents, only his children will benefit from this clause. If the member does not have children or partner then his parents will benefit.
8. When a member lives with a partner, the partner can benefit from the fund but the partner's own children will not benefit. The partner will benefit after six months being registered with the GC.
9. 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. It is important to note that funds will be given only to the injuries sustained during the full-time employment, and in the cases of part-timers, where this part-time employment is the only employment.

- **Financial support in conditions of terminal cancers**

1. If a member is diagnosed with a terminal cancer, he/she has the right to apply to the FNBF GC, for a one time only, a maximum sum of €2000 to help in paying the treatment prescribed by the consultant doctor.
   If the treatment is being paid by the Government, then the member has no right to apply. If the member opts to receive a different treatment, from that being offered by the Government and/or seeks treatment abroad, the member must present a note from a local medical consultant stating the advantages that the member would be receiving by taking a different treatment from that given by the Government and/or the advantages of receiving the treatment abroad. The FNBF GC has the right to seek a second opinion from an independent local medical consultant.
   The member applying for this benefit can also apply for the benefits listed in the 'Medical Treatment Abroad', 'Sick Leave' and 'Counseling Services'.
   If the FNBF GC receives other claims that are not attributed to terminal cancer but are as serious as these cases, they must refer them to the MUMN Council for its decision.

- **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 memento and treated to a reception. Members have to inform the GC that they are going to retire from work.

- **Counselling services**

1. Members are entitled to individual/group counselling sessions with a professional counsellor from the Richmond Foundation or any other organisation that the GC deems fit. The GC is entitled to evaluate all requests related to group counselling.

- **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.

- **Newsletters**

1. Information about FNBF Benefits and activities organized by the GC are published in the MUMN Magazine 'Il-Musbieh' periodically.

- **Diary**

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

- **Annual Meeting**

1. Each year the FNBF GC shall organize a meeting to all the FNBF members. During this meeting the secretary of the GC reads out the administrative report while the treasurer will read out the financial report.

MUMN Council April 2012

Federation of Occupational Health Nurses within the European Union

I have just returned from attending another meeting of the board of FOHNEU (Federation of Occupational Health Nurses within the European Union). This was the 35th meeting and was held in Paris France. It was organised by GIT, the French Occupational Health Nurses Association.

The meeting was attended by Occupational Health Nurses representing Denmark, Greece, Sweden, The Netherlands, Finland, Ireland, France, Hungary, Belgium, Slovenia, Germany and Malta. Every member submits a national update and these are discussed. It was interesting to note the different levels of practice between different countries. A few updates reflected the effect of the financial crisis on nurses e.g. Occupational Health Nurses in Hungary are hardly paid 300 Euros monthly. The situation in Greece is not ideal either however academically rather advanced. On the other hand other countries especially from the Scandinavian area OH Nursing is very well advanced. In Finland and Spain the profession is covered by specific legislation. I was again asked about the vacancies for OHNs in the Health Department which unfortunately to date, have not yet been filled up.

As is usual practice all members split up into different working groups to discuss OHN education, EU lobbying, FOHNEU finances and the upcoming International Congress. Obviously the main focus of this 35th meeting was the upcoming Congress which was discussed at length and members were encouraged to promote the congress and to obtain sponsors if possible.

The 5th International FOHNEU Congress on Occupational Health is being held 19th to 21st September 2012 in Tarragona Spain. The title of the Congress is ***'Embracing the future-Influencing change***. This conference should be of interest to all nurses and midwives and not just the ones directly working in Occupational Health because it will be addressing many issues which are of concern to all health workers. ***Work life Balance, New Emerging Risks, Dealing with an ageing workforce, Psychosocial Risk Management, Shift Work and Health, the Nurse's Role in Accident Prevention at the Workplace, Disaster Management at the Workplace*** and many other interesting topics will be addressed. For more information please visit the FOHNEU website at http://www.fohneu.org/ and the congress website on http://www.fohneutarragona2012.com/.

We are trying to organise a group from Malta. You do not have to be practising within OH to be interested as nurses we are always responsible for our own health and safety and that of our colleagues. The Congress is being held at the ***Palacio Ferial y de Congresos de Tarragona***. The price includes coffee/tea breaks, lunches, and gala dinner. Optional tours for accompanying persons are being offered at a good price as well as attendance to the gala dinner. The dates of the congress were chosen to coincide with the celebrations of Santa Tecla which is described as a burst of joy, music and colour not to be missed. This Congress could easily fit in with an enjoyable family holiday. If you are interested, kindly contact MUMN.

Nancy Caruana
MUMN OHN Representative

Kelmtejn mis-Segretarju Ġenerali

Wasalna biex nikkonkludu l-Ftehim Kollettiv. Ħadna kważi sentejn biex naslu sa hawn! Sal-aħħar referenza li għamilt fuq dan il-Ftehim kont ftit xettiku li dan il-Ftehim ma kienx xi wieħed tajjeb iżda bl-iżvolta li ħadu n-negozjati f'dawn l-aħħar xahrejn illum nista' ngħid, li meta tqies iċ-ċirkostanzi kollha, dan il-Ftehim huwa wieħed aċċettabli. Dalwaqt insejħulek sabiex permezz ta' Laqgħa Ġenerali Straordinarja nippreżentaw dan il-Ftehim u flimkien napprovawh qabel niffirmawh.

Id-diskussjonijiet dwar il-Ftehim Settorali għadhom għaddejjin. Dan il-Ftehim jinkludi avvanzi fiż-żewġ professjonijiet anki b'dimensjonijiet ġodda kif ukoll titjieb fil-kundizzjonijiet tax-xogħol u dawk finanzjarji. Però t-triq għadha twila biex nikkonkludu.

L-MUMN hija wkoll involuta f'diskussjonijiet sabiex il-professjoni tal-Midwives tieħu dimensjoni ġdida speċjalment fil-qasam tal-komunità. Għalkemm irridu nimxu b'ċertu kawtela, jidher li hemm prospetti sbieħ ħafna f'dan is-settur.

Bħal ma tafu l-MUMN tibgħat il-ġurnal 'Il-Musbieħ' dirett fid-djar tal-membri kollha. Nixtieq nappella sabiex dan il-ġurnal tagħmluh aktar tagħkom billi tibgħatu artikli, esperjenzi u affarjiet oħra biex jiġu ppubblikati. Huwa importanti li dan il-ġurnal inżommuh ħaj u interessanti. L-ispiża tiegħu biex jiġi ppublikat mhiex żgħira u għalhekk huwa essenzjali li dan il-ġurnal ikun aktar effettiv u jservi bħala mezz ieħor ta' komunikazzjoni. Tistgħu tibgħatu l-materjal tagħkom fuq mumn@maltanet.net u tispeċifikaw li dan huwa materjal biex jiġi ppubblikat fuq 'Il-Musbieħ'.

Fix-xhur li ġejjin ser insejjħu laqgħa apposta sabiex jiġi emendat l-Istatut tal-Union. Kien wasal iż-żmien li dan l-Istatut induruh ftit sewwa u naġġornawh għaż-żminijiet ta' llum. Aktar dettalji jitħabru fil-ġimgħat li ġejjien.

Il-Kunsill tal-Union flimkien mal-Group Committee tal-Florence Nightingale MUMN Benevolent Fund żiedu l-benefiċċji ta' dan il-Fond. Minn żmien għall-ieħor dawn il-benefiċċji jiġu riveduti skont l-esiġenzi tal-membri stess. Il-lista l-ġdida tal-benefiċċji qegħda wkoll tiġi pubblikata f'dan il-ġurnal. Saret deċiżjoni wkoll sabiex darba f'sena, il-Group Committee responsabbli minn dan il-Fond, jsejjaħ laqgħa għall-membri kollha tal-istess Fond fejn, fost affarjiet oħra, jiġi ppreżentat rapport amministrattiv u ieħor finanzjarju għas-sodisfazzjon tal-istess membri. F'din il-laqgħa ser jiġi wkoll ippreżentat leaflet bil-Linji Gwida li jirregolaw lill-istess Fond.

Wara li l-Kumitat Eżekuttiv tal-Edukazzjoni organizza b'suċċess is-symposium issa qed jiġu diskussi numru ta' inizjattivi ġodda. Fost dawn hemm ippjanati konferenzi u courses però aktar dettalji jitħabbru 'l quddiem.

Għal llum ser nieqaf hawn biex inħalli spazju għal ħaddieħor. Importanti li nibqgħu maqgħudin kif aħna llum biex b'hekk inkomplu nirsistu għal titjieb fil-kundizzjonijiet tax-xogħol. Dan jirriżulta f'servizz aħjar lill-pazjenti tagħna li jixirqilhom l-aqwa servizz possibli.

Colin Galea
Segretarju Generali

Supporting Skin Integrity during Incontinence:

Healthy skin is very important in our general well-being, since it acts as a means of protection against external influences on the body and prevents excess moisture loss. During incontinence, the skin is exposed to additional stress due to several factors which affect its normal functions. A moist skin environment, often caused by the use of occlusive incontinence products, leads to swelling and maceration of the stratum corneum. Additionally, the formation of highly alkaline ammonia also attacks the acid protection mantle, thereby further weakening the skin's barrier functions. Faeces contain traces of digestive enzymes, which can also attack the skin. Frequent and thorough cleansing with standard detergents, or normal soaps, further damage and leave a longer-lasting negative effect on the skin. Alkaline detergents modify the acid content within the skin, weakening the regeneration function of the acid protection mantle. Such detergents also wash off valuable epidermal lipids, natural moisturising agents which support the elasticity and barrier function of the stratum corneum and the prevention of internal moisture loss.

Specially designed skin care systems have been developed that are effective in maintaining elderly skin integrity. 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. The University of Iowa Hospitals and Clinics recommend that care for elderly skin requires the use of special care products designed to provide protection and help replenish lost moisture[1,2]. The Agency for Health Care Policy and Research (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 barrier products which form a protective net on the skin whilst also not interfere with the absorption of fluids of the incontinence device, such as diapers, being used concurrently. This formulation constraint is very important, since certain barrier formulations tend to deposit onto the top layer of incontinence absorbent devices, blocking the passage of fluids into the central core, thus lengthening the time of exposure of the skin to the excretory products.

Specially designed professional skin care formulae usually include the use of components such as:

- Panthenol, which restores oils, transports moisture into the skin and ensures that it is bound within the skin.
- Creatine, which 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.

  Such skin care formulae should ideally have a skin-balanced pH value of 5.5 and be dermatologically tested. In the elderly, the skin easily dries out and becomes less elastic since the ability to produce moisture-storing epidermal lipids is reduced. The skin's acid protection mantle, an important defense against bacteria and germs, becomes increasingly unstable and a longer recovery period is necessary. Therefore, ideally a good quality formula should also contain nutritive components in order to aid the skin to regenerate and recover from injuries. Such components often include:
- Essential fatty acids, essential nutritients for skin cells; important for the skin barrier
- Amino acids, important precursors of the "natural moisturizing factor"
- Almond oil, a rich source of natural essential fatty acids which also has emollient properties[5,6]

Therefore, the main 3 challenges, to be addressed in order to maintain skin integrity, and their solutions are:

Challenge 1: How to limit chemical stress of frequent washing

Solution: By using specifically designed formulations which provide thorough but mild cleansing. Such products include: Cleansing Foams, Cleansing wipes, Wash/bath lotions, and shampoo.

Challenge 2: How to fight attacks of urine and faeces on the skin

Solution: By using specifically designed barrier formulations which provide uncompromising and active skin protection. Such products involve barrier creams and barrier foams.

Challenge 3: How to meet elderly skin's need for moisture and lipids

Solution: By using specifically designed formulations which provide moisturising and lipid-replenishment. Such products include: Body Lotions, Hand Creams, Massage Gels and Skin Care Oils.

Preservation of skin integrity in elderly persons is a continuous challenge, especially during continence care. The use of professionally developed incontinence absorption products is essential but often not enough on its own. This is where specially designed skin care products can compliment the use of good quality diapers/ pull-ups/ pads to support skin integrity. When developing an individualised care plan, it is very important to consider factors such as present skin condition and integrity, ease of product application and removal, and cost. 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. Hence, selecting a "universal" preparation for cleansing, moisturising and barrier protection is not an ideal solution[3,4].

