

# Il-Musbieh

## MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

Numru 99 - Ġunju 2023



**MAKE A  
DIFFERENCE**

**CHOOSE NURSING**  
THE HEARTBEAT OF HEALTH CARE

T: 2144 8542 E: [administrator@mumn.org](mailto:administrator@mumn.org) [www.mumn.org](http://www.mumn.org)



**MAKE A  
DIFFERENCE**

**CHOOSE NURSING**  
THE HEARTBEAT OF HEALTH CARE

T: 2144 8542 E: [administrator@mumn.org](mailto:administrator@mumn.org) [www.mumn.org](http://www.mumn.org)



**MAKE A  
DIFFERENCE**

**CHOOSE NURSING**  
THE HEARTBEAT OF HEALTH CARE

T: 2144 8542 E: [administrator@mumn.org](mailto:administrator@mumn.org) [www.mumn.org](http://www.mumn.org)



**BOV**

Bank of Valletta

the heartbeat of healthcare

[www.mumn.org](http://www.mumn.org)

Tel: 2144 8542 E-mail: [administrator@mumn.org](mailto:administrator@mumn.org)



# Reach new heights in your **Healthcare Career**

INTAKE IN OCTOBER

Part-time Evening Classes

## Certificate

Certificate in **Elderly Care**

## Level 5 Diploma

Diploma in **Health Science - Nursing Studies**

Bridging course for non-EU nurses in Malta

## Bachelors

B.Sc. in **Nursing (Top-up Degree)**

## Masters

M.Sc. in **Healthcare Management & Leadership**

M.Sc. in **Elderly Care Management**



REGISTER NOW

[ideaeducation.com](https://www.ideaeducation.com)

GIVE US A CALL

21456310

# contents



- Compassionate Care  
pages 14-15



- From our diary  
pages 20-21



- L-Infermiera tal-Militar  
pages 25



## Harga nru 99 Gunju 2023

### Group Committees - Chairpersons & Secretaries Mater Dei Hospital:

Emily Galea, Chairperson: 77440050;  
Glen Camilleri, Secretary: 79205674

SVP: Therese Decelis, Chairperson: 79809080;  
Mario Galdes, Secretary: 79449324

RHKG: Graziella Buttigieg, Chairperson: 79275872

Health Centres: Roseanne Bajada, Chairperson: 79671910

MCH: Angelo Abela, Chairperson: 79594326;  
Malcolm Bezzina, Secretary: 77822561

SAMOC: Charles Galea: 79651430;  
Mark Mifsud: 99868033

GGH: Joseph Camilleri: 79485693; Anthony Zammit:  
79617531; Jennifer Vella: 79277030

ECG Technicians: Alex Genovese, Chairperson: 79860571;  
Paul Caruana, Secretary: 79604338

Physiotherapists: Pauline Fenech, Chairperson:  
79491366; Daren Stilato, Secretary: 77222999

Midwives Group Committee: Luciana Xuereb,  
Chairperson: 79538562; Marie Claire, Secretary:  
99827852

### MUMN Council Members

Paul Pace - President: 79033033

Colin Galea - General Secretary: 79425718

Alex Manche' - Vice-President: 77678038

George Saliba - Financial Secretary: 79231283

Alexander Lautier: 99478982

Geoffrey Axiak: 99822288

William Grech: 79011981

Claire Zerafa: 99217063

Joseph Aquilina: 99467687

Alexandra Abela Fiorentino: 79642163

MUMN Office: 21448542

### Editorial Board

Joseph Camilleri (Editor) CN M1 MDH

William Grech: 79011981

Alexander Lautier: 99478982



## Pubblikat: Malta Union of Midwives and Nurses

Warner Complex, MUMN, Triq il-Vitorja, Qormi QRM 2508

• Tel/Fax: 2144 8542 • Website: [www.mumn.org](http://www.mumn.org) • E-mail: [administrator@mumn.org](mailto:administrator@mumn.org)

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

L-MUMN ma tistax tinzamm responsabbli għal xi hsara jew konsegwenzi oħra li jiġu kkwazati meta tintuża informazzjoni minn dan il-gurnal.

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

Ċirkulazzjoni: 5,000 kopja.

Il-Musbieh jiġi ppubblikat 4 darbiet f'sena.

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

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

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

Ritratti tal-facċata: MUMN

# Paying the high price

Malta has achieved some remarkable successes in healthcare in the last few decades but following February's court annulment of the privatisation deal for three state hospitals with a damning verdict slamming the process as fraudulent, one asks: What could have been achieved instead of a failed E400 M deal? Furthermore, the potential lost, in the time wasted and the ever-growing expenses due to inflation.

Investment in health must be at the focus of our vision for a prosperous future. However, this provides challenges that demand costly long-term health and social care planning. For sure such funds should have been contributed to this regard.

Likewise, Malta post-Covid 19 pandemic and a fierce war next door, faces other unprecedented healthcare challenges due to a fast-growing population due to immigration and the importation of foreign workers and an ageing population. Wise spending and planning towards improving public healthcare facilities and medical equipment costs could have been the rule of the day and not the other way round.

Many debate that we must be prepared to pay more taxes if we want our public health system to be sustainable in the long term, but could we have spent wisely on the nursing profession? Malta's healthcare system is lacking 500 nurses! Couldn't we have invested in Maltese citizens to be attracted to Nursing? Why were 30 proposals for the collective agreement totally ignored by the Central Government that were counter-proposed by a mere two-page document? Such profession should

be remunerated above average and not taken for granted. Governments should invest more in our working conditions because ultimately, we are key workers who keep healthcare afloat. We must strive towards a more professional workforce i.e.: The retainment of senior staff instead of new recruitment and enticing more Maltese people into the workforce. This reduces the resources wasted on continuously training of new staff and instead continuously develops the nurse in a professional manner.

If we are to consider health as a balanced strategy for economic prosperity, we could have taken Mater Dei hospital to the next phase i.e., invest in further expansion to fulfil the needs and demands driven by demographic and epidemiological transition. Since MDH opened its doors in 2007 its emergency services are also in dire need of expansion and investment to reduce waiting times. This is because A&E waiting times are often used as a barometer for overall performance of the national health social care system. Our canteen, our open dining areas, our lecture rooms and our library have been transformed to wards. Fair enough, the pandemic was a priority.

What are we waiting for to return such facilities to their original use?

Mount Carmel Hospital has become overcrowded, and refurbishment has been slow or inexistent. A new mental health hospital has been promised, but so far nothing has been delivered. Could money be invested in such an important project? Vitals and Steward had promised a new 250-bed hospital in Gozo with a larger ITU, more acute beds, a new A&E, a revamped medical imaging department and a new acute psychiatric unit. To this date, nothing. They promised a refurbished St. Luke's Hospital but again, no project in sight. To this effect the new nursing school never materialised at St. Luke's but remained in the Paola MCAST campus, let alone funded by them.

Palliative care services facilities have constantly become overcrowded during the past few years. Development in this area is also felt especially because of the constant waiting list of the patients needing palliative care that are admitted in general wards and not palliative wards.

Ultimately if public spending was spent wisely, there was no need to issue industrial directives to fight for our sectoral agreement! We're just paying a high price because of someone's (irresponsible) actions instead of the much-needed investment in the medical sector. ■

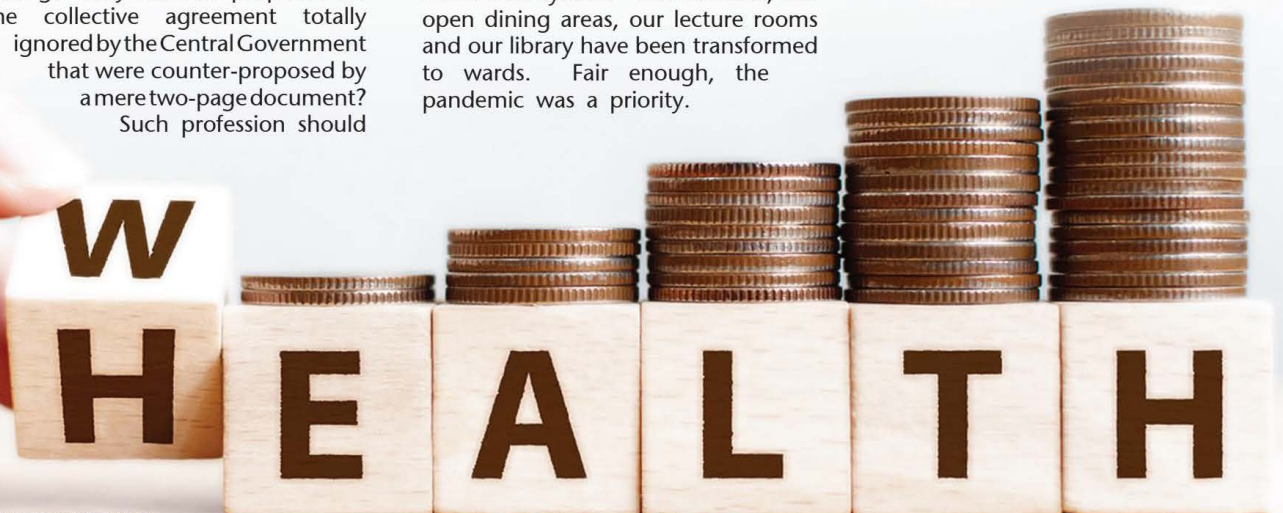


photo | prosperitynow.org

## President's message

As most of you are aware, MUMN has been heavily involved in the two sectorial agreements negotiations. I am referring to the Nursing/Midwifery sectorial agreement and the one about the ECG Technicians.

The ECG Technician's sectorial agreement expired a year ago while the nursing/midwifery one expired 6 months ago. MUMN is committed to conclude the ECG Technicians sectorial agreement and then followed by the nursing/midwifery one. Currently there are no meetings in progress for both agreements but there are still pending issues in both agreements. The process of negotiations has now moved to exchange of correspondence, but important issues have not yet been finalized in both agreements. Rest assured, that MUMN would not sign any sectorial agreement if you do not approve the agreement. The highlights of the agreement will be handed to all members attending the meeting. Nothing is actually finalized unless the members approve the sectorial agreement.

Since in both sectorial agreements, a final agreement has not been reached, nothing is excluded. In fact, the ECG Technician's sectorial agreement has bigger issues than that of the nurses/midwifery one. Unfortunately, all sectorial agreements meetings were intense, and no empathy or sympathy was shown to the fact of the huge shortage in all the professions. The huge crisis in the Health Sector seems to be non-existent for the Government side and MUMN had to strive for every financial incentive.

With the huge explosion of the population, the Health Sector made no capital investment as to expand its services. No new wards are not even being planned to be built, no new parking in MDH has ever materialized even though huge queues are taking place daily in MDH due to inadequate parking spaces and the so-called refurbishment of Mt. Carmel Hospital is very far away. Not to mention that the Northern Hub and the new mental hospital, which was supposedly be next to MDH, have not even initiated let alone completed.

It is clear to all that the Government does not place Health Services as a

priority but is more focused to spend money on business and development in the country. The millions of euros being spent through Malta Enterprise is a staggering amount when compared to the health budget. The health budget has always been the largest of all the Government ministries. Currently the Health Budget is around 900 million which budget does not allow for new capital investment even though it is the biggest budget within Government Ministries.

However, the situation of lack of infrastructure in the Health Sector cannot be allowed to remain status quo. It is being mentioned that the Maltese population is to increase even further with more Third Country Nationals (TCN) to arrive in Malta.

The Maltese population has now exceeded half a million and astonishing figures such as that the population needs to arrive to 800,000 is being mentioned. MDH has a bed capacity, which barely copes with a population of 400,000 so that implies that if the population continues to increase, another MDH would be needed to be built. The writing is on the wall but nobody in Government dares to mention that the Health Services are not adequate since no capital projects are ongoing let alone even started.

All services require more nurses, but the Government has no road map on how to attract young people into the nursing profession. The only road map, which the Government recently adopted is to rob the private elderly sector from their investment in, bringing TCNs to Malta. In fact, the Ministry of Health has just issued a call to employ TCNs to dismantle the Elderly Services in Malta and to rob the private contractor from their nurses. It will be just a matter of time when all private contractors will stop bringing nurses from India and Pakistan knowing well that their investment will be poached by the Government.

A carer to become a nurse in Malta takes one year nine months and the private contractor sponsors around 5,000 euros for the carer to do the bridging course organized by either UOM, MCAST or IDEA Academy to become a nurse. These are the realities taking place in Malta.

Summer is with us, and it is a time to spend with family and friends. Life is more than just work and it is important that take holidays even from a mental well-being aspect. Everybody needs a break, so make sure you all take one.

