

II-Musbieh

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

Numru 102 - Marzu 2024



MUMN meets the new Health Minister

BOV

Bank of Valletta

the heartbeat of healthcare

www.mumn.org

Tel: 2144 8542 E-mail: administrator@mumn.org





INSURANCE SOLUTIONS FOR HEALTHCARE PROFESSIONALS & CLINICS

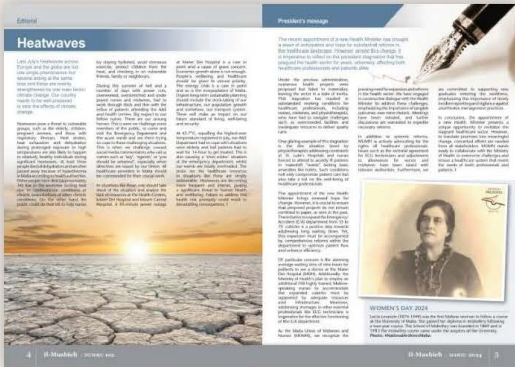
- > PROFESSIONAL INDEMNITY INSURANCE
- > BUSINESS INSURANCE FOR CLINICS AND HOSPITALS

LAFERLA

☎ +356 21222 4405
✉ info@laferla.com.mt
🌐 www.laferla.com.mt

Laferla Insurance Agency Ltd (C-14529) is enrolled under the Insurance Distribution Act to act as an Insurance Agent for MAPFRE Middlesea p.l.c. (MMS) and MAPFRE MSV Life p.l.c. (MMSV). MMS (C-5553) and MMSV (C-15722) are authorised under the Insurance Business Act. All entities are regulated by the Malta Financial Services Authority.

contents



- Editorial - President's message
pages 4-5



- EFN European Election Manifesto
pages 8-9



- From our diary
pages 20-21



Ħarga nru 102 Marzu 2024

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 • E-mail: administrator@mumn.org

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

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

L-ebda parti mill-ġurnal 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-ġurnal jitqassam b'xejn lill-membri kollha u lill-entitajiet oħra, li l-bord editorjali flimkien mad-direzzjoni tal-MUMN jiddeciedi fuqhom.

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

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

Ritratti tal-faċċata: MUMN

Heatwaves

Last July's heatwaves across Europe and the globe are not one single phenomenon but several acting at the same time and these are mainly strengthened by one main factor: climate change. Our country needs to be well-prepared to stop the effects of climate change.

Heatwaves pose a threat to vulnerable groups, such as the elderly, children, pregnant women, and those with respiratory illnesses. Heat strokes, heat exhaustion and dehydration during prolonged exposure to high temperatures are also likely to happen to relatively healthy individuals during significant heatwaves. At least three people died of dehydration and another passed away because of hyperthermia in Malta according to health authorities. Other people have died (approximately 34) due to the excessive sizzling heat due to cardiovascular conditions or chronic exacerbations of other chronic conditions. On the other hand the public could do their bit to help nurses

by staying hydrated, avoid strenuous exercise, protect children from the heat, and checking in on vulnerable friends, family or neighbours.

During this summer of hell and a number of days with power cuts, overworked, overstretched and under paid nurses and midwives, had to work through thick and thin with the influx of patients attending the A&E and health centres. Big respect to our fellow nurses. These are our unsung heroes. This is where we challenge some members of the public, to come and visit the Emergency Department and the acute wards and see them trying to cope in these challenging situations. This is when we challenge coward social media commentators who call us names such as 'lazy', 'egoistic' or 'you should be ashamed', especially when directives are issued by our Union. All healthcare providers in Malta should be commended for their crucial work.

In situations like these, one should take stock of the situation and analyse the lack of resources at the Health Centres, Mater Dei Hospital and Mount Carmel Hospital. A 45-minute power outage

at Mater Dei Hospital is a case in point and a cause of grave concern. Economic growth alone is not enough. People's wellbeing and healthcare should be given its utmost priority. The energy crisis is a case in point and so is the overpopulation of Malta. Urgent long-term sustainable planning should include the stock-taking of our infrastructure, our population growth and somehow, our transport system. These will make an impact on our future standard of living, well-being and security.

At 42.7°C, equalling the highest-ever temperature registered in July, our A&E Department had to cope with situations where elderly and frail patients had to wait for 14-hour to get treated. This is also causing a 'choc-a-bloc' situation at the emergency department, whilst our wards are totally overloaded. The strain on the healthcare resources in situations like these are simply unbearable. Heatwaves are becoming more frequent and intense, posing a significant threat to human health and wellbeing. Failure to address this health risk promptly could result in devastating consequences. |



photo | d.newsweek.com

The recent appointment of a new Health Minister has brought a wave of anticipation and hope for substantial reforms in the healthcare landscape. However, amidst this change, it is imperative to reflect on the persistent stagnation that has plagued the health sector for years, adversely affecting both healthcare professionals and patients alike.

Under the previous administration, numerous health projects were proposed but failed to materialize, leaving the sector in a state of inertia. This stagnation has resulted in substandard working conditions for healthcare professionals, including nurses, midwives, and physiotherapists, who have had to navigate challenges such as overcrowded facilities and inadequate resources to deliver quality care.

One glaring example of this stagnation is the dire situation faced by physiotherapists addressing constraints at St. Luke's Hospitals and nurses forced to attend to acutely ill patients in makeshift "wards" lacking basic amenities like toilets. Such conditions not only compromise patient care but also take a toll on the well-being of healthcare professionals.

The appointment of the new Health Minister brings renewed hope for change. However, it is crucial to ensure that proposed projects do not remain confined to paper, as seen in the past. The initiative to expand the Emergency/Accident (E/A) department from 35 to 70 cubicles is a positive step towards addressing long waiting times. Yet, this expansion must be accompanied by comprehensive reforms within the department to optimize patient flow and enhance efficiency.

Of particular concern is the alarming average waiting time of nine hours for patients to see a doctor at the Mater Dei Hospital (MDH). Additionally, the Ministry of Health's plan to employ an additional 100 highly trained, Maltese-speaking nurses to accommodate the expanded cubicles must be supported by adequate resources and infrastructure. Moreover, addressing shortages in other essential professionals like ECG technicians is imperative for the effective functioning of the E/A department.

As the Malta Union of Midwives and Nurses (MUMN), we recognize the

pressing need for expansion and reforms in the health sector. We have engaged in constructive dialogue with the Health Minister to address these challenges, emphasizing the importance of tangible outcomes over mere rhetoric. Meetings have been initiated, and further discussions are warranted to expedite necessary reforms.

In addition to systemic reforms, MUMN is actively advocating for the rights of healthcare professionals. Issues such as the sectorial agreement for ECG technicians and adjustments to allowances for nurses and midwives have been raised with relevant authorities. Furthermore, we

are committed to supporting new graduates entering the workforce, emphasizing the importance of timely incident reporting and vigilance against unorthodox management practices.

In conclusion, the appointment of a new Health Minister presents a unique opportunity to revitalize the stagnant healthcare sector. However, to translate promises into meaningful change, concerted efforts are needed from all stakeholders. MUMN stands ready to collaborate with the Ministry of Health to overcome challenges and ensure a healthcare system that meets the needs of both professionals and patients. |



WOMEN'S DAY 2024

Lucia Levanzin (1874-1949) was the first Maltese woman to follow a course at the University of Malta. She gained her diploma in midwifery following a two-year course. The School of Midwifery was founded in 1869 and in 1915 the midwifery course came under the auspices of the University.

Photo: #NationalArchivesMalta

Ministru u Segretarju Parlamentari godda responsabbli mis-Saħħa u l-Anzjanità Attiva

L-MUMN tagħtihom merħba u twiegħed il-koperazzjoni tagħha għall-ġid ta' kulhadd. Fl-istess waqt niringrazzjaw lid-Deputat Prim Ministru għall-ħidma tiegħu u nawgurawlu kull suċċess.

L-MUMN kellha diġà diversi laqgħat mal-Ministru l-ġdid. L-aktar haġa li impressjonatni kienet li jħares lejn l-affarijiet bħal wieħed li għadu jaħdem fl-isptar Mater Dei. Mhux bil-lenti ta' Ministru li qiegħed hemm fl-għoli iżda bħal ħaddiem normali li jiltaqa' mad-diffikultajiet ta' kuljum u anki dawk li jkun fit-tul. Nawgura li jibqa' hekk kif inhu saqajh mal-art.

L-MUMN ma baqgħetx lura milli tesprimi ruħha pubblikament li taqbel mal-pjanijiet tal-Ministru biex inaqqas l-iffullar żejjed mill-isptar Mater Dei billi jalloka servizzi kemm fl-isptar Karen

Grech, fl-isptar San Luqa u postijiet oħra. L-importanti li jsir kollox permezz tad-djalogu soċjali biex b'hekk kulhadd ikompli jiġbed haħel wieħed.

Ġie deċiż li l-Konferenza li jmiss tal-Commonwealth Nurses & Midwives Federation issir f'pajjiżna. Jidher li sentejn oħra ser tiġi organizzata fis-South Africa u s-sentejn ta' wara fl-India. Din il-Konferenza kienet ilha tiġi organizzata f'Londra għal dawn l-aħħar 10 snin però issa ġie deċiż li se tibda ssir fil-pajjiżi membri. Bi Ftehim mal-Ministru, kull min se jippreżenta paper waqt din il-konferenza se jiġi sponsorjat tal-ġurnata li jkun fiha se jippreżenta, filwaqt li min jibgħat żewġ papers, ser ikun sponsorjat għall-konferenza kollha. Din se tkun Konferenza ta' jumejn – 27 u 28 ta' Settembru.

Din il-konferenza se tkun waħda ta' interess sostanzjali. Mistiedna huma Nurses u Midwives mill-54 pajjiż tal-

Commonwealth. Il-con-currentsessions jagħtu għażla lid-delegati għal dak li jridu jisimgħu u jaraw. Il-lukanda fejn se tiġi organizzata hija l-aktar waħda attrezzata għall-konferenzi ta' dan it-tip. Min jixtieq jippreżenta paper, għandu ċans sal-aħħar ta' Mejju.

Din is-sena jagħlaq il-Ftehim Kollettiv tas-Servizz Pubbliku kollu. Dan il-Ftehim huwa mlaqqam 'il-kbir' għax ikopri l-50 elf ħaddiem li jaħdmu maċ-civil. Barra l-MUMN, hemm 9 unions oħra. Il-unions bejniethom il-tqajna diġà darbtejn filwaqt li saret ukoll l-ewwel laqgħa mal-Gvern. Għadu kmieni però l-affarijiet jidhru li sejin fid-direzzjoni tajba. Nistennew u naraw.

Għallum se nieqaf hawn. Nawgura l-isbaħ xewqat għall-Għid, lilek u lil dawk qrib tiegħek. |

Colin Galea
Segretarju Ġenerali

Kate Middleton has two “amazing and Kind” Nurses caring for her, Prince William says

by Emily Burack

Following Kate Middleton's surgery and hospitalization, Prince William postponed his engagements to be by her side as she recovered. He returned to royal engagements today, hosting an Investiture at Windsor Castle and attending a gala dinner for London's air ambulance charity.

One woman who was awarded an MBE today, Patricia Spruce, took to her LinkedIn to write about the experience. Spruce, who works for the NHS, spoke to the Prince of Wales about Kate's healthcare. "What an amazing experience, the castle was just breathtaking, everyone was so lovely to us as we were just in awe of everything," she wrote in a public post. "Prince William said that Katherine had two Filipino nurses looking after her

and they were amazing and kind." The fact that Kate is being cared for by two nurses is the first insight the public has had into her healthcare.

Last week, the Princess of Wales was discharged from the hospital after spending two weeks there recovering from abdominal surgery. She's currently recuperating at her home at Adelaide Cottage, in Windsor. Upon her release, Kensington Palace thanked the nurses in a statement, saying, "The Prince and Princess wish to say a huge thank you to the entire team at The London Clinic, especially the dedicated nursing staff, for the care they have provided. The Wales family continues to be grateful for the well wishes they have received from around the world."

Today, when Prince William was asked about the public's support in light of King Charles's cancer diagnosis and Kate's hospitalization, he replied,



"We really appreciate everyone's kind messages, thank you." Later, in his remarks during the evening, the Prince said, "I'd like to take this opportunity to say thank you, also, for the kind messages of support for Catherine and for my father, especially in recent days. It means a great deal to us all." He joked, "It's fair to say the past few weeks have had a rather 'medical' focus. So I thought I'd come to an air ambulance function to get away from it all!" |

BROWNS+YOU

VIRIDIAN



**PURELY ORGANIC AND
ENVIRONMENTALLY FRIENDLY**

  BrownsPharma
customer@brownspharmacy.eu
www.browns.pharmacy

EFN European Election Manifesto

The European Federation of Nurses Associations (EFN) represents over 6 million registered nurses across Europe. As the European Parliament is set to enter a new mandate, we want MEPs to champion appropriately educated, paid, supported and developed nursing workforce operating in fair working conditions to deliver people-centred care and promote health in the EU.

