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MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

Numru 105 - Dicembru 2024



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# Investing in Nurses' Well-Being



**Nurses and midwives are always busy taking care of others but are they finding time to care for themselves? Nurses may feel dissatisfied with their jobs and this will affect their well-being.**

Stress and burnout are two of the most significant influencing factors that affect the well-being of nurses and midwives. There are many work-related factors that cause stress and burnout such as long hours, making quick decisions, constantly multi-tasking, managing many patients, and lack of sleep.

Well-Being programmes must be put in place so that staff's wellness will be increased. This will increase job satisfaction by supporting a work-life balance. Research shows that improving work-life balance can reduce nurses' intention to leave their jobs. At present an ongoing mental well-being programme sponsored by the Ministry for Health & Active Aging and coordinated by the Directorate Nursing & Midwifery is held at the MUMN premises. Feedback is very positive, and all sessions have been well-received.

Mindfulness is not just a catchphrase. Mindfulness is one of the most helpful ways to help minimise the negative thought cycle brought upon by stress. When staff is encouraged to practice mindfulness, they can become more self-aware, making it easier to focus on positive emotions and outcomes. Mindfulness is also an effective strategy for reducing anxiety, depression, and burnout and leads to more job satisfaction.

Nursing staff must find effective coping strategies such as setting personal health goals for sleep, physical activity, and hydration. Staff must be encouraged to eat healthy diets and avoid junk food and caffeine.

Nurses must also prioritise communication such as holding regular meetings and one-on-one feedback.

One way to support collaboration and social cohesion at our facilities is to organise social activities for nursing staff which could be in the form of monthly social events or more minor, fun daily routines.

Meditation, yoga and exercise are effective relaxation and mindfulness techniques that can improve overall productivity. This is offered by the MDH Employee Health and Well-Being at a very minimum rate. The effects of such exercises will reduce stress levels, improve the mood, and build foundations for stronger work and personal relationships.

When nurse's personal wellness suffers, it's difficult for them to be at their best for those who rely on their care. In fact, nurse burnout directly correlates to lower levels of satisfaction and safety among patients and negative organisational outcomes. While supporting our nurses is a top priority, investing in their well-being also spreads the same positive effects to residents, patients, employers, and managers.

It is important to recognise the need for further research studies to gain a deeper understanding of the well-being of nurses in the workplace as well as to identify effective strategies that can be implemented to enhance their well-being. By doing so, we can work towards improving job satisfaction among nursing professionals, which will ultimately lead to higher quality care and enhanced safety for patients.

# Celebrating Achievements and Looking Ahead

## MUMN's 2024 Reflections and Aspirations

As 2024 draws to a close, we welcome the festive season and reflect on a year characterized by progress and collaboration. This year marked significant milestones for the Public Service, with MUMN playing a pivotal role in securing a groundbreaking Collective Agreement alongside other trade unions.

### Key Achievements in the Public Service Agreement

A hallmark of this agreement is the financial package set to benefit public service employees starting January 1, 2025. MUMN championed initiatives addressing the rising cost of living, successfully advocating for an increase in allowances under the Public Service Management Code (PSMC). Key achievements include:

#### Qualification Allowances:

Restrictions on retaining qualification allowances during certain promotions have been removed, encouraging members to pursue further education after graduation.

#### Sick Leave Deductions:

For the first time, no financial deductions will be made for sick leave, starting January 2025.

#### Long-Service and Injury-on-Duty Allowances:

New incentives have been introduced, ensuring financial security for employees with long tenures and those affected by work-related injuries.

This agreement reflects a profound appreciation for the dedication of public service employees, making it one of the most significant accomplishments for the sector.

### Advancing Work-Life Balance for Nurses and Midwives

In collaboration with the Nursing Directorate and with the support of the Health Minister, MUMN achieved meaningful benefits for nurses and midwives, focusing on enhancing work-life balance. Updates to policies and the introduction of revised rosters aim to support nurses and midwives in balancing professional responsibilities with family commitments.

One notable success is the revamp of the Change of Duty (COD) policy, providing flexibility to address personal and family needs, especially in instances where vacation leave cannot be granted. MUMN extends its gratitude to the Health Minister for backing these initiatives, which are crucial for the well-being of our members, particularly those juggling the demands of raising children while working shifts.

### Looking Ahead: Priorities for 2025

The upcoming year promises further opportunities to build on this momentum. Key focus areas include:

#### Social Workers Sectorial Agreement:

Addressing the critical shortage of social workers in both the health and education sectors. Attracting young professionals to this vital field and encouraging them to

work within the Health Division will be central to the negotiations.

#### Infrastructure Expansion:

In line with plans laid out by the Health Minister, 2025 will see the commencement of projects to expand the emergency and ITU departments and introduce the 1400 service, reflecting a commitment to improving healthcare delivery.

### Strengthening Collaboration

MUMN values its strong relationship with the Health Minister and other stakeholders, fostering a collaborative environment that has driven progress in 2024. This partnership will continue to be a cornerstone of future initiatives.

### A Growing Membership and Gratitude

With membership surpassing 5,000, the growing support for MUMN underscores the trust and appreciation of our members. We remain committed to advocating for your interests and delivering meaningful outcomes.

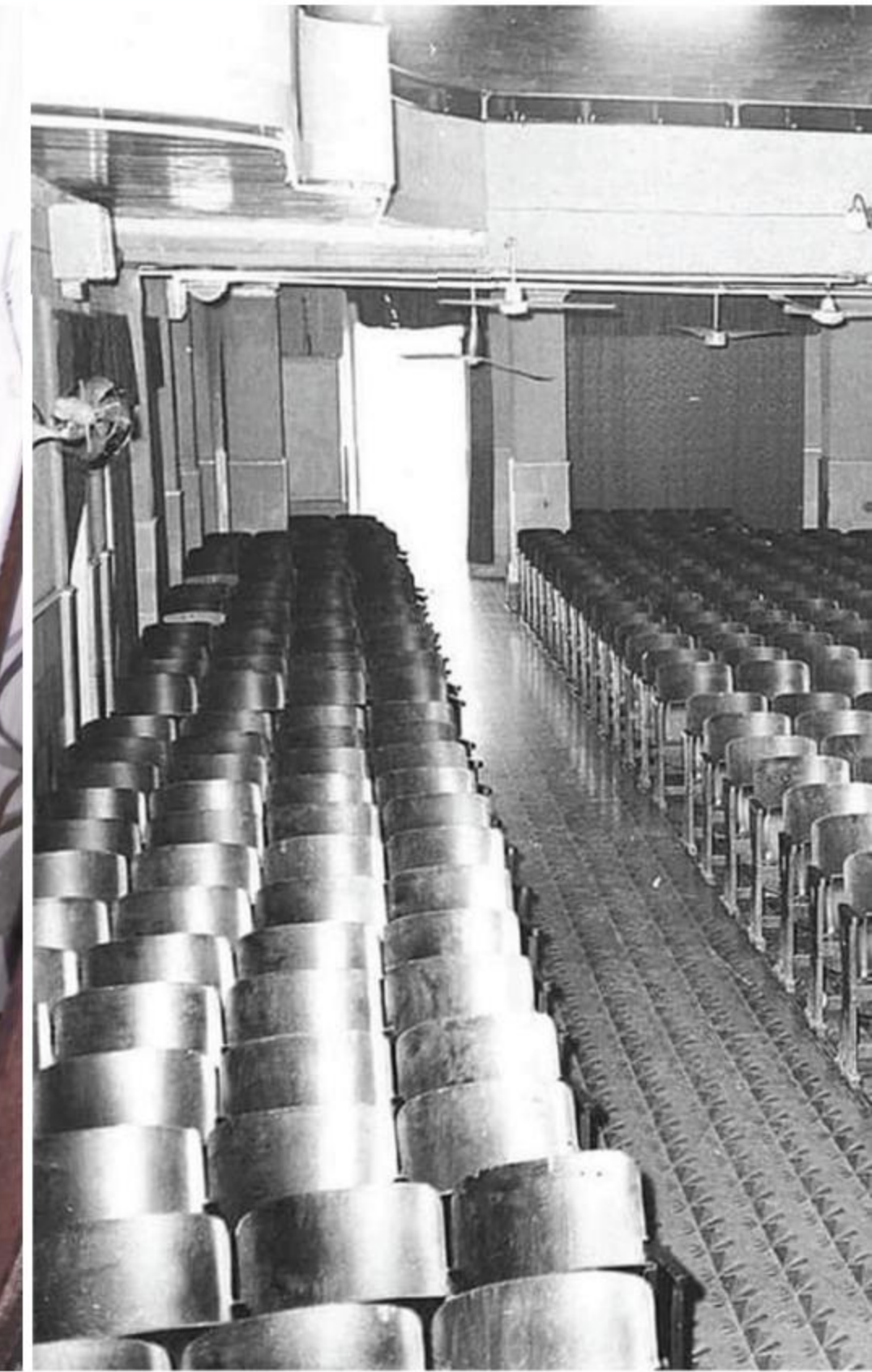
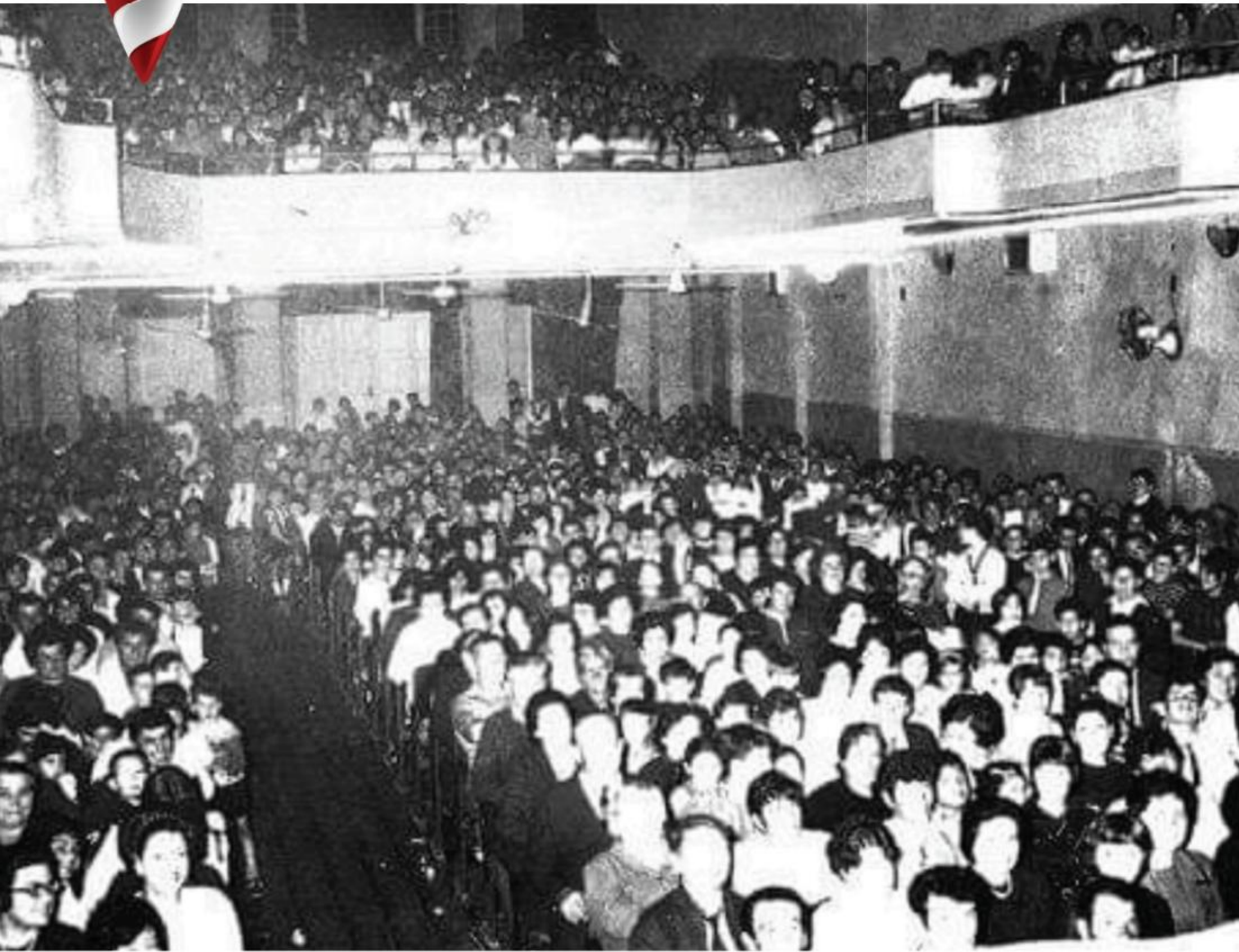
As we celebrate the holiday season, MUMN extends warm wishes to all members and their families for a joyful Christmas and a prosperous New Year. Let us embrace the opportunities 2025 holds with the same spirit of dedication and collaboration that defined 2024.

Paul Pace  
President

Happy Christmas and  
a Happy New Year!



# Warner Cinema - Warner Complex - MUMN Offices



**The Malta Union of Midwives and Nurses has moved to a new premises in Qormi in January 2022. The new premises comprises of an elevated ground floor area, consisting of offices and a great conference area, boasting of a capability of hosting more than 300 seated members. MUMN also owns the floor beneath, which holds the Learning Institute. This, together with the conference centre are geared up with the latest technology to accommodate conferences, seminars, lectures, meetings and any other academic or team building activities. To top all this, MUMN has multi parking spaces in the same building.**

The Warner Complex, as the name of the building implies, was built on the site where a very popular cinema was situated. This was The Warner Cinema and was very popular all throughout the 1950s when it opened up, to the 1980s when it was closed down its doors.

The grand opening of the 1950 was with a re issue of the 1933 film of King Kong. The entrance to the cinema was through Saint Bartholomeo street. This consisted of a grand staircase . Today, the entrance was changed to a shop. According to cinema goers, The Warner used to be full, especially on

Sundays, and many used to book for the next weekend tickets from a week before. On Sundays there used to be shows at 2pm as Sunday Matinee, 5pm and 7.30pm. Whenever the cinema was so full, they used to open the back doors for people to exit in Victory street , which is the main entrance to the Complex today. People still remember the first signature tunes and reminiscence on them. A very early tune was the Blue Tango of Glenn Miller. Later this was changed to Magic Fly of Space Group. There were even Never on Sundays and Blue, my world blue. A boy called Alex is remembered to used to go round selling cinema tickets. The films shown at the Warner used to arrive some five to six weeks after being released and shown in Valletta cinemas.

Felic tat-Tokis, or Il-Luqi, as was known , was one of the former owners. He was the father of Pawlu, Frenç and Karmenu. The brothers were in charge of putting up the cinema posters. They were also known for being very dedicated and keeping the theatre spotlessly clean. Pawlu is the father of Deborah Galea, who confirmed many instances in this write up. Thanks to her valuable information, we may bring these memories to you. The theatre was so popular that locals used to revisit with their families even when they moved out of Qormi, and went to reside in other villages.

