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Conscientious Objection

Almost 5 decades after the US Supreme Court's landmark decision in Roe v. Wade, nurses' refusal to assist in abortions is still in question worldwide. This is a similar recent discussion in Malta that could affect Maltese midwives and nurses too. This is because of the proposed amendment to abortion legislation, which is raising concern among us nurses, midwives and caregivers.

All health care workers have a right to refuse to participate in abortions on ethical grounds. Those who oppose abortion should have a voice which must be added to the voices of others who decry abortion as the taking of innocent human life. Nurses and midwives are faced, therefore, with a very human and personal dilemma and they should not be taken for granted.

Protection for nurses and midwives is imperative especially with this legislation and especially with regards our moral rights. Such protection should not only protect our conscience (i.e., no person should be compelled directly or by threat of penalty to be an unwilling participant in an abortion procedure.) but it should protect against discrimination (i.e., no person should be impeded in his or her career path by an exercise of personal conscience).

One must keep in mind that nurses and midwives in Malta have protective legislations that supports us namely: the Charter of Fundamental Rights of the EU; The Universal Declaration of Human Rights (UDHR); the Constitution of Malta; the Code of Ethics and Standards of Professional Conduct for Nurses and Midwives and the fact that we live in a free and democratic society.

The proposed abortion Bill has caused concern among nurses and midwives because as major stakeholders in providing healthcare we will be affected by any changes in the law. Following a meeting with the Prime Minister, requested by MUMN with its proposals, we have been promised that 'nothing will change from clinical perspective' and assured us that nurses and midwives will be able to refuse to take part in such procedures.

Following opposition to the bill in question, the Government is fine-tuning the amendments in Parliament. He promised that: "We will need to see how the amendments are changed" and that this was not 'an abortion free-for-all'. The Government kept insisting that such changes in the bill are "intended to safeguard medical professionals and won't change anything for clinicians."

MUMN is also insisting that the proposed Bill requires wording, which truly safeguards the mother but also the rights of the unborn child. The amendments' vague wording and lack of definitions may effectively lead to abortion being legalised in Malta. 'Tweaking the amendments' was the expression used so that the "confused constituents" will be rest assured.

Our Union was one of several organisations to have expressed concern about the amendments in their current form. Chief among its concerns was the risk that doctors, and women would cite a mental health condition as justification for an abortion. Stakeholders are continuously debating that mental health conditions do not present an immediate threat to a woman's life or terminal illness.

The crux of this editorial is that a nurse is not ethically obliged to provide requested care when compliance would involve a violation of his or her moral beliefs. Conscientious objection is key. The conscientious objector re-evokes the words of Henry Thoreau: 'I do not lend myself to the wrong which I condemn'.

President's message

A new MUMN Council has just been elected. With great humbleness and great honor, all council members including myself are all honored to be at the helm of such a great union which today represents the vast majority of Health Professions in the Health Sector.

On behalf of the new Council, I would like to thank all MUMN members for the trust and support they have always shown us. We are here to serve you for another four years and looking forward for the challenges ahead with the newly elected Council members . If it was not through great unity among the Council members, accompanied with great knowledge and experience shown by all council members, MUMN would not have had the success it gained and has now.

MUMN was born in 1996 as a small union representing midwives and some nurses in a small garage in Fgura then moving to Mosta, while today MUMN has grew to become the biggest trade union in the Health Sector, fourth largest union in the country, represented in MCESD and located at a state-of-the-art premises in Qormi. This huge transition was just in 26 years.

Every Council, starting from the first council in 1996, MUMN had always one perspective and one aim….to be there for its members irrespective of who is in Government and irrespective of who the Health Minister or Elderly Minister was.

The challenges have grown more since the medico- legal challenges have been implemented on our members with the consequences that our members are being suspended and taken to court on issues beyond their responsibilities. Not to mention the huge shortage of nurses which is leaving a negative impact on the whole work force.

It is evident that when a magisterial inquiry takes place, the nurses are always heavily involved in the investigations since nurses and midwives are considered as the weakest link in the chain of command. Doctors, CEO's, the Ministers or the Permanent Secretaries are never in the line of fire. That is why MUMN has to be a strong voice, determined and well organised since there is hardly a quiet moment when our numerous members do not request the services of the union since 'trouble' seems always lurking around the corner.

We are in the process of two very important sectorial agreements. That is the Nursing/Midwifery sectorial agreement and the ECG Technicians sectorial agreement. By mere coincidence, whenever MUMN comes to a point of negotiating any sectorial agreement, the country has no money, or the country starts to "suffer" from a great financial deficient.

Nurses, after teachers make the second largest body within the public service. The Government intends to humiliate and demotivate the nursing and midwifery profession since the Government is insisting on the Palm Reader, Appraisal Reports and depriving the Nurses and Midwives from salary scales which were given to other health care professionals even when it was MUMN who requested them first for its members. Dirty tactics are also being used by certain Government officials when a newspaper reported the financial estimates of MUMN proposals with the scope of putting MUMN, the Nurses and the Midwives in bad light with the General Public.

As a union, MUMN will achieve the desired outcome of both the ECG Technicians and the Nurses & Midwives since the sterling work of all the professionals being done for our patients have to be reflected in the salaries and the working conditions.

The scandal of 'Steward Health Care' has had a negative impact on not just the hospitals under Steward Health Care but across all health services. No investment to increase wards in Mater Dei have taken place for the last 7 years with the service going from bad to worse, Mt. Carmel is an unrecognizable hospital being so neglected and so depleted of beds, Gozo General Hospital is not even capable to meet the demands of the people living in Gozo who rightly so attend MDH for their health needs and Karen Grech did not receive the much needed refurbishment.

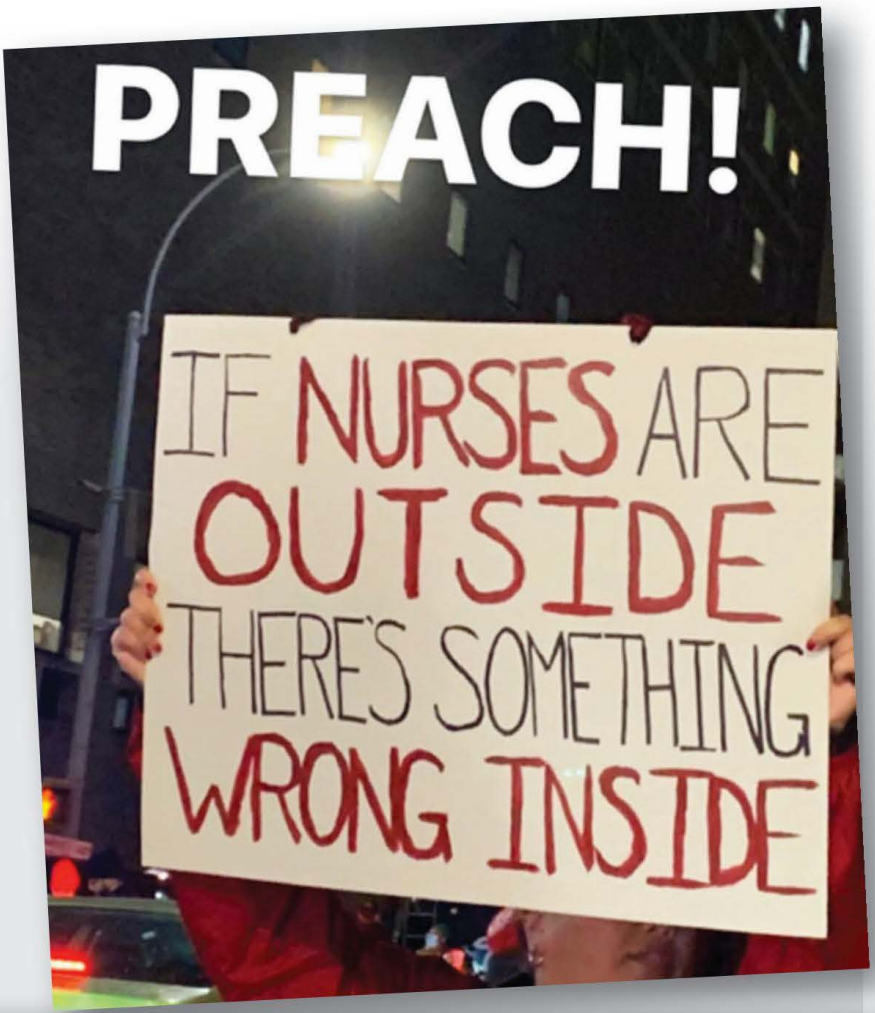
The highest price paid by the Nurses and Midwives in this affair of Steward was the promised investment in a new nursing school in St. Luke's Hospital. The failure of Steward to upkeep its contractual commitments resulted that the Northumbria University had to remain in MCAST instead of moving to a state of the art facilities in St.Lukes Hospital. This was supposed to be a 2 million euro project which also went up in smoke to the detriment of the Nurses and the Midwives in Malta.

Paul Pace
President

A note from the General Secretary

A new MUMN Council is elected for the next four years. I would like to thank Simon Vella and Ronnie Frendo who will not form part of this Council but have heartedly strived to better the conditions of work of our members during these last four years. On the other hand, I most welcome Alexandra Abela Fiorentino and Joseph Aquilina as new Council Members. I promise all the support needed so that we all work as a team moving forward to one direction.

These last four years were really hectic. The shortage is always a struggle. As a result, the daily compliment is always an issue thus creating hurdles to avail the vacation leave and study leave. Besides this ongoing problem, there was the covid pandemic. When it struck Italy, we were really shocked, seeing all those people being left to die on their own and nurses being infected. Then nurses started to die in the UK with a fast step. Every day the situation was getting worse. Then we had our first person infected locally. We were bound to encourage our nurses to offer their care but at the same moment, this care needed to be delivered in a safely environment eliminating all the possible risks. It was not easy. The responsibility was huge. Our members passed this test with flying colours. No nurse died because of covid and at the same time sterling service was conveyed to our patients.