Ahead of the European Parliament Elections due to take place in June 2024, EFN are calling for political party groupings and MEP candidates to prioritise:

INVEST IN EDUCATION: European registered nurses are highly educated, and their skills are in demand across the world. Our competent and knowledgeable nurses must be supported through access to continuous professional development. Nurse education, in line with Directive 2013/55/EU, must reflect modern day nursing and enhance the profession's ability to shape and deliver effective and high-quality care to patients. Nurses in the future must have career pathways such as specialist nurse, and advanced practice nurse. The EU institutions and national governments need to make sure that this Directive is a safeguarding Directive setting a minimum level of high-quality nurse education.

SAFE STAFFING: In order to tackle the current registered nursing shortage across the EU, it is essential that work-life balance measures to retain registered nurses, especially newly graduated nurses, in the profession are addressed. Securing a sustainable and safe level of nursing workforce must be a priority for the European Union. All Member States must take a long-term approach to workforce planning, with registered nurses being the integral and integrated element of future health workforce planning.

BETTER WAGES: It is no doubt that the level at which nurses are remunerated is one of the key factors affecting their job satisfaction and the attractiveness of the nursing profession. Future efforts need to focus on unpicking the elements that lead to poor salary conditions for nurses, to command better pay for frontline nurses which is at the heart of the recruitment and retention challenges that taunt health services across the

EU and Europe. Nurses' wages are key central to the delivery of the European Social Pillar. Protect nurses right to take industrial action.

EMPOWERMENT OF NURSES: Empowerment of nurses is essential for them to be resilient and capable of providing high quality care to people. Therefore, nurses need to have better access to Information, Support, Resources, and Opportunities for further professional development. People Centred Care Safe, healthy and attractive working environments for all nurses are needed for their development across Europe, with a focus on supporting education, professional practice, research, workplace policies and incentives. Within this policy context, one example that the EU needs to ensure is a zero-tolerance approach to violence against nurses to eradicate all forms of abuse, and to strengthen at EU level the responsibility of the employers to provide safe working environments.

NURSE MANAGERS AND MANAGEMENT: Nurse managers are an important part of the solution to many problems that governments face today. Many health systems have been reformed but not designed to secure quality and safeguard health care. As such, there is a need for scaling up nurse management capacity at the national, regional and EU level, in all health sectors. Nurse managers, as change agents, play an important role, as their task includes planning, organising, directing and controlling, and through their leadership they create quality service and patient safety.

The Current Nursing Landscape in Europe

Frontline nurses in the EU have been profoundly affected by the repercussions of working during the COVID-19 pandemic. They face

exhaustion, moral distress due to ethical and ontological effects, low pay relative to their life-saving responsibilities, and unfavourable working conditions. Consequently, there has been a massive exodus of frontline nurses, which has far-reaching implications for the healthcare system.

Therefore, EFN members call to action for safe staffing levels, better pay and working conditions to deliver safe and appropriate nursing care across the EU and Europe. Amid growing concerns of dire working conditions and a shortage of nurses in all EU Member States, the WHO ethical recruitment guidelines must be adhered to when recruiting from non-EU countries.

Grounded in the latest international research, EFN offers solutions for recruiting and retaining European nurses, which is vital for access to healthcare services and providing high quality and safe patient care. To ensure timely and accessible healthcare for European citizens, efforts must be made to increase the availability of qualified professional nurses. The European Pillar of Social Rights and Directive 2013/55/EU are built on the fundamental premise that increasing to the appropriate numbers of well-educated, registered nursing professionals are central to





photo | iLhuffpost.com

implementing EU health policy for the benefit of all citizens.

The EFN Members urge EU politicians and policymakers to take immediate action to focus on developing EU legislation to improve recruitment and retention of domestically educated nurses, safe staffing levels, and prioritise the welfare of nurses and patients alike. For the EFN, it is vital that MEPs can ensure fit-for-purpose nursing workforce policies to improve retention of nurses, and the attractiveness of nursing as a career, by the provision of fair pay and better conditions of employment during the European Parliament term 2024 - 2029. Failing to recruit and retain frontline nurses into the nursing workforce will render the EU and Europe ill-prepared for the years ahead.

The EU Institutions, the European Commission, the European Parliament, and the Council of Ministers, should mandate Member States to invest in building a resilient nursing workforce.

Act now!

Invest in Nurses and Nursing to Save Lives!

For more information visit: www.efn.eu - Turn over to read our detailed call to action.

EFN call to action for MEP candidates!

Invest in nursing education at European and National level

The EFN calls on MEP candidates to ensure that the EU's modernised Mutual Recognition on Professional Qualifications Directive 2013/55/EU is adequately transposed to national education programs to further develop nursing education curricula and ensuring nurses have the right competencies to shape and deliver effective nursing care. A modernised and harmonised EU curriculum is essential to ensuring effective free movement of nurses across the EU and patient safety.

The EFN is seeking MEPs support to guarantee access to Life-long Learning and Continuous Professional Development, to ensure the nursing workforce has the opportunity to update skills to remain "fit for practice", in the 21st century, allowing nurses to easily adapt to changing needs, societal challenges and new and innovative treatments and technology. Nurses are active participants in the expansion and application of evidenced based knowledge, effective practice and therefore need to be supported with resources and standardise national on-going education frameworks to deliver excellence in health care for all citizens.

Only by appropriate investment in education will the EU and Europe achieve improved patient outcomes and more efficient integrated care as both are dependent on the qualifications of nurses, the largest single professional group in healthcare. Invest in nursing education and increase all efforts to make nursing education attractive to students and enrolment in undergraduate studies. Increase nursing undergraduate places. The challenges in nursing education must be addressed to increase the number completing their studies and attracting more people into the profession, thus minimizing nursing shortages.

Ensure optimal wages, fair working conditions and health workforce capacity building!

Frontline nursing is key in guaranteeing timely access to affordable, preventive and curative health and social care

of good quality. However, nurses face exhaustion, moral distress, low pay relative to their life-saving responsibilities, and unfavourable working conditions not least exacerbated due to the impact and repercussions of the COVID-19 pandemic. Consequently, there has been a unprecedented exodus of frontline nurses, which has far-reaching implications for citizens accessibility to the healthcare systems in the EU and Europe. The shortage of nurses has resulted in bed and unit closures, increased waiting times, compromised patient safety, reduced quality of care, and even patient transfers to other EU countries.

In order to meet the challenges of the healthcare system, workforce capacity building needs to maximise the contribution of the entire nursing workforce with appropriate data and understanding of the roles of registered nurses, specialist nurses and advanced practice nurses, in addition to healthcare assistants, and how they can work together and with other health professionals to collectively improve healthcare system. Coupled with this is optimal remuneration and robust tools to ensure appropriate and safe staffing levels, and skill mix must become a political priority within the EU institutions as lives and optimal care of our citizens are at risk.

Any strategies need to consider how to retain experienced nurses and how to make nursing an attractive and rewarding choice for future generations seeking careers which improve people's lives and are valued by society. This also implies policies tailored on women needs to overcome unsatisfactory working conditions, particularly for frontline staff, that often leaves women feeling isolated, disempowered, and unappreciated. As the largest health professional group nurses are in pole position to contribute to the solutions of these complex problems and therefore must be incorporate in all phases of the policy cycle which will ensure policy implementation.

continued on page 12

Babylino
Baby diapers
Sensitive
Cotton Soft



Enhanced sensitive protection for your newborn baby!

Your baby's safe protection is your most important concern. So is ours! New Babylino Sensitive Cotton Soft diapers are designed based on the Pure Care System with carefully selected materials, that combine excellent absorbency, but also certified skin-friendly properties.



Available at
**your local
pharmacy**



For Women From the UK & Ireland's most recommended brand†



Easy-to-take oral capsules, with the **most scientifically researched probiotic strains for female intimate health** – *L. rhamnosus* GR-1® & *L. reuteri* RC-14®



Balances the vaginal environment – colonises the vaginal tract and normalises the intimate environment by increasing lactobacilli and restoring the natural pH²⁻⁶



Supports common urogenital conditions – bacterial vaginosis (BV)^{3,7}, urinary tract infections⁸, vulvovaginal candidiasis^{7,9}

Optibac
Trusted friendly bacteria

*See references on previous page

†Optibac is the brand of friendly bacteria most recommended by stockists and UK consumers. See website T&Cs for survey details

L-Infermier tal-Fqar

Artémides Zatti, Salesjan Infermier iddikjarat Qaddis fl-2022

Kitba ta' Joe Camilleri

Artémides Zatti twieled f'Boretto (Reggio Emilia) fit-12 t'Ottubru 1880. Min etá zghira daq it-tbatija tas-sagrificċju, tant li ta' disgha snin kien diġa beda' jaħdem fl-għelieqi. Minħabba l-faqar, il-familja Zatti emigrat l-Arġentina fil-bidu tal-1897 u għexet f'Bahia Blanca. Iċ-ċkejken Artémides mill-ewwel beda jiffrekwenta l-parroċċa mmexxija mis-Salesjani, fejn id-direttur spiritwali tiegħu kien Fr. Carlo Cavalli, il-kappillan, raġel qaddis ta' tjubija straordinarja. Kien hu li iggwidah lejn il-ħajja Salesjana fejn ta' 20 sena beda l-aspirantat f'Bernal.

Waqt li hu kien qed jikkura ġuvnott qassis li kien qed ibgħati mit-tuberkulosi (mard tas-sider), hu ttiehed mill-marda. Fr. Cavalli, bħall-missier li jinkwieta għal ibnu, u fejn kien isegwih il-hin kollu, irrangalu biex imur f'Dar Salesjana f'Viedma, fejn kien hemm klima aħjar u kien hemm l-aħjar spatar tal-missjonijiet f'infermier Salesjan li kien tajjeb daqs tabib. Fr. Evasio Garrone, stieden lil Artémides biex jitlob lil Marija Għajnuna tal-Insara biex ifiq u qallu biex jagħmel wegħda li jekk tfejqu, huwa jiddedika ħajtu kollha għall-morda. Artémides għamel il-wegħda u anke fieq. Hu kien jgħid: "Emmint, Wegħdt, Fiqt". Trieqtu issa kienet ċara u mexa fiha b'entuzjażmu kbir. B'umiltá kbira aċċetta li ma jkomplix għas-sacerdozju, biss fil-11 ta' Jannar 1908 għamel l-ewwel professjoni tiegħu bħala brother koadjatur u l-professjoni perpetwa saret fit-8 ta' Frar 1911. Il-wegħda żamma u iddedika ħajtu għal servizz fl-Isptar, fejn kien imexxi l-ispizerija u meta Fr. Garrone miet fl-1913, ir-responsabbiltá kollha tal-isptar waqgħet fuq spallejh. Huwa nħatar deputat direttur, amministratur u infermier espert, irrispettat mill-pazjenti kollha u mit-tobba, fejn kienu jħalluh jaħdem f'libertá assoluta.

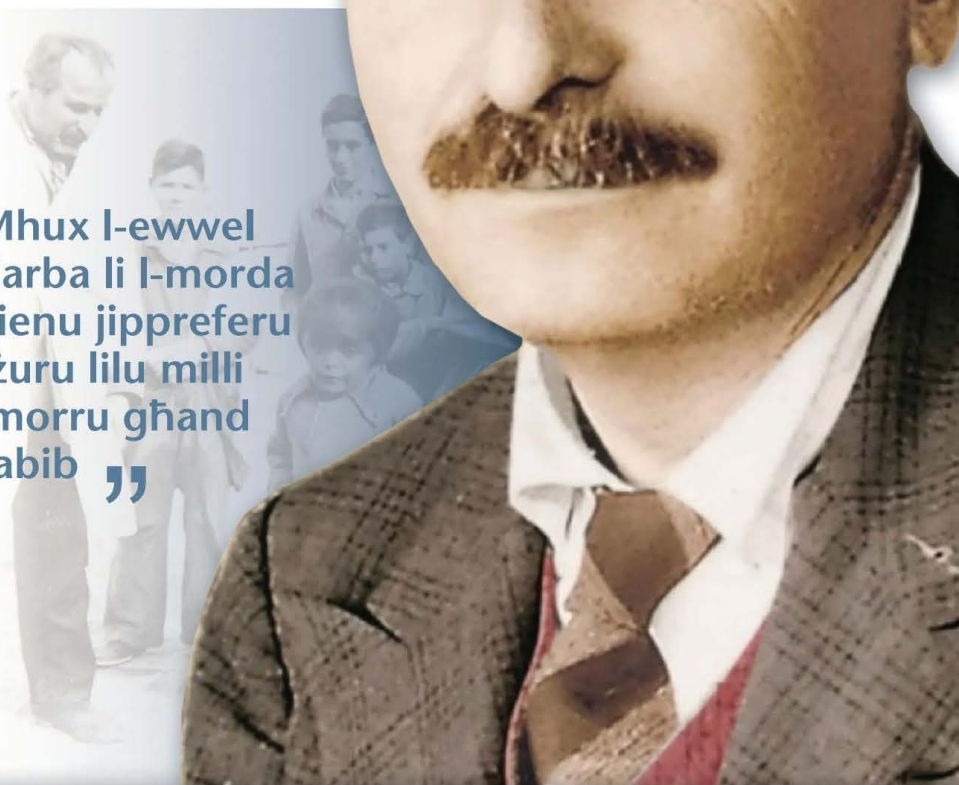
Is-servizzi tiegħu ma kienux biss limitati għall-isptar, imma kienu jestendu għall-bliet kollha ta' Viedma u Patagones. Fejn kien hemm bżonn,

kien jivjaġġa għal siegħat sħaħ mal-ġurnata u anke bil-lejl, ikun xi jkun it-temp, senza interessi. Ir-reputazzjoni tiegħu ta' infermier qaddis inxterdet man-Nofsinhar kollu tal-pajjiz u kien jikkura l-morda mall-Patagonia kollha. Mhux l-ewwel darba li l-morda kienu jppreferu jżuru lilu milli jmorru għand tabib.