**Paul Pace**  
President

# Messaġġ mis-Segretarju Ġenerali

Beda l-istaġun tas-Sajf u miegħu bdiet tirranka s-sħana wkoll però daqs kemm kienu sħan in-negozjati li kellna mal-Gvern dwar il-ftehim settorali ġdid, din is-sħana m'hi xejn. In-negozjati kienu iebesha u diffiċli però bil-persważjoni, konsistenza u paċenzja, irnexxielna naslu fejn xtaqna. Fil-bidu konna nkwetati ferm li ma konniex se naslu però wara l-Laqqgħa Ġenerali Straordinarja fil-lukanda Phoenicia, l-affarjiet bdew jiċċaqaqlqu u l-piż beda kull ma jmur dejjem jeħfief. Mhux għax l-affarjiet bdew jaqgħu f'hoġorna tafux, imma bil-persważjoni bdejna naslu bil-mod. Baqa' f'it biex ngħalqu għal kollox u nerġġhu niġu quddiemkom biex tapprovawh.

L-MUMN għandha l-prinċipji tagħha li ma jinbidlux kif jinbidel it-temp. Sena ilu skada l-Ftehim Settoral tal-ECG Technicians. Sitt xhur qabel skada tan-nurses u l-midwives. Dan ifisser lil-ewwel irid jiġi ffirmat il-ftehim settorali l-ġdid tal-ECG Technicians imbagħad wara jiġi ffirmat tan-nurses u l-midwives. L-aktar li jista' jsir huwa li jiġu ffirmati f'daqqa. Lin-nurses u l-midwives żgur li mhux ser tagħmlilhom differenza għaliex l-allowances huma kollha datati meta se jingħataw u għalhekk l-ammonti jibqgħu l-istess, irrelevanti meta jiġi ffirmat però lil ECG Technicians

tagħmlilhom differenza kbira għaliex jekk tagħhom jiġi ffirmat wara, jispiċċaw jiehdu l-buqxiex. Għalhekk, tħallu lil hadd jimlikom moħħkom b'affarjiet li ma jeżistux. Hattu f'idejna kif dejjem għamiltu. Persważi li intom ukoll għandkom il-prinċipji sodi bħal tagħna għax kollha kemm aħna magħmulha mill-istess pezza.

Din il-ħarġa tal-Musbieħ hija d-99 waħda. Li jmiss, ta' Settembru, se tkun il-100 waħda u għalhekk jixraq li tkun ħarġa speċjali. Jekk inti trid tagħmel xi kontribuzzjoni billi tikteb xi artiklu jew

xi haġa oħra li inti tħossok komdu fiha, nistiednek tibgħatilna sal-aħħar ta' Awissu. Dan il-ġurnal beda jintbagħat lill-membri f'it wara li twaqqfet l-MUMN u baqa' għaddej tul dawn is-snin kollha mingħajr l-ebda interruzzjoni. Mhux kull union għandha dan il-privileġġ. Aħna fortunati li matul dawn l-aħħar 25 sena dejjem kien hemm volontiera li hallew ix-xema' tal-Musbieħ tixgħel u tkebbes id-dawl fost il-membri kollha mingħajr distinzzjoni.

La qed insemmu l-membri, nixtieq naqsam magħkom statistika importanti. L-MUMN għadha kemm qabżet il-5000 membru. L-ammont eżatt għax-xahar ta' Ġunju huwa 5005 membri. Grazzi lil kulhadd tal-fiducja tagħkom.

Għal lum se nieqfu hawn. Nixtieq Sajf trankwill u mimli saħħa lilek u lil dawk ta' madwarek. Jekk tista' tistrieħ hu ċ-ċans u toqgħodx lura. Dak li niehdu mill-ħajja. Tislijiet mill-qalb.

*Colin Galea  
General Secretary*



**L-isptar San Luqa fl-imġhoddi**

# 2022 marks most violent year against health workers and facilities in conflicts in the Last Decade: Report

A new report published by the Safeguarding Health in Conflict Coalition (SHCC) documents 1,989 attacks and threats against health care facilities and personnel across 32 countries and territories in armed conflict and situations of political violence throughout 2022. The reported figure represents the most severe year of attacks against health care in the last decade globally. Over half of all attacks were reported in just two countries, Ukraine and Myanmar. The report identifies more than 750 attacks perpetrated by the Russian Federation on health care in Ukraine alone—the most committed in a single year in one country.

“Over the last year, we identified a 45% increase in reported incidents of violence against or obstruction of health care in conflict zones as compared to 2021,” said Christina Wille, director of Insecurity Insight, which led the data collection and analysis for the report. “Health workers have been systematically targeted with violence, killed, arrested and kidnapped while health facilities have been destroyed with explosive weapons and robbed of essential medicine and equipment.”

Of these violent incidents, the report identifies:

- 1,989 total reported incidents of violence against health facilities and health workers
- 704 incidents where health facilities were destroyed or damaged
- 232 health workers killed
- 298 health workers kidnapped
- 294 health workers arrested

Despite the alarmingly high global rates of reported attacks on health, the number of violent incidents documented in the report is likely an undercount due to difficulties of data collection given insecurity, communication blockages, and fear of retaliation for reporting.

“Some of these assaults are well-known and frequently reported, especially the bombing and shelling of hospitals and clinics,” said Leonard Rubenstein, chair of the SHCC and professor at the Johns Hopkins Bloomberg School of Public Health, “But less visible acts, like attacks on vaccinators in seven countries, deprive millions of children protection from measles, polio and other diseases, as vaccination campaigns have to be suspended.”

Following Russia’s invasion of Ukraine in February 2022, the report documents 782 violent incidents against health throughout the first 10 months of the conflict alone, many attributed to the

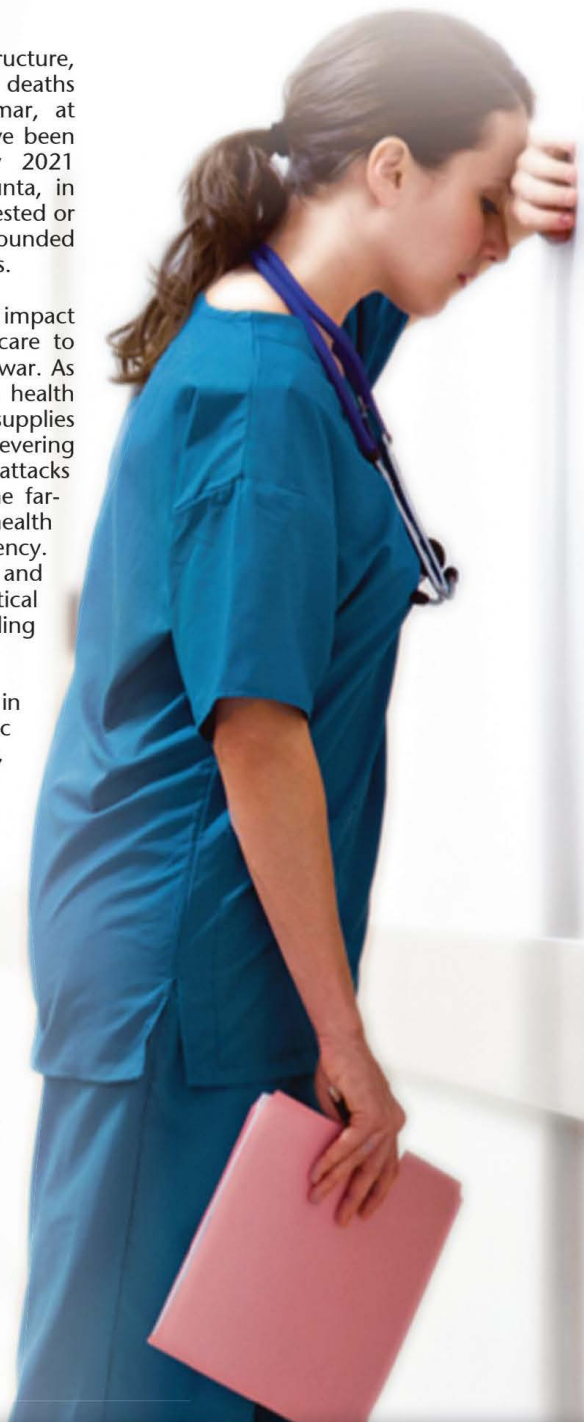
destruction of the health infrastructure, shooting at ambulances and deaths of health workers. In Myanmar, at least 271 violent incidents have been reported since the February 2021 coup d’état by Myanmar’s junta, in which health workers were arrested or brutally killed for caring for wounded and bombing of health facilities.

“The assaults have a devastating impact on the availability of health care to people already suffering from war. As health systems are destroyed, health workers flee, and essential supplies and medication are looted, severing access to health for years after attacks take place,” added Wille. “The far-reaching impacts of attacks on health are as disturbing as their frequency. Health workers were arrested and killed in countries where political instability has endured, including Iran, Myanmar and Sudan.

In protracted conflicts in Afghanistan, the Democratic Republic of the Congo, Nigeria, South Sudan, the occupied Palestinian territory and Yemen, the report found severely high rates of attacks on health. Across the wider Sahel, the report also reveals how insecurity for health care providers has been growing as the humanitarian space has been shrinking.

“The suffering patients and health workers endure from these war crimes cannot be undone, but accountability for the attacks can bring them a measure of justice. Global attention to Russia’s atrocities in Ukraine must become an inflection point in prosecuting the perpetrators of these crimes there and everywhere,” added Rubenstein.

continued on page 35





MCAST

MG2i

# Further Your Future

Enrolment open from June till July 2023

**Alumni Discounts**  
AVAILABLE

**Institute of Applied Science**

Scan QR Code to request a meeting



**Master of Science  
in Professional Health Practice**



**Master of Science  
in Advanced Clinical Practice**



**Bachelor of Science (Honours)  
in Nursing**



**Undergraduate Certificate  
in Nursing Studies  
(Bridging Course)**

Tel: +356 23987116 / 7776 / 7777 / 7878

Email: [shortcourses@mcast.edu.mt](mailto:shortcourses@mcast.edu.mt)

[www.mg2imalta.com](http://www.mg2imalta.com)



**Get**  
QUALIFIED





Press Information  
Communiqué de presse  
Comunicado de prensa



## Report reveals extent of damage caused to healthcare professionals during the Covid-19 Pandemic

Geneva, Switzerland, 3 April 2023 – A comprehensive report from the World Health Professions Alliance (WHPA) and the World Health Organization (WHO) has revealed the extent of the physical and psychological damage done to healthcare professionals during the Covid-19 pandemic because the health systems they worked in failed to protect them.

It pulls together evidence of the impact of the pandemic from the WHPA's five members, FDI World Dental Federation, the International Pharmaceutical Federation (FIP), the International Council of Nurses (ICN), World Physiotherapy and the World Medical Association (WMA), which in total represent 41 million healthcare professionals. The report, What the Covid-19 pandemic has exposed: the findings of five global health workforce professions, says healthcare workers feared for their personal safety during the pandemic because of a lack of protective equipment, and the absence of any systematic support and security left many feeling undervalued.

WHPA Chair Jonathon Kruger said, "By pooling the data from surveys of their memberships conducted during the pandemic, the WHPA organizations have been able to put together a unique picture of what the pandemic looked like for health professionals on the ground. By identifying the challenges we have in common across the professions, we can work together to resolve them.

"The WHPA is also pleased to see the publication of this report as one of the first concrete outcomes of the Memorandum of Understanding signed between its members and the WHO in

November 2022, and looks forward to continuing the collaboration."

ICN Chief Executive Officer Howard Catton, who is a co-author of the report, thanked fellow authors Hoi Shan Fokeladeh and Erin Downey, and said the report should be used by governments to influence their plans for the next global health emergency, and ensure that healthcare staff do not have to carry such a heavy and unfair burden in the future.

"Around the world, prior underinvestment in health systems meant that they failed the health professionals and multidisciplinary teams that are the life blood, the very essence of our health care services. 'We know what needs to be done: the challenge is making it happen. A vital first step would be to have more health professionals in the most senior leadership positions to counter the current disconnect between decision makers and health care professionals on the front line.

"We need governments to honour the contribution of nurses and others during the pandemic, elevate them to positions where they can more directly influence health care policies, and make sure that they never again have to face a deadly pandemic without the care, support and protection that they deserve."

The report says vaccination information and training needs to be revised to address vaccination hesitancy and rejection. It also highlights the lack of mental health and psychosocial support experienced by professional staff, and the profound disruption that occurred to their education, with the closure of education centres, and postponement or cancellation of clinical placements.

It says concerted efforts are needed to protect healthcare workers from the



photo | medcom.uiowa.edu

chronic violence that exists in healthcare settings, and that they should have a greater say in high-level planning, strategy and decision making about the policies that they are responsible for carrying out.