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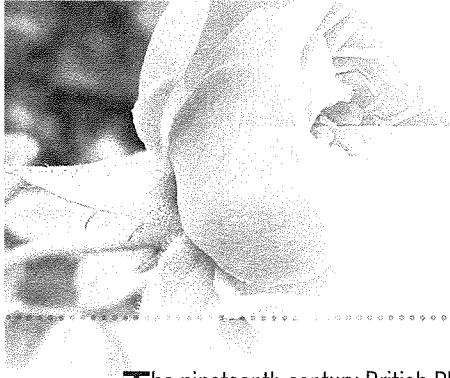

On offering my personal experience in pastoral care

The nineteenth century British Philosopher and Economist, John Stuart Mill, produced an intriguing piece of wit which can be easily applied to the field of pastoral care with impressive results in return: "There are many truths of which the full meaning cannot be realized until personal experience has brought it home." Experiential wisdom is the bread and butter of every chaplain and care worker worth of his/her name. The following pastoral visit I made sometime ago attests how much this is true!

Over a year ago I was paged to the Resuscitation Unit. Upon my entrance in the Unit I was told by one of the physicians that a sixty-year-old woman was in a critical situation. Recognizing the urgency of the case I immediately administered to her the Sacrament of the Anointing of the Sick (AOS) and, as it is our usual practice, went to meet the relatives in the waiting room annexed to the Resuscitation Unit.

As one may expect her husband and two daughters were practically distraught by the devastating grief they were experiencing. All of them feared the worst thing would happen to them, in other words that of loosing a beloved wife and loving mother. As the Chaplain Larry Hirst put it in his article *On providing clear, honest information*, "Fear is, after all, not a mechanistic response to stimuli, but a soul response to stimuli". In a certain sense the distressing presence of each of these three troubled relatives was telling me the very same words the agonizing Jesus said to his three confidants, Peter and the two sons of Zeb'edee, James and John, on the night he was betrayed: "My soul is very sorrowful, even to death; remain here, and watch with me" (Matt 26, 38).

This is exactly what I tried to do, remain and watch with the members of this sorrowful family. Nevertheless, the younger sister sensed that God was not fair with the way he dealing with them. Her protesting attitude at my request for prayer reminded me of the attitude of Job, "the blameless and upright man, who fear[ed] God and turn[ed] away from evil" (Job 1, 8). When confronting his catastrophic experiences, Job could not help it but expressed his inner pain. In fact, he broken-heartedly lamented about his terrible misfortunes in chapter 7 when he said: "Therefore I will not restrain my mouth; I will speak in the anguish of my spirit; I will complain in the bitterness of my soul" (Job 7, 11).

The younger daughter copied Job *ad litteram*. Upon hearing my prayer invitation she instantly turned it down with almost an uproar of great disapproval. "No! I do not want to pray. I am going out of the room!" As soon as I heard her reaction I was shocked. I was not expecting it to happen at once. As far as I know I did nothing to provoke her to do so. To add insult to injury, her older sister took the opportunity to voice up her protest angrily: "How can we pray Father if God has abandoned us?" Her complaining plea reminded me of the pertinent questions Pope Benedict XVI addressed to God whilst visiting the Aushwitz Camp in Auschwitz-Birkenau, on 28 May 2006. "In a place like this, words fail; in the end, there can only be a dread silence - a silence which is itself a heartfelt cry to God: Why, Lord, did you remain silent? How could you tolerate all this?" However, the Holy Father added: "In silence, then, we bow our heads before the endless line of those who suffered and were put to death here; yet our silence becomes in turn a plea for forgiveness and reconciliation, a plea to the living God never to let this happen again".

It was this ardent spirit of "plea to the living God" which took hold of the brave husband and father who, till now, was silent. Immediately, he raised his head up and spoke up boldly to the younger daughter: "No! It is not God's fault if your mother's health is rapidly deteriorating. Go on Father! In this troubling moment what we really need is prayer! So, could you please carry on with your prayer?"

His valiant response prompted me to reach the younger sister with the following words: "Sister, I know that you feel very angry towards God about what happened to your mother. I can imagine what you are feeling. I myself have lost my sister at a younger age, precisely at forty-eight years, with cancer. Don't you think that I have every reason to be full of rage against God? But, as your father wisely said, I chose to pray because in those awful situations only prayer helped me to lift up my spirit".

When she heard my experience the younger sister cast down her eyes to the ground. Who would dare contradict it? It was so real? Moreover her older sister apologized for her bitter reply. I asked both of them to sit down on the sofa and offered to God their anger, uncertainties and fears. At the end of the prayer I could see them crying and the two of them thanked me wholeheartedly. In offering my personal experience of my sister's demise these two sisters were able to realize that even those who represent God can undergo the same painful tribulations as others do. Moreover, it encouraged me to understand and treasure more the prayer Chaplain Linda F. Piotrowski wrote when she tackled the topic on setting the palliative care record straight, in her insightful article: *"This Means I'm Dying"*: "In times of uncertainty and fear we reach out with trembling hands. Walls of pain and mistrust crumble. Healing touches come from strangers. Hearts open, linking us in a litany of caring. Standing together before the power of death we learn to trust. We become strong. We find God. Give us eyes to see, we pray. Amen".

Furthermore, the offering of my personal experience of grief highly affirmed and enlarged my God given talent of compassion for others. It proved right what the famous German born American physicist and Nobel Prize winner for Physics, Albert Einstein, said: "A human being is part of a whole, called by us the Universe, a part limited in time and space. He experiences himself, his thoughts and feelings, as something separated from the rest a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest us. Our task must be to free ourselves from this prison by widening our circles of compassion to embrace all living creatures and the whole of nature in its beauty."

Did not my personal experience offer relief to these afflicted family members?

Fr Mario Attard OFM Cap

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When it comes to protecting babies from sun damage it is important to know all the facts. In this climate especially, parents need to be educated about the effects of UVA and UVB rays on a baby's skin and how to protect them.

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The first few years of a baby's life are the most crucial for skin development. Damage that occurs during the first five years of life affects a person's skin in the future. Most skin damage occurs in this time because a baby's skin is thin and highly absorbent, meaning it is more susceptible to chemicals and sun damage.

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It is a common belief that exposure to sunlight is beneficial to babies as the sun's rays boost Vitamin D levels in the skin, however UV's rays can be harmful and not only when in direct sunlight. Sunscreen should be used at all times as sunlight can penetrate windows in homes and cars. It is imperative that this sunscreen is water and sand resistant with mineral protection qualities.

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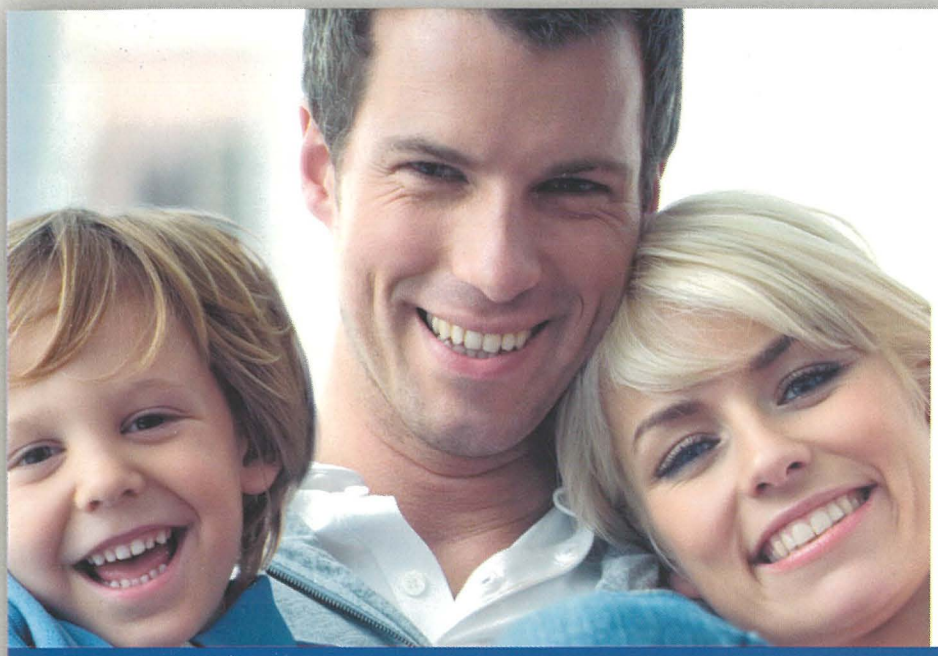

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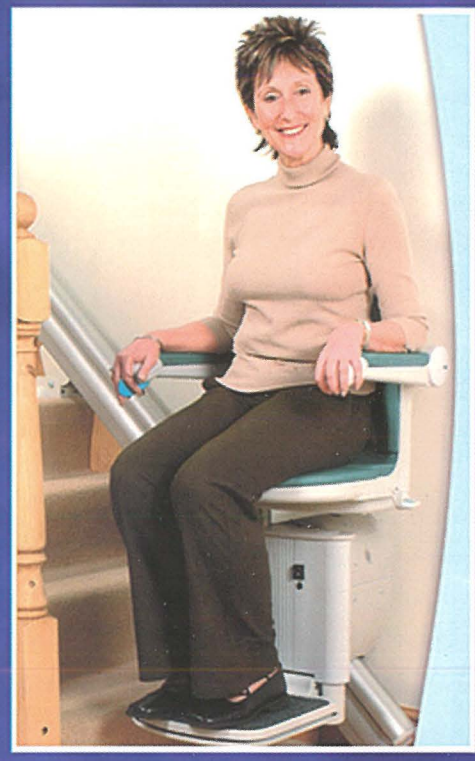

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The experience of four young children at home and at school

"Any child who has trouble breathing gets very frightened" (McNelis, Musick, Austin, Larson and Dunn, 2007).

Asthma is often seen as a non threatening condition, however, unfortunately many children still die worldwide due to asthmatic attacks as reported by the media in the last two years (Carrega, 2010; Chung, 2010; Hull, 2010; Springs, 2010; Daily Mail Reporter, 2009; Mathur, 2009). The Global Initiative for Asthma G.I.N.A. (2006, p. 341) states that 250,000 asthma deaths are reported worldwide. Within this context, I noted childhood asthma as a significant and important public health problem which prompted me to conduct a small scale study in the local Maltese setting in order to assess the impact of asthma on children and whether children are knowledgeable enough about their condition and thus manage their condition effectively.

CHILDREN WITH ASTHMA

Children with chronic conditions such as asthma encounter the typical challenges of growing up in addition to those that stem from their condition and its management (Kieckhefer and Trahms, 2000). Asthma can be a life-threatening disease if it is not properly managed (Burkhart et al., 2007) and thus the goals to proper management of asthma remain to avoid hospitalizations, emergency department visits and school absences; to ensure normal activities and to avoid long-term lung damage due to airway remodelling (Hogan & Wilson, 2003).

Any child with a chronic condition has to adapt to a life situation where the disease more or less becomes central and the disease is often an obstacle for the child to live a normal life in a world where physical health and normality are highly valued (Rydstrom et al., 2005). Asthma, if out of control, can hinder a child's attendance, participation and progress in school (N.H.L.B.I., 2008). Montford (2011), a specialized Maltese consultant on respiratory diseases, identified what he termed as 'unmet needs' for tackling the problem of asthma and amongst others he emphasized more education on the part of health professionals in order to help asthmatic children manage their condition at home and at school. Children with asthma face multiple challenges that encompass learning how to cope with and manage the unique demands of their illness. These demands can involve monitoring peak flows, administering medications and treatments, modifying the environment to limit exposure to asthma triggers, and dealing with the potential side effects of their medications (Bucher, Hendrix and Wong, 1998).

THE SIGNIFICANCE OF THE STUDY

As a nurse working with children who suffer from diverse medical conditions, I am aware that children who suffer from chronic conditions such as asthma need to be knowledgeable about their condition in order to manage it effectively and thus lead a 'normal life'. In these last three years that I have worked on a medical paediatric ward I observed that children suffering from asthma are constantly being admitted to hospital due to asthma attacks and a larger number of children seek medical assistance through health centres around the island. This led me to believe that some school age children are not necessarily handling their asthma effectively, which increased my desire to conduct a small scale research project to examine the issue further. It seemed to me that there is also a growing need for good educational material in order to equip these children with enough information about the management of this chronic condition. Since I am interested and passionate about educating children with chronic conditions, as I believe that it is a very important aspect of my nursing profession, last year I designed an educational leaflet and with the help of colleagues planned an animated programme for asthmatic children. Thus, it was felt to be appropriate that before introducing any educational material, I would plan to undertake a study to explore what it means for four young children to live with asthma in Malta. To achieve this aim, I have focused on the following objectives:

To explore children's understanding of their condition.

To identify the level of knowledge children have about asthma.

To investigate the impact that asthma can have on the daily life of young children at home and at school.