Another milestone was the opening of our new offices. Twenty six years ago we started by renting a garage which we had converted into a boardroom and a front office. Few years after we moved to a four room apartment in Swatar. In 2008 we moved to Mosta to a spacious apartment. Now this last move, where we have appropriate state of the art facilities in Qormi. MUMN is the largest union by far in the health sector and the fourth largest union in the country. These premises are today a mirror of what MUMN stands for.

At the moment we are in the middle of two sectoral agreements – ECG Technicians and Nurses & Midwives. Discussions on the former are quite advanced. More negotiations are needed but we are on the right track. Regarding the latter, the situation is more complicated. Although steps forward have been registered, we are still far away from what is needed to solve the nurses' shortage. MUMN Council will continue to negotiate but when no progress will be registered, action will come into play. We were already on the verge of holding a press conference and starting directives but were cancelled on the last hour as new counter proposals were conveyed to us. It is important to stick together as only in this way we can improve our working conditions and salary package.

The Learning Institute of Health Care Professionals are delivering several professional development events. We are taking the opportunity to organise events of a substantial crowd, now that we have the appropriate facilities. The monthly seminars are increasing in their popularity. Hundred delegates attend each one and this number will increase in the coming months. We are planning to organise a day conference on the 13th of October in Gozo.

You will be receiving more information about what is occurring at MUMN in the coming days.

Colin Galea
General Secretary

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Nursing students report on experience at World Health Assembly

Geneva, Switzerland; 12 August 2022 — Recognising the importance of giving student nurses a voice at the highest levels, the International Council of Nurses (ICN) was pleased to give nursing students the opportunity to attend the 75th World Health Assembly in May 2022.

To mark International Youth Day today, ICN has published a report written by the students in their own words to describe the impact of their involvement and how the matters discussed under each agenda item affect young nurses and nursing students across the world.

The 75th World Health Assembly (WHA) took place in Geneva, Switzerland from 22-28 May 2022. ICN has already published a report on its involvement in WHA 75.

Each year ICN hosts a student delegation to the WHA which offers student nurses the opportunity to participate in the WHA and bring the student and youth voice to the discussions. For this year's WHA, each member of the ICN Nursing Student Steering Group (NSSG) mentored students from their region through the WHA experience and encouraged them to get involved in all aspects of the WHA including Committee Meetings and side events.

The ICN NSSG works to increase active nursing student and early career nurse representation and engagement within ICN to enhance the nursing student influence within the organisational decision-making processes and in global health and nursing policy dialogue. Aiming to strengthen and enhance the work of ICN National Nurses Association (NNA) members and support them to engage with their student populations.

Once the WHA concluded, each student who took part was asked to write a synopsis of the sessions they covered. Agenda items covered in the student report included prevention and control of non-communicable disease; strategies on HIV, viral hepatitis and sexually transmitted infection; infection prevention and control; human resources for health; WHO Health Emergencies Programme; WHO preparedness for and response to health emergencies; the global Health for Peace initiative; human organ and tissue transplantation; and public health dimension of the world drug problem.

One member of the student delegation, Fatema Alarab said "As a student nurse, I am glad that agenda item 14.1 [on non-communicable disease] was well discussed and presented over the course of several days during the World Health Assembly... To care for people with NCDs, who often have co-existing mental health disorders, early career nurses and nursing students should be enabled to explore their full scope of practice, focusing on their roles as health educators and patient advocates. This requires providing safe working environments and investing in nursing education."

Nursing students Asfarada Rizky and Ayush Belwal reported on Item 14.6 Infection prevention and control, saying: "Students from healthcare professional backgrounds have a responsibility to sensitize their environment locality and general public towards basic sanitary habits such as hygiene and the adoption of hygienic dietary habits. Even during the COVID-19 pandemic, students had a role and responsibility to sensitize the general public towards the adoption of optimal hand hygiene and social distancing which was well demonstrated through their campaigns."

Canadian nursing student Amie-Rae Zaborniak reported on Item 16.1 on the Independent Oversight and Advisory Committee for the WHO

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Qaddisin Protetturi tal-Infermiera u Qwiebel

Sant'Agata ta' Sqallija

Ħafna jqisu li Sant' Agata ta' Sqallija hija l-aktar Qaddisa Patruna meqjuma, jekk mhux l-unika Qaddisa Protettriċi tal-Infermiera. Sant Agata twieldet viċin is-sena 231 AD fi Sqallija minn ġenituri nobbli u għonja. Kienet tfajla sabiħa u ħalfet li tibqa' ċeleba u toffri ħajjitha għal Alla u t-talb. Quintianus, riedha għalih u ried jiżżewwiġha bil-forza. Meta irreżistietu, hija kienet mitfuha f'ħabs, ittorturata imma qatt ma tilfet il-fidi tagħha, anke meta spiċċaw qatgħulha sidirha barra.

Sant' Agata barra li hi patruna ta' Sqallija, Malta u San Marino hija wkoll patruna ta' bliet u rħula varji fil-Belġju, fil-Kanada, fi Franza, fil-Ġermanja, fl-Italja, fi Sqallija, fl-Olanda u fi Spanja. Sant' Agata barra li tiġi invokata mill-infermiera, hija meqjuma minn min ibati minn kanċer tas-sider u mard ieħor tas-sider, waqt terremoti, diżastri naturali, ħruq u b'mod partikolari meta jiżbroffa l-vulkan Etna, minn min ibati mill-isterilità, minn fundaturi tal-qniepel, mill-pompiera tat-tifi tan-nar, minn min jinnegozja fil-ġojjelli, minn vittmi ta' stupru jew tortura u minn xebbiet u minn dawk in-nisa li jreddgħu it-trabi ta' ħaddieħor (mammini jew wet-nurses).

Santa Katarina ta' Siena

Santa Katarina twieldet fil-25 ta' Marzu 1347 waqt l-imxija tal-pesta fi Siena u ħajjitha kollha iddedikata għall-morda.

Hija kienet il-25 wild fil-familja, imma minħabba l-pesta ħafna minn ħutha mietu trabi jew tfal żgħar. Ta' tmintax-il sena, ikkonsagrat lilha nnifisha 'l Alla, u daħlet Terzjarja Dumnikana, u mal-ħajja kontemplattiva ta' meditazzjoni u talb, bdiet ħajja l-aktar attiva, billi bdiet tmur fl-isptarijiet iddur bil-morda, u bix-xjuħ u tgħin lil kull min setgħet.

Kienet tmur ukoll fil-ħabsijiet, u tkellem speċjalment lil dawk li kienu jkunu ikkundannati għall-mewt.


Santa Katarina ta' Siena

Ta' 21 sena, esperjenzat viżjoni ta' Kristu qed jiżżewiġha u jtiha ċurkett. F'dil-viżjoni Kristu qalilha biex tieħu ħsieb il-foqra u l-batuti. Ħajjitha inqalbet ta' taħt fuq u iddedikat ħajjitha kollha għall-marid.

Santa Katarina hija venerata bħala l-patruna tal-infermiera, Duttur tal-Knisja (1970) u patruna tal-Ewropa (1999). Hija wkoll protettriċi ta' Siena fl-Italja, ta' dawk li għadhom kif korrew (miscarriage), mudell għall-ġenituri, għal kull min jieħu ħsieb it-tfal u għall-edukaturi kollha.

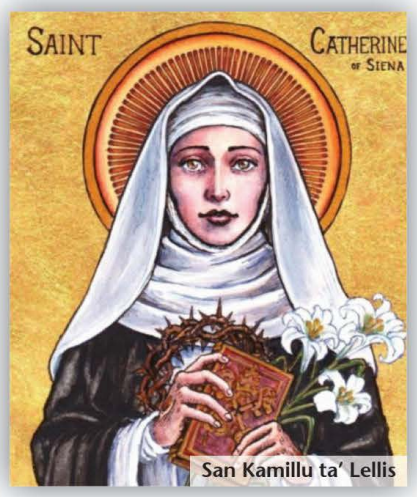
San Kamillu ta' Lellis

San Kamillu twieled f'Bocchianco, l-Italja, fl-1550. Tilef 'l ommu meta kellu tlettax-il sena, kiber bi spirtu avventuruż u ta' sbatax-il sena ħalla d-dar u daħal suldat biex jiġġieled mal-Venezjani kontra t-Torok, iżda minħabba ferita li kellu f'siequ ħalla l-armata u daħal l-isptar ta' San Ġakbu, f'Ruma.

Meta ħareġ mill-isptar reġa' daħal suldat fl-armata ta' Venezja u mar jiġġieled kontra t-Torok. Meta ġie lura mill-ġlied, ħalla l-armata u tilef kull ma kellu fil-logħob. Biex ma jaqax jittallab daħal jaħdem mal-Kapuċċini ta' Manfredonja fl-1574. Wara xi ftit xhur ġie impressjonat minn parir li tah il-Gwardjan tal-patrijiet, u beda jibdel ħajtu. Fl-1575 huwa talab u ġie aċċettat bħala ajk, u hekk ħa l-libsa ta' Kapuċċin iżda billi l-ferita f'riġlu baqgħet tinkwetah, iddeċieda li jerġa' jmur l-isptar ta' San Ġakbu. Hawn sab il-vokazzjoni tiegħu li jdur bil-morda. Bid-dedikazzjoni u bl-abbiltà tiegħu fix-xogħol, rebaħ l-ammirazzjoni ta' kulħadd, u wasal biex ġie maħtur Direttur tal-isptar. Huwa waqqaf ukoll is-soċjeta' Qaddejja tal-Morda (Camilljani) li ma kienux biss iduru bil-morda fl-isptarijiet, imma wkoll fil-ħabsijiet, fid-djar u fit-toroq. Huma Kienu jġibu salib aħmar meħjut mal-libsa fuq sidirhom, simbolu li llum nassoċjawh mas-Salib l-Aħmar u l-ambulanzi. Is-soċjeta' tiegħu kienet waqqfet l-ewwel field medical unit biex tamministra t-truppi feruti fl-Ungerija u l-Kroazja. Hu ġie ikkanonizzat fl-1746 u l-Papa Ljun XIII ħatru Patrun tal-infermieri, tat-tobba, tal-morda, tal-Isptarijiet u tal-lagħba.