Artémides Zatti kien iħobb il-morda b'mod ammirevoli ħafna. Fih kien jara 'l Ġes- nnifsu, tant li meta darba saqsa lis-sorijiet għall-libsa ta' tifel ġdid kien saqsihom: "Sister, għandkhem xi libsa għal Ġes- ta' madwar 12-il sena?" Il-kura tiegħu mal-marid kienet impermekkabli: Xi nies kienu jarawh iġorr fuq spallejh, ġisem mejjet ta' pazjent bil-lejl lejn il-mortwarja, biex b'hekk pazjenti oħra ma jarawhx. Dan kien jagħmlu waqt li jirreċta id-De Profundis. Fidil lejn l-ispirtu Salesjan, u bil-motto ta' Don Bosco għal uliedu: "Xogħol u Temperament",

ikompli f'paġna 16

“
Mhux l-ewwel darba li l-morda kienu jppreferu jżuru lilu milli jmorru għand tabib”



continued from page 9

Life-long Learning & Continuous Professional Development

Lifelong learning (LLL) and continuous professional development (CPD) are pivotal in shaping a sustainable future for the healthcare sector. Insufficient investment in these areas deprives the nursing workforce of essential skills necessary to meet the increasing demands and complexities of patient care. To address workforce shortages, the retention crisis of frontline nurses, and the challenges posed by rising workloads, inadequate remuneration, and unattractive working conditions, it is imperative to prioritise opportunities for nurses such as to engage in digital and green upskilling and reskilling. By placing a strong emphasis on the physical and mental well-being of the workforce, upskilling and reskilling initiatives can cultivate a future-ready adaptable healthcare workforce, contributing to the modernisation of the healthcare sector.

Digital and green upskilling and reskilling initiatives are indispensable

to empowering nurses to actively participate in the digital and green transition within the healthcare ecosystem. Through initiatives like the Pact for Skills, the nursing workforce can gain a comprehensive understanding of digital and green solutions, thereby enhancing their digital literacy. This, in turn, enables nurses to optimise their time and daily work organisation, reduce administrative burdens, improve record-keeping, make evidence-based decisions, increase patient engagement, address health inequalities, and enhance cost efficiency in healthcare systems. As resilient and sustainable healthcare systems continue to evolve, digital and green skills will play an increasingly critical role in improving people's healthcare experience, driving technological and sustainable innovation, and creating better working conditions for the nursing workforce.

Stop Violence against Nurses

Violence against nurses has grown into epidemic proportions during COVID-19 pandemic. Therefore, EFN members believe that national and EU initiatives to

support women should consider severe prison sentences, legal sanctions against perpetrators of violence. Although the EU Victims' Rights Directive (EC 2012/29/EU) and strategy (EC COM/2020/258) offer better protection from violence and harassment, the European and international institutions should look at the achievements to date alongside current risks and discuss the next steps forward in strategic cooperation between EU institutions and Member States, International Organisations, NGOs, and researchers in combatting gender-based violence. Thus, the EFN members are calling for all the member states to ratify the ILO convention 190 on violence and harassment. Nurses must be protected and supported through the development of policies, initiatives, and legislation at the national and European levels. Given the severity of the situation, inaction could lead to irreplicable damage to the nursing workforce with more frontline nurses leaving the nursing profession.

Invest in Nurses and Nursing to Save Lives!



**Healthy
weight control
and increased
regularity**

Manwal li għie f'idejja

Kitba ta' Joe Camilleri C.N.

Dan l-aħħar għie f'idejja l-'Manwal għall-Infermiera, Anatomija u Fizjoloġija', li m'għandu l-ebda data fuq ta' meta għie stampat u huwa arkivjat fir-Repositorju tal-Università ta' Malta (OAR@UoM). Dan huwa manwal miktub minn tabib, Dr. J. Morana u kien intenzjonat għall-Infermieri u l-Hospital Attendants. It-Tabib Morana kien kiteb ukoll paperback, 'Taħdidiet fuq is-Saħħa' fl-1950, b' 84 paġna li kien ippublikat għand l-Istamperija Giov. Muscat. Fuq il-qoxra hemm il-Virga ta' Asclepius, simbolu tal-medicina u tal-professjoni medika, ad direttura. Asclepius, kien venerat fil-Greċja antika bħala alla tal-fejqan.

Is-CGMO kien kiteb fid-daħla tal-manwal fejn qal li dan kellu jservi ta' beneficiċċju għaliex huwa miktub bil-lingwa tagħna. Dan il-manwal jitratta biss l-anatomija u l-fizjoloġija u mhux xi proċeduri jew ħiliet infermeristiċi. Is-CGMO kien Dr. Alfred Grech allura seta' nkiteb bejn l-1975 u l-1986.

Għalkemm miktub bil-Malti, il-qajt ma ċertu kliem li jien qatt ma kont il-qajt magħhom, imma mhux neċessarjament dawn huma żbaljati, għalkemm jidhru pjuttost strambi. Dan għaliex fi żmienna studjajna biss b'manwali miktuba bl-Ingliż biss.

Pereżempju qrajt il-kelma 'orekjetti', bit-Taljan 'orechietti', jew bl-Ingliż 'auricles' li nsibu fil-qalb. Sibit ukoll 'Biex meta l-qalb tiddilata d-demmm...' fejn ried jgħid 'to dilate', bl-Ingliż. Kliem ieħor huwa kif ġej: coċċigeo/coċċigei għall coccyx (mingħajr il-k); Tubu ta' Ewstakju (Eustachian tube); l-att tal-bliegħ jgħidier swallowing; Il-katina tas-simpatiku (tal-kolonna vertebrali); fosos nasali; in-nerv vago u n-nerv motur; organu emuntur; tubi convoluti (konvoluti); l-arterji afferenti; isfinteriku; il-ħnuq u s-solki; impalkatura fejn jgħaddu l-fibri; kuxxinett tal-ilma; sustanza kornuża; it-tunika avventizja; id-demmm ikun jista' jikkvagula; mblukkati bil-muko; tubi convoluti (mingħajr il-k); Il-glandoli surrenali; il-manubriu tal-isterno; Il-gog tas-simfisi tal-pube; il-hypobromite tas-soda; iskiem ta' taħt; u klorur (bleaching powder); Il-glandola sottomascellari

taħt il-maxella; il-glandoli sottolinguali; il-bolo tal-ikel; l-addome eċċ. Ħafna mill-kliem huwa ovvjament taljanizzat jew li baqa' bit-Taljan biss.

Kliem ieħor li baqa' bl-Ingliż huwa: l-amylase; il-lactase; il-maltase; collecting tubule; cochlea/ cochleari; cortex; glycogen; Peyers' Patches eċċ jew anke inglanizzat bħal 'it-toracica' għal 'thoracic' (is-sider); 'espirazzjoni' qawwija, 'laringe' għall-larynx; u reumattizmu (minflok rumattizmu).

Interessanti li għall-pancreas ma kitibx frixa, iżda ħalliha kif inhi, bħalma ġara bil-kelma 'chyme'. L-awtur ma tantx kiteb fuq l-anatomija tal-fwied, għal xi raġuni. Għalkemm għandna l-kelma 'vixxi' bil-Malti pur, l-awtur jikteb 'l-imsaren' kif nitkellmu illum.

Il-manwal fih illustrazzjonijiet bl-Ingliż, bil-Latin u anke bil-Malti. Tajjeb infakkru li l-ewwel definizzjonijiet li deheru dwar l-anatomija fid-dinja kienu madwar ħames t'elef sena ilu fil-Greċja l-Antika. Dawn kienu kliem sporadiċi u kienu jiddependu biss fuq l-immaginazzjoni u l-osservazzjonijiet tal-anatomist. F'dak iż-żmien, it-tobba kienu jafu b'madwar seba' mitt kelma differenti. Meta r-Rumani rebħu 'l

Greċja (146 BCE), addottaw il-kultura u l-kisbiet xjentifiċi kollha ta' dak iż-żmien u magħhom żdiedu termini bil-Latin. Wara ġew Sylvius ta' Pariġi u Bauhin ta' Basel, u l-aħħar stadju kien dak li seħħ fl-aħħar tad-19-il sekl meta għie ippublikat l-ewwel sett ta' terminoloġiji anatomici internazzjonali bl-isem ta' Nomina Anatomica.

Ktieb ieħor li kien ħareġ 70 sena qabel dan il-manwal jgħidier fl-1904 bl-isem ta' 'Il Ctieb ta' l'Infermier' ta' J. S. Galizia, isemmi kliem ieħor bħal 'suturi'; 'vertice'; ir-'retto' (rectum); l-'artu ta' fuk'; il-'bacin'; l-organu tal-ħass; u anke il-'piloru'. Illum toqgħod tqis ma nitkellmux ta' kuljum b'dawn it-termini tekniċi u jekk wieħed jagħmel hekk bil-kemm ma jibdex jibissmu dawk li jkun qad jissingħuk jew jaqrawhom. Mindu ttieħdu d-deċiżjonijiet ta' 'Deċiżjonijiet 2' tal-Kunsill Nazzjonali tal-Ilsien Malti, qabel ma niddeċiedu li nużaw kliem minn lingwi oħra, l-aktar fil-kitba, għandna niżguraw ruħna li ma hemmx kliem ieħor diġà stabbilit fil-Malti u li jaqдина tajjeb. Kliem ieħor li m'għandniex għalih bil-Malti aħjar li jibqa' bil-lingwa originali.

ikompli f'paġna 15



L-Università ta' Malta
Faculty of Health Sciences

At the heart of healthcare

Are you a qualified healthcare professional?

Would you like to further your knowledge & qualifications?