To enquire whether young children are well educated by health professionals about asthma management.

To investigate whether the introduction of an asthma leaflet and an asthma animated programme which I have designed for children are necessary.

| to be continued

Setting up of an Intellectual Disabilities Rehab. Unit at Mount Carmel Hospital

The United Nations (1975), Declaration on the Rights of Disabled Persons, General Assembly Resolution 3447, states that:

"Disabled persons have the inherent right to respect for their human dignity; they have the same fundamental rights as their fellow citizens of the same age.

They have the same civil and political rights as other human beings and are entitled to the measures designed to enable them to become as self-reliant as possible".

Such statements gave rise to the term 'advocate', which can be defined as:

"one who pleads for another, one who speaks on behalf of".

Advocacy was exclusively the role for parents and professionals, but over the years and with a greater involvement from persons with disabilities themselves, the United Nations now recognizes three forms of advocacy, (Report of the Advocacy Working Group, June 1985),

Lay Advocacy, refers to the persuasive and supportive activities of trained and co-ordinated people (e.g. NGO's).

Self Advocacy, persons with special needs asserting their own rights, needs, concerns in order to participate more fully in their communities.

Legal Advocacy, describing the broad range of methods/ activities by which lawyers help persons with disabilities to defend their rights.

The Intellectual Disabilities Rehab. Unit (IDRU) may be the long overdue way forward for persons with learning disabilities within Mount Carmel Hospital. In fact a similar project was mentioned in a letter sent to the then CGMO by the late Dr. J. Pullicino, Medical Superintendent of Mount Carmel Hospital, way back in April 1963. In his letter Dr. Pullicino mentioned the need for a "a small home where they can be trained and eventually enabled to return to the community".

The holistic care of persons with learning disabilities has been so neglected over the years that we now have to deal with problems that in countries abroad were being dealt with in the mid-sixties. This situation, of course, can be used to our advantage in that; we are able to learn from the methods used in other countries. Another point to our advantage can be that we already have had some experience from the past, when the ex-LDTU was up and running some four years ago. (This unit was closed down because of the urgent need to find space for the setting up of the Dual Diagnosis Unit.) The LDTU then was set up after a two week stay in Belgium following the very positive results we witnessed there. Our visit was organised as part of an agreement between the Health Division in Malta and the Belgian authorities. The Brothers of Charity in Belgium have always been in the forefront when it comes to the care of persons with learning disabilities.

The main objective of the new unit will be that of facilitating the way for the resident population we are dealing with in this hospital for community living and social inclusion. This topic was also mentioned in the **National Policy, Vision 2015**, in the subsection Social Development, where it is stated "**modernising Mount Carmel Hospital and developing programmes for the support of mental health persons in the community".** This topic is also mentioned in Chapter 2 "Situation analysis of Malta's socio-economy", page 24. In page 40 the 'at risk groups' it is stated that the govt is committed in providing for **"the adaptation of the accommodation according to such needs to help these people live independently and improving accessibility in the community".**

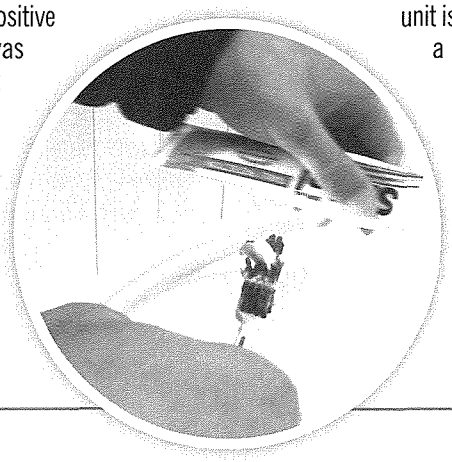
This programme will include re–teaching of forgotten skills and/or teaching of new ones, in view of future placements in the community. Once the residents are living in the community the next step will be guiding them towards living as independently as possible. Many of the residents at MCH were admitted a number years in their early adolescence, when placements at *'Dar Tal-Providenza'* and other similar places failed because of behavioural and other problems. In cases when discharge was attempted, these failed and these individuals required re-admission. This goes to show the great need there is for the service we are promoting. Persons with intellectual disabilities are not ill and need not be living in a psychiatric hospital. Apart from the fact that they are hindering the bed capacity of the hospital and increasing the demand for more staff on the already depleted health care staff at Mount Carmel Hospital.

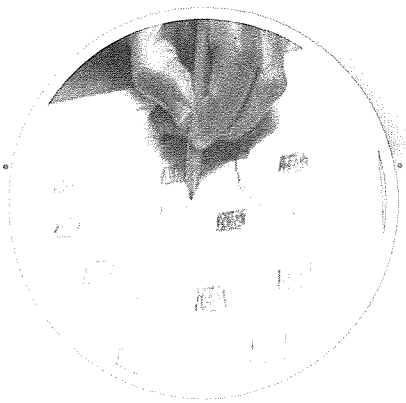
Mount Carmel Hospital is a typical mental institution that upholds the medical model of care. The residents are cared for by nursing staff that look after all their needs. Inevitably, this has led to the residents becoming more institutionalized and in the case of those few who were admitted at an early age, there has been a total lack of opportunity to learn age appropriate skills.

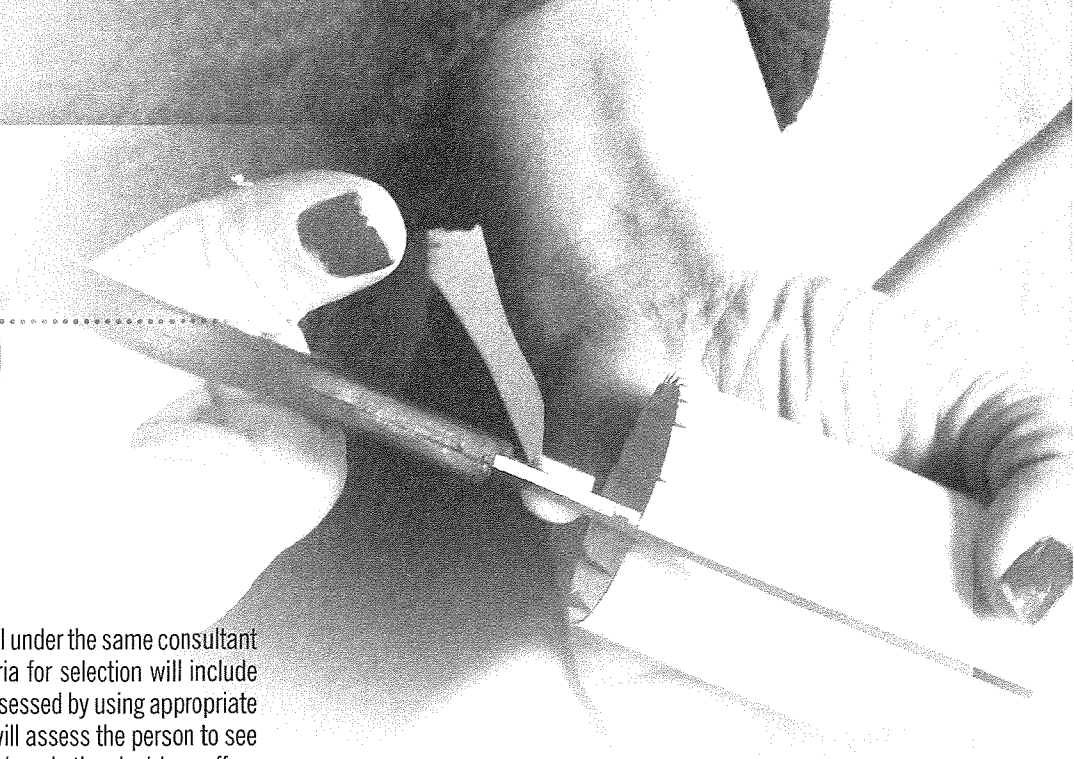
The concept of normalization (Wolfensburger 1972) has had a significant impact on shaping services in Europe. Persons with learning disabilities and challenging behaviour have the same values as anyone else, have the right and a need to live like others in the community and require services which recognise their individual needs.

By choosing to start with the mild to moderate persons with learning difficulties at MCH, we aim to gain a rewarding experience that will further motivate the staff. The proposed training unit is to be a model of good practice that will serve as a catalyst for other units within the hospital, and even if we may be so bold as to offer our services to other units in the community.

We aim from the start to engage the hospital wards, where we will create an awareness of the work being done by the unit and also to disseminate our practices. We plan that the residents attending the unit will come from the learning disability wards at MCH, namely Juvenile Ward, Male Ward 8







and Female Ward 8. These wards are all under the same consultant psychiatrist, Dr. J.P. Giorgio. The criteria for selection will include persons with learning disabilities as assessed by using appropriate tests. The consultant/senior registrar will assess the person to see if they are significantly disturbed and/or whether he/she suffers from other medical and/or psychiatric problems. The team will also be offering some service to patients/ex-users who are attending the Child Guidance Clinic, at St. Luke's. The idea behind this is two fold: one, so that our residents will be already having some contact with persons living in the community, secondly there are some issues, e.g. behaviour problems which cannot be catered for in these clinics, but will be handled on this new unit.

It is important for the staff to be selected some time before the opening of the unit so as to allow familiarization with the new environment and also so as to undergo induction training. The selected staff will definitely be those with an interest for working with persons with learning disabilities, and whose personal values match the service values of the unit. It is important to point will be that the unit will be administratively run mainly by a nurse, since a part of the program may include changes in the users medication. The occupational therapist will also be an other extremely important member of the team running the unit daily. A number of care workers will also be employed.

There will also be a second level of employees who dedicate a part of their time to the unit, e.g. psychiatrist/senior registrar, social worker and physiotherapist who will spend a number of hours at the unit.

Case conferences, staff support sessions and continuing education program for the staff and in the future with the families of the users. As the unit develops the input from other departments, most especially the Community Services, will definitely have to increase since it is the main aim of the unit to prepare persons for community living.

It is envisaged that the service will be open 7 days a week, (9a. m. till 6p.m.) for the residents/users. The unit will be open from 7a.m. to 7p.m. (for the staff). A team meeting will be held each morning to set the daily activity planner.

(At present, the unit is providing a service from 07:00a.m. till 04:00p.m. due to staff shortages)

The main daily activities will be:

Personal care (dress, personal hygiene), daily living skills (cooking, budgeting, shopping, travelling etc) maintaining health (medications, diet, exercise), communications and interactions, expressing emotions/acceptable behaviour, leisure activities and work.

An individual care plan will be worked out for each resident; this will include the full range of daily activities which are present in the life of every person. It should emphasis the upkeep of the environment and so residents (within their limitations) are to keep the unit clean. New skills, as they are learnt, are put into practice with the help and support of the staff. Routine should allow some degree of flexibility, keeping in mind the psychological level of functioning of the resident.

The staff needs to know the kind of assistance that is most useful to the individual and the kind that is most likely to trigger off unwanted behaviour. Written guidance for the staff has to be provided. When challenging behaviour occurs, the staff needs to respond in a consistent manner. This behaviour needs to be contained in a way which as far as possible avoids injury to anyone or damage the environment. Once again, staff needs to be guided in these difficult times by written instructions. Guidance from a psychologist will be very helpful in setting up these guidelines.

It is important that the resident establishes a relationship with the staff and for this reason; it is a must that the staff working at the unit will as far as possible remain constant.

Finally the care staff will be responsible for the upkeep and maintenance of the physical environment of the unit. He/she will liaise with the various personnel regarding this upkeep.

The aim of having such a unit is to improve the quality of life of persons living at MCH, those attending the Unit and also for preparing a number of our residents for community living. Parents/ guardians will be invited to attend sessions so as to discuss any querles they might have about the care being provided to their relative. A service audit will be carried out to monitor the quality of the service.

In time the unit will establish contact with organizations in Malta and abroad who might be able to offer help.

Working with persons who present challenges involves an amount of stress. It is through the commitment and dedication of the staff with the help of the relevant authorities that such a unit can be kept active in the best interest of the residents.

Anthony Mifsud

Cooking with the Preca Sisters

by Ramona & Roberta Preca from the Preca Sisters kitchen

Preca Sisters – Ramona and Roberta are both chefs. They both come from a distinguished catering family, until lately Ramona opened her own restaurant in Valletta. In their youths, they both worked at their family restaurant in Marsascala. Ramona studied at ITS after she finished from Secondary school. After coming back to Malta from a one year cooking experience abroad, Ramona always thought and wanted to open her own restaurant. Meanwhile, Roberta Preca has been in the catering industry since a very small age same as her sister Ramona. They were both brought up together - all weekends they work and help their father at the club they owned at that time. When they were teenagers they than owned a restaurant in Marsaskala and both started there. As many are aware catering is very demanding and one really has to be committed, so Roberta tried to opt for a different job. During Sixth Form, she was following business course at MCAST and successfully passed all four years - ending up with a national diploma in business commerce.