Santa Eliżabetta tal-Ungerija

Santa Eliżabetta tal-Ungerija aktarx li twieldet fl-1207, f'Sarospatak, fl-Ungerija. Missierha kien ir-Re Indri II tal-Ungerija, u ommha kienet ir-Reġina Ġertrude ta' Merano, għalhekk trabbiet f'ħafna kumditá. Fl-1221, meta kellha biss 14-il sena, iżżewġet lil Ludoviku IV, Landgraf tat-Turingja, fil-Ġermanja. Żewġha kellu 21 sena, 7 snin akbar minnha. Kien żwieġ qasir, imma kien tassew ħieni għax kienu jinħabbu ħafna u kellhom tlitt itfal.



San Kamillu ta' Lellis

ikompli f'paġna 10

ikompli minn paġna 9

Santa Eliżabetta tal-Ungerija

Sa minn ċkunitha kellha qalbha tajba mal-fqar u l-morda u bl-għajnuna ta' żewġha, bniet sptar ħdejn il-palazz tagħha, u hi stess kienet tmur iddur bil-morda. Ġieli ġara li meta l-isptar kien ikun mimli bil-pazjenti, kienet tieħu l-morda fil-palazz tagħha.

Wara sitt snin ta' ħajja l-iktar kuntenta fiż-żwieġ, żewġha miet fl-Italja minn marda li ħakmitu waqt li kien qed jieħu sehem fil-Kruċjata tal-Imperatur Frederiku II, fl-1227, 18-il ġurnata wara t-twelid tat-tielet tarbija tagħha Ġertrude. L-għedewwa politiċi ta' żewġha keċċewha mill-palazz, u eżiljawha. Eliżabetta, li issa kellha 20 sena, waqgħet f'faqar kbir għax il-qraba tagħha (min-naħa ta' żewġha) ċaħħdu lil din l-armla żagħżugħa minn kull kenn u mezzi għaliha u għal uliedha. Hi kellha tmur minn post għal ieħor tittallab il-karità, imma l-virtujiet tagħha kienu akbar mill-isfortuni tagħha. Irrifjutat li terġa' tiżżewweġ u minflok, hija irtirat ġewwa Eisenak, imbagħad fil-kastell ta' Pottenstin, iżda wara, għażlet li tgħix ġo dar modesta, ġewwa Marburgo.

Hija inkitbet mat-Terz' Ordni tal-Franġiskani u kienet iżżur il-morda darbtejn matul il-jum u tgħinhom fil-ħtiġijiet tagħhom, tant li ftaqret hi stess. Kienet tmur titlob il-karità u tagħmel l-aktar xogħlijiet umli fejn kien meħtieġ.

Din l-għażla ta' ħajja qajmet rabja kbira fost il-kunjati tagħha, tant, li waslu biex ħadulha l-kustodja ta' wliedha. Imma xejn ma seta' jtellef jew inaqqas il-ġentilezza jew it-tjubija tagħha, lanqas is-severità eċċessiva tas-saċerdot li għażlet bħala direttur spiritwali tagħha. Fl-aħħar, kisbet lura xi ftit mill-ġid li kellha u permezz tiegħu ħasbet għall-futur ta' wliedha imma qassmet il-bqija tas-sehem tagħha f'opri ta' karità. Ħija mietet fis-16 ta' Novembru 1231, meta kellha 24 sena. Il-Papa Girgor IX iddikjaraha Qaddisa fl-1235, erba' snin biss wara mewtha. Hija l-Patruna tal-Infermiera u dawk kollha li jduru bil-morda, tal-istituzzjonijiet tal-Karità tal-Knisja u tat-Terzjarji Franġiskani. Hija meqjuma wkoll mill-furnara, mit-tallaba, mill-għarajjes li se jiżżewġu, mit-tfal moribondi, dawk bla saqaf fuq rashom u r-romol.

San Rajmondu Nonnato

San Rajmondu Nonnato (non natus) (1204-1240), wellduh b'operazzjoni ċesarja, fil-belt ta' Portella, fi Spanja, wara li ommu mietet waqt il-ħlas. Huwa daħal mal-Patrijiet Merċedarji f'Barċellona taħt l-istess Fundatur, San Pietru Nolasco u għadda ħajtu jifdi lill-ilsiera mill-Misilmin. Mar anke l-Alġerija, fejn, mhux biss ħeles bosta nsara minn idejn il-Misilmin imma kkonverta wkoll numru konsiderevoli ta' Misilmin. Billi flus għal dak il-għan ma kienx baqgħalu, wasal biex qagħad fil-jasar hu stess u wara ġie mifdi minn San Pietru Nolasco


San Rajmondu Nonnato


Qaddisin oħra

nnifsu. Kemm dam fil-ħabs bata ħafna u anke sofra xi torturi. Meta ġie meħlus, huwa rritorna Spanja fis-sena 1239 u ġie maħtur Kardinal mill-Papa Girgor IX, imma ġara li miet fil-belt ta' Cardona fi triqtu lejn Ruma nhar il-31 ta' Awwissu 1240. Kellu madwar 36 sena. Huwa ġie kkanonizzat mill-Papa Alessandru VII fis-sena 1657 u huwa Patrun tal-ommijiet waqt il-ħlas, il-qwiebel, tat-tfal u l-konfessuri.

Qaddisin oħra

San Ġwann ta' Alla huwa wkoll ikkunsidrat bħala l-qaddis protettur tal-isptarijiet, tal-infermiera u ta' dawk kollha li jduru bil-morda. Huwa għex fil-15-il seklu u f'ħajtu kien ragħaj, merċenarju, jikkura l-indiġeni, dawk imwarrba u dawk batuti.

L-Arkanġlu Rafel fejn ismu jfisser "Alla jfejjaq" insibu ismu fil-ktieb ta' Tobit u narawh jiggwida lil Tobija fil-vjaġġ tiegħu, u fejjaq lil missier Tobit li kien agħma. Hu stess stqarr: "Jien Rafel, wieħed mis-seba' anġli li qegħdin quddiem il-maestà tal-Mulej" (Tobija 12:15). Rafel huwa wieħed mit-tlett arkangli msemmija fl-iskrittura u huwa magħruf ukoll bħala id-"Duwa ta' Alla". Huwa ikkunsidrat bħala wieħed mill-patruni tal-infermiera, tal-vjaġġaturi, tal-għomja, tat-tobba, ta' kull minn jaħdem fl-isptarijiet, taż-żwieġ nisrani u l-istudji Kattoliċi. ❙

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ICN warns that Universal Health Coverage will be a missed goal without immediate investment in nurses

Geneva, Switzerland, 12 December 2022 – The International Council of Nurses (ICN) is warning governments that the aim of providing Universal Health Coverage (UHC) by 2030 will not be achieved unless they take immediate and drastic action to recruit and retain millions more nurses.

The World Health Organization's (WHO) UHC Day is an official United Nations-designated day established in 2012 to mark the unanimous endorsement of UHC as an essential priority for WHO Member States.

But in 2021, WHO said progress towards 2030 targets on UHC, which are part of the United Nations Sustainable Development Goals, had stalled in many countries. The global geopolitical situation has worsened since then, making the aspiration of UHC less likely to be achievable than previously anticipated.

ICN President Dr Pamela Cipriano, who is a member of the WHO's UHC 2030 Steering Committee, said time is fast running out for the goal of UHC to have any chance of being achieved on time. Dr Cipriano said:

"Access to affordable healthcare, the cornerstone of Universal Health Coverage, is a human right, but it remains an unfulfilled dream for billions of people. Time is running out. We need urgent action to recruit and educate more nurses, provide funding for the positions required to meet health care needs, and support to retain our current nursing workforce, which suffered so much during the pandemic.

'We need to develop a new, post-pandemic normal, that sees massive recruitment of nursing staff, accompanied by acknowledgement and respect for nurses and the life-changing contributions they can make if they are properly resourced and supported. Nurses must be directly involved in influencing needed changes in health systems and care delivery as they have a positive influence on every aspect of healthcare.

'The link between our health, our lifestyles and our economic and personal security was starkly demonstrated during the COVID-19 pandemic. Governments must act now to ensure there are enough nurses working in the places they are needed most, to bring about the revolution in healthcare that is necessary to make UHC a reality, rather than an elusive goal. Health security is not a 'nice to have', it is the stabilizing force fundamental to safety and prosperity in all our communities across the globe."

There is also good evidence that nurse-led models of care are effective, efficient and reliable because nurses have the skillset to both design and deliver on health care. Investing in nursing brings massive benefits to individuals and communities, but lack of investment makes nurses' jobs harder and creates the sort of industrial strife that is increasingly being seen around the world. Investment in health is clearly a driver for economic growth rather than a brake on it, and in that respect, is priceless.

UHC is fundamentally reliant on the work of nurses everywhere. Going forward, any new pandemic preparedness treaty must have healthcare workers at its core. It has been said many times that there can be no health care without healthcare workers, and so governments must invest more in their health workforce in order to achieve UHC.

continued from page 7

Health Emergencies Programme saying: "Nursing students and early career nurses are embarking on their nursing career journeys during a complex and dynamic time in the world and in healthcare. These future nurses are experiencing 'real time' and 'on the ground' educational experiences in health equity and social justice issues from the very beginning of their nursing careers. They hold the potential to be leaders (in nursing practice, administration, education and research) in their contributions toward the recognition and response to future health equity and social equity challenges within the context of health emergencies across the globe."

Speaking about the increasing role of technology in healthcare, she added: "Many nursing students and early career nurses may not have known a world without some degree of technology in which to access and disseminate information. The perspectives and ideas of these individuals may be of value for harnessing the facilitators, in addition to the potential barriers of technology in terms of the ways in which the 'what' (information) and 'how' (communication approaches) inform how healthcare workers, such as nurses, navigate health information alongside healthcare users such as patients and clients during future health emergencies."

> Early career nurses and nursing students should be enabled to explore their full scope of practice, focusing on their roles as health educators and patient advocates.

Róisín O'Connell and Ayush Belwal, nursing students from Ireland and India respectively, wrote about the WHA discussions on agenda item 27.4: Public health dimension of the world drug problem.