**POSTGRADUATE COURSES OFFERED
BY THE FACULTY OF HEALTH SCIENCES**



CONTACT US

+356 2340 1830

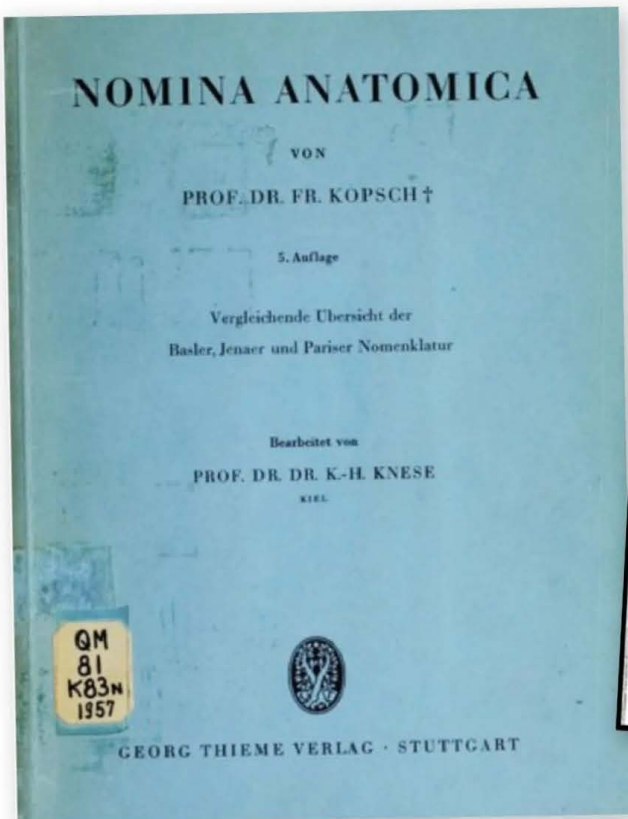
healthsciences@um.edu.mt

Faculty of Health Sciences, Block A, Level 1, Mater Dei Hospital, Msida, Malta

um.edu.mt/healthsciences



ikompli minn paġna 13



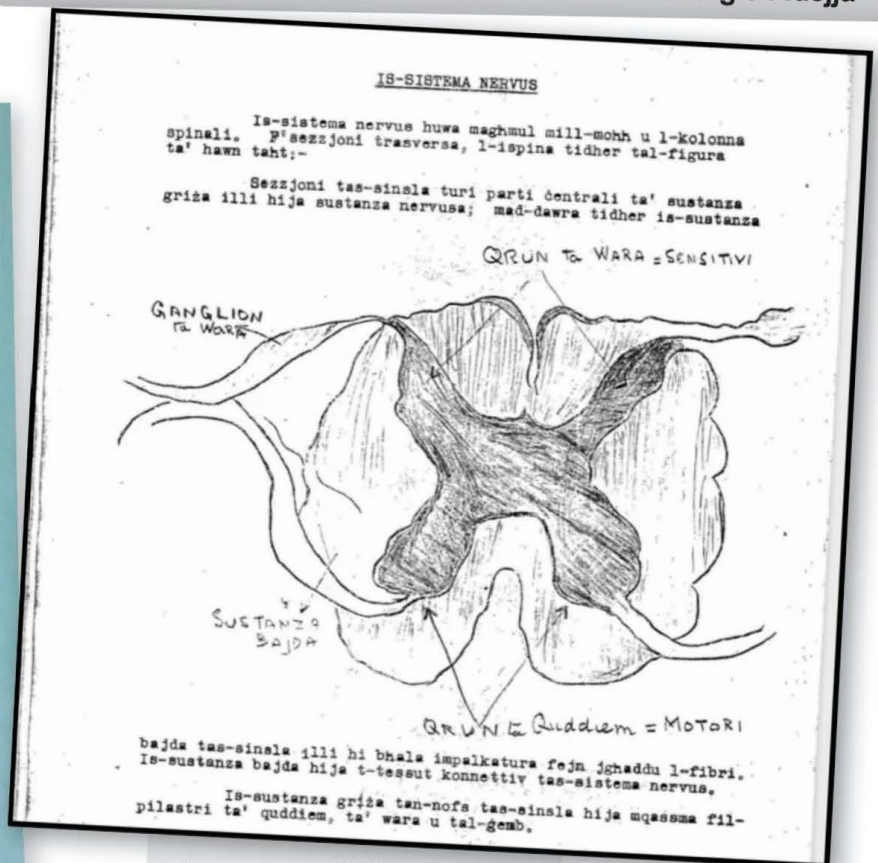
In-Nomina Anatomica ta' Kopsch

Kliem bil-Malti pur u ta' origini semitika kellna wkoll, u dan jixhed x'kiteb Pisani fil- 'Ktieb tal-Qâbla' fl-1883. Perezempju l-kliem 'il-irma tal-isqija' ifisser amniotic fluid; 'borqom' għall-amniotic sac; 'l-għant' jew 'il-fetha tal-għant' għall-vagina; 'bxima' għall-placenta; il-'qannuba' għall-clitoris/ klitoride; 'il-falda' għall-vulva u 'in-nâtki' għaż-żewġ partijiet tal-patata (il-wardiet). Mill-banda l-oħra, 'It-toqba tal-fundament' (għat-toqba tal-patata) u 'il-pirnew' (għall-ispazju bejn 'it-toqba tal-patata' u 'l-għaqda tal-warrani') huma kliem mir-rumanz.

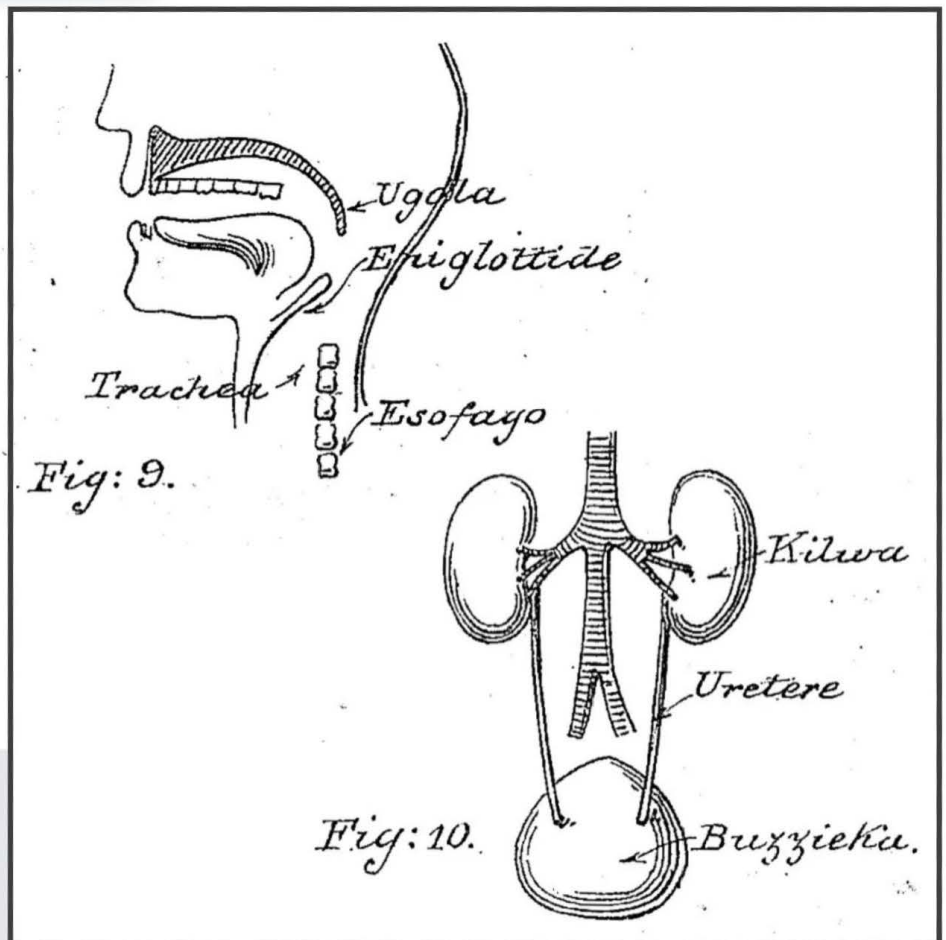
Għandek tgħid, il-Maltin ta' dari għal kollox kellhom kelma, imma minhabba l-influenza tal-lingwa barranija, it-Taljan u l-Ingliš hadu post il-Malti. X'hasra hux? |

RIFERENZI

<https://pubmed.ncbi.nlm.nih.gov/17585563/>
 Morana, J, Manwal għall-Infermieri, Anatomija u Fisjoloġija, bla data
 Farrugia George, Deciżjonijiet 2, Il-Kunsill Nazzjonali tal-Ilsien Malti, 1992
 Galizia, J. S, Il Ctieb ta l-Infermier, 1904
 Pisani Salvatore Luigi, Ktieb il-Qâbla, 1883



Dijagramma ta' 'Is-Sistema Nervuż'



Dijagramma minn 'Il Ctieb ta l'Infermier', ta' Galizia, 1904

“A simple cup of tea is far from a simple matter.”

bio3

Bio 3

WEIGHT CONTROL TEA

Bio3 Weight Control Tea contains key ingredients that naturally help your body through weight loss, but losing weight requires your commitment, and a balanced diet and regular exercise are essential in maintaining a healthy lifestyle.

Bio 3 Weight Control Tea is a weight control tea that consists of natural plants which efficiently regulate the intestinal function. It is enriched with wild varieties of weight loss herbs including Wild mallow, Cassia leaves and sage leaves. They have digestive and antispasmodic properties to avoid cramps and also have an anti-inflammatory action.

It is essential for any weight loss diet and also for the occasional constipation. It will help you keeping your body in shape, get back into rhythm and feel lighter. It is also useful to treat constipation that occurs after giving birth, however consult with your doctor first. It is contraindicated in cases of intestinal obstruction, chronic constipation and during pregnancy. It is contraindicated in children.

Bio 3 helps eliminate toxins which can be harmful to the body and it is recommended to take it when you want to cleanse the body. Its purgative action makes it very effective to regulate the intestinal function and to remove body fat.

It is recommended to take the infusion (1 daily) after dinner and prolonging its use, a week or ten days. Once you regain your regularity, you can rely on other products such as Bio3 Fiber with Fruits or Bio3 Diet Solution.

It is theine, caffeine and gluten free and contains no artificial colours or preservatives.

L-Infermier tal-Fqar



Ritratt, Arkivji Storiċi Salesjani, Bahía Blanca, l-Argentina

ikompli minn paġna 11

Huwa kien bniedem li dejjem stajt tikkomunika miegħu, kien juri simpatija enormi u kien jieħu pjaċir jithallat u jittellem ma' nies sempliċi u fqar. Kien kompletament iddedikat mal-ifqar fost il-fqar, ma' dawk abbandunati u mal-imwarrba. Wara kollox huwa kien bniedem t'Alla, fejn wiehed tabib ateu fl-isptar kien jgħid fuqu: “Meta rajt lill-Br.Zatti, in-nuqqas ta' twemmin li kelli, naqas mhux ftit”. Ieħor kien qal: “Jien bdejt nemmen f'Alla minn mindu ltqajt ma' Br.Zatti”.

Fl-1950, dan l-infermier li ħadem bla heda waqa' minn fuq sellum u minn hawn bdew joħorgu s-sintomi tal-kankru, li hu stess induna bihom b'mod mill-aktar ċar. Għaldaqstant, huwa kompli l-missjoni tiegħu għal sena oħra, sakemm, wara li aċċetta s-sofferenzi tiegħu b'mod erojku, huwa miet fil-15 ta' Marzu 1951.

Huwa kien iddikjarat Venerabbli fis-7 ta' Lulju 1997 u ġie ibbeatifikat minn San Ġwanni Pawlu II fil-pjazza ta' San Pietru, Ruma, fl-14 t'April 2002. Artémides ġie iddikjarat qaddis il-Ħadd 9 t'Ottubru 2022. F' Novembru 2022, waqt il-Konferenza tal-Isqfijiet f' Buenos Aires, San Artémides Zatti SDB ġie wkoll iddikjarat il-qaddis patrun tal-infermiera tal-Argentina. |

Referenzi

https://www.sdb.org/en/Salesian_Holiness/List
<https://www.infoans.org/en/sections/news/item/16635-argentina-artemide-zatti-named-patron-of-nurses-of-argentina>
<https://aleteia.org/2022/11/06/5-pictures-of-a-saint-in-daily-life-meet-this-nurse-of-the-poor/>
<https://www.vaticannews.va/en.html>



idea
CARE

Enriching Lives, Enlisting Compassion.

Join Our Care Team!

At **Idea Care**, we're dedicated to providing heartfelt, professional care to those in need, right in the comfort of their own homes.

Our services range from **elderly support** to **specialized care** for individuals with varying needs. As we expand our compassionate team, we're seeking **skilled nurses** and carers passionate about making a difference.

With **Idea Care**, embark on a rewarding career path where every day, you create a **positive impact**. Let's work together to uphold dignity and enhance the well-being of our community.

Apply now and
be a part of our
caring legacy!





Thousands of doctors in Britain walk off the job in their longest-ever strike

Associated Press Wednesday, 3 January 2024

Thousands of doctors walked off the job in Britain on Wednesday, the start of a six-day strike over pay that was set to be the longest in the history of the state-funded National Health Service.

Managers said tens of thousands scheduled appointments and operations will be canceled during the walkout across England and Wales by junior doctors, those in the first years of their careers.

The doctors, who form the backbone of hospital and clinic care, plan to stay off the job until 7 a.m. on Tuesday.

Senior doctors and other medics have had to be drafted in to cover for emergency services, critical care and maternity services.

Julian Hartley, chief executive of health care managers' organization NHS Providers, said the strike came at one of the toughest times of the year for the health service, "immediately after the Christmas and New Year period because of the pressures the demands,

and of course we've got flu, we've got COVID.

"So there's going to be an impact on patients that will be significant," he said.

Britain has endured a year of rolling strikes across the health sector as staff sought pay rises to offset the soaring cost of living. Unions say wages, especially in the public sector, have fallen in real terms over the past decade, and double-digit inflation in late 2022 and early 2023, fueled by sharply rising food and energy prices, left many workers struggling to pay their bills.

The union says newly qualified doctors earn 15.53 pounds (\$19.37) an hour — the U.K. minimum wage is just over 10 pounds an hour — though salaries rise rapidly after the first year.

On a picket line outside St. Thomas' Hospital in central London, 28-year-old Dr. Georgia Blackwell said stress and low pay were driving many doctors to take jobs overseas.

"A lot of doctors are moving to Australia — not just because of the pay, but also

the work-life balance is better," she said.

The walkouts have strained the already stretched health service still struggling to recover from backlogs created by the coronavirus pandemic.

Nurses, ambulance crews and senior doctors have reached pay deals with the government, but the union representing junior doctors has held out, and negotiations broke down late last year. The government says it won't hold further talks unless doctors call off the strike, while the medics' union, the British Medical Association, says it won't negotiate unless it receives a "credible" pay offer.

The union says junior doctors' pay has been cut by more than a quarter since 2008.