The report concludes that there needs to be a greater involvement of healthcare professionals in efforts to rebuild healthcare systems after the pandemic as part of a whole society response that will contribute to global preparedness and health security.

A panel of all WHPA members will be speaking at the WHO Global Forum on Human Resources for Health on Monday 3 April 2023. |

# ENJOY MOVING



*New supplement containing  
targeted ingredients to  
support Joint, Muscle and  
Bone health*

# Meritene<sup>®</sup> Mobilis<sup>®</sup>



**Royal College of Nursing**  
 Latest NMC data exposes nursing retention crisis, says RCN

## Almost 27,000 people left the register in the past year, with more than half of those leaving earlier than planned, citing burnout, workload and concerns over care quality

Of the 26,755 professionals who left the register in the 12 months to March 2023, more than half (52%) did so earlier than planned, with almost a quarter leaving “much earlier” than they’d expected to. Most said they were unlikely to return to nursing or midwifery, including younger leavers.

Results from an NMC leavers survey found that workplace factors, including burnout, lack of colleague support, concern about the quality of care for the public, workload and staffing, were frequently cited as reasons for leaving.

The data also shows a rise in internationally educated nurses joining the workforce. Of those new to the register, almost half (25,006) were internationally educated. In the context of a global nursing shortage, this is unsustainable and potentially unethical.

In total, the number of professionals on the register whose initial registration was outside the UK increased by

21,766 (15%) in the past year, with professionals educated around the world now accounting for one in five nurses, midwives and nursing associates who can practise in the UK.

**“ When the workforce plan for England finally comes, it must tackle these issues head on.”**

RCN General Secretary & Chief Executive Pat Cullen said: “These figures bear out our concerns over the failure to retain experienced staff. Thousands of nurses are leaving the profession early citing burnout, physical or mental health, and

concerns about the quality of people’s care.

“With half of all new starters coming from overseas, it is clear the UK government’s failure to deliver a domestic workforce plan is hitting home. While internationally educated nursing staff are a vital and valued part of the NHS, the overreliance on staff from overseas, including those countries with shortages of their own, is not sustainable.” Referring to the imminent announcement in England in particular, Pat added: “When the workforce plan for England finally comes, it must tackle these issues head on.”

Pay and benefits were cited as reasons for leaving by those educated outside the UK as well as younger professionals, which is partially linked to the cost-of-living crisis.

Our Fair Pay For Nursing campaign seeks to secure a salary for nursing staff that values their training, qualifications, skills, responsibilities and experience to ensure nursing is seen as an attractive and rewarding profession. As part of this, we’re balloting members working for the NHS in England on further industrial action and taking strike action in Wales on 6 and 7 June and 12 and 13 July. Our campaigning in Northern Ireland continues, while our dispute in Scotland has been resolved following an NHS pay offer our members accepted.



L-Università ta' Malta  
Faculty of Arts

Department  
of Sociology



# Master of Arts in Health, Medicine and Society

5 Semesters | Part-time Evening Course

*Starting October 2023*



For more information please contact Professor Gillian Martin:

✉ [gillian.martin@um.edu.mt](mailto:gillian.martin@um.edu.mt)

Link to the course:

👉 [um.edu.mt/I/Y97en](https://um.edu.mt/I/Y97en)



## Promoting Hydration: A Nurse's Responsibility - PART 1

Dehydration is a serious health concern for older adults and is coupled with increased morbidity, mortality and hospitalisation (Murray, 2017). Dehydration is the result of a fluid imbalance causing insufficient circulating volume, stemming from either the consumption of too little fluid or due to a loss of fluid in large amounts (Wolf, Stuckler & McKee, 2015).

The degree of dehydration is related with the percentage of Total Body Water (TBW) lost and correlated with particular alterations in signs and symptoms to be graded as mild to severe. In older adults 3% loss of TBW is deemed significant and should be rectified as the condition can promptly deteriorate to severe dehydration (Simmons, Alessi & Schnelle, 2001).

Older people are susceptible to dehydration because of physiological changes in the ageing process, but this can be complicated further by cognitive and physical frailty as well as multiple co-morbidities (Wolff, Stuckler & McKee, 2015). Age-related changes involve a reduced sensation of thirst, and this may be more evident in those living with dementia or individuals who have experienced a stroke. As a result, the feeling of thirst in older people cannot be relied on as an indicator of dehydration (Shaw & Cook, 2017).

Diminished renal function is also a risk factor. The kidneys perform a vital role in fluid regulation but their function weakens with age, and the hormonal response to dehydration may be compromised (Brennan, O'Keeffe & Mulkerrin, 2019). Dehydration is more prominent in those with cognitive impairment and alterations in functional ability. Swallowing difficulties, dementia and poorly controlled diabetes are more common in older people and are all related to inadequate hydration (Wilson & Dewing, 2020).

The likelihood of dehydration may also be aggravated by polypharmacy and medications such as diuretics and laxatives. Notably incontinence predisposes to dehydration as people may reduce their fluid intake (Mentes, 2006).

Cognisant of these influences, inadequate fluid intake remains a main contributing factor to preventable dehydration (Evans & Best, 2015). Different methodologies employed in hydration research renders comparability of drinks intake problematic (Jimoh et al., 2019). However, there is consensus across all methods that many older adults do not drink enough fluids. Poor oral intake of fluids can be associated to

the lack of ability to feed independently and having poor availability and access to fluids. This can be intensified where there is staff with limited training and understanding on the significance of promoting hydration (Cook et al. 2019). Evidence suggests that observing for signs and symptoms of low-intake dehydration is inaccurate and may not identify older persons who are dehydrated (Bunn, 2019; Bunn and Hopper, 2019; Hopper et al., 2016). Therefore, one of the key strategies to avoid dehydration in older persons is to focus on monitoring their fluid intake.

Preventing and avoiding dehydration in older adults is multifaceted. There are a number of potential ways to help and support older people lessen their risk of dehydration. Recognising when the older person is not drinking sufficiently and helping them to drink more is important (Ferry, 2005). Strategies to enhance fluid intake include detecting and overcoming impediments to drinking, such as being apprehensive about not reaching the toilet in time, physical powerlessness to make or to reach drinks, and diminished social drinking and drinking pleasure (Kingston, 2017). Nurses should be aware of the triggers of dehydration in older people, know how to preserve adequate hydration and to recognise the signs and symptoms of dehydration.

For references used in this write up or more information on the research being conducted by the authors on hydration practices send an e-mail on hydrationpractices@mcast.edu.mt. |



photo | jlulunutrition.blogspot.com

# Compassionate Care for Health Care Workers Seminar

On Friday 20 September 2019, at the South Auditorium of the Faculty of Health Sciences building, at Mater Dei Hospital, I had the privilege of attending a conference entitled: Compassionate Care for Health Care Workers: The Way Forward in Medicine and Health Care. This seminar was organized by Dr. Josephine Attard, President of the Pastoral Commission for Health Care Workers of the Archdiocese of Malta as well as a lecturer in midwifery at the Faculty of Health Sciences in the University of Malta.

In her welcoming speech, which also served as an introduction for the seminar, Dr. Attard stressed on the importance of health care workers as being a compassionate presence with patients or clients and their families. Furthermore, she emphasized the need for health care workers in being compassionate with their colleagues and the environment in which they work. Compassion covers the subjective experience, quality of replying, needs of others, and the human experience. The subject of compassion requires an emotional reflection. The dimension for compassionate care covers health care, the patients and their families, the environment and the institution. In her address Dr. Attard highlighted the responsibility of the care workers to care for themselves to enhance their well-being and be also able to serve compassionately the people under their care.

In his opening address for the seminar, Prof. Alfred J. Vella, the Rector of the University of Malta, observed that compassion is the awareness of suffering and the wish to relieve it. He said that the disposition of the health care workers, coupled with the environment they work in, surely impact the experience of giving and receiving care. For Prof. Vella, compassion is the ability to tolerate feelings and not avoiding them. He dwelt on the necessity of creating a compassionate working place. Giving compassionate care is a source of both satisfaction and gratification. There is a need of how can one obtain compassion.

Dr. George Vella, the President of Malta, thanked the University of Malta and the Diocesan Commission for Health Care Workers for organizing this seminar. During his speech the President of the Republic stated that spiritual beliefs and

social norms certainly help compassion to take its roots and warms the approach that should be given to the patients and their loved ones. Dr. Vella said that when love and compassion are shown we feel their presence and immediately detect their absence too. The qualities of love and compassion cannot be quantified. When a carer-patient relationship is animated by compassion the latter has no dosage. However its side effects are easily detectable. This is because, at the end of the day, we are dealing with our fellow human beings. Dr. Vella brought into attention the fact that our patients are not numbers but persons who are unique. Pressures can make us dismiss our patients. Let us not forget that we are all human beings facing life stresses, ambiguities and challenges. When serving patients we are dealing with bodies and souls of both the patients and their relatives.

The President to the Republic reminded the participants that the seminar's topic centres on love delivered with passion. Hence, compassion and love are spiritual components. In his analysis of the service given to patients and relatives within the health care system Dr. Vella mentioned the language barrier that must be immediately addressed. It is a fact that there are foreign care givers in our country who are giving their services and do not know how to communicate with patients and relatives in their native Maltese language. Towards the end of his message the President said that compassion is when you recognize other people's needs and empathize with them. In other words, it means putting yourself in their shoes. The miracles that occur within the medical care field are those done by expertise and topped up with a very significant dosage of love and compassion.

The next speaker of the seminar was

Dr. Josephine Attard. She tackled the topic Compassion and spiritual care: A vision of holistic care. At the beginning of her presentation Dr. Attard spoke about the importance of the 6 C's within the nursing profession, namely Care, Compassion, Competence, Communication, Courage and Commitment. These are the six values through which nurses operate in order to ensure that the job gets accomplished in the most effective and efficient manner whilst, at the same time, safeguarding the patients' safety and make sure that they are treated well.

In her speech Dr. Attard talked about the link between compassion and spiritual care. The basis for such a link is, precisely, the commitment of helping the whole person meeting all the dimensions of health care by addressing the physical, psychological, emotional, social and spiritual needs of the patient. When speaking on the spiritual dimension of care Dr. Attard said that it helps people to cope with their difficult situations through hope, sense of control, acceptance in suffering as well as providing meaning and purpose.

According to the NHS Education for Scotland, "spiritual care is a person centred care which seeks to help people (re)discover hope, resilience and inner strength in times of illness, injury, transition and loss". Quoting from the Spiritual Care Education Standard, Dr. Attard said that spirituality is "the dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred".

In her final part of her presentation, Dr. Attard referred to the spiritual care standard matrix and toolkit of spiritual care competency. Such a matrix talks about intrapersonal spirituality, interpersonal spirituality, spiritual care as assessment and planning and, finally, spiritual care as intervention and evaluation. Each of these four aspects is then subdivided into knowledge (cognitive), skills (functional) and

attitude (behavioural). Let me just focus a bit on each of the competencies mentioned by Dr. Attard.

The competency of intrapersonal spirituality makes aware of the importance of spirituality on health and well-being. The intrapersonal spirituality engages with the persons' spirituality, acknowledging their unique spiritual and cultural worldviews, beliefs and practices. The spiritual care competency, which is made up of assessment and planning, tends to assess spiritual needs and resources by using appropriate formal or informal approaches, and plans spiritual care, maintaining confidentiality and obtaining informed consent. Finally, the spiritual care as intervention and evaluation responds to spiritual needs and resources within a caring and compassionate relationship.

Another input discussion was that given by Ms Elena Felice. She tackled the subject: Finding Balance in the Paradox of Compassion within a Health Care Setting – Understanding the balance between compassion for others and self-compassion. After defining compassion as sensitivity to the pain of others and self Ms Felice

spoke about compassion fatigue. She mentioned some symptoms that are related to compassion fatigue such as chronic exhaustion, reduced sympathy/empathy, feelings of anger, dreading work, poor work satisfaction, difficulty in sleeping, headaches, weightloss and so on. Ms Felice also said that organizational factors, the belief that taking care of others is more important than taking care of ourselves, guilt in taking care of ourselves, lack of self-care routine, blurry personal boundaries and unresolved pain and trauma might trigger compassion fatigue. Thus, Ms Felice affirmed that self-care is a priority and necessity and certainly not a luxury in the work we health care workers do. In simple words, as she expressed it in an off-the-cuff remark: you gotta nourish to flourish.