"As nursing students and early career nurses, the prevalence of drugs is evident in our daily working lives. We are now seeing the implications of more people becoming subject to substance use disorders. It is important that as junior health care workers we learn to encompass respect, dignity and compassion for all the patients for whom we care, particularly those affected by substance use."

For many members of the NSSG, this was not their first attendance at the WHA, but for those who had never attended before, it was an experience they found extremely interesting and felt grateful to have been given the opportunity to represent their fellow students at such an important event.

ICN believes that nursing students and early career nurses must be given the opportunity to attend these events to offer a unique perspective on how these matters are affecting them. It also allows them the opportunity to feel that they can aid in making the profession better for all nurses across the world. ▮

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For more information and any enquiries, go to Facebook @Optibac Probiotics Malta.

The registered nurse shortage in Europe is a 'ticking time bomb'

Based on the requirements within the European Pillar of Social Rights, efforts to increase the availability of qualified professional nurses can secure timely and accessible healthcare to European populations, if adequately prioritised.

The COVID-19 crisis has exposed a lack of policy coordination and funding in the area of workforce planning, along with an absent future-proofing effort for the nursing workforce. It is both disappointing and striking to realise that the European Union (EU) and its Member States did not implement the policies that would have made Europe's health service more resilient.

The COVID-19 pandemic has shown that our European health services were not resilient enough: the healthcare and public health systems must learn from this very difficult lesson. On an EU-wide basis, policies must be developed, rapidly funded, and implemented to secure enough nurses and to expand their roles, increasingly required within evolving health services; the safe provision of professional nursing care is paramount to achieve optimal patient care, at every level of healthcare delivery. The EU must require Member States to invest in building a resilient nursing workforce to protect Europeans, and this is most effective by requiring evidence-based measurement tools to determine sufficient and safe registered nurse staffing and funding for the implementation of staffing adjustments.
The short and long-term resilience of the EU health service depends upon having a reliable workforce of available nurses, compared to the frontline needs, to guarantee quality and safety. Resilience can only be achieved if the EU educates and trains enough nurses in line with Directive 2013/55/EU (Article 31) and if those general care nurses can apply their care responsibilities in safer working conditions.

COVID-19 brutally exposed the structural weakness of the EU healthcare systems, revealing the risk of becoming a ticking time bomb for quality and safety: collapsing healthcare systems in the EU will be the result if nurses keep leaving frontline jobs due to exhaustion, unsafe working conditions and unacceptable low salaries.
EU hiding itself behind subsidiarity.

The European Federation of Nurses Associations (EFN) engaged in the EU Health Workforce Agenda in 2008 through the Green Paper on the EU Workforce for Health (De Raeve, 2011). In 2010, EFN moved the health workforce up the political agenda of the European Parliament, launching a written declaration (n°40/2010) that was presented to the European Parliament. The key points of this declaration were to ensure that there is sufficient comparable data for EU-wide health workforce planning and that effective and sustainable recruitment and retention strategies in the health sector are established. On these two key points, nothing happened as the EU institutions hide behind subsidiarity.

Health professionals need to have access to continuing professional development (Directive 2013/55/EU); their present and future professional qualifications must meet agreed criteria. The declaration promotes the role of health professionals in identifying and implementing strategies that facilitate professional and knowledge mobility; concurrently, it recognises health professionals' contribution to achieving optimal health outcomes. The Council Conclusions provided a pathway for the 2011 and 2012 EU Presidencies to create several policy initiatives on the EU workforce, among which the Action Plan on EU Workforce for Health in 2012 and the Joint Action on EU Health Workforce in mid-2013, which was renewed in 2022. The same captains, the same soldiers, but no changes to frontline nurses' ratios, instead, a worsening situation described by WHO as "the ticking time bomb". All these efforts on planning the workforce at the government level have led to nice ideas, deliverables, and research careers, but nothing for frontline nurses.

> "We need to stop being in this reactive mode. I am fed up that we in health are forced into reaction mode all the time. We wait for something to hit us in the head, and only then do we react.

This silent resignation will become the next public health pandemic in the European region
However, the EU institutions could do better to address the registered nurse shortage in the EU. Millions have been spent, without any visible change frontline. In contrast, the registered nurse shortage is getting worse and worse, until the last final option remains: frontline nurses leaving frontline nursing care. The lack of workforce policy support led to nurses now leaving bedside nursing care. For many young and experienced nurses, 'enough is enough', and as such general care nurses leaving nursing, even leaving the register. Nurses in the EU, and Europe more generally, are leaving the workforce at an unprecedented pace which will lead to healthcare systems in the EU collapsing. Patients will suffer from a lack of registered nurses and lesser qualified and even unqualified workers taking over their tasks. This is a very risky workforce policy development leading to downgrading quality and safety, with potentially serious consequences for patients. Fewer nurses mean units will need to merge, and hospitals will need to close down. These developments will impact the medical profession, being a wake-up call.

Accurate definition of data collection for nurses

This silent resignation will become the next public health pandemic in the European region. EFN has continuously emphasised that the use of International Labour Organisation (ILO) data that relies on the International Standard Classification of Occupations (ISCO) 08-code is not appropriate for planning nurses' needs. We are losing our frontline nurses while civil servants and researchers are planning and forecasting with ILO data that does not make sense! Using the ISCO 08-code for nursing care leads to inaccurate data collection, inappropriate comparison of the nursing workforce and, finally, unrealistic planning for the future. It is impossible to plan with unreliable, inflated, data.

However, for many years now EFN has been in discussion with the WHO, EUROSTAT, and ILO, to change the definition of the nursing profession and the related occupations as described in the ILO's International Standard Classification of Occupations (ISCO-08).

It is key that EFN and ICN get more reliable data for more accurate workforce visualisation, and that the ILO data collection and review of the ISCO classification remains open to revision. EFN and ICN have been in close contact with ILO and have already written twice to them on this topic. The lobby work of ICN and EFN strengthens as a result of these fruitful collaborations.

EFN members play a key role in these negotiations, by checking the number of nurses reported by their governments in the WHO State of the World's Nursing report, and by pointing out any discrepancies in the data. These localised actions further support EFN and ICN in this effort for more accurate data collection.

Importantly, EFN members remain concerned that a task-based approach in delivering nursing care would lead to thinking about nursing care as a production line with discrete tasks assigned to workers with specific skills to complete a task. However, this approach does not recognise the overall responsibility and accountability for care delivery, the complexity of clinical decision making and multiple and interrelated variable factors influencing health and the safety and quality of outcomes of care. The assessment, planning and evaluation of care (Article 31 Directive 2013/55/EU) are as critical as the implementation of care: together they account for the process of nursing care for which general care nurses are both educated and regulated to deliver.

The task-based approach to ILO definitions, combined with the absence of reference to educational preparation, regulation and decision-making responsibilities are the main fundamental flaws in the ILO definitions.

The blame for poor care is gradually shifted to nurses when the shortage is not something within their control.

European Global Health Strategy

Given the impact of the COVID-19 pandemic on the global nursing workforce and the scale of nursing shortages that the world is now facing (Sustain and Retain, ICN 2022), EFN strongly believes it is important to review the data definitions and provide further guidance to countries to ensure that the nursing workforce recruitment, retention and future planning is based on a more precise understanding of the size and composition of the nursing workforce.

The massive resignation of frontline nurses leads to the political and professional discussion on developing and implanting patient-nurse ratios in national and European legislation. The challenges inherent in nursing lobbying and in solving the registered nurse shortage relate to not having an agreed nurse/patient ratio at the EU level. The challenge lay with reaching a consensus at the EU level regarding different workforce plans and strategies and doing so in a way that will be beneficial to all EFN members. For instance, in

continued on page 16

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Finland, there were some severe cases of missed care and so in 2020, there was a law introduced to set minimum staffing requirements in elderly care facilities.

However, given the registered nurse shortage in Finland, it is not possible to meet this law and so its implementation has been postponed for a year. Recently in Malta, three cases with negative patient outcomes were reported because there were not enough nurses to provide safe care. Unfortunately, these Maltese nurses were put in front of the Court, while instead, the low implemented nurse-patient ratio should be in Court, not the nurses.

The blame for poor care is gradually shifted to nurses when the shortage is not something within their control. At the EU level, this is a complex issue because nurses have different competencies in different countries which each have different numbers of other health professionals. Therefore, it will be key to look into the ways and methodologies for calculating minimum nurse-to-patient ratios in the different EU countries.

The EFN policy statement on safe staffing is a starting point for sharing experiences among the different countries. There is available evidence showing this is a public health and patient safety issue and more needs to be done at the EU level to protect nurses, guarantee quality and safety, and secure access to healthcare. It is paramount to collect all the available evidence from the different countries to make them readily available to policymakers at the EU level.

Therefore, it is key to holding the pen on the global health strategy. A new EU Global Health Strategy is being shaped, with a European Commission communication to be released before the end of 2022. The Strategy will steer the European community's action points up until 2030. Different speakers at Gastein, such as the Commission's DG SANTE Director General Sandra Gallina, and the young Gasteiners, together with the European Health Parliament members, made it very clear: the health workforce needs to be our top political priority in the Global Health Strategy.

Indeed, as Dr Ilona Kickbusch rightly summarised: "This is really a historic meeting… Twenty years ago was the very first time there was any talk of a European global health strategy", and it took place as a dialogue between Commissioner Burn, the first Commissioner for Health, and many health stakeholders, including EFN. But Ilona Kickbusch also recalled: "But then it disappeared" till 2010 and it needs a COVID-19 pandemic to be picked up again! Two decades down the road led to many frontline nurses leaving the profession.

> "All these efforts on planning the workforce at the government level have led to nice ideas, deliverables, and research careers, but nothing for frontline nurses.

The WHO European Region registered nurse 'time bomb'

The registered nurse shortage in the health workforce is the most critical silent crisis threatening progress on global health agendas worldwide, and the EU strategy is no exception. Sandra Gallina clearly said in Gastein: "The health workforce is at the end of its tether," and continued saying: "That is the crude reality. They are very tired. There is a crisis…

"We need to stop being in this reactive mode. I am fed up that we in health are forced into reaction mode all the time. We wait for something to hit us in the head, and only then do we react."