"The notion that we're hellbent on calling strikes and all we want to do is call strikes is not what we want," said Dr. Vivek Trivedi, co-chair of the British Medical Association's Junior Doctors Committee. "What we want is to negotiate an offer we can put to our members and for our members to accept it." I

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)



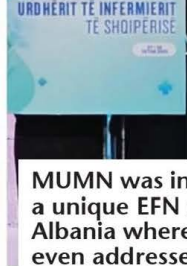
DOMAIN ACADEMY

da.edu.mt

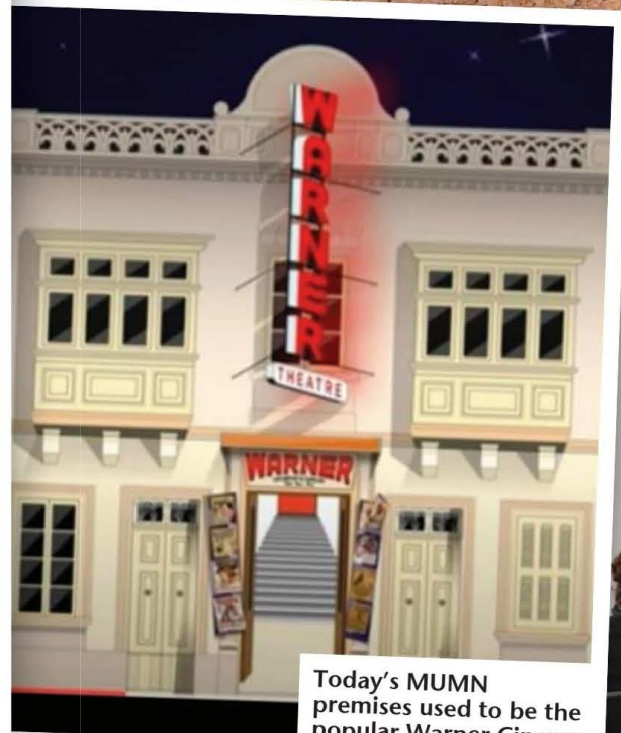
from our diary



During a visit in Albania, MUMN was invited by the Honorary Consulate of Malta, Dr. Tom Preku Honorary Consul General



MUMN was invited to attend a unique EFN meeting in Albania where our President even addressed the congress



Today's MUMN premises used to be the popular Warner Cinema



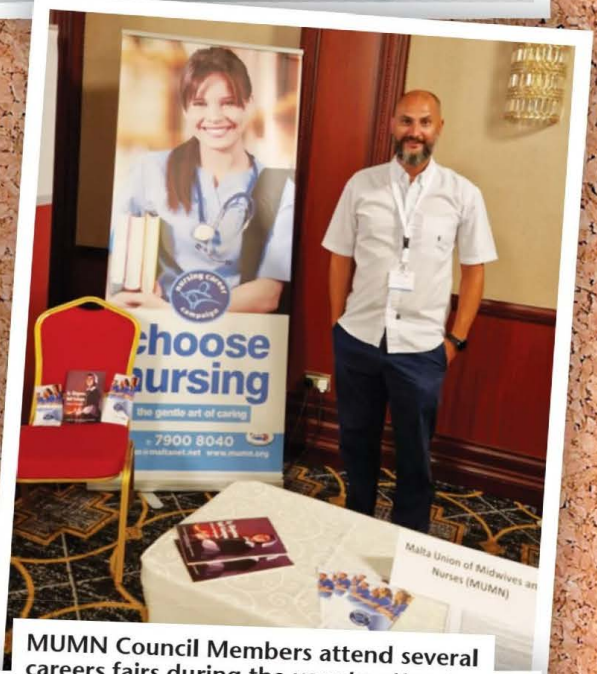
Group photo of Nurses & Staff during the festive season of the Cardiac Medical Ward



Dr. David Xuereb Chairman MCESD visited MUMN premises to discuss For.U.M. issues in this fora



Another exciting seminar at MUMN's premises was organised in February



MUMN Council Members attend several careers fairs during the year to attract youths to the nursing profession



The Pensioners Group Committee organised another interesting outing for its members



Meaning in care

SENIOR CARE AND
SERVICES



Care Malta
GROUP

T: 2258 4200

www.caremalta.com

 **Care**

COMPASSION • ENGAGEMENT • PROFESSIONALISM

EFN Briefing Note on the OECD Ministerial Meeting with the adoption of the Declaration on 'Building Better Policies for More Resilient Health Systems' (link to BE EU Presidency IV)



Since the beginning of COVID-19, health systems and society have been pushed to extremes in responding to the pandemic crisis. Next to that, many of the most important global trends today, including climate change, digitalisation, ageing and rising inequalities, affect health systems and are impacted by them. New tools and technologies, as Artificial Intelligence, could help to tackle many of the most pressing challenges we are facing. However, healthcare has too often been a passive recipient of innovation which, when implemented into a fragmented and poorly integrated system, can create or exacerbate inequalities and increase costs.

The OECD High-level Policy Forum on "The Future of People-Centred Health Innovation", organised on 22 January 2024, on the eve of the OECD Health Ministerial Meeting, brought together stakeholders and policymakers from OECD member states, candidate member states and international organizations, to discuss on patient-centred care, digital innovation, artificial intelligence, climate change and health, etc., and explore policies and priorities for adopting new innovations into health systems.

Taking forward the outcomes and discussions of the Policy Forum, the OECD Health Ministerial Meeting, held on 23 January, and chaired by



the Belgian Minister of Health, Frank Vandenbroucke, brought together 30 ministers and 50 delegations, including social partners and international organisations, to discuss the lessons learned from the COVID-19 crisis, the health policy challenges, and the actions needed to address them.

One of the outcomes of the meeting, that will help to improve health policies and investments in health, is the adopted declaration on 'Building Better Policies for More Resilient Health Systems' with a strong commitment of the Ministers for improvement of health system resilience and people-centred health systems. Demand for more and better healthcare continues to rise due to demographic factors, rising levels of chronic diseases, and

raising healthcare costs, reflecting technological advances and pressure to make health systems climate neutral.

The discussions were really open, lively and rich. Sharp and self-critical, but also ambitious and constructive. The adopted declaration will be the basis for the policy work of the OECD ministers, of which some belong to the EU. As such, the adopted declaration reflects on expectations and orientations for how health system should evolve to be both more resilient and high performing, identifying key pressure points, including policy areas where there is an opportunity or a need for change. Within this context, and important for the upcoming Belgium EU Presidency meeting on the "Future of the EU", and within it a focus on "A resilient healthcare workforce", the OECD Declaration makes reference to:

"address health workforce shortages by concerted action to train, retain, and improve the working conditions of health and care workers, and introduce new working approaches such as task sharing and task shifting; thereby promoting patient safety, while also striving to ensure that health workforce capacity from more vulnerable countries is not depleted."



continued on page 25



Uniplural

Group

The Uniplural Group logo is centered on the page. It consists of a dark blue icon on the left, which is a stylized 'U' shape with a light blue circle inside. To the right of the icon, the word 'Uniplural' is written in a large, dark blue, sans-serif font, and 'Group' is written below it in a smaller, dark blue, sans-serif font.

Together as one.

Pioneering excellence in diverse sectors
for a future where every individual thrives
and every community flourishes.

Care

Academy

Services

Hospitality

Childcare





continued from page 23

Ministers therefore call on the OECD to assist to strengthen the health and care workforce, including by improving the availability, quality, and comparability of key data on the health and care workforce globally. So, the reference to the EU Workforce for Health in the Declaration is quite limited and there it

Commission will put EU workforce for health high on its political agenda in the coming 5 years!

Of course, the declaration is not a destination, it's starting point for action (finally!). Action for better policies for better, more healthy lives. We can do it, we will do it, together, according to the BE EU Presidency.

EFN input to the BE EU Presidency will therefore be crucial. EFN Policy Statement on Safe Staffing Levels is key to build resilient healthcare systems in the EU. It will be crucial for the EU politicians and policymakers to take immediate action to improve recruitment and retention of domestically educated nurses, safe staffing levels, Advanced Practice Nurses (APN), and prioritise the welfare of nurses. Failing to recruit and retain frontline nurses into the nursing workforce will render the EU and Europe ill-prepared for the years ahead. It is vital the EU and national governments invest in nursing education, making sure that the Directive 2013/55/EU is a safeguarding Directive setting a minimum level of high-quality nurse education; ensure optimal wages with

fair working conditions; secure a sustainable and safe staffing level of the nursing workforce. The EU model needs capacity and financial support with focussed and impactful efforts.

The pandemic exposed huge challenges in the sector linked to working conditions, and huge shortages. Over the last 4 years the focus was on the European Pillar of Social Rights with 3 major actions linked to healthcare workforce: 1/ Working conditions, calling for the EU member states to do more - European care strategy that puts a very strong action for people who work in the sector; 2/ Skills development (upskilling and reskilling – Digital and Green skills for nurses and allied HCP; 3/ Retaining and planning (social partners and Finance ministers have a role to play in this). The link with the EU semester, as a monitoring tool to look at making change happen is key for EFN, next to an emphasis on the Recovering and Resilience Facility.

Anyway, the workforce discussion goes back to 2010, when some EU initiatives took place, but not leading to impactful EU policies to tackle nurses' shortages. Today it is key to put in place solutions looking at the shortages of nurses and doctors from an EU perspective, mainly on retention and recruitment, working conditions, wages, well-being and gender. A lot of best practices exist at EU level and should be upscaled. We need to prepare a health workforce for the future.

Finally, to keep on ensuring universal health coverage in the EU, health systems will need to be resilient to future evolutions, ensure accessibility and effectiveness. A shift to a model that places greater emphasis on disease prevention and health promotion, is more personalised and capitalises on digital technologies will be needed, as well as strengthening primary care and the development of patient-centred integrated care. Investing in people's health promotes a healthier population being able to live independently and to actively participate in the labour market.

Present at the OECD meeting: THE MINISTERS AND REPRESENTATIVES OF Australia, Austria, Belgium, Bulgaria, Canada, Chile, Colombia, Costa Rica, Croatia, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Peru, Poland, Portugal, Romania, the Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Türkiye, Ukraine, the United Kingdom, the United States, and the European Union. |

EFN Briefing Note - 24 01 2024
The European Federation of Nurses Associations (EFN)
Registration Number 476.356.013
Clos du Parnasse 11A, 1050
Brussels, Belgium
Tel: +32 2 512 74 19
Email: efn@efn.eu
Website: www.efn.eu





CICAPLAST A COMPLETE ROUTINE
FOR PATIENTS WITH DAMAGED SKIN



STEP 1 CLEAN

CICAPLAST LAVANT B5

Cicaplast lavant B5 is a purifying, soothing, foaming cleansing gel ideal for irritated or fragile skin in all ages even babies. It is suitable for use on face, body, scalp and even intimate areas. Enriched with Panthenol, Cicaplast lavant B5 is the ideal wash for fragilized, sensitive skin, even post-procedures. It has a pH of 5.5 and is fragrance free.



STEP 2 TREAT

CICAPLAST BAUME B5+

TESTED FROM 1 WEEK ON SENSITIVE SKIN UNDER DERMATOLOGICAL AND PEDIATRIC CONTROL.

NEW
NEW

ON MUCOUS MEMBRANES
ON 25 INDICATIONS



TESTED BY PATIENTS UNDERGOING CANCER TREATMENT IMPROVES THEIR SKIN COMFORT

CICAPLAST BAUME B5+
INDICATIONS:



SUCCESSFUL CLINICAL CASES IN SEVERAL INDICATIONS:

SKIN IRRITATIONS

- NAPPY RASH
- DRY ECZEMATIDE
- PERLECHE/CHELITIS
- SUPERFICIAL BURN
- CHAPPED SKIN
- IRRITATIVE AND CRACKED DERMATITIS
- FOLLICULITIS
- CRACKS
- XEROSIS