In the 60's, entrance tickets used to cost 7 pence, equivalent to more or less 7 euro cents for children, and one shilling and 2 pence for adults. If one opted for the balconies in the upper floor , he would have needed to pay 2 shillings and 6 pence. The theatre was fitted with ceiling and wall fans. Sound was extremely good. Compared to other cinemas The Warner's sound was considered to be one of the best on the island. It is said that the cost of the sound system at the time cost more than the building expenses of the theatre . This was a time when going to the cinema was a major outing.

The Warner Cinema boasts of hosting The Queen Elizabeth, then Princess, on several occasions.

According to George Sammut, there used to be a hand strength tester. This was located on the right side of the top of the stairs, before you enter the bar. There was a grand foyer and George used to admire the very large, richly framed photos of various movie stars. Among these stars there were artists who starred in The Robe, Samson and Delilah, Demetrius and the Gladiators being Richard Burton, Victor Mature and others.

There was also a stall selling mostly sweets and chocolates. This was manned by Bastjan Darmanin, known as I-Ibberfel. His nickname originated

## Warner Cinema



from his trade, as he used to decorate trucks. The Bar was further inwards. Many still remember the metal tables and stools. Among other goodies, they used to sell popcorn, cheese and pea cakes together with the popular bread rolls with ham and mustard. To top it all, one could find comfortable sofas to cater for the people waiting for the next show.

The theatre was frequented by many locals but a good number of people from Zebbug and Siggiewi used to attend regularly. Carmelo Mizzi k/a Nenu, son of the fore mentioned Frenc, used to man the projector. Andrew, brother of George known as il-Baglu, was also responsible of putting up cinema posters. It is said that it was George's idea to create a copy of King Kong and put it in the balcony when the film was showing. This was to attract cinema goers. He also acted as an usher, and may have interrupted some stolen kisses while flashing his torch at some young couples. He was a great fan of Elvis Presley.

I would like to thank Deborah Galea for confirming some information. Thanks also goes to George Sammut and Savior Vella for sharing valuable photos with us.

**Alex Manche'**  
Vice-President  
MUMN

## Kelmtejn mis-Segretarju Ġenerali

Reġa' wasal żmien il-Milied. Għaddiet sena oħra bħal sajjetta. Sena li matulha sar ħafna xogħol fl-interess tiegħek, sena li fiha rajna miljorament kemm mill-għadd ta' żieda ta' salarju kif ukoll titjib sinifikanti fil-kundizzjonijiet tax-xogħol. Però mhux biss.

Din is-sena ħassejna mill-viċin il-bidla fil-Ministru tas-Saħħa. Għalkemm kenna ftit trikki trakki fil-passat, irnexxielna nitfgħu kollox warajna u nqallbu paġna ġdida fl-interess ta' kulhadd. Dan huwa d-disa' Ministru tas-Saħħa li qed naħdem miegħu minn kemm ilni nokkupa din il-kariga u nista' ngħid b'wiċċi minn quddiem li daqs kemm hu uman Dr. Abela, ma kien hemm ħadd bħalu. Uman fis-sens li jħares lejn il-ħidma Ministerjali tiegħu mill-lenti ta' impjegat u mhux mill-lenti ta' xi ħadd li qiegħed hemm fuq, fuq xi tron! Jieħu d-deċizzjonijiet minn punto di vista ta' kif iħarsu lejn l-affarjiet l-impjegati u naturalment il-pazjenti. Mhux darba jew tnejn li ta' taħtu jieħdu deċizzjoni mod u hu, bil-kuraġġ kollu jerġa' jreġġa' lura dik id-deċizzjoni għaliex ħadd ma jkun ikkonsulta mal-impjegati qabel ittieħdet l-istess deċizzjoni. J'Alla jibqa' b'din l-attitudni però x-xemx minn fil-għodu turik!

Il-highlights ta' din is-sena, bla dubbju kienu n-negozjati tal-Ftehim Kollettiv tal-impjegati kollha taċ-ċivil. Kienu nvoluti 10 unions, li għalkemm qed ngħixu f'pajjiż wieħed li mhux enormi, xorta waħda kulhadd kellhu perspettiva differenti fuq bosta materji. Però l-maturità tal-unions kienet titlob li kulhadd iressaq fil-ġenb l-interessi ulterjuri u niftehmu flimkien u mal-Gvern biex jiġi ffirmat Ftehim ġdid. U hekk sar. Jien stess nimmeravilja ruħi kif jirnexxielna nsibu triqat li jwassluna biex noffru front wieħed quddiem il-Gvern. Fl-interess tal-membri kollha, li kull union tirrapreżenta, dik hija l-unika triq biex nasslu li nakkwistaw pakkett tajjeb. U b'wiċċi minn quddiem nista' ngħid li dan il-Ftehim huwa wieħed mill-aħjar li akkwistajna, kemm mill-għadd finanzjarju kif ukoll mill-għadd ta' kundizzjonijiet tax-xogħol.

L-aktar punt, fl-opinjoni tiegħi importanti, huwa dak li minn Jannar



li ġej, mhux ser isiru aktar *deductions* marbuta mas-*sick leave*. Bħal ma tafu, għal dawn l-aħħar 30 sena, kull darba li taqbez il-ħmistax il-ġurnata *sick leave*, jibdeu jaqtgħulek id-*deductions* min-*nursing premium* u *allowances* oħra. Dan kollu ser jispiċċa. Lanqas ser ikun hemm il-ħtieġa li mmorru quddiem xi bord mediku. Però huwa importanti li ma nabbużawx mis-*sick leave* għaliex il-*management* ser ikun qiegħed iħares lejn min qed juża s-*sick leave* għal motivi ulterjuri. Min jinqabad jagħmel hekk ser jerġa' jidhol fis-seħħ għalih id-*deductions* però fuqu personali. Hekk għandu jkun. Mhux kulhadd ibati minħabba nofs tużżana.

Il-*Well Being Seminars* se jrin tajjeb ħafna. Kull min qed jattendi qiegħed japprezza dan l-isforz. L-ambjent huwa komdu però l-aktar punt importanti huma l-*lecturers* li qed jagħtu *sessions* ta' kwalità għolja. Qed ikunu ċerti li kulhadd qed jifhem u jipparteċipa. Prosit lil kull min hu involut f'dan il-proġett ta' siewi kbir.

Nixtieq nieħu din l-opportunità biex ninfurmakom li l-MUMN irnexxielha tirbaħ il-kontestazzjoni biex torganizza Konferenza ta' kwalità fuq il-*Midwifery*. Ġejjin 400 *Midwife* minn madwar l-Ewropa kollha. Din ser isir f'Ottubru li ġej. Qed naħdmu bis-sħiħ minn issa biex kollox immur sew u kif jixraq. Ser tkun opportunità sabiħa għal *Midwives* Maltin li ser ikunu jistgħu jipparteċipaw f'konferenza ta' kalibru għoli f'pajjiżna stess.

Għal illum ser nieqfu hawn. Ma nistax nagħlaq dawn il-kelmtejn mingħajr ma nwassal l-awgurju sinċier tiegħi lilek u lil dawk kollha qrib tiegħek sabiex ikollkom Milied Hieni u Sena Ġdida mimlija risq, saħħa u kuntentizza. J'Alla l-Mulej iżomm idejha fuqna lkoll.

**Colin Galea**  
Segretarju Ġenerali

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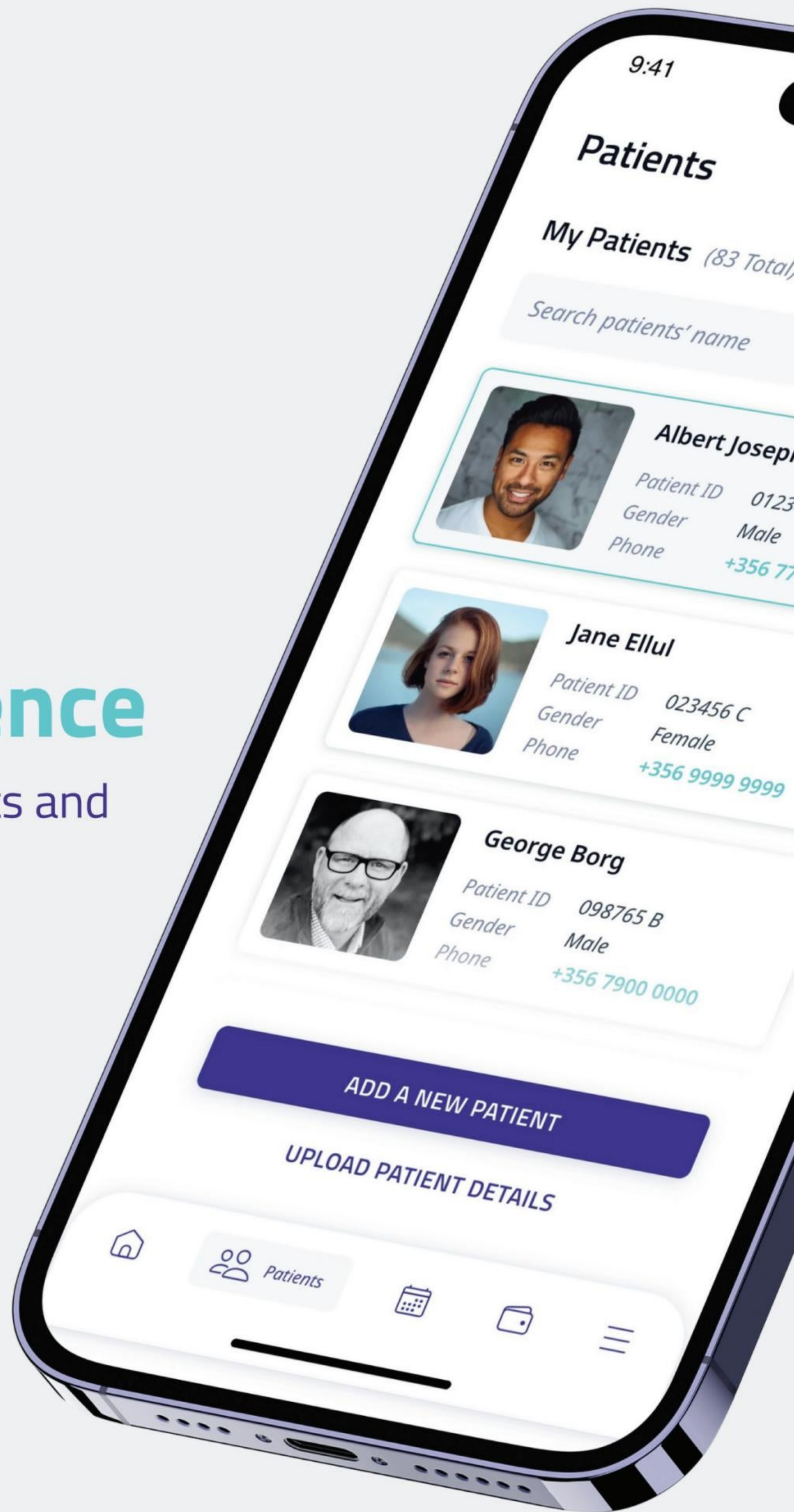




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## Registration now open for ICN 2025 Congress in Helsinki!

**Geneva, Switzerland; Helsinki, Finland; 24 October 2024**  
– Registration for the **International Council of Nurses (ICN) 2025 Congress, the world's largest international gathering of nurses, opened today!**

ICN 2025 will be held 9-13 June 2025 at the Messukeskus Expo & Convention Center in Helsinki, Finland in partnership with the Finnish Nurses Association (FNA).

The theme for the Congress, "Nursing power to change the world", will illuminate the extraordinary influence wielded by nurses, pivotal in shaping the ever-evolving landscape of health care delivery. Emphasizing nurses' profound capacity to positively impact lives across a spectrum of health care settings, ICN 2025 underscores nurses' invaluable role in enhancing equity and accessibility to health care services and shaping health policies at every level of governance. At the heart of this discourse lies ICN's commitment to achieving Universal Health Coverage and driving forward the global health policy agenda.

ICN President Dr Pamela Cipriano invited nurses to register for the Congress, saying:

"We are excited to open registration for our 2025 Congress in Helsinki and thank our partners, the Finnish Nurses Association, for their collaboration. Thanks to the over 10,000 abstracts we have received, and the many expert speakers already confirmed, ICN 2025 will showcase the latest information on a rich array of subjects and feature inspiring plenary speakers. We are proud to offer this fantastic opportunity

for nurses to build relationships and to disseminate nursing knowledge and leadership across specialities, cultures and countries."

Key topics will include nursing leadership; people-centred care; advanced practice nursing; value-based care; education; building a sustainable health workforce; delivering essential care in crisis and conflict; revolutionizing health care with connectivity, analytics and automation; future health challenges; professional standards for quality nursing care; and nursing research and innovation.

Dr Heljä Lundgrén-Laine, President of the Finnish Nurses Association added: "ICN 2025 will be ICN's 30th Congress and 100 years since Finland hosted an ICN Congress! We are honoured to be partnering with ICN once again to mark this historic occasion and celebrate the power of nurses across the world! We especially encourage the nurses of Finland and the Nordic countries to register and hope to see many of our international colleagues as well!"

ICN encourages early registration to Congress in order to benefit from the early-bird registration fees as well as to rapidly start the visa process for international participants. Discounts are available to ICN members, students and groups. Go to the ICN 2025 Congress website to register now!