In the second part of her contribution Ms Felice spoke about balance and self-care. She identified the following helpful tips: (1) planning time out; (2) learning when to say no; (3) self-care routine; (4) asking for help; (5) practice balance; (6) find your own spirituality;

(7) mindfulness; and (8) being grateful. Additionally, she presented to the seminar's participants the five pathways to self-compassion which touch the physical, mental, emotional, relational and spiritual. It is important that as health care workers we ask these two important questions: What are my warning signs? How do I find balance? Ms Felice's talk reminded me of what L.R. Knost says: Taking care of myself doesn't mean 'me first'. It means 'me too'.

The last input in the half-day seminar was given by Dr. Claudia Psaila. Her subject title was Building Resilience when providing Compassionate Care. She started off by saying that the health care worker needs to be in touch and compassionate with himself and herself. And, the question about being resilient is not one of surviving but of thriving. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. Hence, resilience

continued on page 31

# TOP UP YOUR **NURSING DEGREE** ONLINE



In partnership with  
 UNIVERSITY OF  
DERBY

Top up your Diploma/Advanced Diploma in **Nursing** to a full degree  
with **The University of Derby** here in **Malta**

Accredited by the Royal College of Nursing

#### START DATES

January / May / September

#### EQF/MQF LEVEL

Level 6 Qualification

#### 120 UK CREDITS

(Equivalent to 60 ECTS)



DOMAIN ACADEMY

da.edu.mt



## The therapeutic and healing power of art in Mental Health Recovery

In Mental health words alone often are not enough to capture the depth of human experiences. Recovery is complex and is a deeply personal journey that requires a holistic approach, encompassing various therapeutic interventions. One such intervention that has gained recognition and prominence in recent years is the use of art in promoting healing, self-expression, self-discovery, emotional release and personal growth for individuals struggling with mental health challenges.

This article will explore the transformative power of art in mental health recovery, exploring its therapeutic benefits, applications, and the ways it cultivates resilience and well-being.

### Therapeutic effect of Art

Artistic expression has been an integral part of human culture since the dawn of civilization. Beyond its aesthetic appeal, art serves as a powerful means of communication and self-expression, transcending language barriers and allowing individuals to convey their deepest emotions, thoughts, and experiences. In the context of mental health, art provides a unique outlet for individuals to explore and express

their innermost feelings in a safe and non-judgmental environment. Art therapy can be beneficial particularly to individuals who have experienced trauma, anxiety, depression and eating disorder. It offers a safe space to process the individual's traumatic experiences, whilst with the help of psychiatric and mental health nurses and other professionals develop coping strategies, promote self-compassion and self-acceptance.

Engaging in art offers individuals an opportunity for self-discovery, allowing clients to tap into their subconscious minds and explore their emotions and experiences. Whether through painting, drawing, sculpture, or any other creative medium, art enables individuals to confront their fears, traumas, and challenges, facilitating a process of healing and personal growth. By externalizing their internal struggles, individuals gain insight into their emotions, thoughts, and patterns of behaviour, which can lead to profound self-awareness and transformation.

Art empowers individuals to reclaim their voice and assert their identity beyond their mental health diagnosis. It provides a platform for individuals to challenge societal stereotypes and redefine themselves as more than their mental health condition. Through art, individuals can express their unique perspectives, talents, and strengths, reminding themselves and others of

their inherent worth and capabilities. This empowerment can have a profound impact on an individual's sense of self-efficacy, fostering resilience and motivation in the face of adversity

The process of creating art can be cathartic, allowing individuals to release confined emotions and find solace in their creativity. Art serves as a vessel for emotional expression, providing a safe space for individuals to explore and confront difficult feelings such as anger, sadness, or grief. By externalizing and visually representing these emotions, individuals can gain a sense of relief and emotional release, fostering a greater sense of well-being and inner peace.

Engaging in art requires focus and concentration, allowing individuals to enter a state of mindfulness. When immersed in the creative process, individuals become fully present, letting go of worries about the past or future. This meditative state promotes relaxation and reduces stress, as individuals channel their energy and attention into their artwork. Moreover, the repetitive nature of certain artistic techniques, such as colouring or repetitive patterns, can induce a sense of calm and tranquillity, offering respite from racing thoughts or anxiety.

Art has a remarkable ability to bridge the gap between individuals, promoting

continued on page 24



photo | www.nurse.com

## Election 2023: National Party health policy to pay student loans of nurses and midwives - if they stay for five years

by Claire Trevett - 30th April, 2023

National leader Christopher Luxon has released new policy to pitch in up to \$4500 a year towards the student loans of newly qualified nurses and midwives in return for bonding them to working in New Zealand for at least five years.

It is one of a range of measures National has released today to try to address worker shortages in the health sector. Others include allowing nurses to come on six-month visas to look for a job in cases where they do not have a job offer in hand and offering relocation grants to up to 1000 nurses coming from overseas.

Its policy would see the government pitch in up to \$4500 a year for the first five years of the careers of nurses and midwives - a move National calculates would increase their take-home pay by \$87 a week and make them \$22,500 better off over those five years.

In return, nurses and midwives would have to sign a bonding agreement to commit to working in New Zealand for at least five years. It would also be open to nurses and midwives who had recently graduated in the past five years on a pro-rata basis. For example, a nurse who graduated three years before the policy came into effect would qualify for it for two years.

The current voluntary bonding scheme for nurses is only open to those who work in hard-to-staff areas, such as mental health and aged care, and in a handful of regions such as the West Coast.

Luxon made the announcement at the White Cross Lunn Avenue in Mt Wellington. White Cross CEO Dr Alastair Sullivan said any announcement that supported the training and retention of nurses and midwives was to be welcomed. However, he said more was needed.

"It's one thing to make a partial announcement to support nurses. I do think they need to have all their studies to be funded and free and more attractive bonding arrangements to stay in New Zealand. I am aware of nurses [in Australia] being offered retention bonuses of up to A\$20,000, so the announcement today in that context isn't that attractive for a young nurse."

Health Minister Ayesha Verrall said National's offering would not be enough to attract more nurses into the profession. "We know the most effective way to grow our nursing workforce is to pay our nurses fairly." She said the previous National government had only given nurses pay rises totalling 15 per cent over its nine years. Under Labour since 2017, graduate nurse base salaries had risen 35 per cent from \$49,400 to \$66,700 and the top step base salary for Registered Nurses had risen 43 per cent from \$66,700 to \$95,300.

That put nurses on similar base salaries to those in Australia. National has costed the policy at about \$189.6 million over its first four years (about \$47 million a year) which it says it would fund out of the savings it intends to make from cutting the contractors and consultants in the government sector.

Luxon said National would have further announcements to make on retention

for medical professionals including nurses. This was aimed at helping the health sector retain early-career nurses and midwives at a time of high global competition for them.

"New Zealand does not train enough nurses or midwives to address this shortage, and the ones we do train are being aggressively recruited to move overseas."

National is also proposing incentives to get more overseas nurses and midwives into New Zealand, including allowing them to come on a six-month temporary visa without a job offer to look for work. They would also be able to bring immediate family members with them. It will also set up a relocation support scheme, paying grants of up to \$10,000 to cover the relocation costs of up to 1000 nurses and midwives from overseas - expected to cost \$10 million a year.

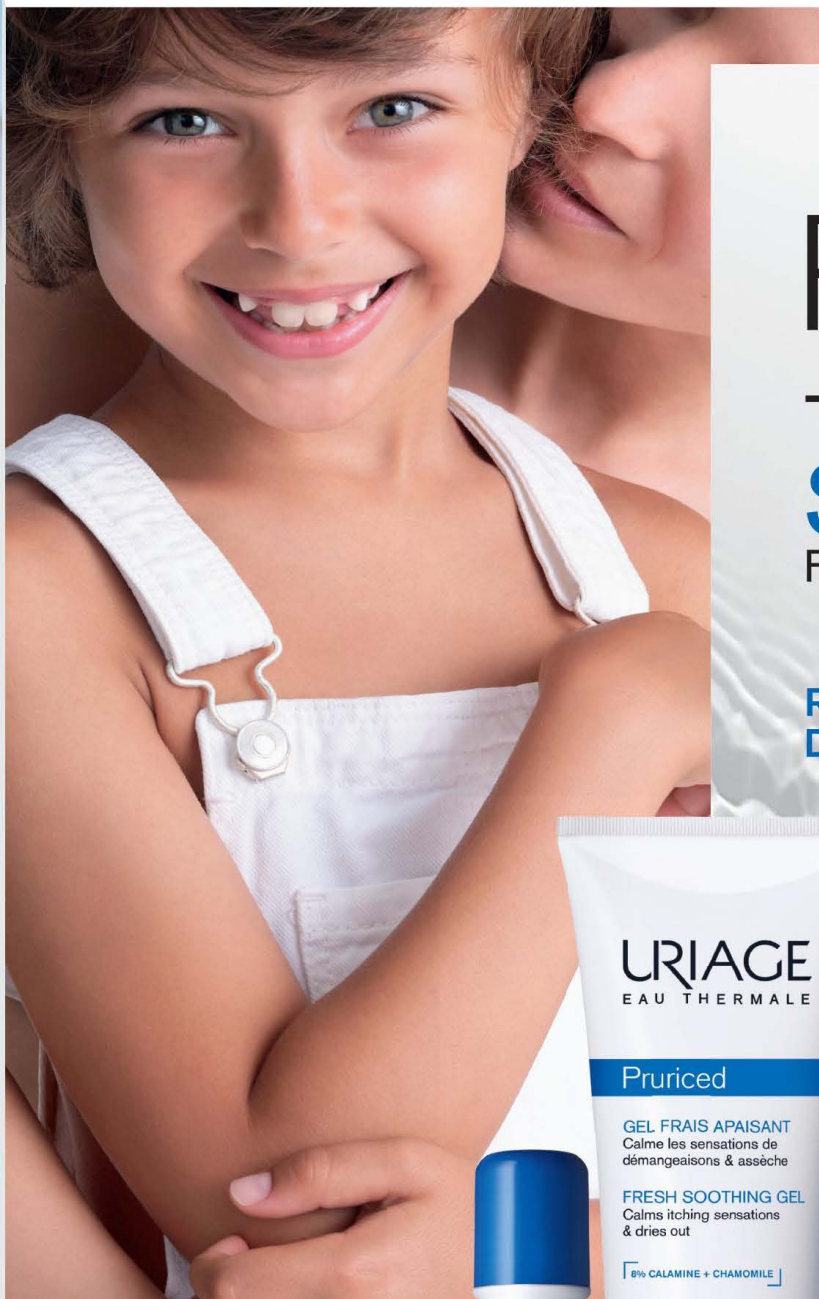
"Nurses and midwives are at the frontline of our collapsing health system and are bearing the brunt of the shortage. Having to work long shifts without enough staff is driving stress, anxiety and burnout. Something needs to urgently change," Luxon said.

Luxon said Labour had been too busy restructuring the health system to pay enough attention to the front line and had been too slow to put nurses on to the immigration straight-to-residency Green List category.

The Government added nurses and some other medical professions to that last December - well after it first came up with the category in May. |

# URIAGE

EAU THERMALE



## Pruriced

### THE ANTI-ITCH SOLUTION

FOR THE WHOLE FAMILY

RECOMMENDED BY  
DERMATOLOGISTS

RELIEVES FROM  
THE 1<sup>ST</sup> APPLICATION\*



UP TO  
**96%** NATURAL  
ORIGIN



\*Clinical study under dermatological control - 28 subjects -  
21 days self-assessment for the Fresh Soothing Gel /  
Consumer Test - 140 subjects for the SOS Soothing After-stings

from our  
diary



MUMN hold annual meetings to the third year nursing and midwifery students that will graduate to start working as Staff Nurses and Midwives.



The Pensioner's Group Committee organised an interesting activity for their members.



The Institute for Health Care Professionals is organising a monthly seminar at MUMN premises covering various themes and aspects. The Institute is organising a Conference in Gozo in October.



Nurses from Serbia paid a visit to MUMN Premises and Mater Dei Hospital to further their knowledge on the nurses and nursing in Malta.





MUMN Officials attended the European Federation of Nurses Meeting in Croatia to discuss nursing policies across the European Union.



The Entertainment Group Committee organised a Day in Sicily to all those members interested to join. It was really wonderful.



MUMN organised an Extraordinary General Conference regarding the new sectoral agreement.

# Maltese florist among volunteers to decorate St Peter's Basilica

by Jessica Arena



David Grech has become the first Maltese person to help with flower arrangements at the Vatican. Grech, a nurse by profession, is a hobbyist florist who said that the opportunity came from a friend who works as a florist at the Vatican.

Grech led a relief mission to help earthquake victims in Turkey last month. After reading of his efforts his friend extended the invitation to Grech to help with the flower arrangements at the Vatican ahead of Easter celebrations.