Meanwhile she had work placements to do administrative work, where she used to go for work in the morning and evening had to go to the restaurant. To make the story shorter - she could weigh what she really wanted. Office hours, sitting down !! She was not that kind of person as she is quite hyper and active, so after her graduation she decided to stay at the restaurant. During this period her sister Ramona had to go away on her one year abroad experience and therefore Roberta had do this job full-time and fortunately enough she fell more in love with the kitchen !! After that, Roberta also managed to follow the course at ITS as part-time and did another four years and also got her diploma there. Nowadays both Roberta and Ramona run their our own kitchens in both restaurants. They discuss ideas, dishes, and everything together - obviously they both miss each other too, since they have been cooking for years together on a full-time job at their family restaurant. From time to time they will be sharing great recipes online for all to enjoy, share and taste on Okmalta.com, on our w facebooks, Tal-Familja Restaurant Malta & Palazzo Preca

Roberta Preca
(Chef at Tal-Familja Restaurant)
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from our diary...

A group of Nurses & Midwives participated in the Commonwealth Nurses Federation (CNF) Conference held in London.

One of the last groups of Staff Nurses who successfully passed through the EN-SN Conversion Course.

MUMN organised once again a nursing recruitment campaign to ease the shortage of Nurses in our country. MUMN organised a press conference in front of one of the billboards during the campaign.

MUMN 1996 Malta Union of Midwives and Nurses

Florence Nightingale MUMN Benevolent Fund Group Committee acknowledges the dedication of the Nurses & Midwives that retired from work last year during a special ceremony.

F.OR.U.M organised its Triennial General Conference with the theme – 'Unions' Contribution Towards Socio-Economic Strengthening'.

Delegates that participated in the CNF Conference.

Delegates & distinguished guests participating in the F.OR.U.M's General Conference.

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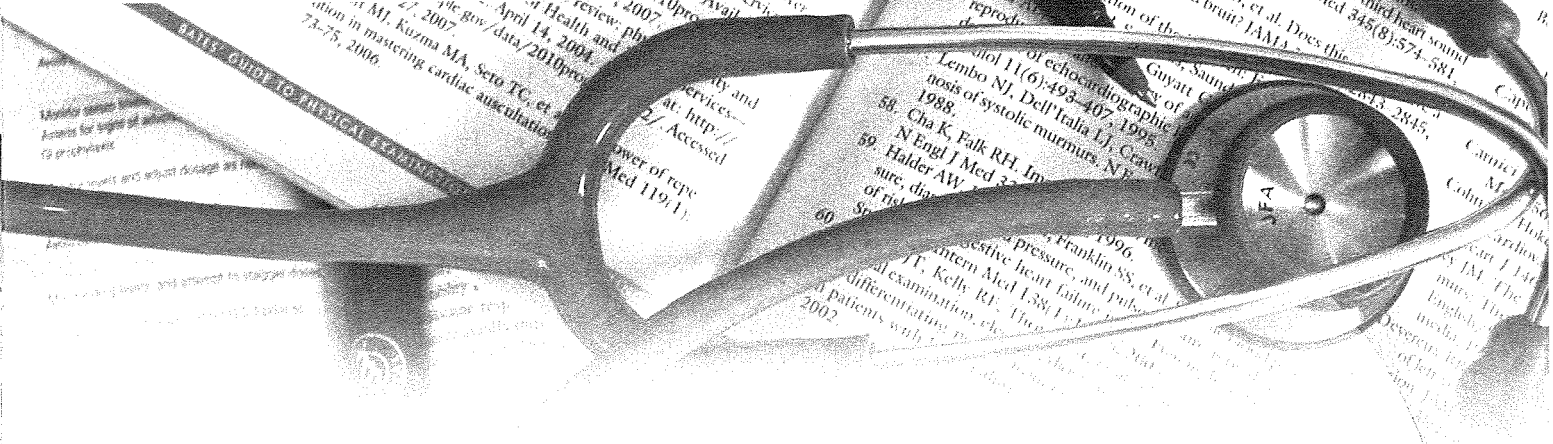


Moving the Midwifery Profession Forward

MUMN presents a report "Strategic Directions for Strengthening Maltese Midwifery Services", to the Hon. Minister Dr. Joe Cassar, Minister for Health, Elderly and Community.

Introduction:

The provision of maternity services in most European countries; and this include Malta has changed markedly over the years. The driving forces for change includes globalisation, technological advances, social change, socio-demographic changes, national politics, professional interests, and advances in health care and personal experiences of families and health care professional. Such factors are rapidly causing evolving challenges on the health care systems. Contemporary midwifery practice demands the use of sound evidence, which underpins professional practice. Midwifery services are one of the main pillars of health care delivery. Midwives need to listen to their 'consumers' and continue to strive to meet their varying needs in a rapidly changing care environment. Women using the maternity services are increasingly knowledgeable and expect midwives to be properly trained both practically and academically. Thus, failure to strengthen midwifery could seriously impair the quality of health care, access to services, the well-being of midwives, and the achievement of national and global health goals.

The purpose of this report:

Midwives worldwide are engaged in innovative activities on a daily basis; activities motivated by the desire to improve maternal and fetal outcome and the need to reduce costs to the health care system. Midwifery services are therefore vital resources for attaining health and development targets. Many European countries adopted different models of midwifery care, which in some way or another influenced the role and activities of the midwife. Compared with other midwives working within other European countries, the midwives' role within the Maltese Islands varies considerably, which is resulting in the breakdown of maternity services. Meanwhile, despite this fragmentation of midwifery care, it remains vital that in Malta there are adequate numbers of midwives who can assist women in this important life transition and ensure that their newborns have a healthy start in life. Additionally, the maternal, perinatal, infant, child mortality and morbidity rates of the Maltese islands like those of most European countries were successfully lowered down. This could be due to the standard of midwifery and maternity services being delivered to the Maltese Society. Apart from that, midwives practicing within the Maltese Islands have sound midwifery education, expert knowledge, skills, attitudes, and are also supported by onabling environment. In view of all this, there are still ample opportunities towards moving the midwifery profession forward. The emerging challenge for the local Health care providers and midwives is to be ready and willing to adapt and change towards new practices. It is therefore imperative that a supporting maternity service infrastructure, with appropriate resources and services are designed and implemented. Through this midwives can have a positive impact on the health and social care they provide to the women. Evidence based practice continuously challenge the way midwives provide their care, therefore, necessitating the midwives to be ready to offer maternity care in a world that is continuously seeking rationale behind certain practices.

In December 2010, various midwives contacted the Malta Union of Midwives and Nurses (MUMN) to seek advice and direction on midwifery issues. These midwives recognised the fact that there are still ample opportunities towards moving the local midwifery profession forward. The MUMN has a fundamental role in promoting the midwifery profession and supporting sound midwifery practice. To this end, the MUMN council members took on board the midwives' concerns. These concerns were raised and discussed at a Ministry and Departmental level. During one of these meetings (February 2011), it was agreed that an evidence based report on how to move the local midwifery profession forward should be presented by the MUMN to the Hon. Dr Joe Cassar, Minister for Health, the Elderly and Community.

To this end, the MUMN has developed this evidence-based report:

1. To enable the Department of Health (Malta) to carry out a review of the current position and to carry out a process mapping as regards maternity services/midwifery care, and help in the identification and implementation of new models of care applicable to the Maltese islands.
2. To identify any changes required in relation to legislation, education and training strategies and employment policies.
3. To anticipate any problems that might arise.
4. To envisage the long-term outcome of the implementation process.

Through the contribution and collaboration of various midwives, a report, 'Strategic Directions for Strengthening Maltese Midwifery Services' was compiled and presented to the Hon. Minister, Dr. Joe Cassar. This report draws on evidence and gives recommendations that will help to take theory into practice. Such recommendations presented in this report are

| continued on page 24

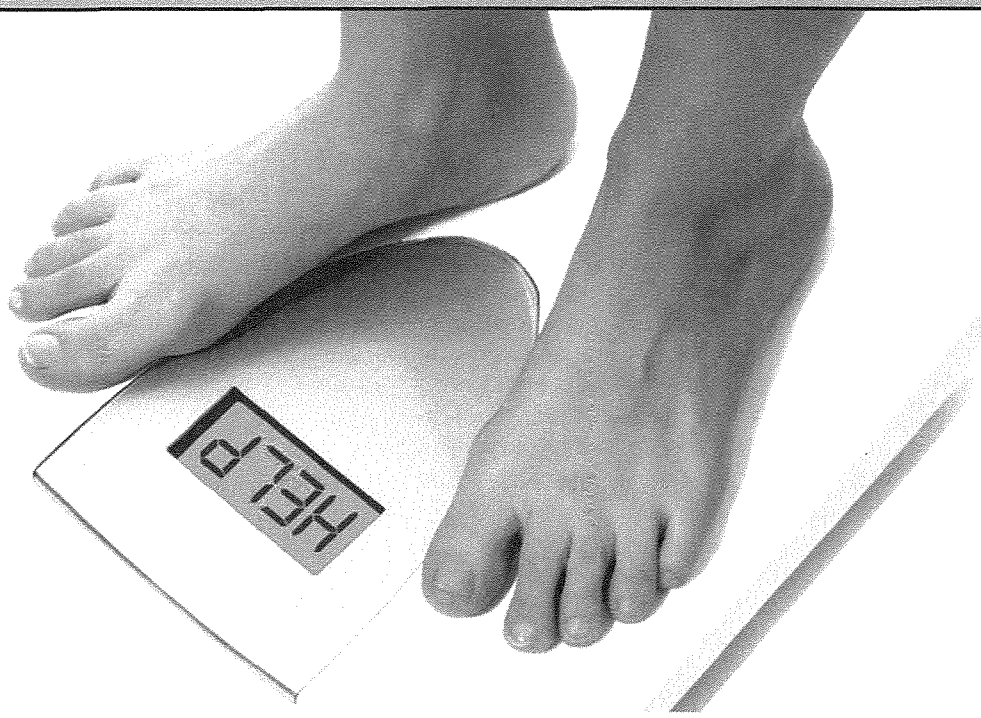
fundamentally important if the local maternity services are to serve the mixed needs of our population sensitively and effectively. This will be done so that to meet the 'consumers' varying needs in a rapidly changing care environment. The MUMN properly highlights the lack of local research evidence - on antenatal, intrapartum, and postnatal care. Therefore, the MUMN, propose that local maternity services need to offer a wide range of clinical and policy issues in maternity care, and on the need for reliable research and auditing of services. The MUMN stress the importance of collaboration, stating that each profession has a well-defined role in maternity care. Thus, midwives need to be the major providers of practical maternity care, and if women are to have continuity of care, midwifery services need to be reorganised to provide such a model of care. Through this report, the MUMN wishes to ensure that innovative midwifery-led projects are promoted. Furthermore, midwives are to be supported in their efforts to provide innovative solutions to the challenges and demands of health care provision. The MUMN is committed to work together for the forward march of the local midwifery services. The MUMN believe that moving forward will require exceptional advocacy, capacity building, leadership, and a sound evidence base to support decision-makers in their choice of options that facilitate the provision of cost-effective, high quality midwifery care.

Conclusion and the way forward:

The MUMN presented this report to the Hon. Minister Dr. Joe Cassar on October (2011). This report presents a distillation of the full range of issues that now need to be addressed. The vision of the future of the midwifery profession in Malta put forward in the report "Strategic Directions for Strengthening Maltese Midwifery Services", and the magnitude of change it could imply, necessarily requires a comprehensive and integrated intersectoral approach. Meanwhile, regardless of how all these matters are put into practice, it is essential to ensure an efficient organisation and adequate funding. There also needs to be a long-term evolving flexible and pragmatic strategy drawn up. It would bring into one frame the needs of the Maltese population for services, the quality and type of education and training required to produce practitioners who will address those needs, and the numbers of midwives required to staff the services. The MUMN acknowledges that the implementation of this report requires political will, professional commitment and dialogue between all those who have a role to play. Progress will be built on experience, and reflecting on practice. The learning and implementation process must involve all the interested parties, including government and the regulatory bodies in the professions, in the service providers, in the educational institutions and elsewhere. The guiding principle in policy-making offered by modern systems thinking is to keep in view and pursue the whole vision. In this case, it is the vision captured in this report for better contribution of midwives and quality services. The MUMN attest that a selective approach would be ineffective and in fact irrational. At the same time, MUMN concur that implementation in practice is necessarily pragmatic, often incremental. The MUMN attest that it is evident that some approaches may require a longer time-scale than others to achieve a full realisation of the intent of this report. Hence, it is achieved by patiently negotiated agreements between all stakeholders, with the vision providing constant point of reference when deciding what action to take. The report established that in order to achieve the objectives and expected results set forth in it, the government, civil society, professional associations, educational institutions, non-governmental organisations, consumers, and international organisations must take a collaborative action. The report establish that MUMN pledge, to work in partnership with all relevant ministries and bodies, statutory and non - governmental, nationally and internationally to realize the aspirations put forward in this report.