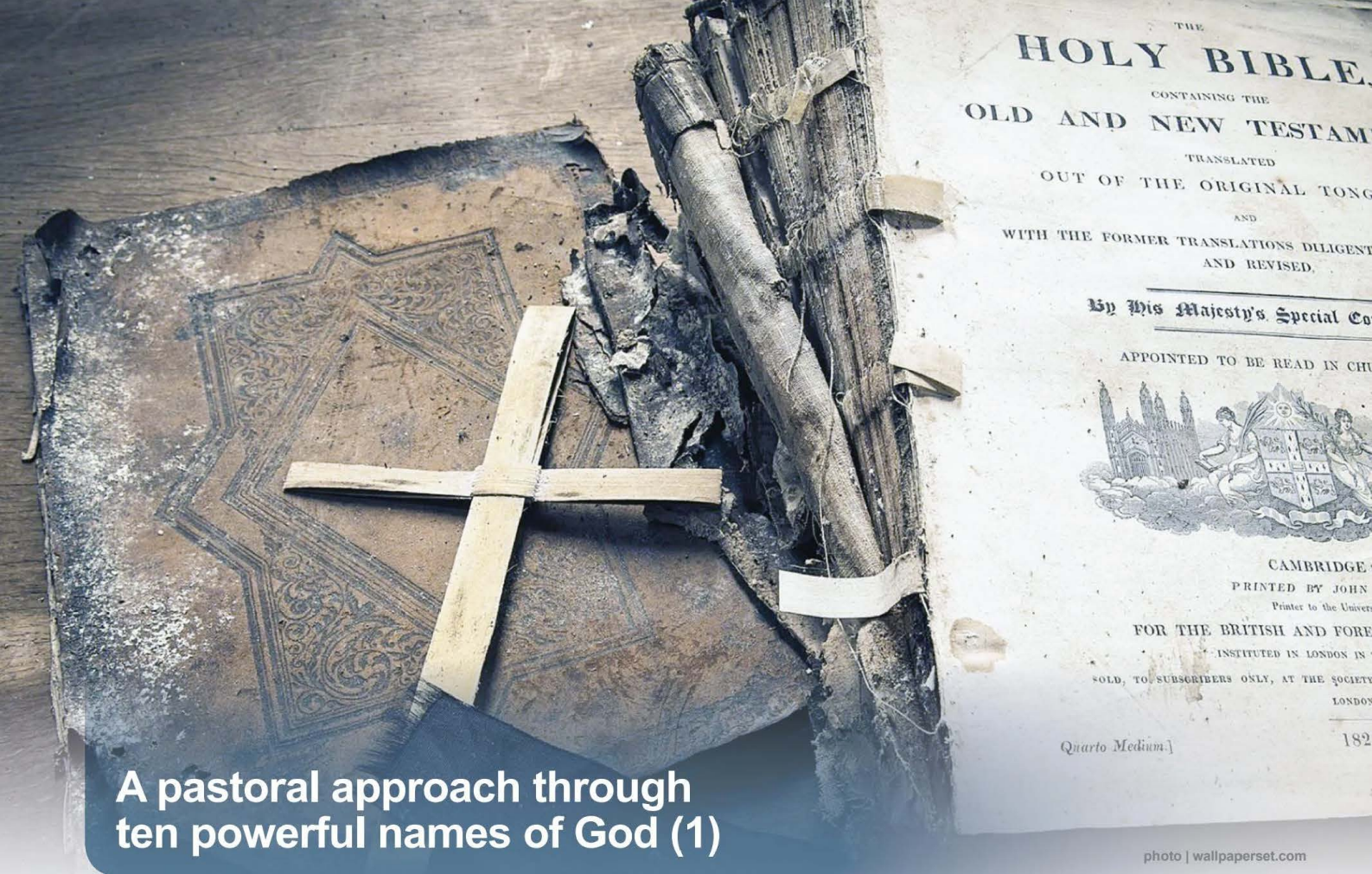
- POST-HERPES
- SCAR
- INTIMATE AREA IRRITATIONS
- RUBBING IRRITATIONS

POST-PROCEDURE

- POST-CRYOTHERAPY
- POST-LASER
- POST-PEEL
- POST-ELECTROCOAGULATION
- POST-DERMABRASION
- STITCHES
- AFTER WARTS REMOVAL
- POST-IPL (INTENSE PULSED LIGHT)
- AFTER ACTINIC KERATOSIS TREATMENT

SEASONAL

- SUNBURN
- SOLAR URTICARIA
- SOLAR DERMATITIS



A pastoral approach through ten powerful names of God (1)

photo | wallpapers.com

God is certainly the main topic of the Bible. In fact, the human being's dignity carries a lot of weight because it was God who created each and every person. The Bible is so explicit on this vital point when it says: So God created man in his own image, in the image of God he created him; male and female he created them (Gen 1:27). Hence, if God is the main actor in Scripture can we ever deduce a pastoral approach that reflects, if not fully, partially His role in our lives through the significance of His Name?

Upon pondering on this interesting issue, to which I certainly reply in the affirmative, I want to highlight six reasons why names are so important in the written Word of God. First, a biblical name could record some aspects concerning a person's birth. Second, biblical names sometimes expressed the parents' reaction to the birth of their child. Third, biblical names were sometimes used to secure the solidarity that is present thanks to family ties. Fourth, biblical names could be used to communicate God's message. Fifth, biblical names were also employed to establish an affiliation with God. Sixth,

biblical names are given to establish authority over another, or to indicate a new beginning or new direction in a person's life.

Having all these reasons in front of everyone there are ten names of God which stand out so powerful not only in themselves but also in our lives if we truly are open to them. These are: (1) Elohim; (2) Yahweh; (3) Abba; (4) El Elyon; (5) El Roi; (6) El Shaddai; (7) Yahweh Yireh; (8) Yahweh Nissi; (9) Jehovah Rapha; and finally (10) Yahweh Shalom.

God's first name is Elohim! This name means that God has incredible power and might. Only He is the One and sole God who stands supreme over all other false gods. The Bible glorifies His unmatched sovereignty. In the beginning God created the heavens and the earth (Gen 1:1). The heavens are telling the glory of God; and the firmament proclaims his handiwork (Ps 19:1). Within the biblical text God created a world through His Word (see Gen 1:3. 6. 9). Furthermore, His deeds show his mighty power by permitting barren women such as Sarah and Rebecca to conceive (see Gen 18:10.14; 25:21), liberating an oppressed people out of the bondage of Egypt (see Exod 20:2) and raising to life Jesus Christ from the

dead (see Rom 1:1-4). In his First Letter St Peter reminds us that those who believe are guarded by God's power (1 Pet 1:5). Before this picture one can appreciate more why the name of Elohim occurs some 2,570 times throughout the Bible.

God's second name on our list is Yahweh. This name is found in the Old Testament around 6000 times, either alone or in conjunction with another Divine name. Yahweh signifies "The Lord." In fact, it comes from the Hebrew word "I AM." It is the proper name of the divine person and it is derived from the verb to "exist" and "be". This name is found in Exodus 3:14: God said to Moses, "I AM WHO I AM." And he said, "Say this to the people of Israel, 'I AM has sent me to you'" (Exod 3:14). During the postexilic period the Jews, for reverence purposes, did not pronounce the name but substituted for it the word adonai (lord), and in written form attached these vowels to the tetragrammaton. Its profound theological meaning attached to the name YHWH is manifold. When we look at the name YHWH it conveys "presence." Yes! God is "with," He is near and among his people! This presence connotation is repeated in the naming of the wilderness format as "tabernacle"

continued on page 29

EXCLUSIVE OFFERS FOR MUMN MEMBERS

MOBILE PLAN

 **Calls**

 **SMS**

 **5G Data**

STARTING FROM €14.99/MONTH

CALL US ON 9908 2922 OR VISIT A STORE

Discover more offers for MUMN members on epic.com.mt/business/mumn

Offers valid upon presentation of MUMN membership card. Price includes VAT. Terms Apply.



URIAGE

EAU THERMALE

NEW



Bariéderm

DERMATOLOGICAL CICA-OIL

STRETCH + SKIN MARKS PREVENTION AND CORRECTION

CLINICALLY PROVEN*

99,9% | natural origin ingredients

*Prevention: In-use test performed under dermatological control on pregnant women - 21 days - 21 subjects: self-assessment on stretch marks aspect: Corriger. Clinical study performed under dermatological control on women after pregnancy - 8 months - 20 subjects: question of stretch marks aspect: results about 2 months - 20 subjects and 4 months - 10 subjects. Clinical study performed under dermatological control - 1 month - 21 subjects: question of stretch marks.

and, obviously, through the promised name Immanuel (which means God with us Isa 7:14; Matt 1:23).

YHWH is present, available and close to those who call him. Psalm 145:18 tells us: The LORD is near to all who call upon him, to all who call upon him in truth (Ps 145:18). And we call Him to deliver us! Thus, says Psalm 107:13: Then they cried to the LORD in their trouble, and he delivered them from their distress. Moreover, YHWH's name is tantamount to forgiveness. Psalm 25:11 proclaims: For thy name's sake, O LORD, pardon my guilt, for it is great. The name YHWH offers guidance. Psalm 31:3 affirms: Yea, thou art my rock and my fortress; for thy name's sake lead me and guide me. Even so YHWH, who is actively near, is also ironically transcendent.

The name YHWH portrays God as being himself involved in human conflict. The name of YHWH is perpetually associated with the exodus experience, primarily with its redemptive and salvific meaning. Suffice to look at Exodus 15:1-13 or just a quick look at Exodus 20:2-3 which says: I am the LORD your God, who brought you out of the land of Egypt, out of the house of bondage. You shall have no other gods before me.

Let us not forget that the salvation promise that is offered in Exodus 6:6-8 is really a wide-ranging one. In fact, it is a blessing which involves divine intimacy as well as countless blessings of abundance. However, it is clearly qualified by an indispensable inclusio, namely, I am Yahweh. Thus says the text of Exodus 6:6-8: Say therefore to the people of Israel, 'I am the LORD, and I will bring you out from under the burdens of the Egyptians, and I will deliver you from their bondage, and I will redeem you with an outstretched arm and with great acts of judgment, and I will take you for my people, and I will be your God; and you shall know that I am the LORD your God, who has brought you out from under the burdens of the Egyptians. And I will bring you into the land which I swore to give to Abraham, to Isaac, and to Jacob; I will give it to you for a possession. I am the LORD.'"

The name YHWH is also salient in salvation oracles of the prophet Zephaniah. Sing aloud, O daughter of Zion; shout, O Israel! Rejoice and exult with all your heart, O daughter of Jerusalem! The LORD has taken away the judgments

against you, he has cast out your enemies. The King of Israel, the LORD, is in your midst; you shall fear evil no more. On that day it shall be said to Jerusalem: "Do not fear, O Zion; let not your hands grow weak.

The LORD, your God, is in your midst, a warrior who gives victory; he will rejoice over you with gladness, he will renew you in his love; he will exult over you with loud singing."

The Psalms clearly show us what a mighty Saviour YHWH is! I am just thinking of Psalms 79 and 86. How long, O LORD? Wilt thou be angry for ever? Will thy jealous wrath burn like fire? Help us, O God of our salvation, for the glory of thy name; deliver us, and forgive our sins, for thy name's sake! (Ps 79:5.9). Incline thy ear, O LORD, and answer me, for I am poor and needy (Ps 86:1).

Having said that, the salvation aspect of the majestic name YHWH persists in the announcement of the mystery of incarnation. The evangelist Matthew is so sharply luminous on this point when the angel says to Joseph regarding Mary his spouse: Joseph, son of David, do not fear to take Mary your wife, for that which is conceived in her is of the Holy Spirit; she will bear a son, and you shall call his name Jesus, for he will save his people from their sins (Matt 1:21). Let us not forget that the name Jesus is a perfect echo of God's Name YHWH. Hence, through the divine appellation YHWH God's very character as saviour of a people is unfolded.

Finally, theologically speaking let us never forget that the name YHWH echoes the covenant. This is so since, to a certain degree, in the name's description, as occurs in Exodus 6:6-8, the covenant formula is appealed to (and I will take you for my people, and I will be your God, Exod 6:7). Hence, the name YHWH is one to which Israel can have a specific right on it. From the covenant perspective the Name YHWH implies justice and holiness. In Isaiah 61:8 we find: For I the LORD love justice, I hate robbery and wrong; I will faithfully give them their recompense whereas in Leviticus 19:2 we come across this powerful affirmation regarding God's name: Say to all the congregation of the people of Israel, You shall be holy; for I the LORD your God am holy. In this way, God's justice and holiness surely must have an exceptionally high features. How replete with presence, salvation,



understood as both deliverance and blessing, covenantal bondedness as well as integrity the Name YHWH carries with it!

In what way can my pastoral care inform those whom I am serving that, no matter how hard is their situation, He is sovereign? Through my being with patients am I really conveying to them a God who is with them? Where they are at? Does my pastoral presence offer, to those who accept it, a sense of God's deliverance? Is my presence communicating to them God's unconditional forgiveness? And, my pastoral presence, is it becoming, more and more, conformed to God's in that it acts as guidance to those who feel lost due to the situation they find themselves in during their illness or that of their loved ones?

Does my spiritual care have the rubber-stamp of God's intimacy with those who are suffering? Is it a pastoral care that offers a God who is capable of taking every human suffering on His shoulders and drown it in his unfathomable, eternal and majestic intimate love? How, as a hospital chaplain, am I portraying a God who brings order in our chaotic lives by his infinite love? Can I really say that the way I care for my patients is making them feel Jesus Christ himself, God incarnate, who is by their bedside? Am I letting God's holiness pass on to embrace the people I am serving, including myself? In letting God's holiness pass over from person, to person to the point of entering their souls, will that not be God's justice in practice?

Finally, if I can live all these features that God's Name YHWH entails will my ministry be transformed into His integrity? |

Fr Mario Attard OFM Cap

Dementia Care and Ethical Practice - PART 2

An emerging topic linked to dementia care is the importance of advanced care planning, where individuals living with dementia put forward decisions today on situations that may occur in the future when they may not be able to take such decisions as a result of the progression of their condition. This is a process, that is ideally discussed by the affected individual with informal and formal caregivers over a period of time. Following this, decisions are reviewed to ensure that the individual is satisfied with the advanced care plan in place, where opportunities to adjust this are available too. The advanced care plan is intended for the eventuality when the individual is no longer capable to make decisions.



Mitchell (2019) discusses the conflict that may arise when the individual's past preferences are not in line with current preferences resulting from the psychological changes that are brought on by dementia. Mitchell (2019) refers to ethical theory to explore this noting the work of Dworkin (1993). Dworkin (1993) made a distinction between critical interests and experiential interests. Critical interests refer to the critical judgements relating to the individual's life as a whole and are considered to be more firmly established. Experiential interests on the other hand, are considered as transient interests in relation to enjoying experiences. Dworkin (1993) contends that for one to uphold what defines the self, enjoyable experiences may need to be relinquished, to safeguard what is firmly established, highlighting that this is how respect for autonomy should be understood.