Grech told Times of Malta it was a beautiful and incredible experience join a team of six volunteers to decorate the 15,050-square-metre St Peter's Basilica. The design of the floral arrangements was intended to make the church look like a garden with an array of subtly-coloured flowers.

He personally arranged flowers for a Madonna statue, the basilica's pulpit as well as a 50-metre bannister. |



Happiness starts in the gut

Optifibre®

RESTORE  
REGULARITY  
NATURALLY



## WORRIED ABOUT REGULARITY?

**100% plant-based fibre,  
clinically proven to:**



**Normalise gut transit**



**Rebalance gut flora**

continued from page 17

social connection and emotional support. In group activities, art therapy provides a space for individuals to share their artwork, experiences, and stories, fostering a sense of community and belonging. Art can serve as a universal language that transcends verbal communication, enabling individuals to connect with others who may be experiencing similar challenges. Through art-based activities, individuals can develop empathy, compassion, and understanding for others while simultaneously receiving validation and support for their own struggles.

In conclusion art offers a multitude of therapeutic benefits that can support individuals with their recover. These include:

1. **Emotional Release:** Art provides a safe space for individuals to express and process difficult emotions such as anger, grief, or anxiety. By externalizing these emotions onto the canvas, individuals experience a cathartic release, alleviating emotional burdens and promoting

2. **Empowerment and Self-Efficacy:** Engaging in art empowers individuals to reclaim their sense of agency and control. The creative process allows individuals to make choices, take risks, and embrace their unique vision. This sense of empowerment can extend

beyond the artistic realm, fostering confidence, resilience, and a belief in one's ability to overcome challenges.

3. **Mindfulness and Stress Reduction:** Art invites individuals to be fully present in the moment, engaging their senses and focusing their attention on the creative process. This mindful engagement promotes relaxation, reduces stress, and allows individuals to experience a sense of calm and tranquillity.
4. **Communication and Connection:** Art offers a non-verbal means of communication, enabling individuals to express complex emotions and experiences that may be difficult to articulate in words. In group settings, art therapy fosters a sense of community and connection, as individuals share their artwork, stories, and experiences. This creates a space for empathy, understanding, and mutual support. **■**



**Dr Alexei Sammut**  
President - Maltese Association  
of Psychiatric Nurses

## Recovering from acute diarrhea and vomiting

### What is acute gastroenteritis?

The sudden onset of diarrhea (the passage of three or more loose or liquid stools per day) with or without vomiting is usually due to acute gastroenteritis. Caused by viruses, bacteria or parasites, acute gastroenteritis manifests in an inflammation of the gastrointestinal tract affecting the lining of the stomach and small intestine. It causes diarrhea and may also cause symptoms such as vomiting, abdominal pain and fever. The symptoms normally lasts up to a week.

### Dehydration – the main risk of acute gastroenteritis

The main risk of acute gastroenteritis is dehydration. Dehydration means lack of fluids in the body and occurs when you lose more fluid than you take in. When you have diarrhea, the

**BioGaia®**  
Probiotics grounded in evolution  
Driven by science

intestine cannot absorb water and salts in a proper way. Vomiting leads to additional loss of fluid.

### How to treat

Oral rehydration solution is regarded as the most important treatment for acute gastroenteritis. It provides a perfect balance of water, salts and sugar, which helps the body to better absorb the water.

### Faster recovery with *L. reuteri* Protectis in AGE

Probiotics are dietary supplements containing live bacteria. It has been shown that certain probiotics can help in faster recovery from diarrhea and vomiting.

A number of clinical trials have shown that *L. reuteri* Protectis both reduces the severity and the duration of diarrhea and vomiting. Supplementation of *L. reuteri* Protectis may lead to shortened duration of diarrhea by 19 to 32 hours.<sup>1</sup>

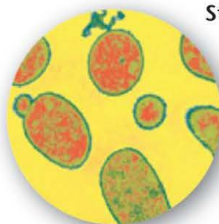
## Why *L. reuteri* Protectis is effective in the management of AGE

### Colonizes the entire gastrointestinal tract

- Oral cavity, stomach, small intestine and colon

### Improves mucosal barrier function

- Tightens epithelial lining
- Increases villus cell migration and epithelial cell proliferation



### Strengthens the microbiota

- Produces the antipathogenic substances reuterin, lactic and acetic acid
- Competes for adhesion sites and nutrient

### Improves the immune response

- Activates CD4+ T-helper cells
- Produces virus-specific IgA
- Reduces inflammatory cytokines

### References:

1. Shornikova AV et al. Lactobacillus reuteri as a therapeutic agent in acute diarrhea in young children. J Pediatr Gastroenterol Nutr. 1997;24:399-404.



# L-Infermiera tal-Militar

tal-QAIMNS(R) (Il-Queen Alexandra's Imperial Military Nursing Service/ Reserve)  
u I-QARANC (Il-Queen Alexandra's Royal Army Nursing Corps)

Il-Queen Alexandra's Royal Army Nursing Corps kien u għadu unit mediku li kien jipprovdi servizz infermeristiku għas-suldati tal-British Army, kienu fejn kienu stazzjonati madwar id-dinja. Għalkemm dawn kienu stabbiliti fl-1902 mill-War Office, il-Corps għandu l-għeruf tiegħu għal żmien Florence Nightingale u x-xogħol infermeristiku tagħha waqt il-gwerra tal-Krimea (1854-56) li kien ikkunsidrat bħala pjunier għal dik l-era.

Għalkemm ma kienx jeżisti servizz infermeristiku formali fl-army Ingliża qabel l-aħħar tad-19-il seklu, il-kura infermeristika kienet ipprovduta lill-armata waqt ir-renju ta' Elizabetta I (1558-1603) u l-Gwerra Ċivili Ingliża u l-Interregnum (1642-1660), meta l-Parlament impjega infermiera fit-tlett sptarijiet militari ta' Londra. Fit-18-il seklu, matrons and infermiera hadmu fi sptarijiet militari imma t-taħriġ u l-livell ta' kura ma kienx ta' standard għoli. L-Army Nursing Service kien ifformat fl-1881 fejn l-infermiera akkumpanjaw lill-armata fil-kampanja tal-Eġittu u s-Sudan.

Fl-1887 il-Principessa Christian, it-tifla tar-Regina Vittorja, tat l-isem tagħha lin-Nursing Service Reserve u l-Princess Christian's Army Nursing Service Reserve li serviet mal-Armata Brittanika waqt il-Gwerra Anglo-Boeri. Skont xi riċerkaturi din il-gwerra welldet dak li beda jissejjaħ l-army nursing tal-Imperu Ingliż. L-army nursing kien imwaqqaf fuq prattiċi ċivili u kienu f'it wisq daww in-nurses li kellhom esperjenza militari. Hawn mill-infermiera peró kienu professjonali u bieżla imma kien ikollhom xi kwistjonijiet mal-orderlies, tant, li kien minhabba dan il-fattur li nħoloq il-QAIMNS u jkunu fuq livell ugwali.

Waqt il-Gwerra tal-Krimea il-kundizzjonijiet tal-isptarijiet tal-army qajmu allarm pubbliku minhabba l-kundizzjonijiet hżiena. B'hekk marru aktar infermiera hemmhekk biex iduru bis-suldati feruti u morda u hawn fejn daħlet Nightingale meta marret Scutari, fejn kienet amministratur tajjeb u infermiera dedikata immens.

Inizjalment kien hemm kriterji stretti biex jintgħażlu n-nurses: Dawn kellhom ikunu xebbiet ta' karattru tajjeb bejn il-25 u t-35 sena, u li jkunu tharrġu

għall-tlett snin f'wieheġ mill-34 sptar fl-Ingilterra approvati minn Nursing Board. Il-paga annwali kienet ta' £5 fis-sena.

Fis-27 ta' Marzu 1902 ir-Regina Alexandra saret l-ewwel President tal-Queen Alexandra's Imperial Military Nursing Service (QAIMNS). Ir-Regina Alexandra kienet principessa Daniza qabel iżżewwġet lir-Re Dwardu VII u peress li għażlet is-salib tal-Ordni ta' Dannebrog għamlitu fuq il-baġġ tal-QAIMNS. Il-motto, Sub Cruce Candida, (Taht is-Salib l-Abjad) beda' jintuża mill-Corps.

Fl-1904, infermiera rġiel daħlu għal f'it taż-żmien fis-servizz imma f'it wara l-irġiel kollha ingaġġaw fil-Royal Army Medical Corps (RAMC). L-irġiel li baqgħu fil-QAIMNS kienu fil-maġġor parti rwoli ta' medical orderlies, tobbja u studenti infermiera. Kien saħansitra fl-1992, li infermiera rġiel ġew trasferiti mill-RAMC għall-QARANC, waqt li nisa li kienu orderlies ġew trasferiti mill-QARANC għall-RAMC.

Fil-bidu tal-Gwerra l-Kbira (1914-18), kien hemm biss f'it inqas minn 300 infermiera mal-QAIMNS. Minhabba



Grace Durant (lemin), Nurse tal-VAD tar-Red Cross li serviet fis-St David's Hospital f'Malta

ikompli f'paġna 26

## L-Infermiera tal-Militar

ikompli minn paġna 25

n-numru kbir ta' feruti u l-espansjoni enormi tal-Armata Brittanika, ir-restrizzjonijiet fuq l-impjegar irrilaxxa xi ftit tant li nisa miżżewwġin ta' klassi medja thallew jidhlu. Lejn tmiem il-gwerra l-infermiera ždiedu għall-10,404 (inkluż dawk tar-riserva). Ma' dawn in-numri wiehed ma jridx jinsa membri tat-TFNS (Territorial Force Nursing Reserve), tat-TANS (Territorial Army Nursing Service), il-FANY (First Aide Nursing Yeomanry) u l-VAD (Voluntary Aid Detachments) li kienu jaħdmu mal-kumpliment. Għalkemm il-VADs kellhom sehem qawwi fil-war effort, dawn ma kienux nurses militari, għaliex ma kienux taħt il-kontroll tal-militar. Għall-bidu xi voluntiera tal-VADs kienu jħarsu bl-ikraħ u kienu kritiċi lejn il-professjoni infermeristika li kellha anke paga diehla. Kienu anke magħrufa li ma kellhomx ħiliet ta' infermiera professjonali u mħarrġa f'kapaċitajiet avvanzati jew dixxiplina. Insibu wkoll il-Princess Mary's Royal Air Force Nursing Service (PMRAFNS) u l-the Queen Alexandra's Royal Naval Nursing Service (QARNNS). L-infermiera kienu mħarrġa tajjeb imma ż-żieda fil-makkinarju tal-gwerra ġab feriti ġodda u orrifikanti, inkluż dawk minħabba shrapnels, mini tal-art, mortars, grenades, tankijiet, flame throwers and attacki bil-gass. In-nurses tal-Army serew fil-Belġju, fil-Mediterran inkluż Malta (għalhekk il-famuża 'Nurse of the Mediterranean'), fil-Balkani, fil-Lvant Nofsani u fuq sptarjiet-



vapuri (hospital ships). 14-il membru tal-QAIMNS kienu filfatti intbghatu fit-tramuntana tar-Russja biex jaħdmu fuq l-isptar-vapur 'Kalyan' u kienu baqqghu maqbuda abbord għal tmien xhur wara li l-vapur inqabad fis-silġ f'Archangel. Madwar 200 infermier tal-army mietu f'active service u fl-1916, meta l-Midalji Militari bdew jingħataw f'atti ta' qlubija, ħafna minnhom ingħataw għall-infermiera militari.

Bla ma ninsew lil Florence Nightingale, fost ismijiet magħrufa mal-QAIMNS, insibu lil Miss Maud McCarthy li ġiet appuntata matron-in-chief mal-British Army fejn kellha 516 infermiera regolari u ta' riserva taħt il-kmand tagħha. Meta l-JWC (il-Joint War Committee) iddeċieda



li taħt il-kappa tas-Salib l-Aħmar (ir-Red Cross) jingagġaw eluf ta' rġiel u nisa biex jingħaqdu mal-VADs, kien hemm il-famuża femminista u awtriċi Vera Brittan li kienet ukoll infermiera stazzjonata Malta f'Settembru 1916. Fil-ġurnal li żammet waqt li kienet Malta, Brittan serviet ma pazjenti konvalexenti u jidher li ħafna mill-hin imqatta' magħhom kien li jilgħabu t-tennis u jissoċjalizzaw mal-fizzjali wara. Mhux kollox kien ward u żagħar għaliha pero' għaliex kien għadu kif miet huha qabel waslet u n-namrat tagħha miet waqt li hi kienet f'Malta, b'hekk spiccat tqatta' l-kumpliment tal-hin tagħha waħedha fuq il-blat tax-xtajta tad-Dragnara. Ma rridux ninsew ukoll lil Edith Cavell li kienet ukoll matron fi sptar militari fil-Belġju fejn kienet ġiet assassinata mill-Ġermaniżi f'Ottubru 1915 talli assistiet mal-200 prigionier tal-Alleati biex jaħrabu għall-Olanda.