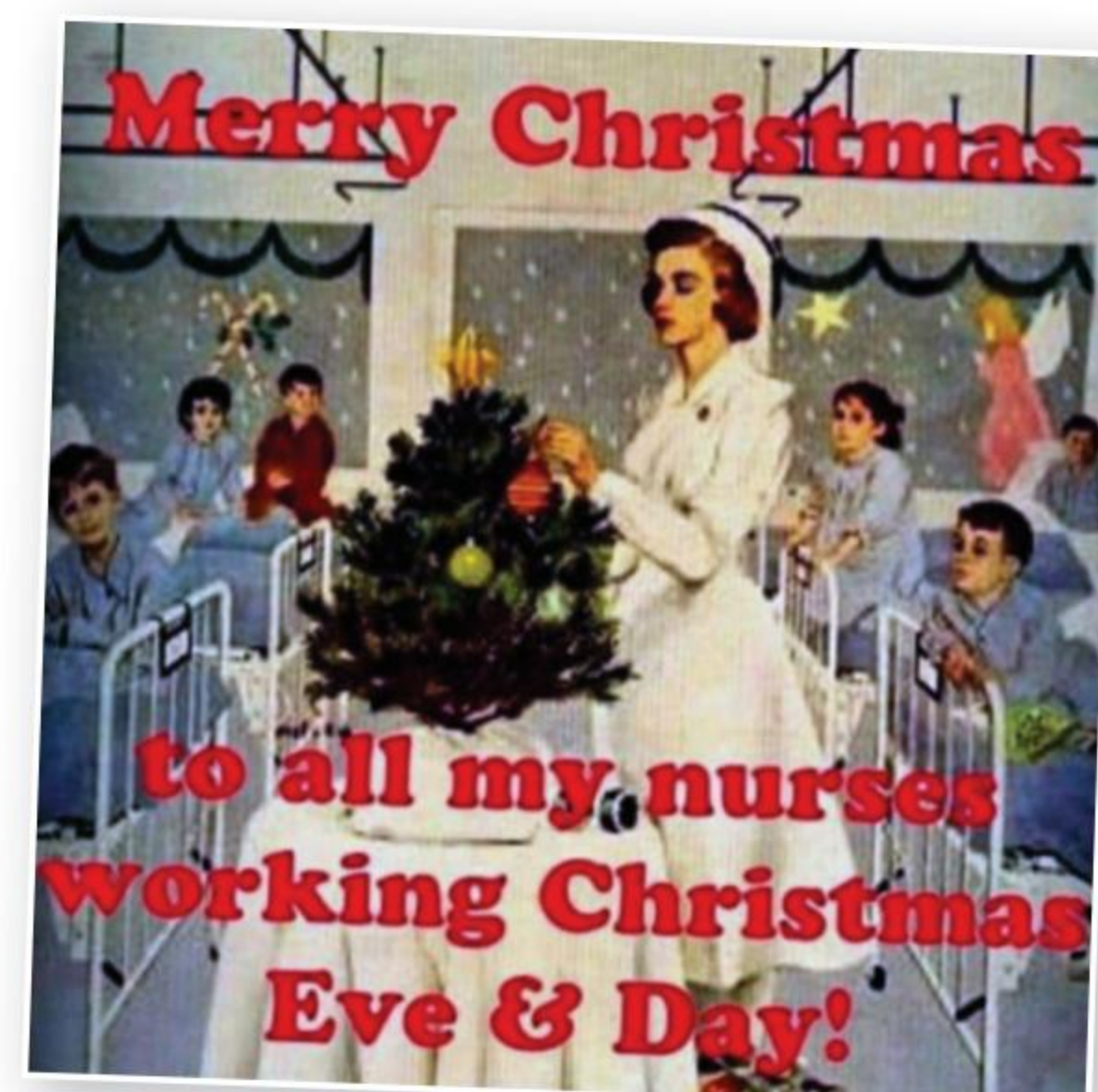
Participants will also have the opportunity to register for the spectacular opening ceremony and a host of professional visits to learn about nursing practice and health care in Finland.

A commercial and professional exhibition, run concurrently with the Congress, will give universities, health ministries, nursing organizations, publishers, medical device manufacturers, pharmaceutical companies and local artisans the opportunity to showcase their products and services and present the most recent health care information.

The Council of National Nursing Association Representatives, ICN's global governing body, will convene immediately prior to the Congress and will include the election of a new ICN President and Board. Congress participants who are members of ICN member associations will be able to observe global nursing leaders, identify the profession's priorities and future directions.

The early-bird discount price for registration closes on 28 February 2025.

More information on the ICN 2025 Congress can be found on the dedicated Congress website.





# At the Heart of Care

**In a world where mental healthcare is rapidly evolving, the need to ensure that the care we provide remains both innovative and compassionate is imperative. A critical intersection exists between cutting-edge healthcare practices and the core values of empathy, kindness, and human connection.**

On the 18th November 2024, the Maltese Association for Psychiatric Nurses organised the conference 'At the Heart of Care'. The conference, a unique forum distinctively designed for healthcare professionals, policymakers and researchers, attracted various healthcare professionals from diverse entities. The aim behind this conference was to create a dynamic space and offer the opportunity for healthcare professionals to share insights, research and real-world experiences. Furthermore, 'At the Heart of Care' explored how healthcare should not be based only on the Medical Model but also emphasised on the value of nurturing and supporting the emotional, psychological and social well-being of patients.

The first keynote speaker at the conference, Ms. Jenny Wetterling, a nurse from Sweden, shared a deeply personal and poignant story that resonated with many in the audience. Through a narrative she wrote herself, Jenny recounted her journey from a childhood surrounded by a loving family to finding herself at the bottom of a dark abyss, grappling with mental health challenges. Her struggles began with non-suicidal self-injury and an eating disorder, which were later compounded by major depressive disorder and suicidal attempts. These battles ultimately led to extended periods of inpatient care.

Jenny's presentation took the audience on a rollercoaster ride of despair, where she described the darkest moments of her life, including times when she felt utterly disconnected and refused to engage with those around her. Despite her resistance, one psychiatric nurse played a pivotal role in her recovery. This nurse, who refused to give up on Jenny, offered unwavering support even when Jenny felt she had nothing left to give. This act of dedication and compassion ultimately saved Jenny's life.

Now, Jenny is an active figure in the field of mental health, conducting research and lecturing on how individuals can regulate strong emotions and live a life filled with meaning, dignity, and self-respect. Through her work, she aims to provide practical advice for managing mental health challenges and finding hope in the face of adversity.

In her speech, Jenny also addressed the importance of improving healthcare support for individuals struggling with mental health disorders. She advocated for a more compassionate and effective approach to mental health care, one that can lead to a more successful and sustainable recovery journey. Her message was clear: with the right support, individuals can reclaim their lives, find purpose, and live with dignity, even when facing the complexities of mental health conditions.

Mr. Christopher Siegersma, the Chief Executive Officer of the Correctional Services Agency, discussed the critical issue of providing humane care in the challenging environment of prisons, with a focus on the correctional facilities in Kordin. Mr. Siegersma spoke about the prison being a center for rehabilitation rather than punishment, emphasizing that safety would be enhanced not only for inmates but also for prison staff.

A central element of his approach is the introduction of Person-Centred Language (PCL) within the prison system. This language shift aims to humanize the perception of incarcerated individuals, reduce stigma, and align with contemporary trends in rehabilitation. By focusing on the dignity and individuality of prisoners, PCL fosters an environment that supports their successful reintegration into society once their sentences are completed.

Mr. Siegersma also highlighted the extensive range of medical services offered at the correctional facilities, which include psychiatric clinics, dental care, infectious disease treatment, wound care, podiatry, minor surgeries, and general medical services. This comprehensive healthcare approach underpins the humane treatment of inmates, ensuring their physical and mental well-being is adequately addressed.

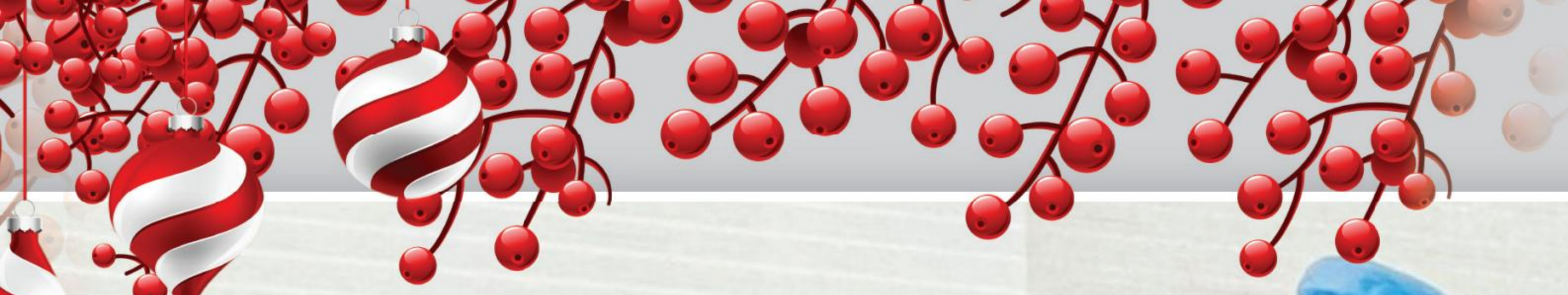
In addition to healthcare, the Correctional Services Agency is introducing educational and vocational training programs aimed at reducing recidivism. These initiatives are designed to equip inmates with the skills needed for life after prison, helping them re-enter society successfully. One of the key initiatives mentioned by Mr. Siegersma is the restorative justice program, which encourages prisoners to take responsibility for their actions, understand the harm caused to victims and the community, and engage in reparative actions such as apologies, restitution, and community service.

A particularly notable example of this approach is the "Forn tal-Habs" initiative, where prisoners bake apostle's bread at Easter, with the proceeds donated to charity. This effort not only provides inmates with a productive activity but also helps them reconnect with the community in a positive way.

Family connections are also prioritized within the prison system. Programs are in place to facilitate family visits, maintain relationships, and support family therapy. In a groundbreaking move, the facility has introduced mother-and-baby rooms for incarcerated mothers who give birth while serving their sentences, ensuring that both mother and child are cared for in a humane and supportive environment.

While Mr. Siegersma acknowledged that implementing such humane practices within the prison system has faced resistance and criticism, he emphasized that strategies are in place to address these challenges. Plans for improvements include the refurbishment of the forensic unit, the kitchen project, the development of a sports area and the creation of a dedicated teaching and learning space. These developments reflect the agency's commitment to creating a more rehabilitative, humane environment for both inmates and staff.

Through healthcare, education, restorative justice, and family support programs, the Correctional Services Agency aims to reduce recidivism and ensure that individuals leaving the prison system are ready to contribute positively to their communities.



The Maltese Association of Psychiatric Nurses

*At the Heart of Care*



Dr. Alexei Sammut, Head of the Mental Health Department, and Assistant Lecturer Ms. Christie Attard delivered a thought-provoking presentation on the Past, Present, and Future of Healthcare, focusing particularly on the role of the psychiatric nurse. They began by addressing a common question: What does the role of a psychiatric nurse entail? As they explained, even psychiatric nurses themselves sometimes find it difficult to fully articulate the complexities of their profession, which involves much more than the common understanding of “nursing” alone.

Dr. Sammut and Ms. Attard emphasized that those working in the mental health sector must strive to build strong therapeutic relationships with patients, as these relationships are central to providing effective care. They highlighted the importance of conducting thorough assessments to understand each patient’s unique needs and then developing a personalized care plan. This, they explained, ensures that the care provided is not only professional but also tailored to everyone’s specific circumstances and challenges.

Ms. Attard then introduced the concept of the Person-Centred Practice

Framework, which serves as a guiding structure for delivering quality mental health care. She broke down the framework into four key domains:

**Pre-requisites:** This includes the foundational elements required for person-centred care, such as the values, skills, and knowledge necessary for healthcare professionals to adopt a holistic approach to patient care.

**Care Environment:** The environment in which care is provided should be conducive to the patient’s wellbeing, comfort, and safety, promoting an atmosphere where patients feel valued and understood.

**Person-Centred Processes:** These processes involve the active participation of patients in their own care. This includes collaboration between patients and healthcare providers, ensuring that the patient’s voice is heard, and their preferences are considered.

**Person-Centred Outcomes:** The goal is to achieve outcomes that align with the patient’s individual needs, goals, and values, fostering not only physical health but emotional and psychological well-being as well.

Ms. Attard also discussed how identifying person-centred moments—instances where the care provided is deeply aligned with the patient’s needs and desires—can serve as a powerful starting point for cultivating a culture of person-centred care within the mental health sector. These moments, she noted, are essential in transitioning from traditional, hierarchical care models to one where patients are seen as active participants in their care, rather than passive recipients.

The presentation by Dr. Sammut and Ms. Attard shed light on the evolving role of the psychiatric nurse in mental health care, highlighting the need for compassionate, individualized approaches that centre the patient’s experience. They stressed that embracing person-centred care is not just a framework but a cultural shift that has the potential to greatly enhance the quality of mental health services and improve patient outcomes.

A riveting speech was delivered by Senior Staff Nurse Lujji Suarez from MDH, who addressed the perceptions

**continued on page 29**



## ICN's call on G20 leaders to address international health worker migration crisis reflected in recent G20 Health Ministers' Declaration

Geneva, Switzerland, 14 November 2024 – Ahead of the G20 Leaders Summit in Rio de Janeiro next week, the International Council of Nurses (ICN) welcomes the Declarations recently adopted by the G20 Health Working Group and health ministers. The Declarations unite health leaders from the world's largest economies behind shared commitments to health equity, sustainable and resilient health systems, digital transformation, and pandemic and climate change prevention, preparedness and response.

The Rio de Janeiro Declaration of G20 Health Ministers directly addresses inequitable international nurse recruitment patterns, an issue consistently raised by ICN and the subject of an open letter sent by ICN's President, Dr Pamela Cipriano, to the G20 leaders earlier this year. In the letter, Dr Cipriano called for urgent action to protect nursing workforces in fragile nations facing severe shortages and warned that aggressive recruitment of these nurses by high-income nations is widening global health gaps. Such recruitment threatens access to essential health services in under-resourced regions and undermines shared global commitments to health

equity and universal health coverage.

Dr Cipriano remarked: "Strong health workforces are the foundation of global health equity and ICN commends the G20 health ministers' acknowledgement that we must better manage health workforce migration and welcomes their commitment to implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The world's most fragile health systems cannot afford to lose the nurses they have invested in training and who provide vital health care to their communities. We know there can be no health for all without nurses for all. We now need to see these statements translated into decisive actions to build self-sufficient nursing workforces worldwide and to end the unsustainable and unethical practice of wealthy nations addressing their own shortages by depleting the nursing workforces of vulnerable countries."

The Declaration emphasizes the need to strengthen and support the health workforce in the face of our global shortage of nurses and other health professionals, with a focus on improving working conditions, remuneration, education, and gender equity.

This Declaration also includes commitments to support an equitable and ethical digital health transformation, establish a new global coalition to promote access to vaccines and health products, and strengthen pandemic preparedness and response, recognizing, for the first time, that social inequalities are a driver of pandemics.

In addition, the G20 health leaders issued a separate Health Ministerial Declaration on Climate Change, Health and Equity, and One Health, which recognizes the urgent need to address the escalating impacts of climate change and tackle antimicrobial resistance (AMR) and disease prevention through a One Health approach. ICN has long advocated for the need to put health at the centre of climate change action and has made strong calls for climate action and an integrated global response to the growing threat of AMR.

The G20 Joint Finance and Health Ministerial Meeting's Chair's Statement further addresses urgently-needed sustainable funding and health financing mechanisms.

These Declarations lay important groundwork for the upcoming G20 Leaders' Summit, which will be held 18-19 November in Rio de Janeiro and attended by the leaders of the 19 member countries as well as the African Union and the European Union. At the end of the Summit, the G20 Presidency will transfer from Brazil to South Africa.