This ethical consideration is challenged in Mitchell's (2019) article by Dresser (1995) who suggests that an individual's present preference should carry more weight in the case

of those living with dementia as they are valued more as opposed to the critical interests. Dresser (1995) links this to the psychological changes that occur because of dementia and hence challenges the validity of critical interests in such cases. Mitchell refers to a case study in this article to highlight the difference of critical interest and experiential interest. A resident in a care home living with dementia, has been a vegetarian all her life however has recently lost all knowledge of this lifestyle choice. Although the care home staff make every effort to ensure the resident is given the vegetarian menu options, one day there is an oversight, and the resident is given the meat option for her meal.

The resident requests the meat option the following day yet is told she cannot have it as she is a vegetarian. Unable to comprehend what this means the resident gets distressed. To avoid similar episodes the care staff, decide to give her the meat option for her meals when she chooses this. She tells the care home staff that she likes how the food tastes (experiential interest).

However, the care home staff are now faced with a dilemma as they feel it is fair to respect her current choice of food, however her family insist that she is not aware of what she is eating and since she has been a vegetarian all her life, her past wish to be a vegetarian should be observed (critical interest).

The conflict put forward here in the case study by Mitchell (2019) is not simple, and yet more complex scenarios based on past preferences and present preferences can certainly present themselves in advanced care planning. It is to be noted here that the terms advanced care planning and advanced directives are not to be confused or used interchangeably. Advanced care planning requires capacity, whereas advanced directives requires that the individual is both capable and competent.

As the momentum for discussion increases on the subject, it is wise to ensure that all perspectives are taken into consideration, including all relevant stakeholders. This may also require time for reflection, professional development, the development of ethical decision-making frameworks that are consensus-based. These frameworks should be supported by all the relevant legal and professional entities, ensuring that the dignity of individuals is safeguarded. In addition, care givers need to be well equipped to participate in effective advanced care planning and be able to follow these through confidently.

Reference to the article by Mitchell (2019) Ethical Practice in Dementia Care in the journal Nursing Older People is highly recommended, where further ethical challenges encountered in dementia care can be found, followed by ethical theories that can facilitate how these are addressed. |

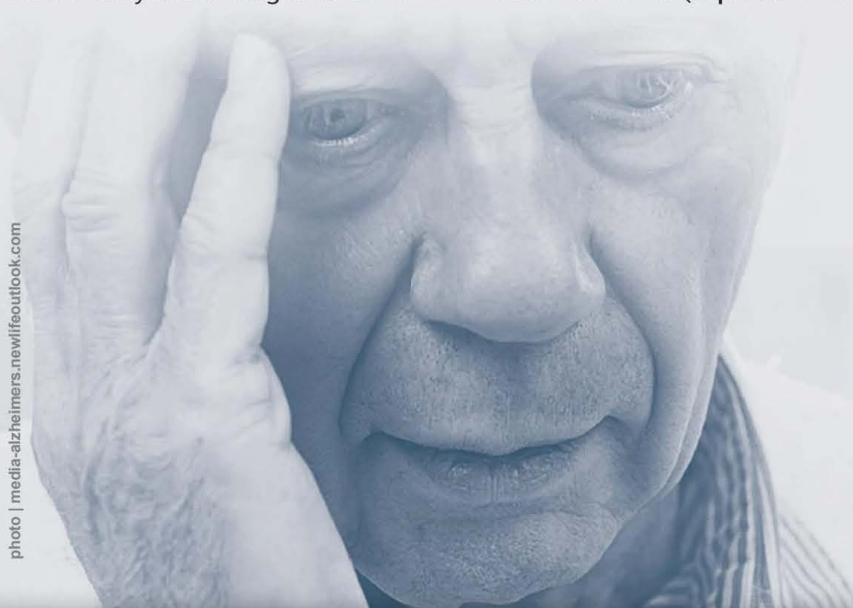


photo | media-alzheimers.newlifeforoutlook.com

Don't let unforeseen medical expenses hold you back. We're here for you.

- Up to 15 years repayment period*
- Free Life Cover**
- Low Interest Rates

bov.com/personalloans |  [bovofficial](#)



SCAN HERE

* Terms & Conditions apply.

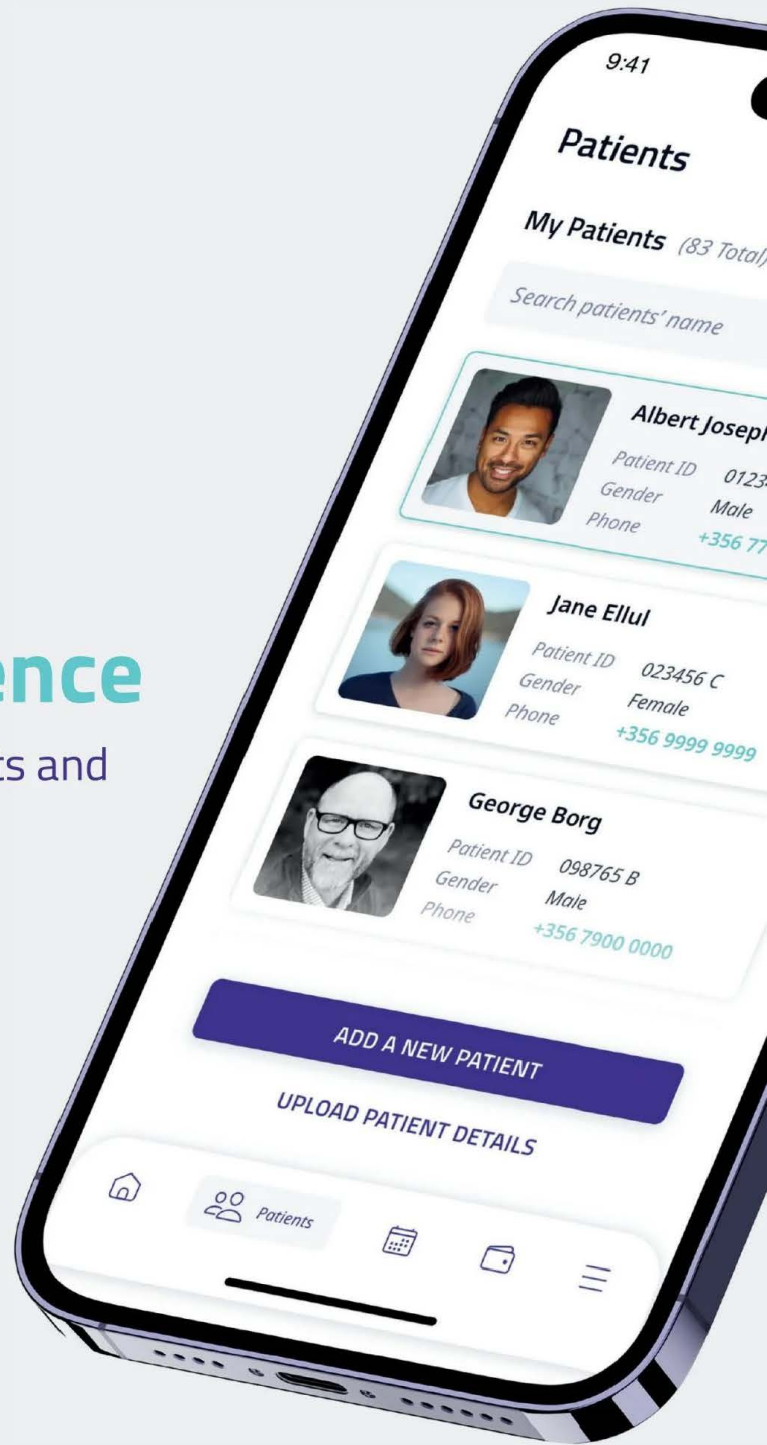
** Benefit of the free life cover applies on the loan balance up to a maximum of €25,000 per loan until age 69 (inclusive) or until loan account is closed, whichever is the earlier. T & C apply. All loans are subject to normal bank lending criteria and final approval from the Bank. The term of the loan 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).



A Truly Digital Healthcare Experience

Accessible anytime on the web, tablets and smartphones with DIGIMED

DIGIMED continues to digitalise the healthcare experience in Malta for patients and all medical professionals, including allied professionals, who can now create complete patient profiles and access their patient's health records anytime.



DIGIMED, Malta's new and most comprehensive e-health ecosystem:

- 24/7 access to doctors
- 24/7 access to personal health records
- e-Prescriptions for use at pharmacies
- Family health management
- Digitalised and streamlined health insurance claims



SCAN the QR code or visit www.digimed.health to sign up to Digimed as a doctor or allied medical professional

Protecting Workers from Labour Exploitation

10 November 2023,
St. Julian's, Malta
POST-CONFERENCE SUMMARY

The conference Rights at Work: Protecting Workers from Labour Exploitation, was organized by ELA in cooperation with its National Liaison Officer from Malta and the Maltese Department for Industrial and Employment Relations (DIER). This conference aimed to shed light on the prevailing problem of labour exploitation in Malta, increase stakeholder awareness, facilitate the exchange of knowledge and best practices, and contribute to the development of knowledge-based policies. This summary outlines the key points and messages which stemmed from the conference.

Key points and messages:

Labour exploitation predominantly affects vulnerable populations, including migrant workers and individuals working in low-skilled and informal sectors. Workers' rights have been highlighted as a unifying factor transcending political ideologies, labour practices, economic development and social justice, underscoring the collective responsibility to maintain a fair and equitable work environment for both employees and employers.

Particular attention was dedicated to recognising the signs of labour exploitation, as well as how this may sometimes lead to human trafficking. Various indicators were identified, namely: no or limited access to wages, paying for work related tools and accommodation via wage deductions, forced to live in a certain place, bad

living conditions, forced to work long hours, lack of documentation by the employer, forced to undertake hazardous work, lack basic training, poor hygiene, fatigue, injuries, no control over possessions i.e. money, passport.

Problematic sectors have been identified to be those sectors which predominantly employ low-skilled workers such as construction, hospitality and catering (HORECA), domestic work, agriculture and fisheries. However, this list is non-exhaustive. It has also been stated that in some sectors, certain forms of abuses are being accepted as the 'norm'.

There was acknowledgment of the government's proactive stance in granting statutory rights to digital platform workers – more specifically, the new legislation on Digital Platform Delivery Wages.

The scope and role of the European Labour Authority (ELA) was presented to attendees. Established to facilitate cross-border labour mobility and protect workers' rights, ELA can help Member States through various tools, such as information sharing, joint inspections, weeks of action and trainings for inspectors, thus serving as an important actor for Member States in the fight against labour exploitation within the European Union.

During the conference, various socio-economic theories were discussed, particularly, the Small Scale Syndrome. This refers to a collection of factors which shed light on the effects that particular economic, socio-political

and demographic aspects may have on the people living in small, often island jurisdictions.

There were shared practices in combating labour exploitation by speakers from Ireland and Spain, as well as an overview of the types of labour exploitation that they face. The speakers emphasized their continuous cooperation with various relevant national stakeholders, particularly the police, in addressing this issue.

Actors such as subcontractors, letterbox companies, recruitment agencies and temping agencies have been deemed to be highly problematic, since these can potentially contribute to labour exploitation through various mechanisms, where very often, quality work is being traded off for 'cheap work.'

A portion of the discussions centered around modern slavery and human trafficking, illustrating how vulnerable populations are often subjected to forced labour. Presenters shared alarming statistics and examples, highlighting the urgent need for enhanced legal frameworks, enforcement mechanisms, and collaboration to combat these crimes.

A recurring theme was the importance of empowering and educating the exploited workers, and the need to provide support systems for victims, access to counseling, legal assistance, and job training.

There was an emphasis on having informed inspectors, with training on

continued on page 35





The Pioneer Woman

ANM

Aesthetic Nurses Malta

Nicola' Marie Cutajar

Founder /
Aesthetic Nurse Specialist

- Botox (Face, Neck & Underarm- For Sweating)
- Fillers (All Face & Hands)
- Skin Boosters (Face, Neck, Décolleté)
 - Pdo Thread Lift
 - Fat Dissolvers
- Laser Hair Removal (Painless And Summer Safe)
- High-End Facials (Using Rigenera)
 - Laser Treatments
- Make up (including SPMU)
- Relaxing & Sports Massage
- Complimentary Therapies

In clinics around all Malta & Gozo



📞 7993 4425

✉ aestheticnursesmalta@gmail.com

🌐 www.aestheticnursesmalta.com



ICN's key messages on climate change and health echoed in COP28's Climate and Health declaration

Geneva, Switzerland; 13 December 2023: The International Council of Nurses (ICN) raised the concerns of the world's nurses about the dangerous health effects of climate change at the COP28's first Climate and Health Day meeting in Dubai.

ICN delivered its key messages about phasing out fossil fuels, building low-carbon, climate resistant health systems and putting health at the centre of climate change by investing in nursing.

ICN Chief Executive Officer Howard Catton said: "Nurses right around the world are seeing the harmful effects of climate change and are caring for those who are affected by them. Climate Change is putting additional demands on already overburdened health systems that are still struggling to recover from Covid. The current situation is simply unsustainable for nurses and other health workers, and the facilities they work in.

'As nurses, we know the importance of addressing root causes and let's be clear: fossil fuel emissions are the single biggest contributor to climate change, and by a huge margin.