Hans Kluge is on the same page by adding health workforce to his political priorities. Rightly so! Indeed, health ministers come and find the WHO Regional Director indicating they have sleepless nights because they have no nurses. The most recent WHO report 'Health and care workforce in Europe: time to act', identifies ten actions to strengthen the workforce and raises questions on what impact these recommendations will have on solving the shortage of nurses. The report repeats the many demands of EFN and health stakeholders to recruit, and more importantly retain, nurses.

Strategic actions to attract and retain health workers in rural and remote areas are too limited. As an emergency priority, the EU should immediately focus on supporting Member States to ensure adequate domestic training capacity, and to improve the retention of domestically educated nurses. This requires a commitment to support safe staffing levels and ensure Member States and employers are not 'robbing Peter to pay Paul'. Dangerously low levels of registered nurse understaffing have been a major problem in many health systems during the pandemic and are the driver for the increased outflow of nurses. Improving the retention of nurses and the attractiveness of a career as a registered nurse, through the provision of fair pay and better conditions of employment, will be essential to keep experienced nurses in the profession. Therefore, WHO action five calls for working conditions that promote a healthy work-life balance and the workforce's health and wellbeing (WHO, 2022, p.64). Actions 4, 5 and 6

are key to keeping nurses in the nursing profession and stopping the ongoing 'silent resignation' (WHO, 2022, p.63). But all these actions will not have any impact if there is no public investment in workforce education, development, and protection.

So, let's hope Galina and Hans will convince health and finance ministers to find a solution to keep our current nurses in the profession and to bring new, young people into the nursing profession. This is the political priority; the rest is all nice to have! "The time to act on health and care workforce shortages is now" (WHO RC, Hans Kluge). European governments needed to invest more money in the workforce and invest it better. The report recommends developing policies that protect the health workforce by placing its interests and wellbeing at the centre of economic and social recovery from the pandemic.

In conclusion, the European Commission and WHO Europe need to focus in synergy on progress in Member States by linking workforce resilience to the EU Recovery and Resilience Facility, as they do for the digitalisation of the healthcare sector, with a threshold of 20%! The EU Recovery Plan, the EU's post-pandemic economic aid program, should focus on the recruitment and retention of frontline nurses as they suffered most from the crisis. If many targets and milestones need to be met to unlock the billions, why not add the nurse-patient ratio to secure quality and safety to the program targets and milestones? Expenditures of these EU recovery funds should become conditional on the provision of optimal working conditions, including better pay for frontline nurses.

Failing to retain frontline nurses will render the EU and Europe ill-prepared for the years ahead. Investment in nurses' recruitment and retention to reduce European labour and skills shortages further should be a key political and economic priority. Failing to do so would have severe social and economic consequences for the EU, Europe, and its Member States. ▮

Prof Dr Paul De Raeve,
RN, MSc, MStat, PhD, FAAN
Secretary General
European Federation of Nursing Associations

Press Information
Communiqué de presse
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Our Nurses. Our Future.

International Nurses Day 2023 theme announced

Geneva, Switzerland; 12 January 2023 – The International Council of Nurses (ICN) today announced the theme for International Nurses Day (IND) 2023: Our Nurses. Our Future and launched its new IND logo.

photo | www.merritthawkins.com

ICN President, Dr Pamela Cipriano explained the theme: "Our Nurses. Our Future. sets out what ICN wants for nursing in the future in order to address the global health challenges and improve global health for all. We need to learn from the lessons of the pandemic and translate these into actions for the future that ensure nurses are protected, respected and valued.

With the release of the State of the World's Nursing report, the Global Strategic Directions for Nursing & Midwifery, the Sustain and Retain in 2022 and Beyond and many other important publications, ICN and other organisations have shown the evidence for change and called for action and investments in nursing. It is now time to look to the future and demonstrate what these investments will mean for nursing and healthcare. The Our Nurses. Our Future. campaign will shine the light on nurses and on a brighter future, moving nurses from invisible to invaluable in the eyes of policy makers, the public, and all those who make decisions affecting the delivery and financing of health care.

As well as learning lessons to support nurses, the campaign will also look at how we must strengthen our health systems to address growing global health demands. It will capture key actions that ICN believes are essential to address both the profession and health systems and which are, of course, mutually beneficial and reinforcing.

Together our future depends on every nurse, every voice, to not only be on the front lines of care, but also be on the front lines of change."

International Nurses Day (IND) is celebrated around the world on 12 May, the anniversary of Florence Nightingale's birth. ICN commemorates this important day each year with the production and distribution of the IND resources and evidence. ICN and its national nursing associations members across the world look forward to celebrating nurses and working together to chart the future direction of nursing in order to meet the needs of the new normal as well as the Sustainable Development Goals, Universal Health Coverage, and Health for All. ▮

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from our diary

MUMN 1996
Malta Union of Midwives and Nurses

MUMN President visited the Horatio Congress organised this year by the Malta Association of Psychiatric Nurses

MCAST Nurses organised an interesting 3-day seminar for their Mentors and those Nurses who are prepared to enrol as Mentors to assist their Nursing Students.

The Learning Institute for Health Care Professions (MUMN) is organising a monthly seminar at its premises for all its members.

MUMN achieved an agreement for SVP Nurses and organised a meeting to explain the contents of this agreement.

MUMN participates in several Careers Fairs to attract youths to the Nursing Profession.

A delegation from the Nationalist Party visited MUMN's premises to discuss the Social Dialogue in our country.

Mr. David Xuereb new Chairperson of MCESD visited MUMN's offices to discuss the current issues.

MCESD new Chairman Mr. David Xuereb visited MUMN premises


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Policy statement on the International Recruitment of nurses and midwives

Commonwealth Nurses and Midwives Federation

The Commonwealth Nurses and Midwives Federation (CNMF) endorses the right of each individual nurse or midwife to migrate from one country to another in accordance with the applicable laws of their home country and their destination country.

The CNMF recognises that individual nurses and midwives may choose to migrate from one country to another for a wide range of reasons, including to: obtain further education and experience; develop their skills; advance their own careers; improve their economic, social or environmental situation; accompany partners or other family members; or escape conflict or threats to their, or their families' safety.

The international migration of nurses and midwives can make a contribution to the development and strengthening of health systems to both source and destination countries if recruitment is managed fairly, ethically and transparently taking into account the rights, obligations and expectations of source and destination countries and the nurse or midwife who is migrating. The international migration of nurses and midwives can bring new and valuable perspectives and learning that enables the transfer of experience, culture and the sharing of ideas between source and destination countries.

All international recruitment of nurses and midwives should be conducted in accordance with internationally agreed principles of transparency and fairness, regardless of whether the recruitment is for temporary or permanent employment.

Nurses and midwives:

- when contemplating migration to another country, should obtain comprehensive information about visa requirements in the destination country, especially for work or study; employment opportunities; and the process to register as a nurse or midwife to enable them to assess the benefits and risks of migration, and make a timely and informed decision. There may be other requirements such as: language proficiency to enable them to communicate effectively; health checks; or criminal record checks.

Nursing and midwifery regulatory bodies:

- should have clear and accessible information about the requirements and process of registration for nurses and midwives outside their country. Requests for registration should be dealt with promptly and fairly.

Nursing and midwifery professional and/or industrial associations:

- should make information available to potential nurse or midwife migrants about the process of migration to their country.

Governments:

- should aim to establish a sufficient nursing and midwifery workforce to meet the needs of its citizens for nursing and midwifery care and not use the international recruitment of nurses and midwives to replace appropriate workforce planning and the education, employment and retention of locally educated nurses and midwives.
- should have clear and accessible national policies on international recruitment binding both government organisations and recruitment agencies which ensures that:
  - recruitment is undertaken in an ethical, transparent and managed way;
  - recruitment of nurses and midwives does not target countries on the WHO Health Workforce Support and Safeguard List 2020 unless there is a government-to-government agreement which provides benefits to the source country.
  - nurses and midwives who migrate have the same legal rights and protections as locally educated staff in all conditions of employment, including remuneration, career progression, educational opportunities and professional development without discrimination of any kind.
- should have clear and accessible information to assist individuals who wish to migrate to their country, both general information and information specific to occupational groups.

Employers should provide:

- a clear contract of employment which is equivalent to that of locally educated staff and which outlines salary and conditions of employment including leave entitlements;
- nurses and midwives who migrate with a comprehensive induction and orientation to the workplace which enables them to practice safely and effectively within the health system of the destination country;
- pastoral support covering such areas as accommodation, transport, healthcare, financial systems, professional and industrial associations, relevant diaspora groups, Embassies and High Commissions, and an introduction to social networks.

Data should be collected on all international recruitment of nurses and midwives and made publicly available so that the migration can be monitored and assessed and remedial action taken when necessary. Compliance with this policy statement will ensure that the international recruitment of nurses and midwives minimises harm to the health systems of source countries whilst contributing to destination countries and safeguarding the rights of nurses and midwives to migrate.

Nursing Competence or Nursing Competency?

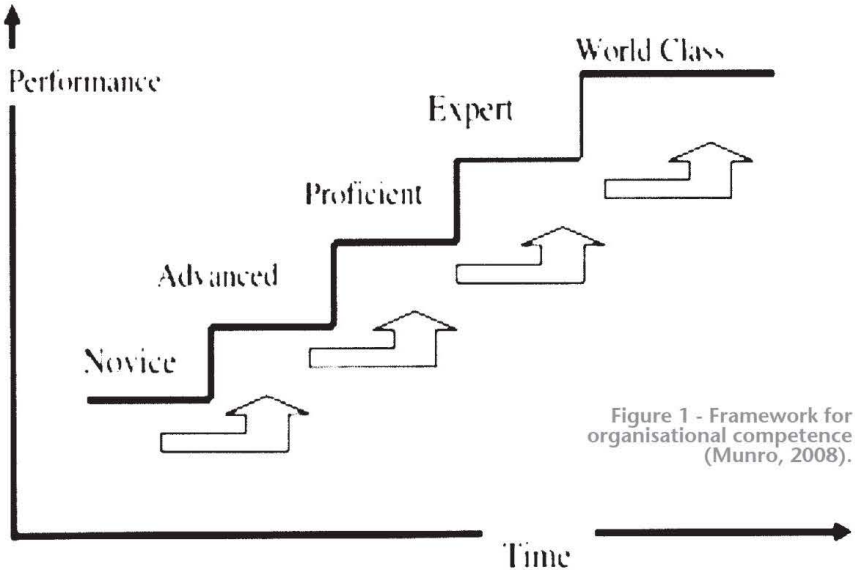

Figure 1 - Framework for organisational competence (Munro, 2008).