Dr Cipriano added: "We know that health is not a cost, it is an investment — and investing in universal health coverage and the health professionals who deliver that care and coverage is a key pathway to reducing inequalities and catalysing economic and societal growth. As we look towards the G20 Leaders' Summit, COP29, and South Africa's forthcoming G20 presidency, ICN calls on the world's leaders to make urgent and transformative investments in health that match the scale of our global challenges."



**One of the main wards at the Cottonera Military Hospital in Bormla. Photo taken during WWI when Malta was aptly called "the nurse of the Mediterranean".**

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## ICN emphasizes the crucial role of nurses in the process of diagnosis on World Patient Safety Day

Geneva, Switzerland, 17 September 2024: On World Patient Safety Day the International Council of Nurses (ICN) is highlighting the vital role that nurses play within the multidisciplinary team in the process of diagnosing a health problem.

The World Health Organization's (WHO) World Patient Safety Day, which is observed annually on September 17, is intended to raise global awareness about patient safety and call for action to reduce patient harm.

This year's theme, Improving Diagnosis for Patient Safety - along with the slogan Get it right, make it safe! - highlights the critical importance of correct and timely diagnosis in ensuring patient safety and improving health outcomes.

ICN President Dr Pamela Cipriano emphasized that diagnosis

must be a team effort, with nurses at the centre. Dr Cipriano said: "Nurses' knowledge and understanding of the people they care for, and their unique insight into health and disease, puts them centre stage in the process of diagnosis. In the extensive time they spend with patients, nurses observe clear as well as subtle symptoms that are shared with the team as part of diagnosing a problem.

"While our medical colleagues are most likely to make a final diagnosis, nurses contribute insights about their patients' conditions and changes over time. Nurses use their expertise in detecting abnormal findings as well as the close relationship they build with their patients to aid the team in diagnosis."

ICN Chief Executive Officer Howard Catton, who today will participate on the Multidisciplinary Approach on World Patient Safety Day 2024 webinar,

underlined the issue of nurse shortages as a challenge to diagnostic safety. Mr Catton said: "Nursing practice involves critical moments relating to diagnostic safety, from prevention to risk identification, surveillance and monitoring, nurses working as the key component of a multidisciplinary team.

"The evidence clearly shows that where there are too few nurses, risk to patient safety increases from the incidence of infection rates, falls, medication errors, and ultimately deaths. In addition, there is the danger that care is missed or cannot be delivered because nurses are having to prioritize due to shortages.

"When nurses do not have enough time, we know that key elements of care such as emotional support for patients and providing health education and advice as well as team communications, meetings and care conferences are all at risk and most likely to be incomplete or left undone. When care is missed as a result of shortages diagnostic accuracy, monitoring and reporting of a patient's condition are all compromised."

## ICN calls for peace and additional humanitarian aid on the anniversary of the 7 October 2023 attack

Geneva, Switzerland, 07 October 2024: On this, the first anniversary of the horrific 7 October attack on Israel, the International Council of Nurses (ICN) calls again for the release of all remaining hostages and for peace to be restored immediately for the millions of people in the Middle East who live under the shadow of the current terrible conflict.

The pain and the unbearable suffering that resulted from the attack on 7 October 2023 and the subsequent ongoing conflict in the wider region, continues every day and has repercussions for all humankind. We mourn the deaths of innocent civilians including healthcare colleagues and call again for a ceasefire to end all aggression to restore international peace and security in the region.

Nurses have been at the centre of the response to the physical and mental traumas that the continuing war creates, working alongside their

healthcare colleagues in often difficult and dangerous conditions.

Rather than a statistic in some report on the numbers displaced, injured or killed, they see the awful consequences that are playing out daily in front of their eyes, and they witness close-up the humanity of each individual they help: every child, every woman and every man. It is clear from the reports we are hearing from our national nurses' associations in the region, and the agencies working on the ground that additional humanitarian aid supplies are needed urgently: such supplies must be allowed to reach those in need immediately.

ICN is also deeply concerned that international humanitarian law (IHL) which is designed to protect civilians, nurses, other health care workers and health facilities from attack is being ignored. The normalization of such attacks is unforgivable and must stop at once. Anyone responsible for breaches of IHL must be held to account by

the international community. ICN condemns all violence and reiterates its call for the immediate restoration of peace, the release of the remaining hostages and the start of negotiations, which are the only way to secure a situation in which the rebuilding of the region can commence.

Nurses are peacemakers, and through their commitment to health, they can help to build the conditions that foster peace. But they cannot do it on their own, and they cannot even begin to do so while the current violence and stalemate in negotiations continues. War only brings suffering. It is past time to secure peace and begin the rebuilding and restoration of communities and return to normal life.

The people of the Middle Eastern region deserve the same chances in life that everyone else does. The global community owes them the opportunity to make their best lives, the same as everyone else.



# “Nistgħu nkunu umani mingħajr in-NURSING?”

Joe Camilleri, CN

Din hija mistoqsija li għamlet fil-ktieb tagħha Sarah DiGregorio bl-isem ta' Taking Care, The Story of Nursing and its Power to change the World. Dan huwa ktieb brillanti li għadni kif qrajt, fejn jisthoqqlu li jinqara fl-iskejjel kemm tan-nurses u anke tat-tobba, u ad direttura għandu jkun ukoll fuq il-komodina tal-politici biex jaqrawh qabel jorqdu.

DiGregorio titratta l-istorja kulturali tan-nursing minn Żmien il-Ħaġar sal-lum, il-professjoni tagħna u l-bżonn urgenti għal tibdiliet meħtieġa. Tgħid li l-Infermiera minn dejjem kienu ħolqa vitali għall-eżistenza umana. Għalhekk il-mistoqsija fit-titlu tal-artiklu. L-infermiera kienu dejjem hemm prezenti kemm meta twelidna u jaf anke meta meta ħa mmutu. Familjari żgur fl-isptarijet u l-kliniċi imma ssibhom ukoll fl-iskejjel, il-ħabsijiet, djar tal-anzjani, kampijiet tas-sajf, fi djar privati, cruise ships, u saħansitra man-NASA fl-ispazju. L-Infermiera jqisu l-pazjenti tagħhom mhux bħala organu f'għisem imma bħala bniedem sħiħ. L-infermier jimpurtah fejn jgħix il-marid, x'ikel jiekol, għandux ilma u f'liema komunita' jgħix. In-Nursing huwa dejjem iffukat fuq il-prevenzjoni u fuq il-promozzjoni tas-saħħa pubblika.

Waslet il-pandemija tal-Covid-19, u għall-ewwel il-pubbliku ċapċap lill-infermiera u mbagħad wara bħal donnhom dawn intesew u ma baqgħux aktar apprezzati. F'xi stanza, hija tgħid dan kien anke jirrifletti il-misogjenija u r-razzizmu li kien seħħ ferm qabel fl-istorja tan-nursing. L-istorja tan-nursing hija waħda komplikata u hija minsuġa fil-gwerer, fil-pesti, fir-religjon, fl-ekonomija u saħansitra fil-ħajja individwali tagħna. Sarah DiGregorio tikteb mhux biss fuq ħajjiet ta' infermiera li issa spicċaw imma tikteb fuq dawk tal-lum, dawk li jaħdmu fil-kura tas-saħħa u fil-komunita'. Taking Care jeżamina kif aħna dejjem ħadna ħsieb wieħed lil ieħor, ġieli b'suċċess u ġieli b'falliment.

# TAKING CARE



THE STORY OF NURSING  
and Its Power to  
Change Our World

SARAH DiGREGORIO

“DiGregorio weaves the history of nursing, one of the oldest professions in the world, throughout. . . . and has condensed its profound meaning into a call to arms. This is a brilliant book, and DiGregorio is a beautiful writer.”

—New York Times Book Review

DiGregorio ma tonqosx milli tagħmel dikjarazzjonijiet pjuttost kontroversjali bħall li 'fl-istorja tan-nursing aħna l-infermiera kellna dak ir-rispett li illum qegħdin nippruvaw nottjenu'. Tgħid ukoll li d-dinja 'Tilfet l-idea ta' nurses bħala esperti' u saħansitra 'Id-dinja tilfet l-idea ta' nurses bħala figura awtoritattiva'. Tgħid ukoll, 'Nistgħu inkunu umani mingħajr n-nursing?'

Hija issostni li n-nurses ipprovdew kura diretta lill-marid, dejjem skont Charaka-Samhita, kitba Indjana ta' 2000 sen' ilu. Fis-sena 600 Rufaida-Al-Aslamiya, nurse fl-era Islamika bikrija meta l-Profeta Muhammed kien għall-gwerra fis-Saudi Arabia, hija kienet tattendi għall-feruti fil-kampijiet tal-gwerra u wara pprovdiet kura primarja u edukazzjoni dwar is-saħħa f'Mecca. L-Imperu Ruman kien jiddependi minn

nurses għaliex kienu jemmnu li jekk ma jkollokx truppi b'saħħithom, ma setgħu qatt isostnu l-imperu mbiegħed tagħhom.

Waqt li illum il-professjoni tan-nursing hija predominament femminili, it-teaching hospitals ta' ferm qabel ma kienux hekk. Il-ftuħ ta' skejjel mediċi godda fl-Ewropa fil-Medju Evu, bil-mod il-mod qaċċtu 'il barra lin-nisa mill-mediċina u l-kura tas-saħħa. Dawn l-iskejjel il-godda, ippermettew biss irġiel u hemm inħolqot klassi ta' tobba professjonali ta' ċertu status soċjali. Kien hemm każi fil-qorti fejn nisa popolari ġew akkużati u saħansitra ikkundannati talli pprovdew nursing lill-morda.

Kontroversja oħra li tikteb hija dik dwar Florence Nightingale u dan għax hi



Nurse tan-Nasa (<https://newspaceconomy.ca/2024/03/07/what-is-space-nursing/>)

minn dejjem giet ikkunsidrata bħala dik il-forza li xprunat l-importanza tan-nursing, imma tgħid ukoll li l-viżjoni tagħha tal-professjoni kellha d-difetti tagħha. In-nursing, l-awtrici issostni, ma bediex fl-Ingilterra Vittorjana. Hi tħares lejn Nightingale bħala dik il-Londoniża klassista għanja li studjat il-Ġermanja fi skola tan-Nursing u li wara mexxiet sptar żgħir għan-nisa f'Londra. Meta sejhula biex tgħin waqt il-gwerra tal-Krimea u giet lura hija baqgħet tħares lejn n-nursing bħala professjoni għan-nisa biss li huma biss subordinati għat-tobba. Kienet hi li daħħlet l-idea li n-nurses huma 'assistenti tat-tobba'. Hi tgħid li jekk tabib kien jordna li moribond mājingħatax ilma biex jixrob, Nightingale ma kienitx ittih. Minn naħa tagħha l-awtorita' ta' Nightingale qatt ma setat tiġi iċċalengjata u għalhekk waqqfet struttura ġerarkika għall-istaff tagħha. L-istorika Hemstadter tgħid li Nightingale kienet tkeċċi infermiera talli temgħu morda mingħajr l-ordni esplicita tagħha.

Dwar ir-razziżmu, DiGregorio tgħid li meta Nightingale ħabbret li kienet qed timpjega l-infermiera għall-Krimea, infermiera minn Jamaica bl-isem ta' Mary Seacole ivvjaġġat sa Londra biex tfittex ix-xogħol. Seacole kienet diġa tiegħu ħsieb in-nursing f'pajjiża

waqt l-epidemija tal-yellow fever imma safrattant, kienet kemm-il darba irrifjutata biex taħdem ma Nightingale. Seacole imwegġa' għall-aħħar telqet 'il hemm b'qalba maqsuma u marret minn jedda u minn butha tiegħu ħsieb is-suldati feruti fuq il-front tal-gwerra. Nightingale kienet għamlet minn kollox biex in-Nursing f'pajjiża jibqa' 'abjad'.

Illum, aktar minn seklu wara, id-disparita' razzjali għadha teżisti fin-Nursing, almenu fil-kontinent u dan għax fl-Istati Uniti 81% tal-infermiera huma bojod. Id-diskriminazzjoni razzjali għadha problema fejn fl-2021, studju wera li 92% tan-nurses ta' karnaġġjon skur u 69% ta' nurses Ispaniċi kienu ffaċċjaw razzizmu minn kollegi tagħhom u mill-pazjenti. Fl-Istati Uniti in-nursing kien ipprattikat mill-iskjavi, kultant bil-forza u kienu jintużaw metodi tradizzjonali li kienu ġabu magħhom. Il-maġġoranza tat-trabi li ġew imwielda fl-istati tal-iskjavitu, kemm suwed u bojod, kellhom qwiebel Afro-Amerikani u din ippersistiet sal-bidu tas-seklu 20.

Interessanti li DiGregorio tgħid li l-isptarijiet jistgħu ikunu postijiet terribli biex jaħdmu l-infermiera fihom. Ħafna nurses idabbru rashom 'il hemm għaliex l-isptarijiet jistgħu ikunu postijiet tax-xogħol abbużivi. 57% tal-infermiera gradwati friski fl-Amerika jitolqu mill-impjieg mal-ewwel sentejn tagħhom. Ir-raġunijiet dwar dan huma l-burnout, nuqqas ta' support mit-tmexxija u nuqqas ta' safe staffing. Hawnhekk l-awtrici titkellem fuq id-dritt tal-affiljazzjoni u allura id-dritt li tidhol f'unjon. Hi tgħid li meta l-infermiera jorganizzaw ruħhom u jidhlu f'unjon u jiġġieldu għall-kundizzjonijiet fuq il-post tax-xogħol, minħabba f'hekk jibbenifikaw il-pazjenti, u huma jsiru inkredibilmment b'saħħithom.

**ikompli f'pagna 23**



Florence Nightingale

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\*\*Clinical study under dermatological control on 38 atopic children; 2x/day application for 30 days; parental assessment at 5 days after application stop.



## Moral Distress and Injury

Ethical or moral distress occurs when the nurse is not able to act on their ethical choices due to constraints or limitations that impede or interfere with doing what the nurse believes to be right. Allen (2023) explains that when nurses are forced to make care decisions that go against their values, the conflict with conscience takes an emotional toll.

The experience of moral distress occurs when nurses are not able to make decisions that they believe are morally correct, meaning the decisions made go against what nurses believe. When moral distress repeatedly occurs, it is believed to lead to moral injury. These terms are used interchangeably, however moral injury results from chronic moral distress. It must be noted that these are distinct from burnout, which does not have a moral component. That said moral injury can increase the nurses' risk of burnout.

Rowlands (2021) refers to the following as signs of moral injury: feelings of shame, guilt, self-blame, and disgust; a sense of powerlessness; being disengaged from discussions about decisions or actions that are ethically challenging as result of feeling powerless as moral conflict is seen as unresolvable; altered sense of self and loss of trust; an increased risk of burnout, post-traumatic stress disorder, anxiety and depression; anger and a changed perspective of the world.