We are disappointed that at the last moment, COP28 stepped back from the historic commitment to phase out fossil fuels that the health of the planet needs, and instead used the weaker language of transitioning away from fossil fuels.

We must continue to work to strive for the necessary reductions in greenhouse gases but let there be no doubt: the world has to end its addiction to fossil fuels now."

Dr Sumaya Mohammed AlBlooshi, President of the Emirates Nursing

Association, who attended the meeting on behalf of ICN, said: "I strongly advocate for the phasing out of fossil fuels. As nursing leaders, we are committed to contributing to building a resilient health system and strengthening the health workforce. And also to ensuring that part of the climate financing goes to help workforce preparedness for climate action."

Key points from the Health Day Declaration include: Prioritizing a comprehensive response to climate change impacts on health, encompassing mental health, cultural losses, and displacement.

Combating inequalities, working

towards the achievement of the Sustainable Development Goals, and improving health, livelihoods, and social protection systems globally.

Encouraging emissions reduction and waste management in the health sector, promoting sustainability and setting procurement standards.

Scaling up investments in climate and health from various sources, strengthening synergies between climate and health portfolios.

Regularly convening with diverse stakeholders, including the ATACH initiative, to foster collaboration on climate change and health. |

Protecting Workers from Labour Exploitation

continued from page 33

soft skills and interviewing techniques, since labour inspectors are very well placed to identify the signs of labour exploitation.

Discussions also delved into the role of unions, civil society, and governments in creating an environment that protects workers from exploitation, and ensures fair wages and safe working conditions. A multi-stakeholder approach involving government, businesses, NGOs, and the public was advocated for by several speakers. Advocacy for stronger labour laws, enhanced enforcement, cooperation, and corporate responsibility were deemed to be imperative, particularly, the need for sustainability in the business model.

Reference was also made to the Swedish model to address labour exploitation, which is based on the Administrative approach to tackling serious and organised crime. Consequently, a

call was made for this approach to be explored, with the possibility of applying such a model nationally. This suggestion was received well.

The conference demonstrated that labour exploitation is a complex issue but not insurmountable. This conference has undoubtedly contributed to our collective understanding of labour exploitation and what can be done to address it.

The conference served as a crucial platform for dialogue, sharing insights, and catalyzing action to address the complex challenges associated with labour exploitation.

Collective determination, shared knowledge, and coordinated efforts can make significant progress in combating labour exploitation. The outcomes of this conference are expected to contribute to the ongoing efforts to combat labour exploitation and promote a more equitable workforce. |

Special rates for MUMN members

 **No speed limits!**

 **Unlimited voice**

Switch to Infinity Mobile by sending your details via email or SMS to:

 **sales@gobusiness.com.mt**

 **7999 9003**

www.go.com.mt/business

Infinity Unlimited

Unlimited GB

50GB when Roaming in Zone 1
50% Discount on non-EU Roaming

Infinity Voice

Unlimited calls and SMS to all local EU and UK numbers. Plus, 200 minutes and 200 SMS from Malta to all worldwide numbers

€20 ~~€47.20~~
monthly
(inc. VAT)



photo | chiswicknursingcentre.co.uk

The Impact of the ward environment on Mental Health

Recently, there has been a growing recognition of the complex interplay between factors that affect the environment and mental health outcomes. An example of such environments is the ward setting. A ward stands as a unique microcosm whereby individuals with diverse backgrounds and cultures and who have mental health issues in common coexist within a communal space.

Attempting to understand the impact of a ward environment on the mental health wellbeing of our patients is not merely an academic pursuit but a vital endeavour with profound implications that can prove to be either a positive experience or a negative one. A ward environment whether it is in a psychiatric hospital or a general one proffers a dynamic tapestry of factors that may influence the mental health of the patients. When patients are admitted to a ward, a certain camaraderie is established, however challenges may arise which include limited privacy and autonomy.

According to a journal in the British Journal of Psychiatry (2014), in-patient wards in psychiatric hospitals must balance many needs. A psychiatric ward must offer a supportive, therapeutic, safe and caring environment whereby patients can prepare to return to the community, provide a safe place away from external hazards and a place akin to home whilst they are admitted. It is increasingly acknowledged that the physical environment of healthcare facilities has a considerable role to play in addressing such needs.

It has been noticed, however, that the relationship of a psychiatric ward designed to patient outcomes as well as the overall experience of treatment is an under-researched area. This is surprising given the growing policy investment in the evidence-based design of healthcare facilities. Evidence-based design can be defined as 'the process of basing decisions about the

built environment on credible research to achieve the best possible outcomes. Furthermore, research shows that in-patient aggression and conflict usually results from a complex interaction of the individual characteristics of patients, staff characteristics and contextual characteristics such as the physical environment of the ward. However, there is a paucity in research regarding the impact of the physical environment in psychiatric hospitals in general, and more specifically, to what degree it may contribute to in-patient aggression.

Although the impact of the physical environment on psychiatric patients' behaviour has not been systematically investigated, some case studies describe descriptive evaluations of moves from old to new buildings whereby a reduction of psychiatric symptoms was noted, together with a better atmosphere in the ward and reduced acts of violence and vandalism. According to an article by Van Der Schaaf (2013), it is only recently that architects and psychiatrists have started to pay attention to the rationale and effects of physical ward designs. This was encouraged by research in the field of environmental psychology and evidence-based designs in other healthcare settings, such as general hospitals and nursing homes. An emphasis should also be made on the importance of reassurance, identity, privacy and normality when designing wards for intensive psychiatric care.

Mount Carmel Hospital is well-known for its beautiful, large surrounding gardens. Fortunately for us, research shows

that in recent years, there has been a stark rise from a scientific perspective, the curiosity regarding the benefits of human contact with nature for an individual's health and well-being. It is known that nature has several positive effects on human health.

This includes reduced levels of stress by decreasing blood pressure and cortisol levels (Thompson, 2016), improving mental health by reducing depression and enhancing mood and self-worth (Gascon, 2015) and better cognitive and creative function (Sanders, 2015). Therapeutic hospital gardens are being increasingly introduced in hospital developments because of their nature content, health promoting qualities, their capacity to reduce stress and ability to improve mental health wellbeing and enrich the hospital environment. Health-promoting hospital gardens are a tool to contribute positively to the emotional, mental and physical health of patients, their families and staff. Research shows that patients' hospital stays, medication intake and negative feedback are reduced when access to nature is provided (Ulrich, 1991). Establishing evidence-based knowledge on therapeutic hospital gardens is vital to change health policies and a consensus on what such a garden constitutes can revolutionise healthcare.

By examining both positive and negative aspects of ward living, one can gain insight into the mechanisms through which these environments impact the psychiatric patients' well-being. Moreover, by acknowledging the diversity of experiences within ward settings, one can strive to identify strategies for promoting resilience and fostering positive mental health outcomes among residents.

Sharon Cuschieri
PMHN - MAPN Council Member

The Maltese Scope of Professional Practice for Nurses and Midwives

The Maltese Scope of Professional Practice for Nurses and Midwives is a set of guidelines and standards that outline the responsibilities, competencies, and ethical principles that regulate the practice of nurses and midwives in Malta. It is published by the Council for Nurses and Midwives. It functions as a framework for guaranteeing that the Maltese population receives safe, effective, and high-quality healthcare services.

Key elements of the Maltese Scope of Professional Practice for Nurses and Midwives include the following:

Legal and Ethical Standards: Once registered with the Maltese Council of Nurses and Midwives, one is expected to adhere to the legal and ethical standards established by the Maltese law and Code of Ethics and Standards of Professional Conduct for Nurses and Midwives. This includes the maintenance of patient privacy, confidentiality, obtaining of informed consent, and respecting the rights and dignity of patients.

Competency and Education: The scope of practice emphasizes the importance of ongoing educational and professional development to ensure that nurses and midwives have the necessary knowledge and skills to provide safe and effective care. It also outlines the competencies required for various levels of nursing and midwifery practice.

Collaboration and Communication: Nurses and midwives are encouraged to collaborate with other healthcare professionals to provide holistic care to patients. Effective communication with

patients, families, and the healthcare team is essential for ensuring patient safety and positive health outcomes.

Clinical Practice: The scope of practice defines the responsibilities and activities that nurses and midwives can engage in, including assessment, diagnosis, planning, implementation, and evaluation of care. It also outlines specific roles and responsibilities in various healthcare settings, such as hospitals, clinics, and community settings.

Safety and Quality: Ensuring patient safety and the delivery of high-quality care is a fundamental principle of the scope of practice. Nurses and midwives are expected to embrace evidence-based practice, adhere to infection prevention and control measures, and participate in quality improvement initiatives.

Cultural Competence: Recognizing and respecting the cultural diversity of Malta's population is essential. Nurses and midwives should provide culturally sensitive care and consider the cultural beliefs and values of patients and families in their care.

Leadership and Advocacy: The scope of practice recognizes the role of nurses and midwives as leaders and advocates for their patients. They are encouraged to participate in healthcare policy development, advocate for the rights of

patients, and contribute to improving healthcare systems.

Continuity of Care: Nurses and midwives are responsible for ensuring the continuity of care for patients. This includes but is not limited to the appropriate and comprehensive handover of information when transferring care between healthcare providers or settings.

Research and Evidence-Based Practice: Nurses and midwives are encouraged to engage in research and incorporate evidence-based practices into their clinical care. This helps improve patient outcomes and contributes to the advancement of nursing and midwifery knowledge.

The Maltese Scope of Professional Practice for Nurses and Midwives is a dynamic document that may evolve over time to reflect changes in healthcare delivery, technology, and best practices. It plays a vital role in maintaining the highest standards of care and professionalism in nursing and midwifery practice in Malta. Nurses and midwives are expected to familiarize themselves with these guidelines and uphold the principles outlined to provide the best possible care to their patients. |

**GRECH William
HOLMES Kevin
AXIAQ Geoffrey**

Reach new heights in your **Healthcare Career**

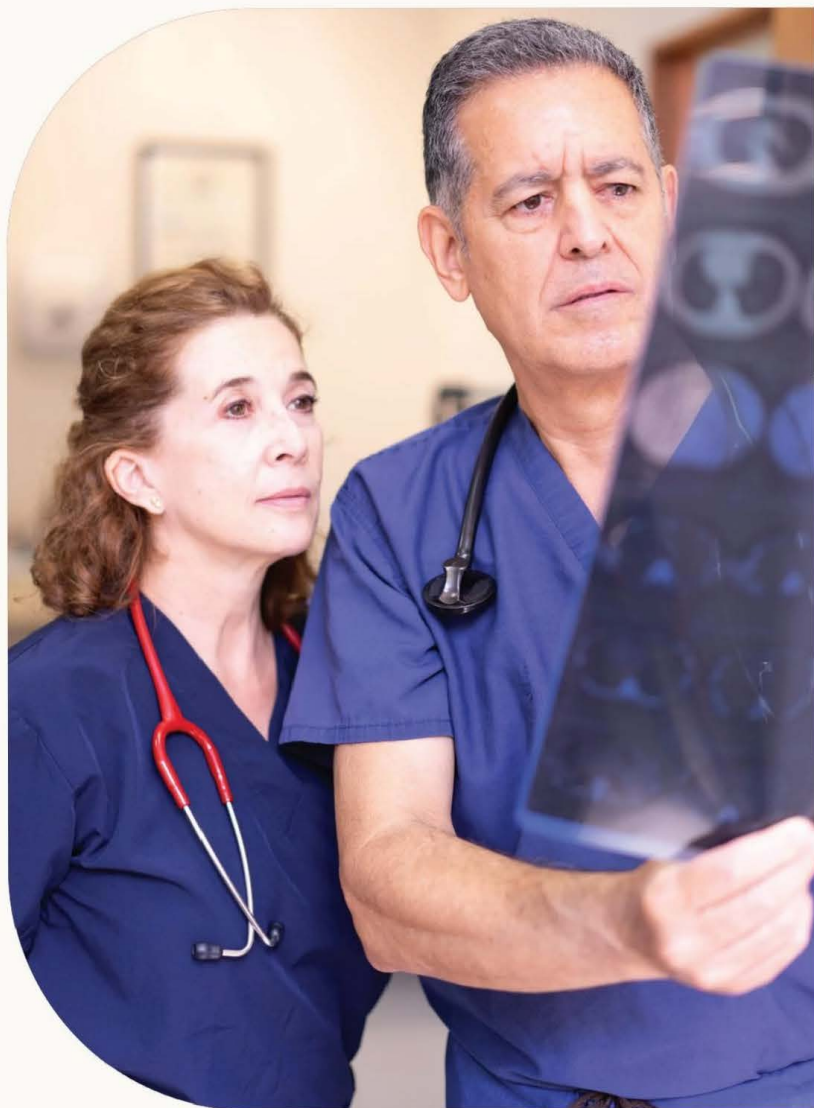
March/April Intake Part Time Evening Classes

Bachelors

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

Masters

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





STUDY WORLD
Global College Malta



Doctorate in Business
Administration (MQF 8)

MSc in Health & Social
Care (MQF 7)

! €500 Discount for
MUMN Members

YOUR WAY
to Success

 www.gcm.edu.mt
 +356 2180 1252
 +356 7946 2114