On this regards the MUMN would like to thank all stake holders involved (CMO, DNS, MDH, midwives, obstetricians, paediatricians and other health care professionals) for their support and collaboration during the series of meetings (from November 2011 till May 2012) held between these stakeholders. These meetings were the key to build strong partnership within all health care professionals involved in the provision of maternity care, and gave opportunities to initiate/ implement some of the recommendations put forward in the report.

Maria Cutajar
Vice-President
MUMN



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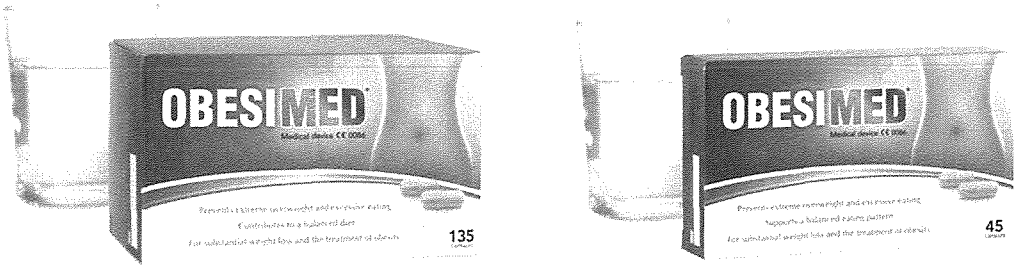

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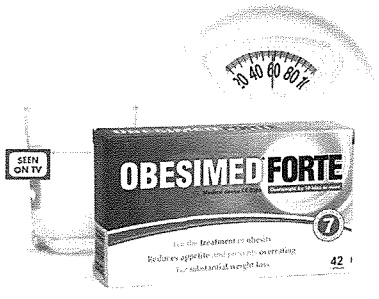

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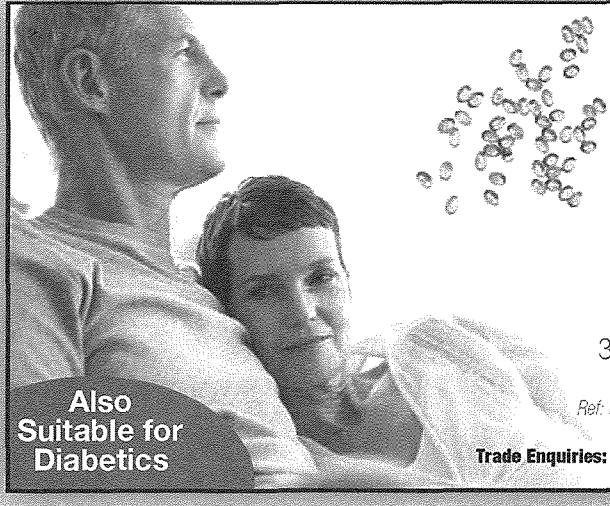

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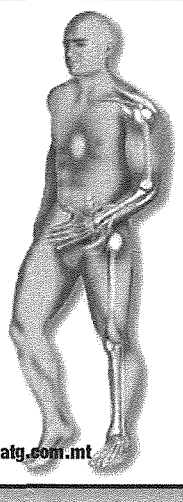

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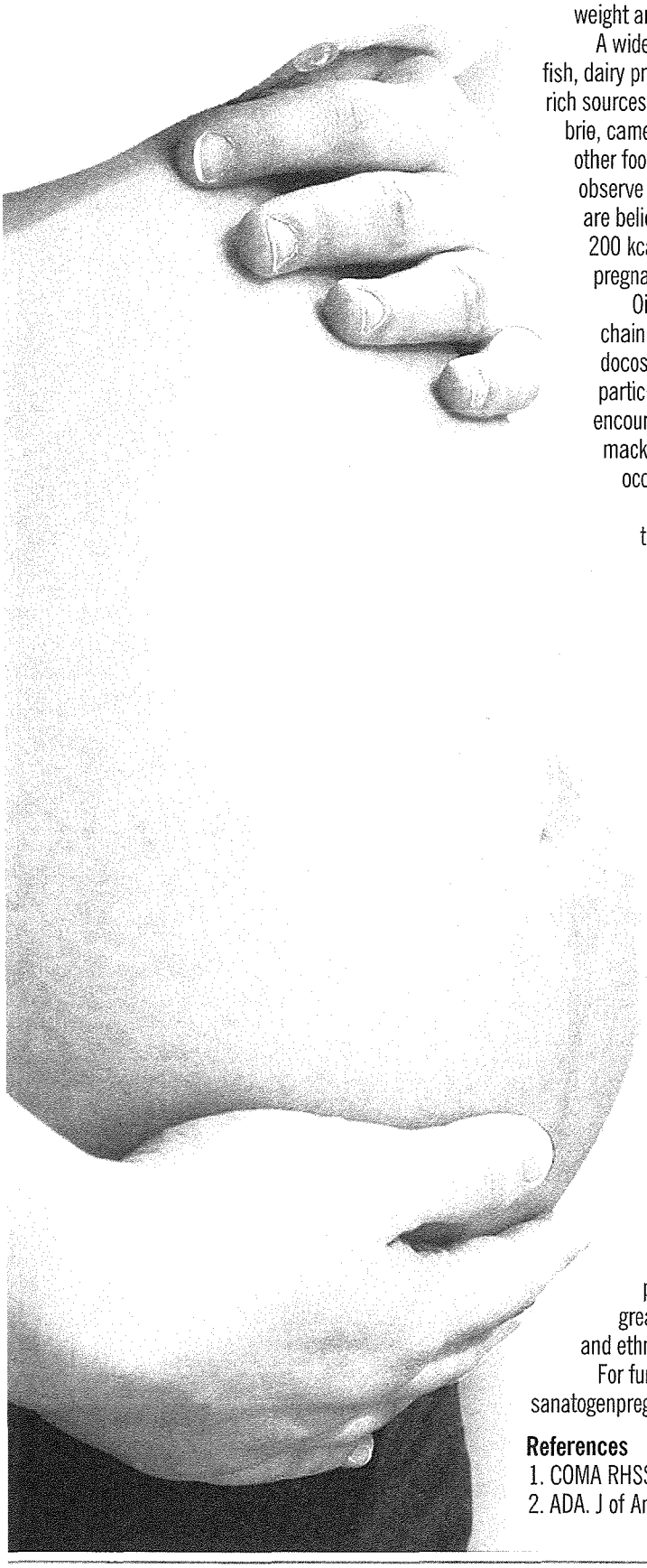
The case for multivitamin and mineral supplementation during Pregnancy



Having a baby can be one of the happiest times for a woman and her partner. Both parents should prepare for pregnancy, and achieving and maintaining a healthy weight and balanced diet is key to this preparation.

A wide and varied selection of foods from the 4 key food groups (meat, poultry and fish, dairy products, grains, fruit and vegetables) should be encouraged whilst avoiding rich sources of vitamin A (liver, liver pate), and sources of listeria (soft cheeses such as brie, camembert and blue veined cheeses). In addition, women should take care with other foods such as cooked chilled meats, ready-to-eat poultry and ready meals, and observe normal food hygiene practices. Energy and protein needs of pregnant women are believed to increase by about 10% during pregnancy; a daily increment of about 200 kcalories and 6gms protein has been recommended [1]. The additional needs of pregnant adolescents may be higher [2].

Oily fish is an important source of vitamins A and D as well as the long chain polyunsaturated Omega-3 fatty acids, eicosapentanoic acid (EPA) and docosahexanoic acids (DHA), which are important for cell membrane synthesis particularly in the brain, retina and other neural tissues. Women should be encouraged to eat oily fish (fresh tuna (but not tinned), salmon, trout, kippers, mackerel, herring, sardines, whitebait, anchovies and pilchards) on at least one occasion, and no more than two occasions, per week.

Achieving a healthy balanced diet prior to conception, will help to ensure that women enter pregnancy in the best nutritional state with adequate stores of most nutrients. Throughout pregnancy, foetal growth and development rely on a steady supply of nutrients provided by mum's diet, and her nutrient stores. The importance of achieving an adequate dietary intake before, during and after pregnancy cannot be overstated, the requirement for some nutrients (folate and vitamin D) cannot be met by diet alone.

A significant population of women of child-bearing age are not meeting their nutritional targets for essential nutrients including riboflavin, iron, zinc, magnesium, calcium and iodine. For others, the increased nutritional requirements of multiple or subsequent pregnancies, sickness, growth (adolescents), routine food avoidance and/or restriction may mean that, despite good intentions, the diet falls short of both parental and foetal needs.

A shortage of critical nutrients at any one time can have significant consequences on foetal programming, growth and development. The results of poor nutrition on both mother and baby's health will depend on the time at which it occurs, its extent and the nutrients involved.

Vitamin and mineral supplementation remains an important tool in the midwife and obstetrician's portfolio. Supplementing the diet with a broad spectrum pregnancy supplement has distinct advantages over single supplements and can help to normalise dietary intakes of many more micronutrients.

The balance of clinical evidence suggests that supplementation in a woman, who would otherwise have an inadequate intake, can have significant effects on the long term health of her children as well as her own health. This potential impact of supplementation on nutritional health and well-being is greater than at any other life stage. Younger women and those from lower income and ethnic backgrounds appear to be particularly at risk.

For further information regarding nutrition in pregnancy log on to http://www.sanatogenpregnancy.co.uk/healthcare-professionals/

References

1. COMA RHSS 41 1991 DoH HMSO
2. ADA. J of Am Diet Ass 2002; 102 (10): 1479-1490

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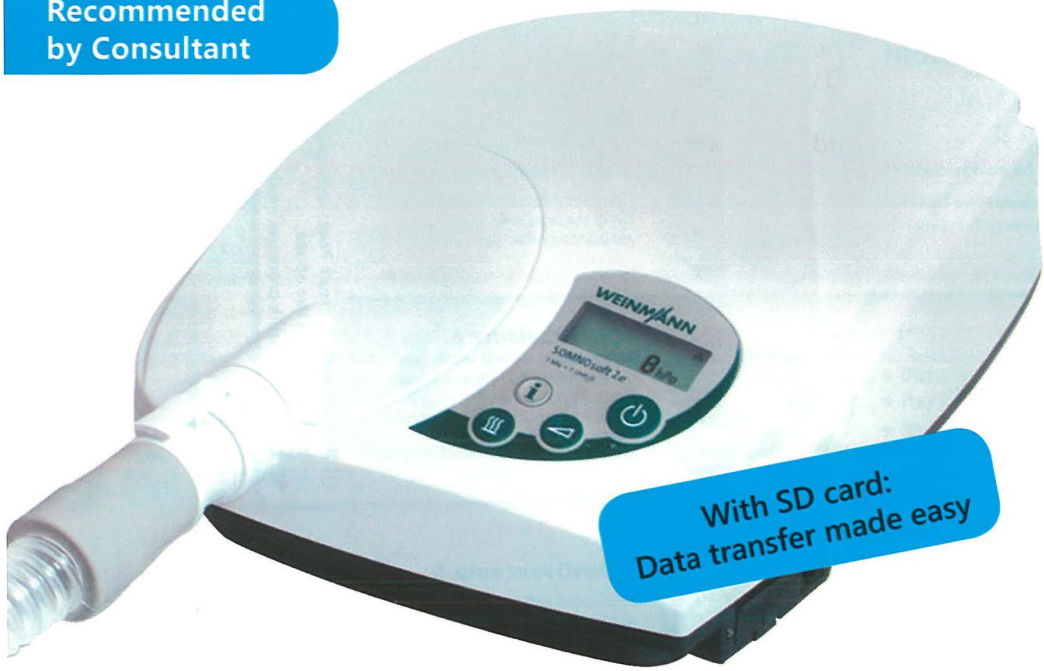