F'Malta kellna 27 sptar u kampijiet ta' konvalexenza mal-gżira kollha fejn kien hawn 23 ufficjal, 150 f'ranks oħra u 12-il nursing sister tal-QAIMNS. Ma dawn kien hemm 27 tabib tac-Civil, 11-il nurse mara u 65 nursing orderly raġel tal-Malta St John Ambulance Brigade. F'Mejju tal-1915, wasal Malta kontingent ta' nurses tal-Canadian Red Cross Society fejn fosthom kien hemm żewġ Registered Nurses minn New Zealand.

In-Nurses attivi fid-diversi teatri tal-gwerra kellhom iħabbtu wiċċhom ma' ħafna feriti koroh u jieħdu sehem f'operazzjonijiet ta' emergenza. Kellhom ukoll iħabbtu wiċċhom mal-effetti tal-gwerra kimika (chemical warfare) bħall-dak tal-gass tal-kloru (chlorine) u l-mustard gas. Il-battle shock li wkoll jissejjaħ combat fatigue, shell shock,



Block A, L-Isptar tal-Imtarfa Military Hospital, fejn jidhru Nurses tal-VAD, Ġunju 1917



Courtesy - V.Barten-Chappi

paraliżi isterika, neurasthenia u disturbi nevrotiċi fejn illum huma aktar magħrufa bħala Post Traumatic Stress Disorder (PTSD) kien ukoll predominanti dik il-habta.

Il-kulur tal-kapott tal-infermiera kien skont l-organizzazzjonijiet varji li n-nurses kienu jhaddnu: Dawk hekk imsejha Regolari kellhom kappa ħamra; dawk ta' Riserva kienu jilbsu kappott griz bi ffit aħmar u kappell aħmar u zigarella ħamra, bajda u blu. It-TFNS

Grupp ta' Nurses f'diversi tipi ta' uniformijiet (ta' barra u tax-xogħol) milb usin minn New Zealand Army Nursing Service (NZANS), il-Queen Alexandra Imperial Nursing Service (QAIMNS) r-Reserve (QAIMNSR) u t- Territorial Forces Nursing Service (TFNS) & Voluntary Aid Detachments(VAD)

kien wkoll jilbsu kappott griz u bi speċi ta' orlatura ħamra imma b'ittra 'T' tal-fidda fil-kantuniera. L-iskop tal-kapott kien intenzjonat biex jaħbi l-forma tas-sider minn ħarset is-suldat promiskjuż.

Il-baġġ tas-servizz kienet teħel in-naħa tal-lemin tal-pavru imma anke dawk kienu differenti: Dawk tar-Riserva kienu jgħibu l-ittra 'R' ġo ċirku tond; tat-TFNS kellem żewġ ittri 'A' mwahħda flimkien, simbolu tar-Reġina Alessandra. Il-Matrons kellhom il-pulzieri tal-qomos ħomor waqt li n-nursing sisters u l-istaff nurses kellhom pulzieri bojod. Nursing sister kienet tintgħaraf ukoll minn staff nurse permezz ta' żewġ faxex ħomor wiesa' 1" fuq kull pulzier. L-Overseas Service Chevrons ippuntati 'l fuq kien wkoll bdew jintlibsu fuq il-kmiem tal-lemin biex jiddistingwu 'l dawk li ħadmu barra, mill-4 t'Awissu 1914.

Waqt it-Tieni Gwerra Dinjija (1939-45), in-nisa tal-QAIMNS reġgħu ġew ingaġġati biex iservu mill-Islanda sal-Paċifiku. Fl-1939, l-infermiera intbghatu Franza mal-British Expeditionary Force. Wara li s-suldati ta' Hitler invadew l-Olanda, il-Belġju, u Franza fl-1940, it-truppi Brittaniċi, inkluż membri tal-QAIMNS, irtiraw. Qabel telqu l-infermiera kissru l-apparat mediku

ikompli f'paġna 29

**Babylino**  
Baby diapers  
**Sensitive**  
with chamomile

Certified & Recommended

OEKO-TEX®  
CONFIDENCE IN TEXTILES  
**STANDARD 100**  
64660/GR OETI  
Tested for harmful substances.  
www.oeko-tex.com/standard100

Recommended by the  
Hellenic Midwives  
Association

Recommended by  
Hellenic Society of Paediatric  
Dermatology

Dermatologically tested

TESTED BY DERMATOLOGISTS  
AND PAEDIATRICIANS  
**CLINICALLY PROVEN  
EXCELLENT**  
BY DERMATEST

**Your baby's safe protection is your most important concern. So is ours!**

The Babylino Sensitive diapers improve their Sensitive design on sizes 1 and 2, for newborn babies. Thanks to their new special topsheet with softness capsules, they touch the newborn sensitive skin like a caress.



Business Mobile



Flexibility



Unlimited Data



No Speed Limits

# Infinity Mobile

Flexible mobile plans for your business. Now offering you unlimited data with no speed limits.

[gobusiness.com.mt](http://gobusiness.com.mt)

**GO**  
BUSINESS

ikompli minn paġna 27

kollu, waqt li r-Royal Engineers waqqgħu l-field hospital biex l-għadu ma jkunx jista' jużhom. Dan kollu sar waqt l-attakk tal-ajru minn fighters Ġermaniżi.

Ir-rank structure tal-QAIMNS kienet saret bħall-kumplement tal-British Army fl-1941. Għall-ewwel darba l-infermiera bdew jilbsu rank badges u setgħu ukoll jjieħdu promozzjonijiet. Pereżempju Sister kellha rank ta' Logutenent, Senior Sister kellha rank ta' Kaptan, Principal Matron kellha grad ta' Lieutenant-Colonel u Chief Principal Matron kellha grad ta' Kurunell. Pero' Nursing Officers, bħat-tobba nisa, ma kienux jiġu 'commissioned'. Dawn kienu jiġu intitolati biss għall-Midalji ta' Distinguished Conduct. Kienu wkoll jingħataw il-Midalja Militari u mhux il-'Military Cross', għax ma kellhomx il-commission tas-sovranità.

Fl-1944, il-persunal tal-QAIMNS kienu l-ewwel nisa li waslu max-xtajtiet tan-Normandija biex jibnu sptar ġenerali għal sitt mitt pazjent. Sal-aħħar tal-gwerra, kien hemm madwar 12,000 infermier fis-servizz.

F'Malta kellna sistema medika għall-battlefield casualty li kienet tissejjaħ Regimental Aid Post fejn il-ferut kien jittieħed fil-Casualty Clearing Station u wara fl-Advanced Dressing Station, fejn fost oħrajn kellna bħala fil-Wardija, fl-1942. Clearing Station kien stallazzjoni medika f'żona ta' gwerra fejn il-feruti jingjebu minn collecting stations, jingħataw it-trattament, jiġu ikklassifikati, u jekk bżonn jiġu evakwati. Sptarijiet imsejja Casualty Clearing Hospitals kellna erba': L-isptar Centrali tal-Floriana (100 sodda); L-isptar Vincenzo Bugeja Hospital tal-Flamrun (150 sodda), L-isptar tal-Blue Sisters f'San Ġiljan (150 sodda) u l-Iskola Mater Boni Consigli



Nurses tal-Queen Alexandra's Royal Army Nursing Corps fil-grounds tal-Military Hospital, Malta, c1950 fi sptar militari f'Malta

f'Paola (200 sodda). Il-King George V Merchant Seamen Hospital Floriana, kien ukoll jammetti feruti tan-Navy Merkantili, imma anke lahaq ammetta l-midruha mill-viċinanzi. Feruti tat-Tarzna (HM Dockyards), dawk li kienu fuq il-lant tax-xogħol kienu intitolati trattament fl-isptarijiet navali, imma hekk kif faqqgħet il-gwerra, l-Isptar tar-Royal Naval f' Bighi ġie integrat f' Combined Services Hospital fl-Imtarfa. Imma f' April 1939, is-CGMO ftiehem mall-awtoritajiet navali biex il-feruti tat-Tarzna imorru fil-Kulleġġ ta' St Edwards fejn serva wkoll bħala Casualty Clearing Station għat-Tarzna stess.

Fl-1949, the QAIMNS saret corps tal-British Army and saret il-Queen Alexandra's Royal Army Nursing Corps (QARANC). Sena wara il-QARANC ġiet immobilizzata għall-Gwerra tal-Korea (1950-53), fejn is-soldati infermiera tan-Nazzjonijiet Uniti servew f'field hospitals, abbord sptarijiet-vapuri u sptarijiet tal-Commonwealth. Fl-1967, il-QARANC Depot and Training Establishment twaqqaf f' Aldershot, sakemm ġie ittrasferit għall-Mytchett fl-1996. Il-Corps serva f'hafna kunflitti

fosthom fil-Malayan Emergency (1948-60), l-Indonesian Confrontation (1963-66), il-Gwerra tal-Falklands (1982), il-Gwerra tal-Golf (1990-91), tal-Bosnia (1992-95) u dik tal-Afganistan (2001-14). In-nurses tal-Army bħalissa huma ibbażati fir-Renju Unit, il-Ġermanja, Ċipru, il-Kanada, il-Polonja, il-Brunej, in-Nepal, il-Kenja u Sierra Leone. Il-paga ta' infermier-suldat illum, wara t-taħriġ militari titla' għal £32,076 fis-sena, waqt li dik ta' infermier-fizzjal titla' għal £35,744 fis-sena u skont l-esperjenza li wiehed jotjeni.

Illum insibu l-Qaranc Association fejn permezz tal-fbiberija tgħaqqad flimkien 'il dawk kollha li servew u għadhom iservu fil-Corps, irrispettivament mir-rank, billi jħaddnu x-xogħol kollu li sar u għadu jsir, il-kisbiet, it-tradizzjoni u l-istorja tan-nursing militari ta' dan l-aħħar sekl. Il-Patruna tal-Assoċjazzjoni hija l-ART id-Dukessa ta' Edinburgu, il-Colonel-in-Chief Sophie Windsor, née Sophie Helen Rhys-Jones, il-mara tal-Princep Edward. ■

## Referenzi

Anthony Zarb Dimech, Times of Malta, Second World War Malta: The Advance Dressing Station in Wardija, 1942 – RAMC  
 Susan Cohen, Medical Services in the First World War, Shire Publications Ltd., 2016  
<https://www.nam.ac.uk/explore/queen-alexandras-royal-army-nursing-corps>  
<https://museumofmilitarymedicine.org.uk/about/corps-history/history-of-queen-alexandras-royal-army-nursing-corps/>  
[http://www.maltaramc.com/regsurg/rs1940\\_1949/rmo1949.html](http://www.maltaramc.com/regsurg/rs1940_1949/rmo1949.html)  
<http://www.maltaramc.com/articles/contents/greatwar.html>  
<https://collection.nam.ac.uk/detail.php?acc=1992-10-144-1042>  
<https://www.qaranc.co.uk/qaimns.php>  
<https://www.militaria-history.co.uk/articles/the-voluntary-aid-detachment/>  
<http://www.ww1photos.org/photo/w272-block-mtarfa-military-hospital-malta-vad-nurses-wright-bidden-kmjt-june-1917/>  
[https://www.qarancassociation.org.uk/Groups/348756/Qaranc\\_Association.aspx](https://www.qarancassociation.org.uk/Groups/348756/Qaranc_Association.aspx)  
<https://jobs.army.mod.uk/roles/army-medical-service/army-nurse/>  
<https://boerwarnurses.com/#>

# The Council for Nursing and Midwives Malta (CNM)

The Maltese Council for Nurses and Midwives (CNM) is an autonomous regulatory body. It plays a critical role in safeguarding the public by ensuring that the nursing and midwifery in Malta are regulated, safe, and of high quality. This is achieved by regulating the standards of practice, education, and ethical conduct of both professions.