Moral injury and moral distress result from nurses' lack of power or agency, insufficient time or resources. Nurses need to be able to adjust and adapt to address the demands in care and meet patient needs. In situations where nurses becoming increasingly exposed to excessive multi-tasking and challenging scenarios requiring prioritisation, the reality of low morale and despair can become toxic if not addressed. The need to multi-task and a sense of never-ending competing demands can result in nurses feeling preoccupied with their own unmet needs. This sense of loss of autonomy and control can lead to anger and frustration and eventually moral distress.

Moral distress can be mitigated. First and foremost, nurses must acknowledge that they are not the problem, overriding the sense of guilt and shame that can be experienced by some. Allen (2023) refers to opportunities where issues can be raised, discussed and addressed. These include clinical supervision, occupational health and counselling services. Nursing managers should know the signs of moral distress and initiate discussions with their staff and colleagues. Journalling is an evidence-based strategy that is seen to support nurses by promoting self-care. Butler (2024) explains that journalling is both an accessible and effective strategy that encourages self-reflection and self-expression, as it provides a unique space for one to observe their thoughts, emotions and experiences. Such an activity can also improve nurses confidence to be assertive and advocate for change.

Opportunities of lifelong learning that focus on building resilience, clinical

reasoning, and ethical decision-making are also strategies that can support nurses to be better prepared and equipped to not only deal with challenging situations in practice, but also to have the courage and stamina to make sure their voices are heard, and action is taken. The MUMN in collaboration with the government initiated a series of sessions this year to promote mental health and wellbeing amongst nurses and midwives. These sessions are currently being held on a weekly basis and are being offered to over 4,000 nurses and midwives. It is crucial that such initiatives are supported in the day-to-day practice at the workplace with the implementation of strategies that promote and safeguard the autonomy, professional integrity and value of the nursing profession and nurses.





21-22 OCTOBER 2024

# NURSING LEGACY: ICN AT 125

## Celebrating, Recognizing, and Shaping Our Future

PALACE OF PARLIAMENT  
BUCHAREST, ROMANIA

## International Council of Nurses Bucharest Declaration identifies priorities for the future of nursing

### ICN 125th Anniversary Conference held in Bucharest



**Geneva, Switzerland; Bucharest, Romania; 23 October 2024 – The International Council of Nurses (ICN) marked the 125 years since its founding in 1899 with an anniversary conference held in Bucharest, Romania and hosted by the Order of Nurses, Midwives, and Medical Assistants of Romania.**

As well as celebrating this milestone event in ICN’s history, the conference was a prelude to the upcoming State of the World’s Nursing report and the Strategic Directions for Nursing and Midwifery which will be released in 2025, and which will set the direction for the next four or five years. This important data will be on the agenda for the World Health Assembly in May 2025 and discussed at the ICN Congress in Helsinki, Finland in June. The delegates at the Bucharest conference agreed and signed a Bucharest Declaration on the

Future of Nursing which identified key priorities for policy actions that will be central to the upcoming reports and discussions and which must be at the heart of the agenda moving forward.

The Declaration calls on governments to increase smarter public investment in nursing; make efforts to achieve the Sustainable Development Goals and Universal Health Coverage; address global health challenges and the role of nurses in humanitarian disasters; focus on strategic and sustainable workforce planning for the future; improve the working environment and expand nurses’ scope of practice; expand nursing leadership in health care; and harness new technologies and digital health.

ICN President Dr Pamela Cipriano highlighted ICN’s achievements, saying:

“From our founding in 1899, during the women’s suffrage movement, to becoming a global voice for the over 28 million nurses worldwide, ICN has been at the forefront of advocating for the nursing profession. We have lifted nurses’ voices for more than a century, and applauded the courageous nurses who advanced professionalism, education and ethics. We stood fast in support of improved working conditions for nurses and declared our commitment to vulnerable people through war time and peace. We championed the call for health promotion and today are key advocates for universal health coverage, person-centred care, and the first line of defense in the fight against antimicrobial resistance and pandemic prevention, preparedness and response. Our efforts have not only advanced the standards for practice and improved the working conditions for nurses, but they have also enhanced patient care and outcomes worldwide.”

Mr Mircea Timofte, President of the Order of Nurses, Midwives and Medical Assistants of Romania, and President of the European Nursing Council said,

“We were honoured to host this important event celebrating ICN’s 125th anniversary. We heard the voices of nurses from across the globe who joined with ministers and nurse leaders in signing the Bucharest Declaration which crystallized the priorities of the future of nursing. It is vital that every priority in this declaration is implemented so that we can meet the needs of patients everywhere and protect our nurses”.

With the theme “Nursing Legacy: ICN at 125 – celebrating, recognizing and shaping our collective future”, the celebratory conference, which was held at the Palace of Parliament in Bucharest,



## ICN 125th Anniversary Conference held in Bucharest

featured a historical exhibition and video showcasing ICN's 125 years and messages of congratulations from ICN's members.

Her Royal Highness Princess Muna Al-Hussein of Jordan was the guest of honour and named as ICN's Global Ambassador for her six decades of advocacy for and support of nurses.

Professor Alexandru Rafila, Romanian Minister of Health and Professor Diana Loreta Paun, Presidential Advisor for Health, Romanian Presidential Administration also spoke to the delegates, offering inspiring words of support for the profession. Professor

Paun delivered a message to delegates from His Excellency Klaus Werner Iohannis, President of Romania.

The conference also welcomed expert speakers from the World Health Organization and national nursing associations from around the world, as well as a message from support and solidarity from the WHO Chief Nursing Officer, Dr Amelia Latu Afuhaamango Tuipulotu.

As well as celebrating the progress nursing and ICN has made over 125 years with a presentation by Dr Cipriano and the ICN Chief Executive Officer, Howard Catton, on

ICN's past, present and future, the conference also turned to the future with deep dives into nursing's links with digital technology and climate change, which included insights from ICN Board Members Fatima Al Rifai and Jose Luis Cobos Serrano.

The ICN 125th anniversary conference was held under the High Patronage of the President of Romania, in partnership with the Ministry of Health, Ministry of Economy, Entrepreneurship and Tourism, the Committee for Health and Family of the Chamber of Deputies and the Public Health Committee of the Romanian Senate.

### “Nistgħu nkunu umani mingħajr in-NURSING?” **ikompli minn paġna 19**

Hija tgħid ukoll li l-pubbliku jhoss il-bżonn li jkun grat lejn l-infermiera imma xorta qed ngħixu f'vakum ta' informazzjoni dwarhom. In-nurses stess qed jgħidu li ma jridux apprezzament imma jridu kundizzjonijiet ta' xogħol aħjar biex nibqgħu inservu l-komunitajiet tagħna. Hi issostni li x-xogħol fil-kura tas-saħħa huwa l-aktar b'saħħtu, imma huwa wkoll l-aktar kumpless. Dan għaliex m'hemm xejn aktar ikkumplikat mill-bnedmin umani nnifishom.

Il-ktieb jittratta wkoll kif qed jinbidel ix-xenarju tan-nursing fid-dinja. Avvanzi teknoloġiċi se jkunu qed jimbuttav il-prattici infermeristiċi bħall-użu tal-electronic health records (EHRs), it-telemedicine u l-AI-powered diagnostic tools. Dawn kollha jhallu l-infermier ikollu aktar ħin għall-kura diretta mal-

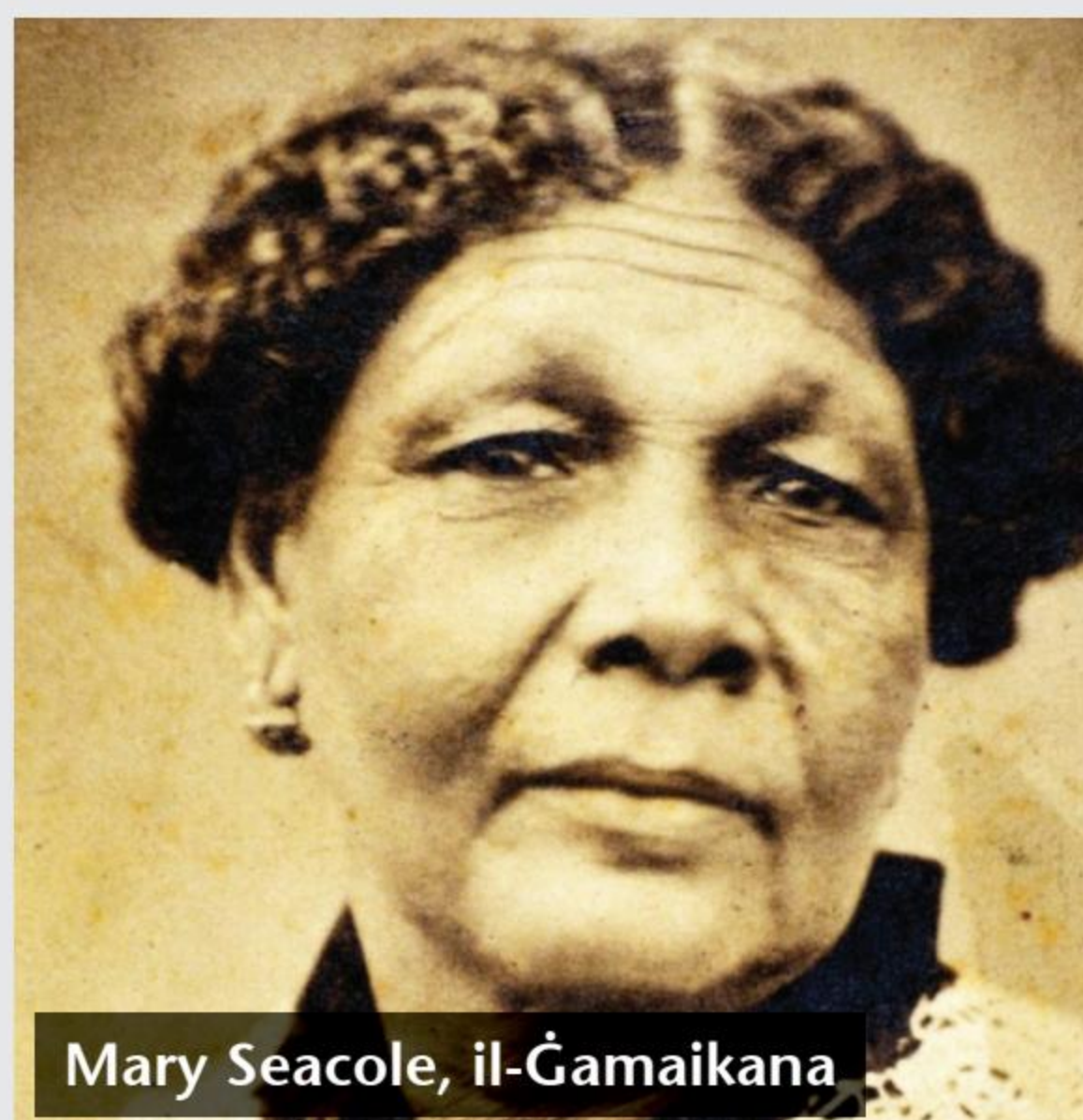
pazjent biex ifieq. It-taħriġ għalhekk, għandu jkun adegwat biex l-infermiera ma jhossuhomx mgħobbija.

Dan il-ktieb għandu jservi kemm bħala kontribut għax xogħol tagħna u anke jixpruna biex jittieħdu azzjonijiet. Permezz tiegħu għandna nirriflettu dwar x'inhu vera in-nursing u kemm hu important li nibqgħu nieħdu ħsieb din il-professjoni għall-futur kollettiv tagħna. Il-ktieb ifakkarna li meta tissapportja u televa l-istatus tal-infermiera, ma tkunx biss qed tinvesti fi professjoni, imma tkun qed tinvesti fil-vera nisga tal-kura tas-saħħa. Permezz tar-rispett, ir-rikonoxximent

u r-riforma, nistgħu inserrħu moħħna li n-nursing jibqa' sod, jaspira għall-generazzjonijiet futuri u jsalvagwardja s-saħħa u l-benesseri tal-komunitajiet tagħna.

#### Referenzi

- Chatterjee, Rhitu (2023), A history of nurses: They once had the respect they're now trying to win, NPR 24 Hour Program Stream.
- Carlton, Genevieve (2023), Q&A with Sarah DiGregorio on Taking Care: The Story of Nursing and Its Power to Change Our World, Nurse Journal.



Mary Seacole, il-Ġamaikana



L-infermiera u l-AI

*from our  
diary*



MUMN participated in a European Midwifery Association conference. Our Council Member and Chair of the Institute for Health Care Professionals is delivering a presentation. The EMA Conference of next year will be organised in Malta.



The Editor and co-Editors of our Journal attended to an important European Editors Network under the auspicious of the International Council of Nurses.



Flashback from the Commonwealth conference being held in Malta last September. The Commonwealth Choir, the National Flags and a one of the Workshops.



MF Biennial Meeting of Members

MUMN Guests welcome22

28th OUMF Biennial Meeting of Members





Our Pensioners Group Committee organised another outing for their members. It was really interesting, a one to remember.