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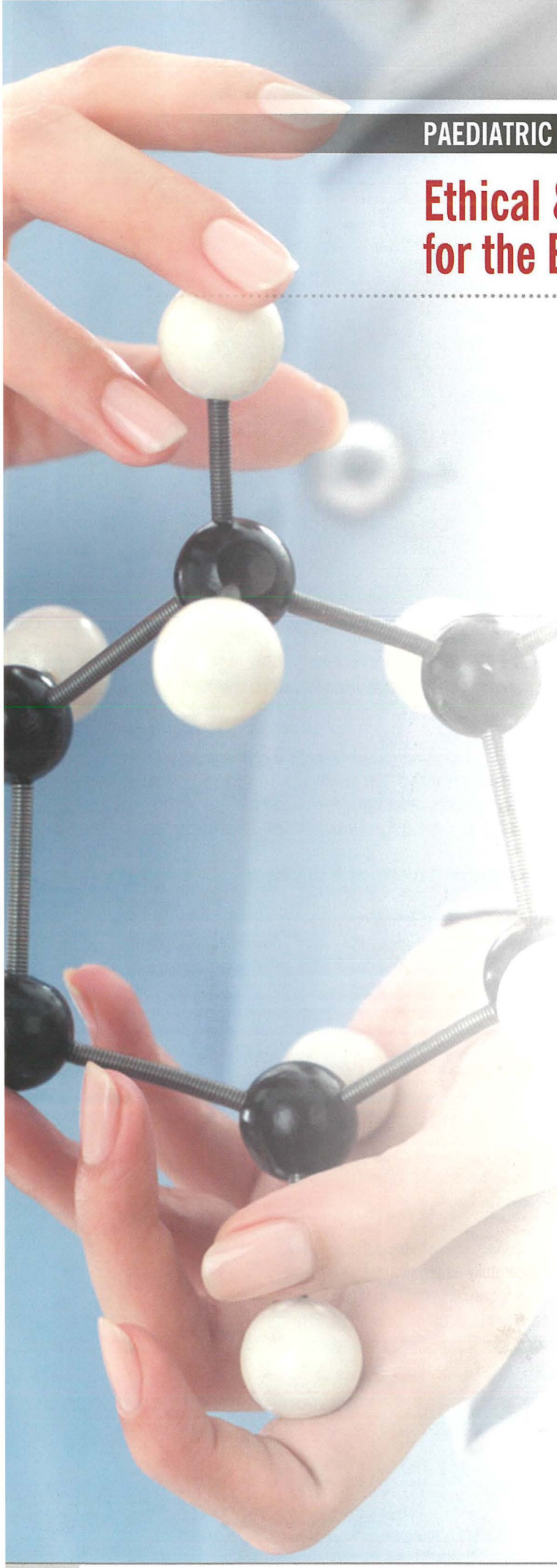


Scope

The purpose of this policy statement is to:

- Delineate the concept of professionalism for paediatric nurses.
- Provide a brief statement of the ethical and professional principles to guide professional behaviour and practice of paediatric nurses.
- Underpin the provision of high quality nursing care and services for children and young people across Europe.

Introduction

Paediatric health care is being transformed in response to the changing economic climate and the shift from tertiary care to primary care. Families of ill children and/or children with special needs are threatened by drastic cuts in services and reduced or limited access to healthcare specialists. Paediatric nurses may have to deal with conflicts and intense ethical dilemmas about which values should guide the provision of care. Paediatric nurses across Europe will have to balance their ethical obligations to the patients and their families, other healthcare professionals, their institutions, and to society.

Therefore, nowadays ethical knowing is more essential than ever to paediatric nursing since the discipline has a moral obligation to provide services to children and their families. Paediatric nurses are responsible for conserving children's lives, alleviating suffering and promoting health (Noureddine, 2001). Ethics includes values, codes, and principles that govern decisions in paediatric nursing practice and relationships. Ethical principles are necessary to guide professional development. A code of ethics functions as a tool and necessary mark of a profession and professional self-definition (Davis, 2008).

Paediatric nurses should be conversant with and abide by the principles of Health Care Ethics such as (ICN, 2005):

- **Beneficence** (Safeguard and promote the interest and well being of children and their families)
- **Non-maleficence** (Avoid doing harm, prevent harm, protect from harm)
- **Autonomy** (Self determination or parental consent (depending on the age of child), full disclosure, privacy)
- **Justice** (Treatment of all children and their families equally and fairly)
- **Veracity** (Provision of honest and accurate information to children and families)
- **Privacy** (Protection of personal information, limited body exposure)
- **Confidentiality** (Protection of personal information, trust relationship)
- **Accountability** (Justifying actions, responsibility, professionalism)
- **Fidelity (Faithfulness, constancy or loyalty to terms and responsibilities of the profession, involves trust)**

A Policy Statement by the Paediatric Nursing Associations of Europe (PNAE)

Paediatric Nurses' Professional Values

Paediatric nurses should be conversant with and adhere to professional values and performance such as (AAP, 2007; NMC, 2008):

- **Integrity** (Fairness, commitment, honesty both with children, families and peers in all professional communication, nondiscrimination, and conflict resolution)
- **Reliability and responsibility** (Accountability to children, families, other health professionals)
- **Respect** (Treating all children with respect to their individual worth with sensitivity to gender, race, and cultural differences)
- **Empathy** (Ability to understand children's and family members' reactions from their point of view)
- **Life-long Learning/Education/Competence** (Commitment to lifelong learning and education)
- **Self-limitation/Self-awareness** (Maturity to acknowledge deficiency (knowledge or technical skills) and ask for consultation or assistance)
- **Communication and collaboration** (Recognition that the child/young person, family and the health care team must work cooperatively and communicate effectively, recognition of appropriate boundaries in patient care)
- **Altruism and advocacy** (Devotion to children's wellbeing and rights beyond own interests and needs)
- **Maintenance of clear professional boundaries** (Refusal of gifts, favors or hospitality that might be interpreted as an attempt to gain preferential treatment, establish and actively maintain clear boundaries at all times with children their families and professionals).
- **Provision of a high standard of practice and care at all times** (Use of the best available evidence, maintenance of up to date skills and knowledge, retention of clear and accurate records)
- **Multi-sectorial working** (Collaborative team work must enhanced with respect to other health professionals or colleagues' skills, knowledge and expertise)

Ethical Practice

The paediatric nurse, in all dimensions of care, practices with respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by any personal, social or economic consideration. The paediatric nurse's primary commitment is to the child, whether an individual, family, group, or community and acts in order to protect their health, safety and rights.

The paediatric nurse is responsible and accountable for their own nursing practice and consistent with the obligation to provide optimum care to the child and their family.

The paediatric nurse must maintain their competence, and continue personal and professional growth, along with the participation in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of safety and quality health care.

The paediatric nurse is ethically obliged to participate in the advancement of the profession (education, clinical practice, knowledge development) and to collaborate with other health professionals to meet health needs.

Paediatric Nurses' Associations are responsible for articulating nursing values, for maintaining the integrity of the profession and practice, and for shaping social policy related to the care of children and young people (ANA, 2001).

Involving Children in Research

Research involving children is important and should be supported, encouraged and conducted in an ethical manner. Legally valid consent should be obtained from the child, parent or guardian as appropriate (RCN, 2007).

Informed consent should be obtained before commencing data collection for those children deemed to be competent as per legislation and practice in each Country across Europe .Parents/guardians should be involved in the decision to participate wherever possible and in all cases where the child is not yet deemed to be competent. A child's refusal to participate/continue in research should be respected. If a child becomes upset by a procedure, researchers must accept this as a valid refusal (Gibson, Twycross, 2007). Consent should be considered an on-going process. Children can give consent if they are capable of choosing between alternative courses of action (RCN, 2005).

Children need sufficient information before they can decide whether to participate in a research study or not. This includes information about (Gibson, Twycross, 2007; RCN, 2000):

- **Scope of the research** (Identifiable benefit for children, is well designed and well conducted)
- **Possible risks** (Types of intervention, probability, timing, equity, interim finding)
- **Possible benefits** (Magnitude, probability, beneficiaries, resources)
- **Details of their role** (How invasive or intrusive is the research? (psychosocial research should be assessed as carefully as physical research))
- **Researchers experience and qualifications**
- **Funding**

Future Implications

Paediatric Nursing Associations should lobby for legislation to promote children and young people's participation in decision-making and to protect their rights in practice.

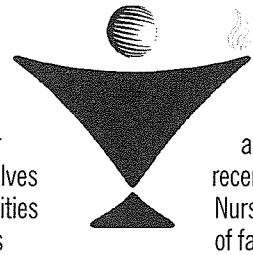
Individual Paediatric Nursing Associations should develop

| continued on page 32

Unemployment and Underemployment of Nurses

Figures released by the Organization for Economic Cooperation and Development (OECD) last month showed that 44.6 million people were unemployed across the countries of the OECD in December 2011, a rate of 8.2%. This is 13.5 million higher than in December 2007, before the effects of the global economic downturn. There was significant variation across countries, however, ranging from 22.9% in Spain to 4.1% in Austria.

While the health sector has proven to be one of the more resilient areas of the economy, it continues to feel the impact of stalled economic growth, particularly in nations where public sector spending is being restricted in an effort to reduce government debt. As a result, an increasing number of nurses, particularly in Europe, are finding themselves in a restricted jobs market where jobs and opportunities for career advancement are scarcer, wage growth is rarer, pension entitlements are being eroded and other terms and conditions including wage and the quality of the work environment are being eroded.



The impact of this goes beyond those countries where the cuts are being made. The reduced demand for additional nurses also affects the international nurse labour market. Nurses in countries such as the Philippines, that have a history of educating nurses in excess of national requirements who intend to work overseas, are finding that the global reduction in labour demand has impacted on their job opportunities as well.

Despite the global growth in unemployment and underemployment, the shortage of nurses and other health human resources remains one of the greatest challenges to address in order to deliver on key international commitments to improve health outcomes, including achieving the Millennium Development Goals, improving responses to non-communicable diseases, and meeting other global health needs. It is important to note that if there funds available to hire nurses, a shortage and high un- or underemployment can exist simultaneously. Reduced staffing levels, whether stemming from lack of funds, shortage of nurses or both is associated with increased workloads for existing nurses, poorer quality care and increased risk of clinical error5 and patient mortality.

Understaffing can create a vicious cycle of poorer working conditions and increased stress leading to higher turnover and attrition, and worsening shortages. The complex causes, cases and consequences of nurse unemployment and under employment are discussed in the ICHRN's recent monograph Unemployed and Underemployed Nurses. The paper shows that nurses consider a range of factors in their employment decisions, including safety and security, working environment, and the ability to balance their working lives with other commitments (e.g. caring responsibilities).However, the ability to earn a living wage remains crucial. Downward pressure on wages and conditions can lead nurses in some countries to reduce their working hours in order to supplement their incomes through alternative employment, or even drive nurses from the health sector altogether. If this occurs, competent nurses, equipped with rare skills, training and experience are lost to the sector. As well as limiting the ability for nurses themselves to reach their full potential, this also represents a waste of a valuable community resource with potential consequences for the availability and quality of patient care.

Elizabeth Adams
Director International Centre for Human Resourcing in Nurses International Council of Nurses

Ethical & professional practice for the European Paediatric Nurse

| continued from page 31

their own in-depth guidance based on this position statement to inform paediatric nursing practice in their country.

End note

This brief statement of principles emphasises the core professional values that paediatric nurses should adopt as an ethical foundation for quality health care for children and their families. The purpose of this statement is to identify the fundamental ethical standards and values to which the paediatric nursing profession is committed, and that are incorporated in other endorsed professional nursing guidelines and standards of conduct. It can be used as a reference point for paediatric nurses across Europe, from which to reflect on the conduct of themselves and others and to guide ethical decision making and practice.

In conclusion, this policy statement is a strategic document that proposes critical ethical thinking and the development of paediatric codes of ethics that may be country-oriented and reflective of local cultural issues, but with a common platform and core values.

Key stakeholders

This policy statement is a guidance document for use by paediatric nurses who are:

- Working in clinical practice and they care for children.
- Working in the community.
- Involved in research as research assistants, research nurses or lead researchers (including masters or doctoral students undertaking research.
- Members of ethics committees and they are involved in reviewing research proposals.
- Paediatric nurse educators with responsibility for teaching and supervising research projects.
- Children and young people that are subjects of research.
- Parents and organizations (National or International) involved in protecting children's rights.