The CNM was established by the Healthcare Professions Act (464:23; 2003) which defines its role as “to promote the provision of high-quality nursing and midwifery care in Malta, to protect the health and safety of the public, and to promote the professional development of nurses and midwives.” The council is composed of thirteen members: the President, an ex-Officio member, four members appointed by the Minister of Health, and seven members who are representatives elected by the nursing and midwifery professions. Of these seven members there are two midwives, one psychiatric nurse, one enrolled nurse and three first level nurses, all of whom serve various functions on sub-committees within the main CNM. The council is also supported by a registrar who is responsible for the day-to-day running of the council. Currently the following are the members who compose the CNM:

#### **President**

Dr Vincent Micallef

#### **Ex-Officio Member**

Mr. Vincent Saliba

#### **Appointed Members**

Ms Rita Law, Ms Gracie Marie Zerafa, Ms Marthese Spiteri and Mr Mario Galea

#### **Elected Members from 2nd August 2022 to 31st July 2025**

Mr. Mario Aquilina, Mr. Geoffrey Axiaq, Mr. William Grech, Mr. Kevin J Holmes, Ms. Pauline Borg, Ms. Astrid Zarb and Mr. Joseph Pace

**Maintaining the registers:** The council is responsible for maintaining a register of all nurses and midwives practicing in Malta. One cannot practice as a nurse or midwife unless one is registered with the CNM. All applications for registration are vetted against the applicable EU legislation to ensure that the applicant meets the necessary standards of competence and conduct. In ensuring that they have the necessary qualifications and training, some applicants are referred to educational institutions for further training.

**Setting standards:** The council sets standards for education, training, and

practice. It also provides guidance on best practices for the profession. The council works closely with educational institutions to ensure that the curricula of nursing and midwifery courses are up to date and relevant to the needs of the healthcare system in Malta. The council also sets the standards for continuing professional development (CPD) for nurses and midwives, which is essential for maintaining and updating their skills and knowledge. To guide nurses and midwives to maintain the necessary standards the council published documents that can be found on the council's website. These include:

- The Standards of Education Requirements by Institutes who wish to offer courses related to the nursing profession (2022);
- The Code of Ethics and Standards for Professional Conduct for Nurses and Midwives (2019);
- Professional Boundaries for Nurses and Midwives (2019);
- The Scope of Professional Practice for Nurses (2018); and
- The Midwives Code of Practice (2005).

**Complaints and disciplinary action:** The council investigates any complaints against nurses and midwives and takes disciplinary action where necessary, ensuring that any misconduct or professional negligence is dealt with appropriately.

In addition to its regulatory functions, the CNM also plays a crucial role in promoting the nursing and midwifery professions in Malta. The council works closely with nursing and midwifery associations to raise awareness about the important role that nurses and midwives play in the healthcare system. In improving the quality of care provided to patients, the CNM also supports research and innovation initiatives by nurses and midwives.

The functions of the CNM are not without challenges. Malta's nurse-to-population ratio lies below 800 nurses per 100,000 population, low when compared to other EU countries (Eurostat, 2022; OECD, 2020). Like

we all know, this puts a strain on the healthcare system. The CNM is currently working to address this issue by promoting nursing and midwifery as viable career paths. Besides, it is also working with educational institutions to increase the number of nursing and midwifery graduates. For almost a year now, the CNM has also amended internal practices to boost work related to vetting of applications, interviewing and registering new nurses from countries outside the EU in order to join the Maltese nursing workforce. The great majority of these applicants often need to undergo further training before being eligible for an interview and registration.

The Council for Nurses and Midwives in Malta plays a critical role in regulating and advocating for the local nursing and midwifery professions. It represents the interests of the professions and is responsible for ensuring that all nurses and midwives meet the required standards of practice and education, promoting the professions both locally and abroad, supporting research and innovation, and advancing the professions, all in keeping with the protection of the public. The CNM also provides advice and support to members of the profession as well as to other stakeholders such as employers, government bodies, and the public. Contact with the council can be made by email: [cnm.sph@gov.mt](mailto:cnm.sph@gov.mt).

#### **by GRECH William & HOLMES Kevin**

Council for Nurses and Midwives Malta (nd). <https://deputyprimeminister.gov.mt/en/regcouncil/cnm/Pages/Publications.aspx>  
Eurostat (2022). Healthcare personnel statistics - nursing and caring professionals. Accessed online [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare\\_personnel\\_statistics\\_-\\_nursing\\_and\\_caring\\_professionals&oldid=577671](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_nursing_and_caring_professionals&oldid=577671)  
Healthcare Professions Act (2003). Accessed online <https://legislation.mt/eli/cap/464/eng/pdf>  
OECD (2020). Availability of Nurses. Accessed online <https://www.oecd-ilibrary.org/sites/85ef89b8-en/index.html?itemId=/content/component/85ef89b8-en>

continued from page 15

means 'bouncing' back from difficult experiences, adapting successfully, manage adversity or hardship, and gain strength from such a difficult experience. It needs to be said that a resilient person still experiences difficulty. That is why it is so important to have caring and supportive relationships within and outside the family. Such relationships create love and trust, provide role models as well as offer encouragement and reassurance.

In her speech Dr. Psaila talked about strategies for building resilience. To begin with, developing resilience is a personal journey. Each one has to find his and her own way of building resilience. Secondly, a person's culture might have an impact on how s/he communicates feelings and deals with problems. Finally, making connections is essential too. One has to be smart enough as to avoid seeing crises as insurmountable problems. Rather, one would be more wise in accepting that change is part of living. Hence,

for us, health care workers, to be resilient we need to move towards our goals, taking decisive actions, looking for opportunities for self-discovery, nurturing a positive view of ourselves, and keeping things in perspective.

As a conclusion to her contribution Dr. Psaila emphasized once more the importance of taking care of ourselves. In practice, this means paying attention to my needs and feelings, engaging in activities that I enjoy and find relaxing, exercising regularly, developing a healthy lifestyle, being organized and managing my time well, learning from my past and staying flexible and adaptable. After all, as Vivian Komori says: Life is not about how fast you run or how high you climb, but how well you bounce.

It is my prayer that this very interesting and much-needed seminar on compassionate care for health care workers helps us, as health care workers, to bounce well in our lives! **I**

Fr Mario Attard OFM Cap

# BioGaia®

Probiotics grounded in evolution  
Driven by science

## Powerful solutions for faster recovery from AGE

### BioGaia Protectis ORS: Unique 3-in-1 combination

- 3-in-1 powder combination of L.reuteri Protectis oral rehydration solution and zinc
- 5.5 g powder to be dissolved in 250ml of water
- 1x10<sup>9</sup> CFU of L.reuteri Protectis per sachet
- Orange flavour. No additives
- 1.5mg of zinc per sachet





# Work pressures driving nurses and midwives away

by Nick Triggler - Health correspondent

Work pressures are driving thousands of nurses and midwives a year away from the profession, the regulator says.

The Nursing and Midwifery Council said retention was becoming a major concern despite an overall growth in the register. Its annual report found 27,000 professionals had left the register in the UK in the year to the end of March. While retirement appeared to be the most common reason for leaving, health and exhaustion were cited as the next.

## Half of new nurses and midwives come from abroad

The regulator said slightly fewer had left than the year before - but the proportion leaving early was still undermining the pipeline of new joiners. It surveyed leavers, receiving responses from a third. Most had left the profession earlier than they planned. NMC Chief Executive Andrea Sutcliffe said: "There are clear warnings workforce pressures are driving people away. "Many are leaving earlier than planned, because of burnout and exhaustion, lack of support from colleagues, concerns about quality of care and workload and staffing levels."

## 'Face harassment'

There were, however, a record 52,000 new recruits, including nursing

associates - a role, in England only, between healthcare assistants and nurses. Nearly half were recruited from abroad - but the number of those trained domestically rose the most.

It means there were a record 788,000 professionals on the register at the end of March - 30,000 more than a year previously. This includes those working in the private and social-care sectors, as well as the NHS. The register is also becoming more ethnically diverse, the NMC said, with more than a quarter of professionals belonging to ethnic minorities.

And as research showed these staff were more likely to face harassment, bullying and abuse, Ms Sutcliffe said, it was important for employers to work harder to foster "inclusive" cultures. The warning comes amid a pay dispute in England, Wales and Northern Ireland, which has led to a series of strikes by

Royal College of Nursing members over the past six months.

England Health Secretary Steve Barclay said the rise in numbers was "promising" and the NHS was on track to hit the government's target of recruiting 50,000 more nurses during this Parliament. "We will shortly publish a long-term workforce plan to go even further, including projections for the number of doctors, nurses and other professionals we will need in five, 10 and 15 years' time," he added.

But RCN general secretary Pat Cullen said: "These figures bear out our concerns over the failure to retain experienced staff. "While internationally educated nursing staff are a vital and valued part of the NHS, the over-reliance on staff from overseas, including those countries with shortages of their own, is not sustainable." I



Then the righteous will answer him, saying, 'Lord, ...when did we see you sick or in prison and visit you?' And the King will answer them, 'Truly, I say to you, as you did it to one of the least of these my brothers, you did it to me.'



Since the late 1940s, the Pontifical Foundation Aid to the Church in Need (ACN) has partnered with the various Christian dioceses in Africa, Asia, Latin America and also Eastern Europe to deliver health and medical care through missionary sisters and priests. Abandoned, or even seriously discriminated against by their authorities, poor, and, sometimes even, persecuted Christian minorities have been receiving compassionate health care, thanks to the ongoing support that ACN offers in various underdeveloped countries.

ACN (Malta) director, Stephen Axisa says: "Sickness is a challenging time and makes us reflect on the meaning, purpose, and calling of life. Offering health care in the name of Christ can provide emotional and spiritual support for these patients who, in most cases, are left completely unattended if it were not for the financial and medical support that ACN provides regularly to enable these missionary sisters and priests to reach these patients, many times in very remote areas, by also providing them with adequate means of transport both on land and on water."

Missionary nurses perform the same basic tasks as traditional RNs, including assessing and caring for patients who are ill or injured. They administer medicines and vaccines, dress wounds or treat broken bones - all these while working in an environment with limited resources, such as a lack of clean running water, electricity or telephone service. Because preventing illness and infection is critical in these locations, these sisters and priests educate patients and communities about proper hygiene, how to prevent infections and spread of diseases as well as basic health and dental care. Providing spiritual advice to patients is also a part of their mission. Depending on the region, these missionaries also conduct humanitarian efforts such as teaching skills, like reading and writing.

**For the last nine years, Aid to the Church in Need (ACN Malta) has been helping sisters and priests in offering health care to poor or persecuted Christians in other countries. May we ask you to offer a donation for the benefit of our abandoned brothers and sisters who are being persecuted?**

Individuals can learn more about ACN (Malta) by calling on **2148 7818** or sending an email to **info@acnmalta.org**

**SUPPORT PROJECTS IN AID OF PERSECUTED CHRISTIANS AROUND THE WORLD**



Aid to the Church in Need

ACN MALTA

Cheques are not accepted if you are going to offer a donation of €20.00 or less, due to the new bank policy. Alternatively you can send a donation on one of these numbers:

-  **BY SMS** €6.99 **5061 8949**
-  **BY PHONE** €15.00 **5170 2079**
-  **BY PHONE** €25.00 **5180 2081**
-  **BY PHONE** €50.00 **5190 2064**




acnmalta.org/donate

VO/2227

Aid to the Church in Need (Malta), 35/3, Mdina Road, Attard, ATD 9038

 Call 2148 7818

 @acn\_malta

 Aid to the Church in Need Malta

 acn\_malta

Aid to the Church in Need is a Pontifical Foundation of the Catholic Church and registered in Malta Reg. No. LPF-212, as a Foundation regulated by the second schedule of the Civil Code Chapter (16) of the Laws of Malta. VO/2227

[acnmalta.org/donate](http://acnmalta.org/donate)