Bertolini (1998, cited in Arrigoni et al., 2017) depicts competency (discussed in use within nursing education) as an iceberg, whose tip corresponds to the official curriculum. Therefore, when generalised to apply to other situations besides nursing education it can be assumed to depict the situation where a nurse will have reached his best achievable peak within nursing whatever his role within nursing is, whether in education, practice or otherwise. Once again, as discussed in the previous section with regards to "Competence" and in order to confirm that there is also an inconsistency among authors when defining "competency", Robbins et al. (2001) in their article quote authors who define it as the "minimum" required standard to perform a job and, a few sentences later, quote other authors who view competency as referring to the "star", optimal performance (Robbins et al., 2001, p. 192). Fukada (2018) mentions three theories of nursing competency, which are:

1. behaviourism,
2. trait theory and
3. holism.

Here we can see a great resemblance to other theories that seek to define 'Competence'. Fukada (2018) even gives a second definition of nursing competency as a demonstration of a nurses set of attributes including knowledge, values, skills, personal characteristics, professional attitudes and others required for a nurse to fulfil his role holistically. Sastre-Fullana et al. (2017) and Stobinski (2008) talk in detail about competency and insist that trying to define it has proven "elusive" (Stobinski, 2008, p. 421). He again mentions several authors and expert panels who have attempted to define it, since as early as the 1990s, but insists that the issue of defining competency remains a problem within nursing. In fact, Takase & Teraoka (2011) insist that the lack of definition has also led to the development of "incoherent tools" that assessed only parts of nurses' competence (p. 396). They further state that even when looking through literature, one can see that although several tools have been developed, many of them are either too long or too short or they do not assess general aptitude such as compassion, responsiveness and commitment.

Bing-Jonsson et al. (2016) when discussing competence in community elderly care, came out with a conceptualisation of competence They visualise competence as a collective thing, involving a mix of approaches that altogether grasp an individual's competence. Their conceptualisation is shown in Figure 1 (on page 5).

Watson et al. (2002) try to make a distinction between 'competence' and 'competency', although they do not succeed, as such, in identifying any differences. Cowan et al. (2005) also identify the confusion that emerges when trying to define both concepts and emphasises that both words are often used "inconsistently and interchangeably" (p. 358). Campbell (2006), Clasen et al. (2003), McMullan et al. (2003) and Nagelsmith (1995) talk of 'competence' as a "outcome criterion" (Nagelsmith, 1995, p. 245), while talking about competencies rather as skills, "practical abilities" (Campbell, 2006, p. 41; Nagelsmith, 1995, p. 246;) and underlying characteristics and qualities that are required to demonstrate one's competence (Cowan et al., 2005; Nagelsmith, 1995; Wilkinson, 2013; Zhang et al., 2001). Manley & Garbett (2000) stress that competence can differentiate between superior performance of an experienced nurse to that of a beginner, while Lima et al. (2015) state that it is developed based on "recency of practice and frequency of use of certain nursing skills" (p. 890).

Takase & Teraoka (2011) and Wilkinson (2013) talk about competency, stating that traditionally, competency was measured in terms of clinical skills and their evaluation of these skills, rather than adopting a more modern approach where one evaluates a person's actual abilities while understanding the underlying knowledge related to those skills. One other problem that Fitzgerald et al. (2001), Takase & Teraoka (2011) and Watson et al. (2002) talk about arises when it comes to assessing competencies and when one comes to create a standard for that. Takase & Teraoka (2011) identify difficulties when assessing the reliability and validity of tools used to assess competencies. A final barrier that Crystal Wilkinson

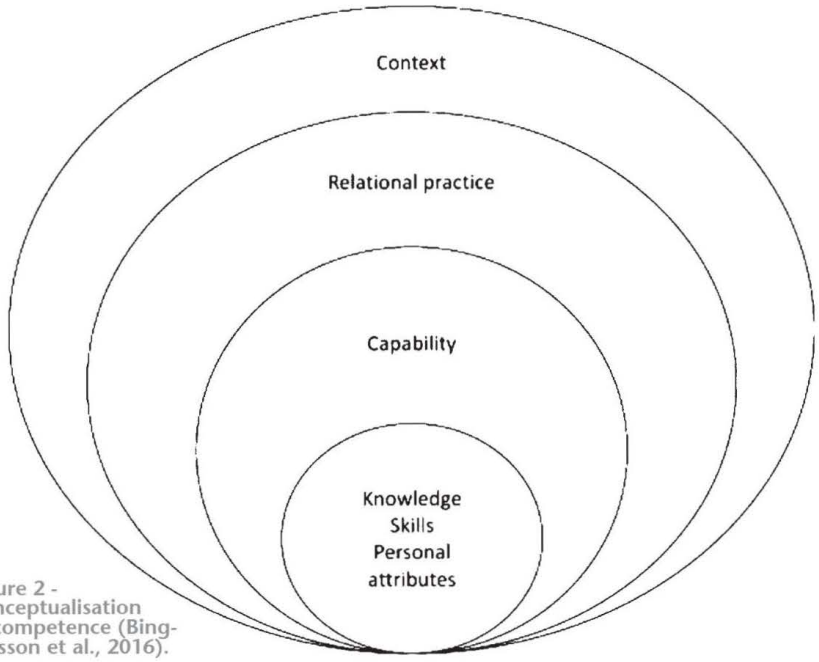

Figure 2 - Conceptualisation of competence (Bing-Jonsson et al., 2016).

(2013) identifies arises when one tries to decide on which competencies are fundamental to all practicing nurses and whether these should be considered as general or fundamental (p. 2). As a final definition, Paganini & Egry (2011) define 'competence' as "the skill to develop knowledge and ability that enhances practice in multiple ways" (p. 573). They then define 'competency' as "a condition of performance, being the underlying mechanism which permits the integration of many types of knowledge and acts necessary to the realisation of a task" (p. 573).

All these factors make deciding on a final definition of 'competence' and 'competency' very difficult. My conclusion is that 'competence' is rather seen as a holistic personal attribute or set of attributes, while 'competency' is seen more as a skill and how a practitioner carries it out.

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"The Calling"

by Edwin C. Hofert

Do you sometimes wonder?
Why you do the job you do?
Did you choose your career?
Or did your job choose you?

Way back before you were born.
God knew there was a need.
So He picked your fertile heart.
And planted a caring seed.

Then He waited and He watched.
Knowing beofre too long.
The desire in you to help others.
Would continue to grow strong.

He guided you throughout life.
Through the courses that you took.
Because you were a chosen one.
You are written in His book.

The caring heart He put in you.
As you put others first.
Leaving only one path to take.
In you there was a thirst.

Not seeking fame or fortune.
Born with a tender touch.
You are who you're meant to be.
That's why you care so much.

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Nurses 'risked lives' to evacuate patients in Gozo hospital fire

Relatives of patients at the Gozo hospital praised nurses for what they described as heroic courage in evacuating patients when a fire broke out on Christmas Day.

Fifty-nine patients were evacuated when the fire broke out at around 9pm on Christmas Day. Some patients were evacuated in wheelchairs while others were wheeled out bed and all. PHOTO: Jo Etienne Abela/Facebook

Dominic Carbonaro was just about to go to bed on Sunday evening when he checked his favourite news portals like he always done at the end of the day.

A news story describing how part of the Gozo hospital had just caught fire shocked him to the core. Just that morning he had taken his mother-in-law to the hospital for treatment and she was spending the night there.

"I feared the worst-case scenario, of course, and rushed to the hospital," he told Times of Malta yesterday. "When I arrived, I could see that several other patients' family members, like me, had gone to check on their relatives. But, by then, the staff had already evacuated everyone out of harm's way."

Carbonaro said nurses were, quite literally, risking their lives to go back inside the hospital repeatedly to fetch more patients as the evacuation operation was underway. "A few nurses at the hospital had oxygen masks on their faces because they had inhaled smoke," he said.

"And, this morning, when I went back to visit my mother-in-law, I could see some of the nurses who were on shift yesterday were already back to work. These people deserve some national recognition for the superb job they did on Christmas Day." Hospital staff realised something was wrong at around 9pm on Sunday, when the fire alarm went off loudly, ringing incessantly through the wards, after most patients had already slept or were dozing off.

A small fire had broken out in a server room located in the male general ward and chaos ensued. Nurses called the emergency services and started wheeling patients out into the parking lot while they waited for civil protection personnel and fire engines to arrive.

Some patients were evacuated in wheelchairs while others were wheeled out bed and all. A total of 59 patients were evacuated and most of them were elderly. The Civil Protection Department deployed five fire tenders to the scene.

A few people there said they saw Gozo Minister Clint Camilleri helping out with the evacuation as well. He arrived shortly after the news broke to help with the relocation of patients, most of whom were temporarily moved to other hospital wards and the Barts Medical School situated on hospital grounds.

During the evacuation, Active Ageing Minister Jo Etienne Abela also posted to Facebook saying he was in contact with the hospital administration and closely following the situation. He thanked all workers and firemen for their work.

Steward Health Care, which runs the Gozo hospital, confirmed in a statement the fire broken out in an 'IT room'. It was not a big fire and it was controlled and extinguished by civil protection workers before it could spread to other wards.

The bigger problem was that the fire started in a room which was relatively close to the front door of the male general ward, causing a lot of smoke to spread along the hospital corridors.

As a result, staff and CPD had to evacuate patients from most of the wards, even though there was a fire in only one. Nobody was injured but a couple of nurses were reportedly kept under observation for a few hours for smoke inhalation.