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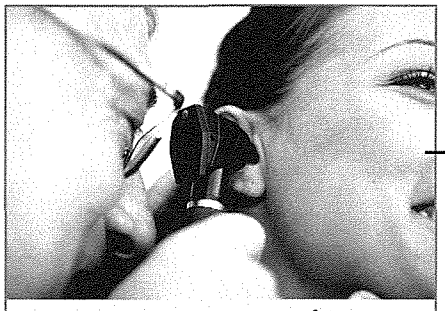

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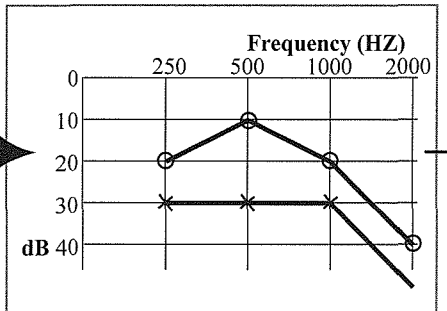

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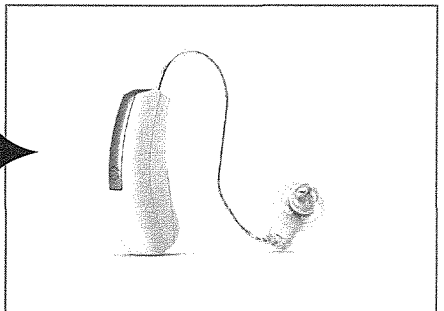

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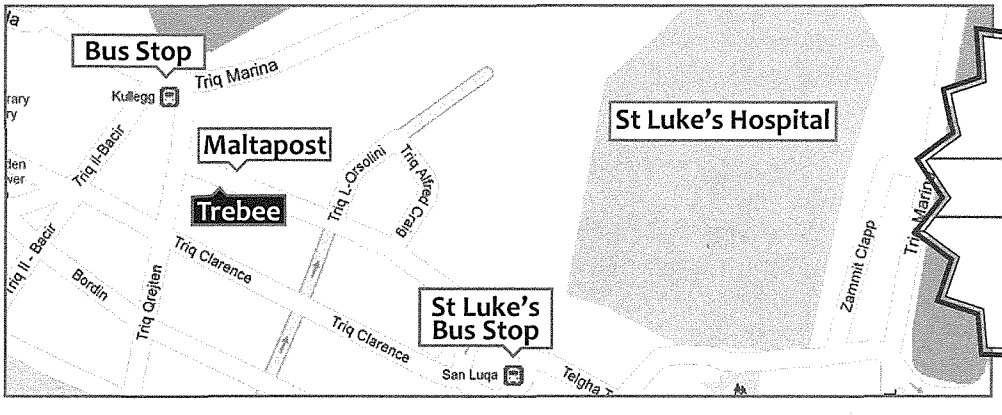

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MUMN PRESS CONFERENCE

MUMN started the press conference by making a reference to the statements done by EU Commissioner Mr. John Dalli: *By 2015, there would be one million vacancies in the health sector across Europe. The Commission was seeing how to solve this problem without being unethical by depleting poorer countries of human resources to move them to Europe, he said.*

MUMN had always a vision on how to participate in the recruitment of nurses and midwives for the best interest of the country and the patients. In fact in the agreement of 2007, MUMN requested funds to market the nursing and midwifery professions with the young generation. Unfortunately as MUMN, we had four years of industrial disputes to remove the numerous clauses and to amend the nursing course from four years to a three year course. MUMN had never the co-operation from the present minister or from the health division. It was MUMN through its numerous members who literally fought and fought hard to remove such numerous clauses especially in the light that the University of Malta is autonomous and the Government was not always willing to apply pressure as to apply such changes. If this year 193 nurses will be graduated, it was literally due to the hard work of MUMN and the intervention of the office of the Prime Minister who after four years the requests of MUMN were met.

MUMN does not wait for any task force to come up with solutions, and believes in long term solutions such as the marketing campaign. As a country we cannot keep relying on short term solutions.

We are all continuously bombarded on this aspect of the aging population. At present we are being faced by more evasive treatment, more critical care and having patients in the elderly and psychiatric set up that are more acute as ever and more dependent. No wonder that Mr. Dalli, EU Commissioner, said on the 31st March on the Times of Malta -----The health care in Europe is at the risk of collapsing.....

Lets us see this aspect from a Maltese perspective and why one point in the terms of reference of the task force being *the escalation bed policy* does not make sense.....

World Health Day this year is being celebrated with the theme "Good health adds life to years".

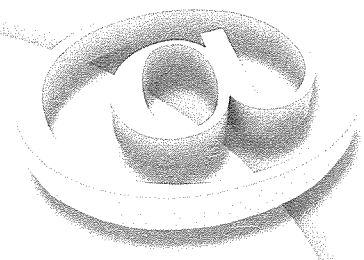
From the National Statistic Office we see that between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11 to 22 per cent. Within the next five years, the number of adults aged 65 and over will outnumber children under five. By 2050, these older adults will outnumber children under 14.

According to the 2005 census, 19.9% of the Maltese population is 60 years plus. Based on projections compiled by the National Statistics Office, the percentage of persons age 65 and over is expected to increase to 20% by 2025 and 24% by 2050. The expected percentage of those under 20 is projected to drop to 17% in 2050.

If we are to take that the Maltese Population as being 450,000 means that:

2005 60 plus	19.9 % 89,000 people
2025 65 plus	20 % 90,000 people
2050 65 plus	24% 108,000 people

According to WHO, 20 % of the people who are over 65 plus would be requiring hospitalization in an elderly institution.Therefore this would implies, in terms of beds that by 2050 Malta would be needing 21,600 beds.



What are the beds presently available in Malta? -
Government set up - SVPR, Homes and KGH - 2000 beds
Private sector - 768 beds
Church - 660 beds
Total of beds present in Malta - 3428 beds

So Malta would be short of 18,172 beds by 2050. In 2020, just thirteen years ahead, an additional 6,000 beds are needed in Malta. That would mean that six huge elderly institutions as big as SVPR are needed in just thirteen years time. Such statistics are from the National Statistic Office which is a Government office.

No wonder we are in such a disastrous situation since other facts and figures are emerging and such figures are being felt in all our hospitals - long waiting list to enter SVPR, beds in corridors in Mater Dei Hospital and the lack of facilities in the primary care set up. That is why MUMN stated strongly that the terms of reference of the task force lack the long term for such solutions.

In our country we need a Task Force, not made up of unions, but made up with representatives of the political parties to address these issues of bed shortage. Do we not all say that in HEALTH THERE ARE NO POLITICS OR IT IS THIS JUST WORDS?????

Certain issues are so evident that the country does not need a task force to identify:

A) Consultants to be duty till six so that no patients remain an extra day in Mater Dei Hospital.
B) Over repetitive work at the E/A department which literally takes eight hours for a patient to be admitted.
C) An effective Primary Care set up primarily with nurses and carers. Health Department is once again totally on the wrong road of what is Primary Care. Why does the Government not follow the footsteps of EU countries..... WHY???

Let us be analytically.....

Why are people hospitalized? When a patient is placed in an elderly institution it means that such elderly persons have no one to clean their homes, not capable to bath and eat by themselves...not able to look after themselves. These are the basic needs..

Primary care is there for the semi and fully independent patients who need some form of assistance and eventually will not need hospitalization unless one becomes fully dependent.

MUMN believes that nurses and midwives are the hub of primary care, seeing their needs and coordinate other professions needed or carers needed according to the patients' needs. In the primary care the nurses and midwives should supervise the patients' holistic needs whilst the doctor's role is totally based on a purely medical perspective.

So Mr. Dalli is right when he said that 'The Health care is at the risk of collapsing.....'

MUMN agrees on what Mr. Dalli pointed out but we have a minister that is not addressing the patients' needs but quoting operations as a huge achievement when all what happened was actually increased the number of surgeons. It is good for the country performing more operations but that is only a small part of health care. As a country we are not addressing the issue and according to NSO by 2025 will get bigger and will explode in 2050...No vision but only the numbers of operations done!

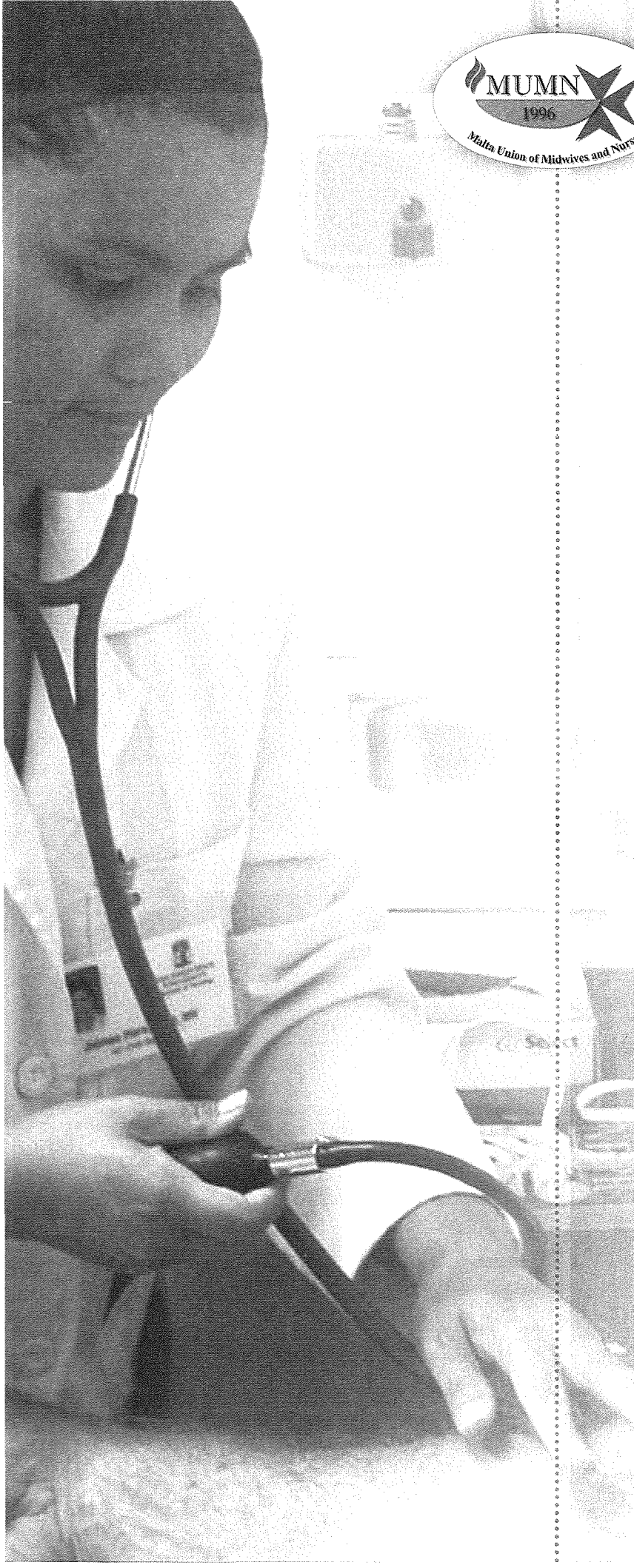
Mater Dei Hospital is small on its own even as an acute hospital - ITU is small etc...just after one week of its opening the doors let along in ten years time.Even worst without the support in primary care without serious reforms of how can we address such shortage of beds in not just in Mater Dei Hospital but also in the elderly set up.

The nurses and midwives in Malta have one of the lowest salaries in Europe that even when countries such as the UK and Ireland have unemployed nurses, no one opted to come to Malta. Presently nurses and midwives have a limited carrier progression ladder and therefore such issues are listing the nursing and midwifery as non attractive professions amongst the young generation. Reducing the nurses in the clinical area is dangerous and the responsibilities lies solely on the Maltese Government to make nursing and midwifery a carrier profession which university students would be eager to apply for.

The road of recruiting foreign nurses was a road which was arduous and the final result was the recruitment of just a small number of nurses and yet again, huge problems are to this very day not resolved. The nursing and midwives on the Maltese islands need a serious stimulus and their working conditions need to be improved since the brain drain is so evident with more than about hundred nurses leaving the profession due to different reasons. This shortage of nurses is causing hardships and deterioration of the service we give to our patients and for MUMN such issues are unacceptable.

Therefore MUMN is waiting for the outcome of the sectorial agreement where the proposals put forward by MUMN will address all issues of nursing/midwifery for the present scenario.