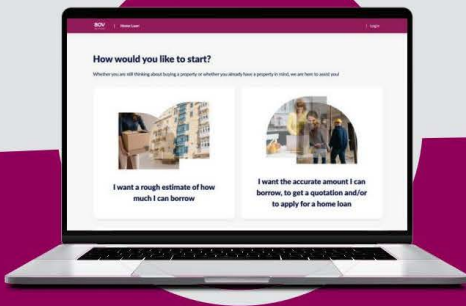
# BOV

Bank of Valletta

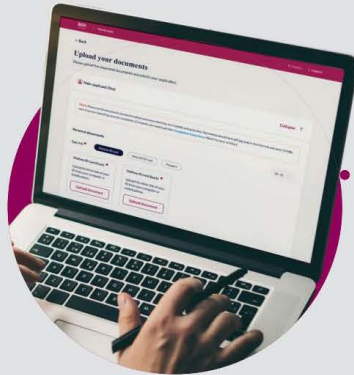
## BECOME A HOMEOWNER

### APPLY ONLINE

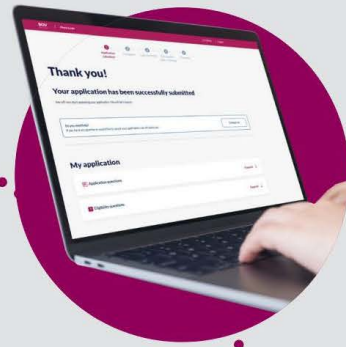
01  
Get a quote



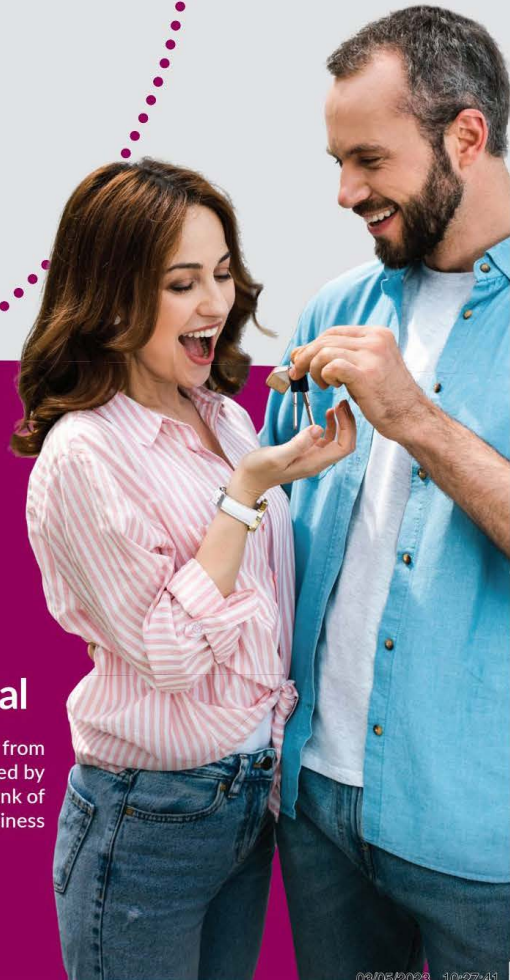
02  
Upload documents



03  
Submit application



04  
Homeowners



CONTACT US

[bov.com/homeloans](https://bov.com/homeloans) | [@bovofficial](https://www.facebook.com/bovofficial)

All loans are subject to normal bank lending criteria and final approval from the Bank. The term of the loan must not go beyond retirement age. Issued by Bank of Valletta p.l.c. 58, Triq San Żakkarija, Il-Belt Valletta VLT 1130. Bank of Valletta p.l.c. is regulated by the MFSA and licensed to carry out the business of banking in terms of the Banking Act (Cap. 371 of the Laws of Malta).



The report makes a series of pointed recommendations to the UN Security Council, the International Criminal Court (ICC), UN Secretary General, legislators of UN member states, the World Health Organization (WHO), and medical, nursing, and public health organizations. Specifically, the Coalition calls on these entities to:

- End impunity through prioritizing prosecutions of war crimes and attacks on health.
- Strengthen prevention against the obstruction and prevention of the delivery of health care through reform of law and military doctrine and training and restrictions on arms transfers.
- Reform the World Health Organization's system for collecting and disseminating data on attacks on health care.
- Strengthen global, regional and domestic leadership on the protection of health care across states and UN bodies.
- Support health workers through ministries of health, UN member states, donors, and health organizations.

“When one doctor is killed or a hospital bombed, thousands of patients are deprived of health care,” said Erika Dailey, director of advocacy and policy at Physicians for Human Rights. “The way to protect the right to health is to ensure that these critical civilian resources are fully protected under the law. If these devastating, cascading harms are to be stopped, perpetrators must be held criminally accountable.”

## ENRF Briefing Note on Horizon Europe - Health Cluster



The Horizon Europe Info Days represent an opportunity for potential applicants and other stakeholders of EU research and innovation to get information and ask questions about the main funding instruments and processes of Horizon Europe.

The European Commission organised an Info Day session which aimed to inform about some key topics including the Cluster 1 on “Health” Work Programme for 2024.

The Health Work Programme 2023-2024 provides 6 destinations:

1. Staying Healthy in a rapidly changing society;
2. Living and working in a health promoting environment;
3. Tackling diseases and reducing burden;
4. Ensuring access to innovative sustainable and high quality healthcare;
5. Unlocking the full potential of the new tools, technologies and digital solutions for a healthy society;
6. Maintaining an innovative, sustainable and globally competitive health industry

As stated by Ursula von der Leyen, President of the European Commission: «Europe must continue to protect lives and livelihoods. For me, it is crystal clear – we need to build a stronger European Health Union».

In this regard, find below some of the actions put in place by the European Commission:

- Better preparedness for health emergencies;
- Pharmaceutical Strategy for Europe;
- Europe's Beating Cancer plan;
- Regulation on the European Health Data Space.

In this context, HERA mostly relies on

the Cluster 1 because Horizon Europe represents the financial tool for HERA to promote research and innovation to develop effective, safe and affordable medical countermeasures for pandemic preparedness and response.

How Cluster 1 contributes to the objectives of HERA?

- ✓ PREVENTION:
  - Understanding vaccine-induced immunity;
  - Immunogenicity of viral proteins of viruses with epidemic and pandemic potential;
  - Host-pathogen interactions of infectious diseases with epidemic potential;
  - Contribution to CEPI.
- ✓ DIAGNOSIS:
  - In vitro diagnostic devices to tackle cross-border health threats.
- ✓ TREATMENT:
  - Broad spectrum antivirals for infectious diseases with epidemic potential;
  - Sustaining established coordination mechanisms for European adaptive platform trials and or for cohort networks;
  - Adaptive platform trials for pandemic preparedness.

During Covid-19 pandemic, investments in research and innovation were crucial for obtaining relevant information on the virus and its variants and therefore preparing effective vaccines and therapeutics. It demonstrates how essential the research activities are in the healthcare sector. In this context, investing in nursing research is an essential step forward for building a resilient healthcare ecosystem. |

The Horizon Europe is the opportunity for more research!

ENRF Briefing Note – 02 06 2023

European Federation of Nurses Associations (EFN)  
 Registration Number 476.356.013  
 Clos du Parnasse 11A, 1050 Brussels, Belgium  
 Tel: +32 2 512 74 19 Fax: +32 2 512 35 50  
 Email: efn@efn.eu Website: www.efn.eu

# Meaning in care

## SENIOR CARE AND SERVICES



COMPASSION • ENGAGEMENT • PROFESSIONALISM

[www.caremalta.com](http://www.caremalta.com)

2258 4200



photo | mediakt.nurse.com

## ICN report says shortage of nurses is a global health emergency

Geneva, Switzerland, 20 March, 2023 – A new report from the International Council of Nurses (ICN) says the worldwide shortage of nurses should be treated as a global health emergency. It says health systems around the world will only start to recover from the effects of the pandemic and be rebuilt when there is sufficient investment in a well-supported global nursing workforce.

The report, *Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness*, co-authored by Professor James Buchan and ICN Chief Executive Officer Howard Catton, builds on the analysis in ICN's *Sustain and Retain* report, published last year, which highlighted the terrible impact the pandemic has had on individual nurses and the global nursing workforce.

*Recover to Rebuild* cites more than 100 studies which show 40% to 80% of nurses reporting having experienced symptoms of psychological distress, nurses' intention to leave rates having

risen to 20% or more and annual hospital turnover rates increasing to 10% and even more.

The report recounts the vital and often dangerous role nurses played during the pandemic and provides evidence from studies of nurses in Australia, Belgium, Canada, Czech Republic, Germany, Ghana, India, Iran, Ireland, Jordan, Malaysia, Mexico, The Netherlands, Norway, The Philippines, Poland, Republic of Korea, Romania, South Africa, Spain, Sweden, United Arab Emirates, The United Kingdom, The United States of America and others. This evidence shows how the COVID Effect has compounded our already fragile health systems and the unequivocal need for substantial and sustained investment.

ICN President Pamela Cipriano said: "Our report substantiates what we have been saying since the start of the pandemic: nurses were on the front lines, and often on the firing line, and it has taken its toll. Nurses are the professionals who can lead us out of this post-pandemic slump in healthcare, but they can only do that if there are enough of them, if they are properly supported and paid, and if the fragile health systems they work in

are rejuvenated with large investments from governments everywhere.

"Health systems are struggling everywhere under the strain of securing a sufficient workforce, and leaders know that the workforce is key to solving the healthcare crisis. We have laid out in our report what is needed, but only government leaders can make it happen. The investments politicians make in the nursing workforce and the health systems they work in will help to bring Universal Health Coverage within reach and repay dividends for people for decades to come. But the clock is ticking. It's time to stop ignoring the solutions and take decisive action now. Nurses are the essential life force for building healthier communities, which leads to healthy workers, health security and economic security."

The report says the stress, burnout, absences from work and strikes affecting the nursing workforce are symptoms of the current perilous state of healthcare, and that they must be addressed urgently if nurses are to successfully take on their central role in the recovery of health systems globally.

continued on page 38

## Shortage of nurses is a global health emergency

continued from page 37

It goes on to say that relying on individual nurses' resilience is not an option, and that governments must take responsibility and make amends for their inadequate planning and policy responses, which have created a chronic worldwide nursing shortage.

Many countries have not invested sufficiently in educating adequate numbers of nurses to meet their populations' needs, the report says, leading to overwork and additional burdens for their existing staff, and reliance on the quick fix of harmful and unsustainable international recruitment by wealthier nations.

Countries that have a long tradition of educating nurses 'for export' are now also experiencing problems, with India now seeing a big increase in demand for nurses domestically, and the Philippines, where the government has now acknowledged a shortage of up to 350,000 nurses, originally identified by the Philippine Nurses Association.

Howard Catton said: "The worldwide shortage of nurses needs to be considered as a global health emergency and recovery from the current situation must be a priority for governments everywhere.

'Last year, we provided evidence of the immense toll the pandemic has taken on the wellbeing of nurses, and our latest evidence shows that it is not only continuing to have a damaging effect, but its impact is getting worse. Many nurses are leaving the profession, and those who remain are so concerned about the after-effects of the pandemic on patient safety and the wellbeing of colleagues, that they are left with no choice but to take industrial action and even outright strikes.

'All of this is happening at a time when there is a huge backlog of untreated health needs, growth in health demands and a great ambition globally to deliver health for all. The recovery of the nursing workforce is an essential prerequisite to rebuilding our

health systems, and to think otherwise is a fantasy. And without a sustainable, properly distributed global nursing workforce, the realisation of the goal of health for all will only ever be a pipe dream. James Buchan, who is Adjunct Professor at the University of Technology, Sydney, Australia, said: "The current situation is a direct result of a lack of action and the absence of a long-term vision and a plan for the global nursing workforce. The nursing workforce has been severely damaged by the traumas of the pandemic, and the need to rebuild our health services is an additional burden they are now carrying. 'Without sufficient numbers of nurses who are well-motivated, educated and supported, the global health system will not be rebuilt. We need to see co-ordinated policy responses, both within countries and internationally, that will protect and support the global nursing workforce so that they can be effective in their vital role of rebuilding our health systems."

The report says the remedy for the current situation is for governments to take urgent action, and plan more effectively for the future. Among the immediate actions required are updating the World Health Organization/ICN 2020 State of the World's Nursing Report, undertaking assessments of the impact of governments' policies on the nursing workforce, commitments to support early access to full vaccination programmes for all nurses, and the proper implementation of safe staffing levels.

There should also be plans put in place to review and, if necessary, expand the capacity of domestic nurse education systems, monitor each country's self-sufficiency in producing its own nurses, invest in the recruitment and retention of nurses, and improve nurses' career development opportunities.

In addition, there should be an agreement to implement and evaluate effective and ethical approaches to the managed international supply of nurses, and a commitment to investing in nursing workforce sustainability in small states, lower income states and fragile states, which were most heavily impacted by the pandemic and are most at risk of losing their nurses to international recruitment. ■



Huge congratulations to Claire Zerafa (right), Senior Practice Midwife in perinatal mental health within Mater Dei who received the Social Engagement Award by our Faculty for Social Engagement Award by our Faculty for Social Well-being yesterday.

We feel so privileged to have her leading with such empathy on the Perinatal Pilot study which is run in collaboration with the Department of Child and Family studies at UOM, the Perinatal Mental Health Department at Mater Dei and the Committee for Positive Parenting and the Well being of Families within the Ministry for Social Policy and Children's Rights. Claire is an important leading force and demonstrates extraordinary leadership in all that she does.



L-Università ta' Malta  
Faculty of Health Sciences

Department  
of Nursing



**Do you have a  
desire to care,  
to heal or to help?**

**UNDERGRADUATE & POSTGRADUATE  
COURSES STARTING OCTOBER 2023**



📍 [um.edu.mt/healthsciences/nursing](https://um.edu.mt/healthsciences/nursing)

📞 +356 2340 1804

✉ [nursing.healthsci@um.edu.mt](mailto:nursing.healthsci@um.edu.mt)

eCCO®

Kick back  
& relax  
with the  
ECCO Comfort Clog



Shop Now