"The patients were the safest because, once they were out of the hospital, danger was completely averted for them," one hospital workers explained. "Not so for the nurses, though, because they repeatedly had to go back inside and brave the smoke to evacuate more patients."

A magisterial inquiry is underway and sources said investigators are so far excluding foul play. But it remains unclear what caused the fire, with senior sources suspecting it could have broken out when some cables or electronic equipment overheated. Patients were transferred back to the hospital at around midnight.

Except for parts of the hospital where the stench still prevailed and soot covered the walls and the floor, everything was back to normal yesterday and hospital workers spent the day clearing debris and repainting parts of the hospital that were affected by the fire.

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The theme of sickness in St Faustina's Diary

There is no shadow of a doubt that the Diary, written by St. Faustina Kowalska, which bears the name Divine Mercy in My Soul, is a handbook of spiritual life as well as spiritual guidance.

In this abridged library of spiritual information and formation I noticed that, when leafing through this amazing Diary, I could learn alot about the theology of sickness. The word sickness is a recurrent on in this intriguing Diary. In fact, it is mentioned 52 times to say the least.

The first lesson I learnt from reading this Diary is that sickness, when offered with the one, eternal and perfect sacrifice of Christ, is a sacrificial redemptive act for the salvation of sinners. In paragraph 67 the Polish nun recounts:

When I fell sick [probably the beginning of consumption] after my first vows and when, despite the kind and solicitous care of my Superiors and the efforts of the doctor, I felt neither better nor worse, remarks began to reach my ears which inferred that I was making believe. With that, my suffering was doubled, and this lasted for quite a long time. One day I complained to Jesus that I was being a burden to the sisters. Jesus answered me. You are not living for yourself but for souls, and other souls will profit from your sufferings. Your prolonged suffering will give them the light and strength to accept My will.

Sickness can be a time of complete abandonment in God's guidance. In his omniscence God can purposely select the troubling time of sickness to draw a soul closer to his heart to the point that He only becomes her Teacher and Companion. In entry 149 St Faustina talks about the itinerary of the soul to God through sickness:

When the Lord himself wants to be close to a soul and to lead it, He will remove everything that is external. When I fell ill and was taken to the infirmary, I suffered much unpleasantness because of this. There were two of us sick in the infirmary. Sisters would come to see Sister N., but no one came to visit


photo | onesoulforhim.wordpress.com

me. It is true that there was only one infirmary, but each one had her own cell. The winter nights were long, and Sister N. had the light and the radio headphones, while I could not even prepare my meditation for lack of a light.

The third lesson that came to me when reading this spiritual masterpiece is that the time of sickness is the perfect moment when a patient is to be introduced to the sacraments, namely the Sacrament of reconciliation. St Faustina writes that thanks to such a sacrament the soul receives complete peace, power and courage to face the harships sickness brings to the ailing person. In paragraph 321 the Polish saint observes:

Oh, may God keep every soul from delaying confession until the last hour! I understood the great power of the priest's words when they are poured out upon the sick person's soul. When I asked my spiritual father whether I was ready to stand before the Lord and whether I could be at peace, I received the reply "You can be completely at peace, not only right now but after each weekly confession." Great is the divine grace that accompanies these words of the priest. The soul feels power and courage for battle.

The fourth insight which the reading of St Faustina's Diary gave me was that sickness would not save a person from engaging in spiritual warfare. In effect, the latter keeps going on till the very last breath of a person's life. Notice how, in the following paragraph number 517, the old and sick sister replied to the saint's affirmation that this old nun was surely prepared to face God's judgement.

Once, when visiting a sick sister who was eighty-four and known for many virtues, I asked her, "Sister, you are surely ready to stand before the Lord, are you not?" She answered, "I have been preparing myself all my life long for this last hour." And then she added, "Old age does not dispense one from the combat." The fifth understanding the Holy Spirit presented to me as I read this instructive Diary is that the sick person is fortified by the reception of the Sacrament of the Eucharist. St Faustina had a firsthand experience of this, an experience which she could not help but sharing it with us in paragraph 876.

January 10, 1937. I asked the Lord today to give me strength in the morning so that I could go to receive Holy Communion. My Master, I ask You with all my thirsting heart to give me, if this is according to Your holy will, any suffering and weakness that You like - I want to suffer all day and all night - but please, I fervently beg You, strengthen me for the one moment when I am to receive Holy Communion. You see very well, Jesus, that here they do not bring Holy Communion to the sick; so, if You do not strengthen me for that moment so that I can go down to the chapel, how can I receive You in the Mystery of Love? And You know how much my heart longs for You. O my sweet Spouse, what's the good of all these reasonings? You know how ardently I desire You, and if you so choose You can do this for me.

On the following morning, I felt as if I were perfectly well; the faintings and the weaknesses ceased. But as soon as I returned from the chapel, all the sufferings and weaknesses immediately

returned, as if they had been waiting for me. But I had no fear of them at all, because I had been nourished by the Bread of the Strong. I boldly look at everything; even death itself I look straight in the eye.

The final insight which the Holy Spirit made me comprehend when reading about the theme of sickness is that service rendered to any sick person is service directly rendered to Christ. This great truth is found in paragraph 1029.

The doctor did not allow me to go to the chapel to attend the Passion Service, although I had a great desire for it; however, I prayed in my own room. Suddenly I heard the bell in the next room, and I went in and rendered a service to a seriously sick person. When I returned to my room, I suddenly saw the Lord Jesus, who said, My daughter, you gave Me greater pleasure by rendering Me that service than if you had prayed for a long time. I answered, "But it was not to You, Jesus, but to that patient that I rendered this service." And the Lord answered me, Yes, My daughter, but whatever you do for your neighbor, you do for Me.

In these six selected passages from St Faustina's Diary there is surely much to be said regarding the sick person and the time of sickness. The sick person resembles Christ when s/he offers his/her suffering for the conversion of sinners. Thus, the time of sickness can be one of expiation with, in and through Christ for the benefit of all. Furthermore, the sick person can grow in his/her complete trust in God. So, the time of sickness can be a tough yet fruitful lesson in one's abandonment in God's saving will. Moreover, it is never late for the sick person to reconcile himself/herself with Christ.

Hence, the time of sickness can be a moment of growth in the Sacrament of Reconciliation. When entirely united with Christ the sick person is a bold winning warrior in the spiritual battle s/he is engaged with. Therefore, the time of sickness is a golden opportunity for the person to keep warring till the very end by relying on God's ever faithful grace. The sick person is greatly strenghtened in his/her spiritual combat by the Sacrament of the Eucharist. So, the time of sickness can bring for the sick person a new appreciation of this Sacrament of Sacraments. Finally, the sick person embodies Christ himself. Therefore, and as Pope Francis incessantly teaches, time spent helping the sick is a holy time indeed.

What great theological and spiritual insights the Lord has endowed me with as I studied the theme of sickess in St Faustina's Diary! I praise you Lord Jesus Christ! Amen!

Fr Mario Attard OFM Cap

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The nursing profession is fundamentally linked to caring. Characteristically caring is emphasised in nursing education by encouraging students to support each other, through peer support and feedback, as well as by establishing a rapport with their educators who from their end seek to provide students with guidance throughout their degree programme.

It is important for nurse educators, clinicians, and managers to be caring literate with nursing students. Nursing students believe that nurses inherently possess the ability and desire to care and seek to emulate and learn how to develop this quality further from them. It is also noted that student nurses need to feel supported, encouraged and motivated to learn. Providing a caring learning environment is conducive to creating the right environment for student nurses to learn.

Aside from the theoretical components, the nursing programme has a significant amount of time dedicated to clinical placements. This means that students spend an equal amount of time on clinical placement as they do on campus. Aside from developing clinical competencies students are required to develop their communication skills and demonstrate care and compassion to their patients. Students are supported by academic staff throughout the programme, however while on clinical placement they will also seek and rely on the support of their assigned clinical mentor.

Clinical mentors choose to take on an added commitment towards nursing students to provide them with individual attention and support, although it still holds that EVERY nurse has a responsibility to care, guide and support nursing students. The focus here is therefore not only emphasising the importance of showing nursing students how to care for patients, but for nurses to demonstrate a caring approach to student nurses, taking care of our own at the beginning of their journey, demonstrating at first hand the value of caring.

A quick literature search led to an article titled "Practices of caring for nursing students: A clinical learning environment", a research article by Subke, Downing & Kearns (2020). The purpose of their study was to explore, identify and highlight nursing students' best encounters of caring during clinical placements. Caring for nursing students was emphasized with recommendations provided to enhance caring for nursing students within their clinical learning environment. The study results emphasised the importance and need of caring for the nursing student. In their analysis the authors compare 'caring to the heart as the core to the nursing students' being' (Subke, Downing & Kearns, 2020).

As a result Subke, Downing & Kearns (2020) recommend that caring for the nursing student is essential therefore 'best caring practices need to be emphasized and a student-friendly environment established by all clinical staff portraying guidance and support; caring for the nursing student allows for increased confidence, motivation and general well-being, and therefore impacts on relationships within the clinical learning environment as well as patient care; as awareness of caring is developed, training and skills workshops about caring practices and all aspects of caring may be introduced; nursing students may also be frequently reminded of 'self-care'; it is imperative to have nursing managers who are effective role models and who display professionalism and care'.

Every nurse has the responsibility and duty to be empathetic and caring literate towards nursing students'. Our job description highlights that staff nurses should: - 'demonstrate ability to lead, supervise and monitor care provided by junior staff, enrolled nurses, nursing students and support workers in accordance with the Maltese Scope of Practice; demonstrate respect and sensitivity for diversity in beliefs, values and cultural practices of all staff, students, relatives, and clients; assist students to identify and address their learning by enabling a conducive learning environment'. Other nursing grades also have similar descriptors linked to supporting students, these can found at https://deputyprimeminister.gov.mt/en/department-of-health-services/nursing-services/Pages/nursing-and-midwifery-job-descriptions.aspx.