11/04/2012



MUMN is requesting the increase in the vacant posts for the grade of Deputy Nursing Officer

Dr. Natasha Muscat Azzopardi
Chief Medical Officer
Health Department

Dear Dr. Muscat Azzopardi,

MUMN requests that a revision needs to be made regarding the number of Deputy Nursing Officers' vacant posts approved in the current call of applications. This is due to the fact that MUMN had been informed that the CBE (Capacity Building Excercise) has ONLY approved twenty five posts for Deputy Nursing Officers in the current call. Such a small number of Deputy Nursing Officer's posts do not even relate with the number of existing vacancies of Deputy Nursing Officers in all Government hospitals. Doing some basic calculations, in the last call for Nursing Officers, sixty one Deputy Nursing Officers were promoted to Nursing Officers. Not to mention that prior the Nursing Officers call, an existing forty seven vacancies for Deputy Nursing Officers had existed.

To fill the remaining vacancies left from the call of the Nursing Officers added with other vacancies, the posts of Deputy Nursing Officers to be filled in the current call should be of 108 posts and not twenty five as has been approved by the CBE.

MUMN has always intervened to increase the number of previous calls as to fill all vacancies in that particular grade. In the recent call of Nursing Officers only 15 posts were approved from CBE and through the intervention of MUMN, sixty one nursing officers' posts were awarded. Also the same occurred in the promotions for the Departmental Nurse Mangers (DNM). In the DNM call only nine posts were original issued which again after MUMN insistence, the number of DNM was increased to 19 posts.

Therefore MUMN is appealing to your office, so that the Health Department insists on the necessary requests to PAHRO and Finance Ministry, so as when the interviews are finalized and the result is published, the number of Deputy Nursing Officers posts is increased to 108 as to fill all the vacancies in all Government Hospitals.

Paul Pace
President - 07/05/12

MUMN is holding the Minister of Education responsible for the lack of action to object to changes to nurses courses from the European Parliament.

For the last one year, the European Parliament has been discussing directive 36 which regulates the intake of young people into the nursing courses within the European Union. The changes being discussed in Directive 36 will affect negatively the diploma nursing course organised by the University of Malta which is the main intake of young people into the nursing profession in Malta. Whilst other Governments within the EU such as Germany, Austria, Luxemburg and Poland are objecting heavily to the proposed changes, the Maltese Government represented by the Minister of Education Dolores Cristina, has not even taken an official stand to safe guard the Maltese patients. In fact MUMN was informed by the European Federation Of Nurses (EFN) that the Maltese Government has not objected to the changes in Directive 36 when the last public hearing occurred in the European parliament on the 25th April 2012. In the EU parliament not objecting implies that the Maltese Government is consenting to the changes.

The changes in Directive 36 would imply that the Diploma course would be effected negatively by not allowing young people who finished secondary schooling to join the nursing diploma courses as in is currently being done. This would imply that whilst young Maltese people would not be allowed to enter the University, the Health division has to rely by importing further nurses from Pakistan and India. The Minster Of Education should have been shoulder with shoulder with the German Government, with the Polish Government and other Governments in the European Parliament objecting and seeking possible solutions for benefit of Maltese patients and Maltese Nurses.

To this very day the Education Minister has not even provided one official Government document to Brussels on the negative effect if the changes of directives 36 would be implemented.

The changes in Directive 36 proposes that for a young person to enter into any nursing course, twelve years of pre schooling (instead of the current ten years) is being requested. In Maltese Education, the primary and secondary education does not consist of twelve years. So students without extended education (such as sixth form) cannot apply to the diploma course.

MUMN was the union to fight that the numerous clauses be removed after a political decision by the previous Health Minister that the country has sufficient nurses, MUMN was the union to have discussions with the University of Malta so that all nurses courses be on a three year interval and not four year and MUMN was the union to see that all nurses and midwifery courses are organised by University of Malta. Politicians such as the current Minister of Health and the current Minister of Education did not only offer support to MUMN when such issues were discussed but also objected to MUMN proposals.

Yet again the Minister of Education led down the country, the young people who would like to join the nursing profession let down the Maltese patients, let down the whole nation. This type of leadership would be costing the nation too much pain. Due to the Minster of Education Lack of action, Malta would be relying more on foreign nurses and greater shortage of nurses would occur.

In Europe there are 20 thousand of unemployed nurses, mainly from the UK, Ireland, Spain and Cyprus but such unemployed nurses would not even consider coming to work to Malta since our salary is a joke in the EU. Such nurses prefer to remain in their country unemployed then come to Malta. Then to add to the shortage of nurses the Minister of Education is more loyal the EU parliament and not to the Maltese Nation.

So MUMN is holding the Education Minister Dolores Cristina responsible for not objecting to changes in Directive 36. Dolores Cristina did not even produce an official document with the negative impact of such changes in the Maltese Health sector. If no transitional period is provided so as to find a plausible solution because of the European directive, Dolores Cristina would be the Minister responsible to leave Maltese students out of University, Out of the nursing profession and be the main culprit to increase the shortage of Nurses. While other Ministers responsible on education are negotiating in Brussels transitional periods and seeking "equivalent" solutions within the current nursing education in their countries our minister responsible for education has not even embarked on these types of discussions. Why is our Maltese minister not doing the same as it counterparts? Why is not the minister responsible on education seeking plausible solutions which will not cause earthquakes to our present nursing courses provided by the Maltese University?

History may very well repeats itself, after the same Minister was responsible on the loss of scholarships to the Maltese students which were stopped by the EU, is now risking that the nursing courses would be also be negatively effected. MUMN has the interest of the nurses and the patients at heart, and has the obligation to protests when great damage is being done to the nursing profession and patient care.

MUMN will be monitoring the situation of the Maltese Government on this issue and will hold the Education minister responsible if a negative impact occurs to the diploma nursing course through directive 36. As usual no feedback or co-operation is arriving from the Health Minister Dr. Joe Cassar. The people will be the judge on this last issue.

Paul Pace
MUMN President - 12/05/12

THE TIMES
Monday, June 4, 2012

Nurses object to higher pension age plan

The nurses union has lashed out at an EU proposal to raise the retirement age of Maltese workers, saying the European Commission is totally detached from reality and the prevailing poor working conditions.

"People are living longer, that does not imply they are getting stronger"

Recommending or pressuring governments to raise the retirement age shows clearly that the bureaucrats sitting in Brussels want to add more hardship to Maltese workers," the union said.

It could not understand how anyone could work as a nurse beyond the age of 65. "Brussels should know that, although people are living longer, that does not imply that they are getting any stronger".

In a Council recommendation on Malta's 2012 national reform programme, the European Commission recommended that Malta should ensure the long-term sustainability of the pension system, take measures to increase the participation of older workers in the labour force and discourage the use of early retirement schemes, among other things.

Raising the retirement age for nurses and midwives would mean they "will end up working with catheters, wounds and other body ailments just like our patients," the union said.

Even young nurses went home tired and mentally exhausted after a day's work.

Instead, Brussels should recommend action against tax evasion, taxation of luxury goods such as swimming pools and expensive cars and yachts to make pensions more sustainable, the union suggested.

EFN
EUROPEAN FEDERATION OF NURSES ASSOCIATIONS
FÉDÉRATION EUROPÉENNE DES ASSOCIATIONS INFIRMIÈRES

The Impact of the Financial Crisis on Nurses and Nursing - A Comparative Overview of 34 European Countries

The European Federation of Nurses Associations (EFN) recently released a report that reviewed the impact of the financial crisis on nurses and nursing in 34 European countries, which it has been observing with a watchful vigilance since 2008. The EFN's report concludes that the effects of the global financial crisis have resulted in: an actual reduction in nurses' posts across Europe, nurses' pay cuts and salary freezes, diminished recruitment and retention rates, and observed compromises in quality of care and patient safety. In particular:

- Over half of EFN members report pay cuts, pay freeze and rising unemployment for nurses;
- Over a third of EFN members report concerns about quality of care and patient safety;
- Over one fifth of EFN members report downgrading of nursing and substitution of nurses with unskilled workers.

Effectively, this has resulted in nurses all over Europe working harder than before to maintain quality standards, while being asked to provide more for less. As nursing is a primarily female dominated profession, women are unequally and hardest hit.

Crucially, nurses face the dilemma of providing safe and quality care in an environment dominated by a cost containment discourse which carelessly overlooks the real implications for patient care. Lack of equipment, reduced supplies and inadequate staffing are placing patients' lives in danger on a daily basis all over Europe.

Through this publication, the nurses of Europe call for attention to an area crucially affected by the financial crisis but to date grossly and mistakenly overlooked. While nurses across Europe struggle to maintain the high standards of care they are trained to uphold, some come to realise it is a losing battle. The EFN members urge the EU to take notice before the battle is lost.

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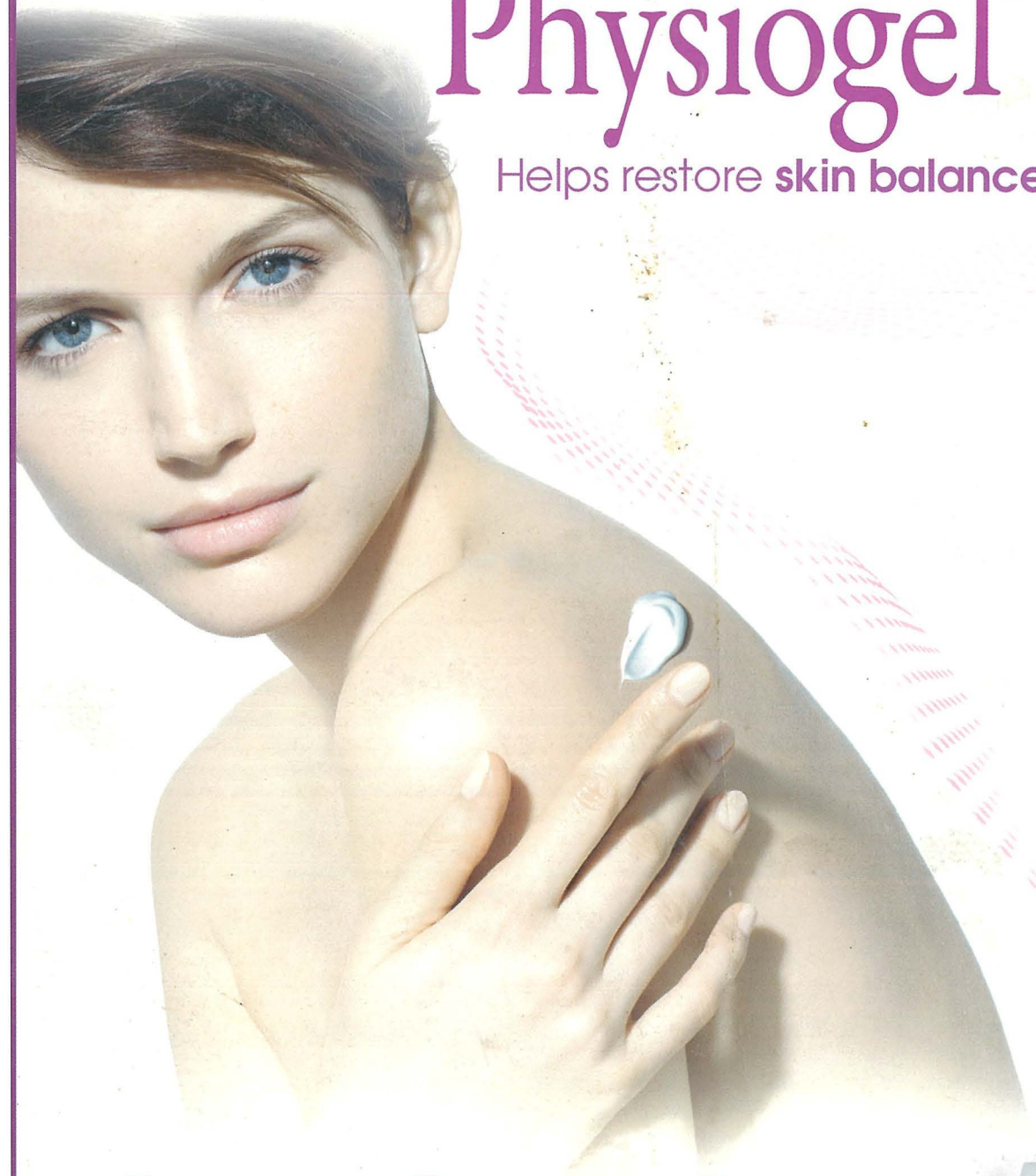

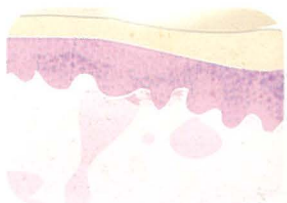

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