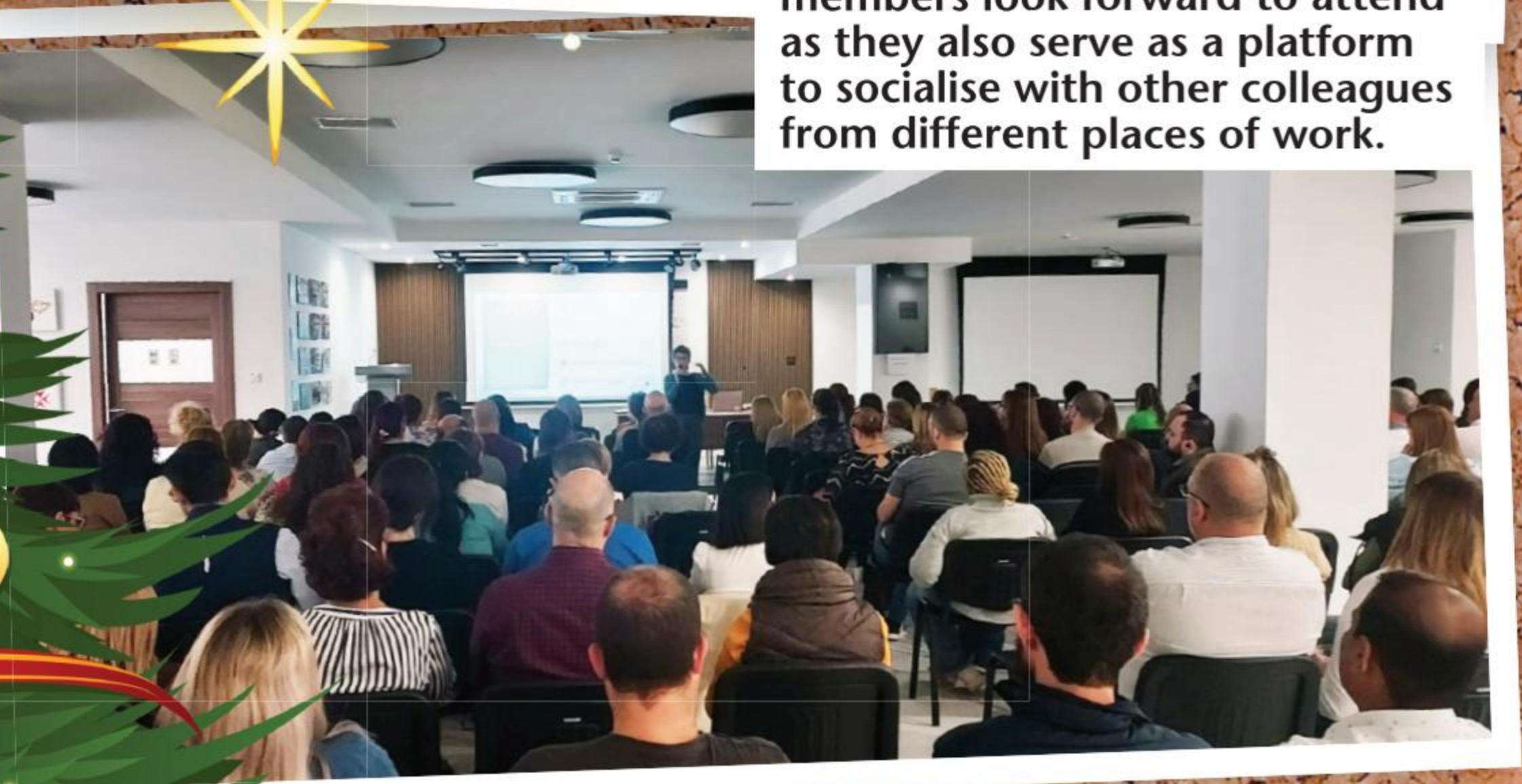
Our Deputy General Secretary presented books published by MUMN to the Safi Book Library.



MUMN and the National Commission for the Promotional of Equality agreed to organise a Seminar to our Activists in relation to our approach to foreign workers in our places of work.



MUMN continues to organise the monthly seminars. Our members look forward to attend as they also serve as a platform to socialise with other colleagues from different places of work.



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# Enhancing nurses' level of motivation during structural organisational change

Healthcare organisations are increasingly required to undergo structural organisational changes (SOC), due to rapid global shifts, including scientific advancements, workforce changes and heightened corporate competition. These dynamics pressure organisations to adapt their values, standards and culture to remain relevant and aligned with the current market trends, scientific ideologies and practices which ultimately affect the quality of health care service provided to the entire population (Nilsen et al., 2020).

The success of SOC largely depends on the ability of change agents to promote transformation by clearly communicating their vision and influencing others throughout the process (El said et al., 2023).

Alongside, for change to be successful, change agents must seek to understand the motivational drivers of the employees, to foster and enhance the morale and motivation of the employees, ensuring the achievement of SOC goals.

## Nurses' Motivational Perception during SOC

According to Grossman and Valigia, (2004) during SOC nurses' motivational levels are highly influenced by factors such as; effective communication, training opportunities, provision and of feedback, workload/staff complement and monetary incentives.

## Building Effective Communication Pathways

Van Ruler (2018), states that open communication pathways and clear articulation of change agents' visions and goals help employees feel more engaged and motivated to contribute to the organisation's perspective outcomes during the change period. Open-door communication policies, allow nurses to discuss any work-related concerns, ideas, or policies with their superiors, thus fostering a supportive and collaborative environment (Kalagi et al., 2018).

## Provision of Training and Growth Opportunities

Huo (2021), stresses the importance of providing ample training opportunities are available for nurses to develop and refine their skills. By doing so, the healthcare organisation ensures that the nursing staff is continuously enhancing its knowledge, thus providing higher quality services to the end users through increased job confidence and motivation (Huo, 2021).

## Provision of Feedback

Frequent feedback during times of change boosts nurses' retention and performance by increasing employee motivation (Errida and Lotfi, 2021). Moreover, recognizing improvement and success further improves nurses' performance and self-esteem, leading to a positive impact on their motivation levels (Yang et al., 2022).

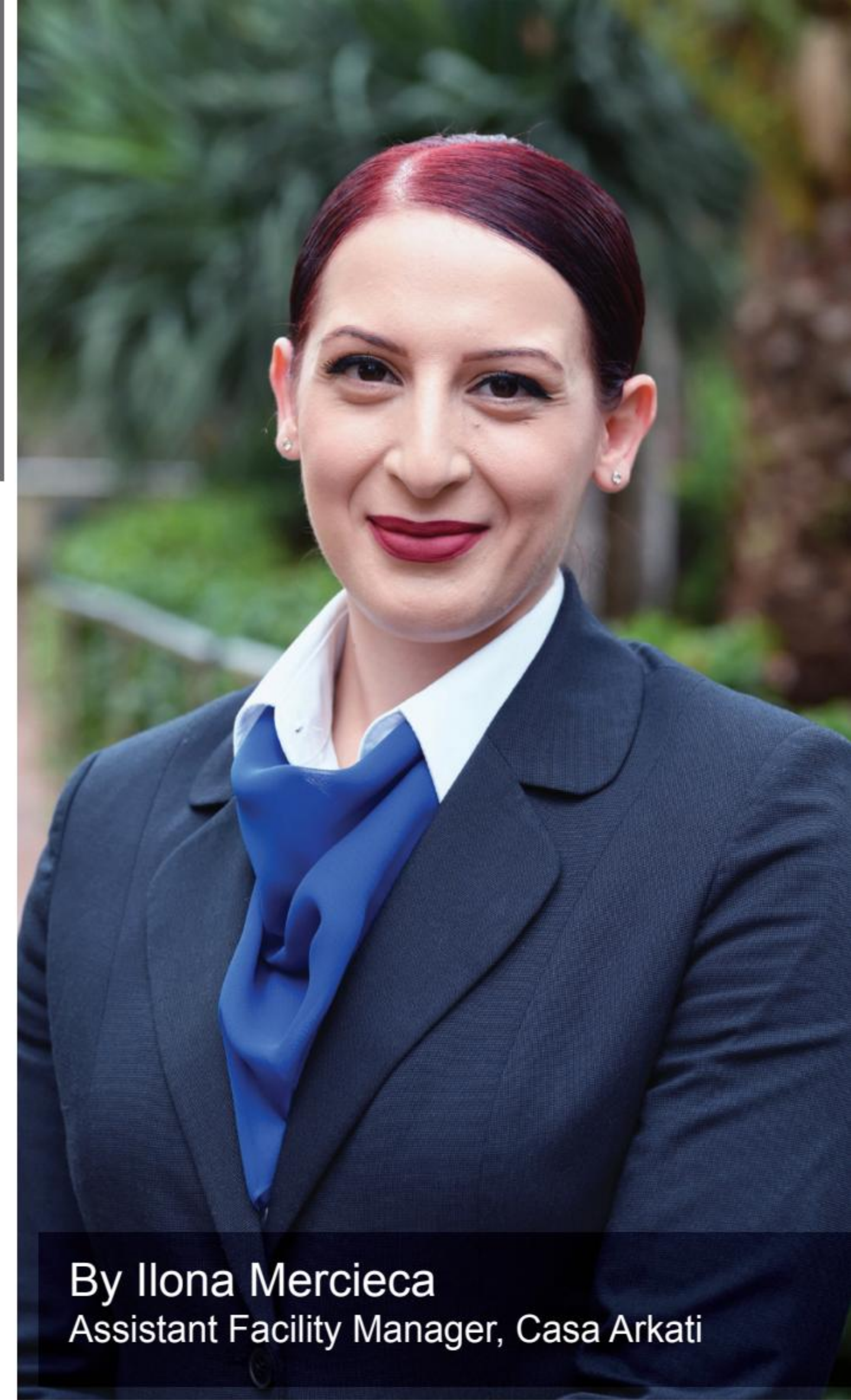
## Workload/Staff Complement

During SOC, healthcare organisations must balance the workload and staff complement, especially in high-dependency areas, to prevent burnout, fatigue, and disengagement. Careful planning and coordination are essential to ensure nurses work within safe parameters during change, reducing the risk of turnover and ensuring staff well-being (Grønstad et al., 2019).

## Monetary Incentives

According to Chiew and Braver (2011), competitive salaries and allowances, not only attract skillful, knowledgeable nurses, but enable currently employed nurses to be motivated to perform at their best as their salary would be reflective of their skills, abilities, and output, especially during challenging periods as SOCs.

Current evidence, suggests that during SOC, various practices and strategies can be implemented and adopted to enable nurses to be less resistant and more motivated to improve their perceptions and ideologies regarding the ongoing changes, thus actively contributing and embracing the newly adopted modus operandi within the healthcare organisation, whilst minimising and preventing any negative consequences which may arise from SOCs. By actively contributing to the transition process, both the organisation and the nursing staff experience a smoother transition, with minimal disruptions to operations whilst ensuring the safeguarding of patient care practices.



By Ilona Mercieca  
Assistant Facility Manager, Casa Arkati

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# The pupils of the Minor Seminary School's pastoral initiative with the patients at the Sir Anthony Mamo Oncology Centre

Once, on my entering the Oncology Centre for my four-day shift, the other friar left me a collection of cards. He told me: A church school left these cards, written by its students, to be given to the patients. Can you kindly hand them to the patients?

This fact struck me. Curious as I was, I took a quick glance at the cards that were presented to me. On the front of the card there was the Footprints in the sand poem. The author of such an amazing poem, Mary Stevenson, experienced great suffering in her life. In fact, Mary was born November 8, 1922 in the Philadelphia suburb of Chester, PA. She had many brothers and sisters, but was still able to maintain her individuality and strong headedness. This became even more

difficult after the loss of her mother at age six, which forced her father to raise all eight children by himself. Most of her childhood was spent during one of America's toughest and most trying times, The Great Depression. It was in her early teens when she first wrote Footprints in the Sand having been inspired by the many things that had affected her young life. She was so moved by the power of the words she wrote that she felt the need to share its meaning with those who could have strength from it in their time of need. Mary worked for many years to gain recognition for creating 'Footprints in the Sand', which has continued even after her passing in January of 1999. Here is the outstanding poem Footprints in the Sand which came directly from Mary's suffering:

On the other side of the card there were five raised arms, each having a heart held by every hand. Beneath it there was written in bold letters: I'm here for you. Then there was five lines on which every student could write his and her heartfelt message to the patient involved. I want to share with you some of the messages these pupils from the Minor Seminary wrote:

I'm here for you ... Always remember that God is by your side and only you can fight through cancer! I'm here for you ... Remember that you are not by yourself. Even if you don't have a family, God is always with you. I'm here for you ... Be encouraged! You are not alone! I'm here for you ... This is a message for you to keep going! Even through the end may not be clear if you give up now you won't know what is waiting for you. I'm here for you ... I hope you know you aren't alone. Your family hopes the best for you. Know that you aren't the only one and that you are special. I'm here for you ... To those who have cancer, hope you have happy final moments and never back down, never give up.

I'm here for you ... You are always remembered for what you have done. I'm here for you ... You will always be loved and appreciated. I'm here for you ... I hope you are feeling better and remember don't give up. Soon enough you will be out of the place you are in. I'm here for you ... You'll get better every day and be as you were before. I'm sure you will get through this. I'm here for you ... You will always be loved no matter what is going in your life and there will always be people who will help you. I'm here for you ... I support you and your family. I'm here for you ... Never give up. Someone will be there helping you. Hope you got better. I'm here for you ... Get well soon. I am here for you and you are not by yourself. You have a lot of courage. I'm here for you ... Pray for what you want and God will be with you by every second and every time. I'm here for you ... I'm here for you ... God will always be there for you and so will I. I'm praying for you.

From the content of these messages one notices some interesting theological and pastoral considerations. First, the very fact that these pupils were

*One night I dreamed a dream.  
As I was walking along the beach with my Lord.  
Across the dark sky flashed scenes from my life.  
For each scene, I noticed two sets of footprints in the sand,  
One belonging to me and one to my Lord.*

*After the last scene of my life flashed before me,  
I looked back at the footprints in the sand.  
I noticed that at many times along the path of my life,  
especially at the very lowest and saddest times,  
there was only one set of footprints.*

*This really troubled me, so I asked the Lord about it.  
"Lord, you said once I decided to follow you,  
You'd walk with me all the way.  
But I noticed that during the saddest  
and most troublesome times of my life,  
there was only one set of footprints.  
I don't understand why, when I needed You the most,  
You would leave me."*

*He whispered, "My precious child,  
I love you and will never leave you  
Never, ever, during your trials and testings.  
When you saw only one set of footprints,  
It was then that I carried you."*





involved in caring for cancer patients, as part of their Easter activities, shows that Easter is about solidarity and also that real education aims at befriending and uniting the school of books with the school of life.

Second, these cards remind their addresses that God is with them during the difficult time of cancer treatment where loneliness and depression can easily creep in. I was really touched when I student wrote: Even if you don't have a family God is always with you. It is clear that this student was referring to God as the family of the person, obviously as God is Trinity, Father, Son and Holy Spirit.

Third, these students gently reminded these patients, their brothers and sisters, to persevere in receiving their care and fight for every ounce of their lives. After all, what counts is not longevity but quality of life. These students told them that they are unique and unrepeatable in front of God's eyes.

Fourth, these cards also show a great appreciation of the persons involved of what they are before any other contribution they might have given to the society and family alike. Fifth, the messages conveyed gave a strong hope to the patients that their treatment will be okay at the end. Sixth, they also assured the patients that they will always find people to support them along the way. This is a very tangible example of what one student intended when he wrote on his card: God will be with you by every second and every time.

Such life-giving comments recalls to my mind Pope Francis' exhortation to the young people in order to make the best out of their youth. In his post-synodal apostolic exhortation to young people and to the entire people of God, *Christus Vivit*, the Holy Father wrote:

Dear young friends, do not let them exploit your youth to promote a shallow life that confuses beauty with appearances. Realize that there is beauty in the labourer who returns home grimy and unkempt, but with the joy of having earned food for his family. There is extraordinary beauty in the fellowship of a family at table, generously sharing what food it has. There is beauty in the wife, slightly dishevelled and no longer young, who continues to care for her sick husband despite her own failing health. Long after the springtime of their courtship

has passed, there is beauty in the fidelity of those couples who still love one another in the autumn of life, those elderly people who still hold hands as they walk. There is also a beauty, unrelated to appearances or fashionable dress, in all those men and women who pursue their personal vocation with love, in selfless service of community or nation, in the hard work of building a happy family, in the selfless and demanding effort to advance social harmony. To find, to disclose and to highlight this beauty, which is like that of Christ on the cross, is to lay the foundations of genuine social solidarity and the culture of encounter (no.183).