It is hoped that every nurse takes the opportunity to guide and support nursing students practicing in their clinical area. By providing a welcoming and safe clinical environment students will have an improved learning experience and journey to becoming a nurse, where every student nurse is vital for the future of our workforce. In addition, acknowledging and valuing the input you can have on a student's journey will hopefully continue to motivate nurses to take on the rewarding role and commitment of becoming a clinical nurse mentor.

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Why are nurses leaving the profession?

photo | www.nursingtimes.net

1. Retirement

The nursing workforce gets one year closer to retirement with each passing year. This is why our first reason for nurses leaving the profession is retirement. Additional pandemic stress has prompted some to retire early, while others are nearing retirement age which just so happens to be during a pandemic.

2. Burn out

Nursing can be a very physically and emotionally demanding job. Often there is not enough staff for the number of patients, and the demand placed on nurses has only increased in recent years. The patient volume and acuity have increased and there is not enough staff to meet that demand. Many healthcare staff are burnt out and are leaving the profession to regain their physical and mental health.

3. Vaccine mandates

Recent debate over COVID vaccine mandates has been one of the reasons nurses are leaving the profession at the moment. Parts of the population have been outraged by the recent mandates. And in many ways, the nursing community has also been affected. More so for some nurses, vaccine mandates are an ethical issue.

4. Family income

In some cases, the nurse in the family is not the sole moneymaker in the family. The schedule and required hours might increase the hours needed for childcare. Nursing couples with a higher-paid spouse often take this into account. Nursing is a great career, but compared to other professions it may not be worth time away from home.

5. Family member needs

With school systems closing down across the country childcare is a major concern for some nurses. Depending on family situations, it might make more sense for one parent to stay at home. Or, with the extra need for childcare at home, it might not be possible to work

a full-time schedule. As older family members' health is deteriorating faster due to the pandemic, some nurses are taking caregiving roles at home. Leaving little to no time to clock in for work.

6. Higher education

Nurses are leaving the profession because they desire more from their current role. They might be fulfilled in their position or maybe their plan all along was to go back to school and use the registered nursing career as a stepping-stone into a better position. With the flexibility of their nursing background, many nurses are realizing the potential to provide income with their knowledge in a related field that is not nursing. This could be a temporary leave to gain your Master's degree or a certification that you have been wanting, or leaving to advance your education and transition into a new role. Either way, it requires time away from the nursing profession.

7. Mini-Retirement

At a certain point in anyone's career, re-evaluation of your work-life balance is taken into account. Many nurses now find themselves contemplating why it is they continue to choose to clock into a job that does not fit within the lifestyle they have envisioned for themselves. Time away from work can give them the clarity they need to figure out exactly what they want their careers to look like.

8. Personal Illness

Like mentioned above, a personal illness could be the downtime needed to reflect on one's career choices. Just like their patients, nurses become ill and experience their health problems. It might be a temporary leave, or they might be suffering from a personal illness that prevents them from returning to this career.

9. Mental Health

Many nurses are leaving the profession due to the recognition of their own mental health. Nursing is a mentally exhausting career to be in. For many nurses, they are put into difficult situations and often have little time to process or cope. Over time it can take a huge toll on your mental wellbeing and result in nursing staff leaving their career paths to pursue something else. Mental health is something that is not as often talked about but can have a tremendous impact on our lives. Because of a nurse's role in the healthcare system, it is often difficult for them to seek guidance or help when they may be struggling.

10. Staffing shortages

People are more aware of the need to appropriately staff medical facilities in the climate of today's pandemic. Staffing shortages are not just a result of COVID. When there are not enough nurses that could just mean that fewer nurses are going to each have to take care of more patients. Short staffing can leave nurses more prone to burnout and personal illness.

When there are not enough nurses that means, sometimes mandatory, overtime for the nurses who are working. Working extra hours can affect sleep quality and work performance which can lead many nurses to different types of employment.

11. Undervalued

Nurses play such an important role in the healthcare system, yet their work tends to be undervalued by hospital co-workers and supervisors. As well as by many of their patients in some cases. Many nurses feel their employers are not looking out for their best interest at heart and only care about profiting in the current healthcare system. Nurses do not expect to be thanked for every task that they perform, but nurses do want to be seen as valuable members of the healthcare team.

12. Work-related injuries

As mentioned previously, unsafe working conditions and understaffing can contribute to work-related injuries. The career of nursing is physically demanding day after day and should not be taken lightly. A requirement before getting any nursing job is to be able to lift objects, stand for long periods, and not know exactly what each day will bring you. It's the nature of the job and can be a huge factor in why nurses aren't choosing to leave but are forced to leave the profession because of an injury. This is another reason that might be temporary but could also be permanent and impact their lives outside of work as well.

13. Pay

A career in nursing is very rewarding but that doesn't necessarily translate into more money on your pay check. Nurses can earn a lot of money and increase their payments over time, but it's not always the case. In some areas of the country, nurses have to work more than one job just to make ends meet. Many other professions require a lot less emotional commitment and education than the nursing profession. Because of this, many people who initially wish to be nurses have their ambitions find themselves overshadowed by the low pay. Some are making career moves that could allow for a more sustainable career that can even pay more than their nursing salaries.

14. Unsafe working conditions

Many nurses are leaving the profession because they feel that they are unsafe in some way or another. Whether it is the patient population they feel unsafe from or the working conditions they have to endure, it is hard to get someone to stay at their job if they feel unsafe.

15. Not rewarding

A career in nursing can be exhausting over the long term. It can be exhausting and easy to lose sight of why you went into this profession in the first place. When it feels like all you are doing is clocking in, taking care of others, and then clocking out it can feel like there is no time to take care of yourself. When you can't take care of yourself you might find it harder to take care of others.

Brittney Bertagna, BSN, RN


photo | www.tlccare.co.uk

Dementia and depression among older people

The world's population is rapidly aging. The percentage of the world's older adults is expected to nearly double between 2015 and 2050, from about 12% to 22%. Older people face unique physical and mental health challenges that must be addressed.

Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders), and mental and neurological disorders account for 6.6% of all disability (disability adjusted life years-DALYs) among people over 60. These disorders account for 17.4% of Years Lived with Disability in older people (YLDs). Dementia and depression are the most common mental and neurological disorders in this age group, affecting approximately 5% and 7% of the world's older population, respectively. Anxiety disorders affect 3.8% of the elderly. Mental health issues are under-identified by both health-care professionals and older people, and the stigma associated with these conditions makes people hesitant to seek help.

At any point in life, there may be multiple risk factors for mental health problems. Older people may experience life stressors that all people experience, as well as stressors that are more common in later life, such as a significant ongoing loss of capacities and a decline in functional ability. For example, older adults may have reduced mobility, chronic pain, frailty, or other health issues that necessitate long-term care. Furthermore, older people are more likely to experience events such as bereavement or a decline in socioeconomic status as a result of retirement. All of these stressors can lead to isolation, loneliness, or psychological distress in the elderly, which may necessitate long-term care.

Mental health affects physical health and vice versa. Older adults with physical health conditions such as heart disease, for example, have higher rates of depression than those who are healthy. Furthermore, untreated depression in an elderly person with heart disease can have a negative impact on its outcome.

Dementia is a chronic or progressive syndrome characterized by deterioration in memory, thinking, behaviour, and ability to perform daily activities. It primarily affects the elderly, but it is not a normal part of aging. Dementia affects an estimated 50 million people worldwide, with nearly 60% living in low- and middle-income countries. The total number of dementia patients is expected to rise to 82 million by 2030 and 152 million by 2050. In terms of the direct costs of medical, social, and informal care associated with dementia, there are significant social and economic issues. Furthermore, physical, emotional, and financial stress can be extremely stressful for families and caregivers. Both people with dementia and their caregivers require assistance from the health, social, financial, and legal systems.

Good general health and social care are critical for promoting the health of older people, preventing disease, and managing chronic illnesses. It is therefore critical to train all health care providers in dealing with age-related issues and disorders. Primary mental health care at the community level is critical for older people. It is also critical to focus on the long-term care of older adults suffering from mental disorders, as well as to educate, train, and support caregivers.

Dementia Intervention Team

The Dementia Intervention Team (DIT) provides a holistic community-based support service for persons with dementia and their caregivers'. The team's assessment of the caregivers' and care recipients' situation is carried out in the home where the person with dementia is residing. Following the assessment, a care plan is tailor-made for each case – which might include education and training, support, and advice on safety and coping strategies for both the person with dementia and their caregivers. The team's main aim is to enable people with dementia to continue actively ageing in the community and improve their quality of life.

Dementia Helpline 1771

Mark Vassallo is a practice nurse with the Dementia Intervention Team and a MAPN council member. https://www.mapnmalta.net/


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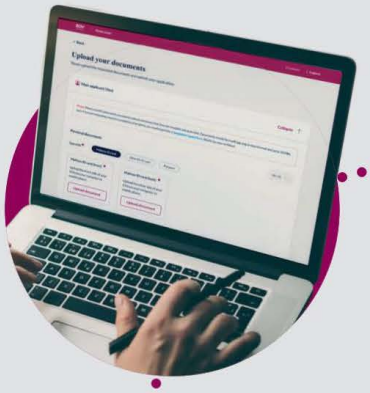

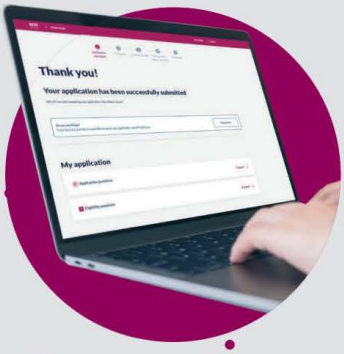

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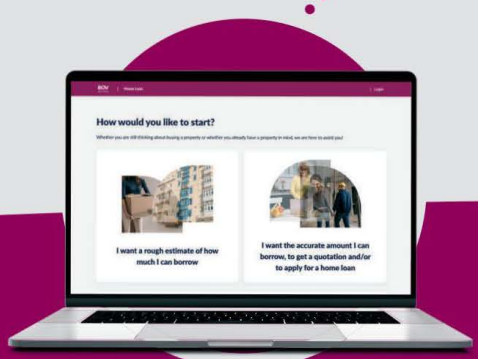

04
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