While heartily congratulating the principal, the teachers and the directors of the Minor Seminary for doing this splendid pastoral initiative with our patients at the Sir Anthony Mamo Oncology Centre I greatly encourage other schools to take this important and much needed path in educating our children and young people. If educating a person's conscience is the greatest good that exists and can ever exist on earth, then let us encourage our children and youth that real beauty resides in caring, supporting and accompanying those who suffer, including the cancer patients. This is the true success of education worthy of its name.

**Fr Mario Attard OFM Cap**

### At the Heart of Care continued from page 13



and challenges faced by third-country nationals (TCNs) working as nurses in Malta. Mr. Josef Pace also spoke profoundly on the meaning of poverty, offering valuable insights into its impact. The CEO of Hila, Ms. Janet Silvio, followed with an informative presentation on the services Hila provides to individuals facing mental health challenges, focusing on their integration into the community.

At The Heart of Care conference provided a valuable platform for meaningful discussions on a variety of pressing social and care issues. The insightful presentations from Ms. Jenny Wetterling, Dr. Alexei Sammut, Ms. Christie Attard, Mr. Christopher Siegersma, Senior Staff Nurse Luiji

Suarez, Mr. Josef Pace, and Ms. Janet Silvio shed light on critical topics such as the experiences of third-country nationals in the healthcare sector, the true nature of poverty, and the importance of supporting mental health integration within the community, compassion within the corrective services and the past, present and future of mental health.

These contributions not only deepened our understanding of these challenges but also sparked important conversations about the role of individuals and organizations in creating positive change. The event was a reminder of the power of collaboration and dialogue in shaping a more inclusive and compassionate society.



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## ICN contributes to World Health Professions Alliance webinar on Tackling Antimicrobial Resistance in a Changing World

Geneva, Switzerland, 22 November 2024: The International Council of Nurses (ICN) has contributed to an online seminar during World Antimicrobial Resistance (AMR) Awareness week, highlighting AMR as a major threat to global health security that could derail efforts to achieve the United Nations Sustainable Development Goals. AMR is a critical global health challenge that jeopardizes the effectiveness of the medicines we depend on to treat infections. The overuse and misuse of antibiotics are enabling bacteria to develop resistance, leading to infections that are increasingly difficult—and sometimes impossible—to treat.

At the United Nations General Assembly high-level meeting on AMR, World Health Organization Director-General Tedros Ghebreyesus remarked: “AMR could unwind 100 years of medical progress, making infections that are easily treatable today a death sentence. No country is immune to this threat, but low- and middle-income countries bear the greatest burden.”

Speakers at the “Tackling Antimicrobial Resistance in a Changing World” event discussed how to improve public health messages on the topic and promote better antimicrobial stewardship among professionals and the general public. Everyone has a part to play in combating AMR and nurses take a leading role in educating the public on best practices such as using antibiotics responsibly, only taking them when prescribed by a healthcare professional and following treatment regimens as directed; practicing good hygiene, such as regular handwashing; and staying up to date with vaccinations. These are essential steps for every individual to protect themselves and others.

Dr Enrique Castro-Sanchez, Senior Lecturer in Global Challenges at



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Brunel University, UK, is one of ICN’s recognized global nurse experts.

Speaking on behalf of ICN, Dr Castro-Sanchez said it was also important for nurses to take their expertise from the clinical setting and use it to shape health and social policies.

Dr Castro-Sanchez said: “We must remember, as care professionals, that we don’t just have clinical responsibility: we have got much wider responsibility to the determinants of global health and equities.”

He said effectively tackling AMR change would only come about if nurses began to act in the political sphere: “We’re not going to resolve health inequalities in the consultation room. We need to think more like political operators. That doesn’t mean getting into politics — which is an option — but we are powerful because there are millions of health workers.”

Dr Castro-Sanchez said health inequalities can be caused by AMR and vice versa, and that such inequalities will only be resolved if other aspects of policy, outside of health care, such as housing, education and transport, are addressed, and that is where nurses could have a major impact.

He said that in the current political climate, there is no guarantee that being an expert would help someone gain access to high-level politicians.

“Sometimes our job as advisers and experts to ministers, prime ministers and presidents can be a little bit more difficult. So that’s another skill we need to practice — sharpening up how to convince and influence decision makers.”

ICN’s AMR Position Statement lays out actionable steps for nurses and nursing associations to take, calling on them to:

- Promote awareness of AMR, its implications, and the measures we can take to prevent it in their work and communities.
- Urge leaders to strengthen AMR response and policy, including a ‘One Health’ approach that eliminates unnecessary use of antimicrobial agents in food-animal production, plant agriculture, and industry, as well as national surveillance systems.
- Advocate for improved vaccination rates and access to essential antimicrobials and vaccines for populations with inadequate supply.

The Position Statement underscores the critical role of nurse leadership in reducing AMR, emphasizing the need to include nurses and nursing organizations in the development of all policies and plans for AMR prevention.

Howard Catton, ICN’s CEO, added: “Antimicrobial resistance is not a distant threat; it is a challenge we face right here, right now. But equally present are the solutions within our grasp. Nurses, as the largest group of health professionals and the backbone of healthcare systems, are uniquely positioned to lead the fight against AMR. This moment calls for bold action, deep collaboration, and an unwavering commitment to preserving the life-saving medicines that safeguard our health and future.”

World Antimicrobial Awareness Week 2024 runs from 18-24 November. #WAAW2024

The webinar was hosted by FIP Digital Events



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# Process of non-EU citizens trained in non-EU Countries

## Introduction

In response to the growing demand for qualified healthcare professionals, the Council for Nurses and Midwives (CNM) of Malta over the years has established a clear registration process for nurses trained and domiciled in non-EU Member States. This article will enter in detail and will explain the requirements and steps for foreign-trained nurses to register as First Level Nurses under Chapter 464 of the Laws of Malta. By following these guidelines, nurses can achieve the recognition needed to practice professionally within Malta's healthcare system, contributing to the high standards of care for which the country is known. Keep in mind the CNM is not an employer and once registration is approved and accepted then non-EU Member States need to apply with government or private sector to start working, who is ultimately accountable for their employees. The following are the inclusive criterias.

## Hours and Transcript

Applicants must have successfully completed a study program lasting a minimum of three years, covering at least four thousand six hundred (4,600) hours in specific topics outlined hereunder. This training should include at least one-third (⅓) of the hours dedicated to theoretical training and at least one-half (½) of the hours focused on clinical training. This structured educational requirement ensures that applicants receive both the theoretical knowledge and practical experience essential for First Level Nursing in Malta. Nurses will only be eligible for registration as First Level Nurses if their training program includes a comprehensive curriculum covering both theoretical and practical instruction. Theoretical instruction should encompass key areas in nursing, including the nature and ethics of the profession, general principles of health and nursing, and specific nursing principles related to general and specialist medicine, surgery, childcare and paediatrics, maternity care, mental health and psychiatry, as well as geriatrics and care of the elderly. Basic sciences are also essential, with required topics such as anatomy and physiology, pathology, bacteriology, virology, parasitology, biophysics, biochemistry, radiology, dietetics, hygiene, preventive medicine, health education, and pharmacology.

Additionally, training must include social sciences, covering subjects like sociology, psychology, principles of administration and teaching, social and health legislation, and the legal aspects of nursing. Practical instruction is equally important, with hands-on training in nursing care for general and specialist medicine, surgery, childcare and paediatrics, maternity care, mental health and psychiatry, geriatrics and care of the elderly, and home nursing. These core subjects and format are well established in the EU directives 2005/36 and 2013/55. The applicant must provide an official transcript of their nursing studies. This transcript must include a clear breakdown of the hours completed in both theoretical and practical training, along with a detailed explanation of the hours allocated to various topics within the curriculum.

## Police Criminal Conduct

As part of the application process, the applicant is required to submit a recent police conduct certificate or report, which serves as verification of their legal standing and character. This document must clearly indicate that the applicant has a clean record, free from any criminal convictions or offenses that could impact their eligibility to work as a First Level Nurse in Malta. To ensure the accuracy and relevance of the information, the police conduct certificate should be issued no more than three months prior to the date of application submission. This timeframe helps maintain the certificate's validity, providing the CNM of Malta with a current assessment of the applicant's conduct.

## Registration, Verification of Registration and Good Standing

Applicants must present a valid registration certificate from the nursing regulatory body in their home country or the country where they last practiced. This registration serves as proof of their current licensure and authorization to practice as a nurse. Additionally, the applicant must provide a verification certificate this current registration and good standing from the original registering body or competent authority in their home country. This certificate should confirm that the applicant is currently licensed to

practice nursing and is in good standing with the regulatory body, without any professional sanctions or disciplinary actions. To ensure its relevance, the verification certificate must be issued no more than three months prior to the application submission date.

## Language Proficiency

Applicants must demonstrate strong communication skills in English, encompassing both verbal and written abilities. To meet this requirement, applicants should provide an English proficiency certificate, either through the International English Language Testing System (IELTS) or the Occupational English Test (OET). An acceptable IELTS score must show an average of 6.0 across all sections. Alternatively, for the OET, the applicant should have a minimum score of B in speaking and at least C+ in reading, writing, and listening. These language proficiency standards ensure that applicants can effectively communicate in a healthcare environment in Malta.

## Reference

Applicants must provide at least one reference document that verifies their professional experience, clearly indicating the periods during which they practiced nursing. If the applicant has worked in multiple hospitals or healthcare facilities, the applicant can provide a separate reference document for each employment period. These references serve as evidence of the applicant's practical experience.

## Degree or Diploma Certificate

Applicants must submit a certified copy of the certificate for their completed nursing study course. This document serves as verification of the applicant's formal qualification in nursing, confirming that they have met the educational requirements necessary for professional practice.

## Authenticated Copy of Passport or Identity Card

Applicants are required to provide a certified copy of their passport or national identity card. This document is used to verify the applicant's identity, ensuring the accuracy and authenticity



photo | gwinnettcollege.edu

of the applications and documents submitted to the Council.

### Europass Curriculum Vitae

Applicants must submit their CV in the Europass format, which provides a structured and comprehensive overview of their education, professional experience, and relevant skills. This standardized format ensures clarity and consistency to effectively evaluate the applicant's qualifications and suitability for registration as a First Level Nurse.

### MQF Level

Applicants holding qualifications from foreign universities are responsible for obtaining a recognition statement on the comparability of their qualifications from the Malta Qualifications Recognition Information Centre (MQRIC). This statement, which confirms the equivalency of their qualifications within the Maltese framework, must be submitted with the application to the CNM of Malta. Only qualifications that meet a Malta Qualifications Framework (MQF) level rating of 5 or higher will be considered valid for registration. This ensures that the applicant's education aligns with the standards required for professional nursing practice in Malta.

### Other Information

All documents submitted as part of the application must be in either Maltese or English. If any documents are in another language, they must be accompanied by a certified translation into Maltese or English. This authenticated translation

ensures accurate vetting and review process.

In addition, all applicants from non-EU countries are required to complete a bridging course offered by approved institutions in Malta. This course, equivalent to an MQF Level 5 qualification, serves as an adaptation program, providing additional training hours and exposure to the Maltese healthcare system. The bridging course ensures that non-EU applicants are adequately prepared to meet the specific standards and practices in Malta, enhancing their integration into the local healthcare environment and improving their readiness for professional practice as First Level Nurses.

Non-EU trained nurses and midwives applying for registration in Malta must do so under the Temporary Registration category for 1st Level Nurses. If approved, this registration will be granted for a temporary period of 24 months.

Non-EU trained registered nurses and midwives who have been granted temporary registration in Malta must apply for renewal of their temporary registration one month before the expiration date on their registration certificate. To be eligible for renewal, they must have continuously practiced their profession in Malta throughout the temporary registration period. Different documents for renewal needed include: an email requesting renewal of registration with updated personal details and address, a copy of the current registration certificate, the

last three pay slips as proof of ongoing employment, a copy of the applicant's ID card or resident permit, a recent police conduct certificate (or GP 47 for government employees), a reference letter from the direct supervisor(s) covering the past two years to confirm active employment as a nurse, and an employment record from Jobsplus. These documents allow the CNM to assess continued eligibility for the renewal of temporary registration.

### Conclusion

After completing all the documentation and renewal requirements, applicants are also required to undergo an interview. This rigorous process underscores the seriousness of the profession, and the commitment required to ensure high standards of nursing care in Malta. Additionally, if anyone observes malpractice or abuse, it is their responsibility to report it to their superior and formally inform the Council for Nurses and Midwives (CNM) by email at [cnm.sph@gov.mt](mailto:cnm.sph@gov.mt). It is useless to complain but do nothing about it! Remember, our profession and, most importantly, patient safety are at stake. Maintaining integrity and accountability is essential to uphold the trust placed in the nursing profession.

**William Grech**

*MCs Healthcare Management & Leadership, BSc (Hons) Nursing, Diploma Nursing; Senior Nurse; Member of the Council for Nurses and Midwives (CNM); Deputy General Secretary of the Malta Union for Midwives and Nurses (MUMN)*

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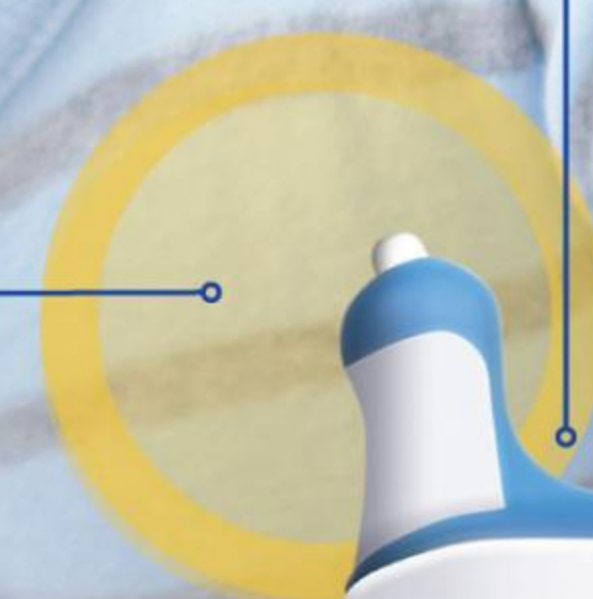
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# Florence Nightingale MUMN Benevolent Fund

The Florence Nightingale Benevolent Fund (FNBF) is a solidarity organisation that provides financial, social and psychological assistance to all members of the FNBF. The fund was established in 2001 under the observation of the MUMN Council. The fund is supported only from a subscription fee of only 28 Euros yearly.

With this contribution one will not only benefit personally but will help and support fellow colleagues in times of need. The fund provides grants to all FNBF members, who are facing financial hardship due to illness, injury, or other circumstances but should not be considered as a health insurance.

The FNBF also assists its members by providing free sessions from an established psychologist for those who undergo a rough patch in their life. This support is very popular and appreciative.

Another service that this fund offers is the acknowledgement of long service due to retirement. The fund organises an annual ceremony where all the members that retired last year and their families will be invited. The ceremony starts with a thanksgiving mass, the presentation of a memento from H.E. President of Malta and ends up with a reception.

To claim for a grant, one must be a member of the FNBF for at least six months. To issue a claim, one must send an email to the Chairperson, currently, Ms Winnie Buhagiar on [winifred.buhagiar@gov.mt](mailto:winifred.buhagiar@gov.mt) or to the MUMN Administration on [administrator@mumn.org](mailto:administrator@mumn.org) together with the necessary documents as explained in the MUMN website. <https://www.mumn.org/news/florence-nightingale-fund-benefits/>.

Explanation of the benefits and documents needed on how to make the claim can also be found on the dairy



that is donated yearly to all members of the FNBF. Should you prefer to send the claims via post, kindly sent to MUMN, Florence Nightingale Benevolent Fund, Warner Complex Triq il-Vitorja Qormi. Once the claim reaches the office it is passed directly to the FNBF Chairperson.

The FNBF consists of a committee who holds regular meetings to evaluate and discuss the claims of members. Strick confidentiality is maintained throughout the process.

**The following are the Group Committee Members:**  
Chairperson: Ms Winifred Buhagiar  
Secretary: Ms Carmen Abdilla  
Treasurer: Ms Claire Zerafa  
Member: Ms Stephanie Grech

## Beatitudes for Nurses by Diane Stegmeir

- Blessed are nurses who treat others with dignity and respect, seeing them as the image of God. They humbly learn from others, even the lowly, and willingly teach others. They will grow in understanding and knowledge.  
**PHIL 2:3**
- Blessed are nurses who do not mourn the lack of time but make the most of time with their patients. Their gentle words comfort those who suffer. They, too, shall be comforted.  
**EPH 5:15-16**
- Blessed are nurses who help one another and work as a team. They resolve conflicts quickly and fairly. They listen to each other and value each other's contributions to the team. They shall be called servants of God.  
**MT 25:40**
- Blessed are nurses who consistently strive for excellence despite the challenges they face. They will be satisfied with their profession.  
**PHIL 4:8-9**
- Blessed are those who support and forgive one another, helping one another to learn from mistakes. They, too, will be forgiven.  
**MT 6:14**
- Blessed are nurses who maintain personal integrity, resisting temptations to take short cuts that would endanger patients. As they seek consistency in all that they do, they shall receive the respect and trust of their patients and colleagues.  
**1 PET 3:8-12**
- Blessed are nurses who consider new ideas for better patient care. As they advocate for their patients, they shall obtain mercy.  
**IS 43:19**
- Blessed are you when you take courage, persisting in quality care even when you are misunderstood or under-valued by others. Many were persecuted before you. Rejoice and be glad, for great is your reward in heaven.  
**MT 5:11**

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## EFN Policy Statement on Transferring CPD Credits across the EU-Recognition of hours and credits



Building on the EFN Policy Statement on Lifelong Learning and Continuous Professional Development (2023), the EFN Position Papers on Lifelong Learning (LLL) (2019) and Continuous Professional Development (CPD) (2015), in alignment with the European Commission Pillar of Social Rights and the European Skills Agenda, the EFN supports the need to invest in a common European framework for the recognition of Continuing Professional Developments (CPD) Credits, which will be beneficial to the development of skills and competencies of nurses, and conducive to high quality nursing care.

EFN is clear that the most important competence building and specialisation for nurses must be through formal higher education on an advanced level, regulated by the Bologna Process and The European Credit Transfer and Accumulation System (ECTS). In addition, ongoing competence development is vital for nurses to maintain their competencies in line with new knowledge, innovation and technological development.

The EU Directive 2013/55/EU, which sets the minimum training requirements for nurses, also emphasises the importance of Continuous Professional Development/Lifelong Learning for Nurses, especially in consideration of the speed of therapeutical and technological innovations which impact the daily practice of nursing care.

The EU regulatory framework, however, is currently missing a system regulating the recognition of skills and competencies acquired through CPD/LLL, which would allow nurses to have their skills and competencies acquired through Continuous Professional Development to be recognised in all member states.

Therefore, the EFN makes the following recommendations to set up an EU framework which will allow nurses to easily transfer their CPD credits through the EU:

- The European Commission should



collect information on existing national accreditation systems for nursing CPD credits. According to the information collected, and taking account of best practices, the European Commission should therefore develop a common European accreditation system for nursing CPD credits, to be recognised by all the Member States, in line with existing national regulations. The EFN, through the expertise of the National Nurses' Associations (NNAs), will support the co-design of an EU framework which can be easily implemented and which would take into account the needs of frontline nurses.

- EU Member States which are lacking a regulatory body in charge of the regulation and recognition of CPD for nurses should set it up, thus enabling registered nurses to go through regular CPD as set out in the Directive 2005/36/EC, amended by Directive 2013/55/EU.
- In the development of a common European accreditation system for nursing CPD credits, careful consideration must be given to quality assurance and the need of putting in place adequate levels of funding and resources to allow EU nurses to undergo CPD during working hours, thus not becoming

an extra burden at a time when the resilience of the European nursing workforce is significantly undermined. The system must also take into consideration that some countries have mandatory CPD in connection with renewal of their license.

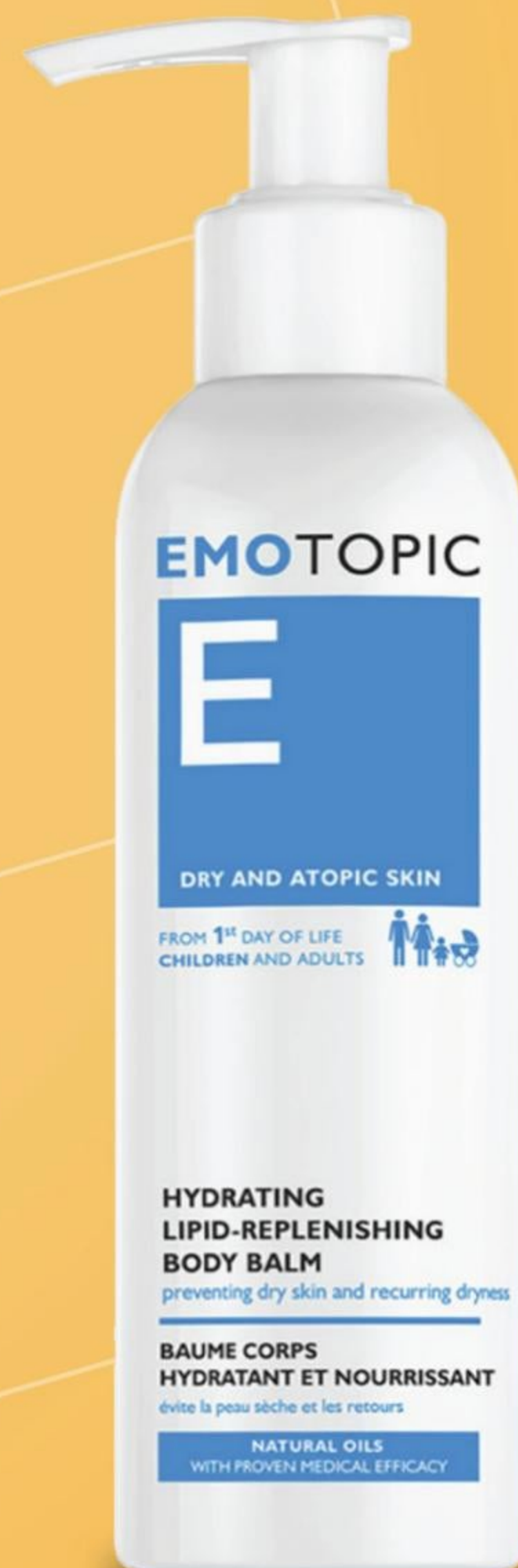
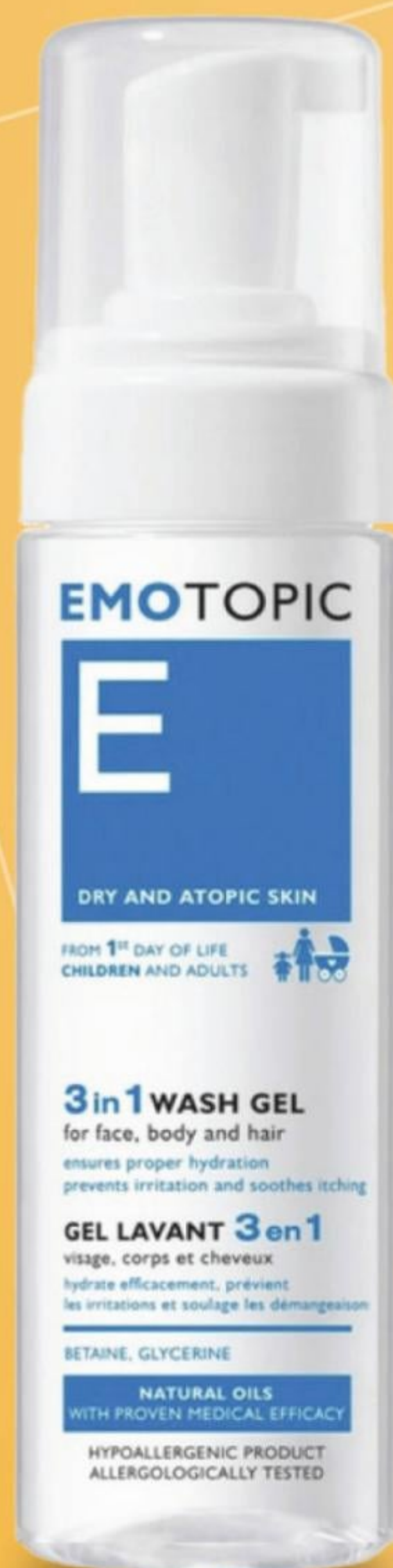
- It is recommended to implement the Council Recommendation 2022/C 243/03 on Individual Learning Accounts. A harmonised and coordinated development of individual learning accounts at the EU level would be greatly beneficial to nurses' CPD, as it would increase access to CPD opportunities, increase motivation to undergo CPD, and reduce existing time-constraints preventing nurses from undergoing CPD.
- Fully implement the EU Regulation establishing the EU Digital Identity Framework, towards the development of EU digital identity wallets, which would allow the storage and accumulation of CPD credits, ensuring their portability, and facilitating their recognition throughout the EU, and not just in the Member State where they were awarded.

Investing in the education and training of nurses through CPD/LLL, as clearly defined by Directive 2013/55/EU, is of absolute importance to ensure a well-trained European nursing workforce with the right skills mix, ready to respond to current and future health crises. To facilitate this, the EU should develop a framework for the transfer of nursing CPD credits. This would allow nurses to have their competencies gained through CPD/LLL to be recognised throughout the EU, improving their mobility. Most importantly, a framework developed in the following way would not clash with the Directive/2013/55/EU, which guarantees the minimum training requirements for EU nurses, but it builds on it, as the need to foster nursing CPD is clearly emphasised in the Directive.

**EFN Policy Statement on Transferring CPD Credits across the EU - Recognition of hours and credits – October 2024**

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Country Level Nursing Associations  
Worldwide

Nov 06, 2024

**Subject: "Heart of Healthcare: Celebrating Our Nurses" Campaign**

We hope this letter finds you well. On behalf of the **World Patients Alliance (WPA)**, we are writing to invite your esteemed organization to join forces with us in supporting nurses through our global initiative, *Heart of Healthcare: Celebrating Our Nurses* (<https://www.worldpatientsalliance.org/heart-of-healthcare-celebrating-our-nurses/>). As you are aware, the nursing profession is facing unprecedented challenges, including burnout, inadequate support, and critical workforce shortages. These issues not only affect nurses' well-being but also have a profound impact on patient care and healthcare systems globally.

At WPA, we believe that nurses are the cornerstone of compassionate, high-quality healthcare. That is why we have launched this campaign to raise awareness of the invaluable contributions nurses make, advocate for better working conditions, and foster appreciation for their dedication and hard work.

**Our Campaign Aims to:**

1. **Recognize and Celebrate Nurses:** Through various public acknowledgments and activities, we aim to show our appreciation for nurses.
2. **Raise Awareness:** Highlight the key challenges nurses face and the essential role they play in delivering patient-centered care.
3. **Advocate for Better Conditions:** Promote policy changes and support initiatives to improve the working conditions and well-being of nurses worldwide.
4. **Retain and Attract Nurses:** Encourage retention and recruitment by improving public perception and offering support for the nursing profession.

As part of this global effort, we would like to collaborate with Nursing Associations to provide meaningful support to nurses in each country. Specifically, we propose working closely with your organization to:

- **Amplify Advocacy:** Engage in joint advocacy efforts to promote policy reforms that benefit nurses.
- **Collaborate with Patient Organizations:** Partner with WPA's member patient organizations in your respective countries to promote patient-nurse collaboration and support.
- **Spread Awareness:** Participate in our planned activities, including webinars, video showcases, and blog features highlighting the importance of a conducive work environment for nurses.

We believe that by working together, we can amplify our collective voice and create tangible, positive changes for nurses across the world. Thank you for considering this invitation. We look forward to your partnership and to jointly championing the welfare of nurses—our true healthcare heroes.

Please feel free to contact us if you have any questions or would like to further discuss collaboration opportunities.

Sincerely,

**Hussain Jafri**  
CEO  
World Patients Alliance

**Andrew Spiegel**  
Board Chair  
World Patients Alliance



## BioGaia Protectis, a powerful strain of *L. reuteri* in colic, constipation and regurgitation

Probiotics, defined as live strains of bacteria with documented health effects, have become a well-recognized option to support the composition of a beneficial microbiota in infants and children. Different strains of a specific species have different probiotic properties and effects. Hence the benefits of one specific strain cannot be extrapolated to the effects of other probiotics.

### *Limosilactobacillus reuteri* Protectis is special

*Limosilactobacillus reuteri* Protectis (*L. reuteri* DSM 17938) is indigenous to the human digestive tract and one of few probiotics that have co-evolved with humans since beginning of time. *L. reuteri* Protectis temporarily colonize both the stomach and the small intestine. The probiotic exerts its effects, or mode of actions, in many different ways. It has been proven that *L. reuteri* Protectis influences gut motility and may also reduce visceral pain by the release of neuromodulating molecules. Moreover it influences the intestinal microbiota by releasing reuterin, lactic acid and acetic acid, which help promote the growth of other good bacteria, and inhibit pathogens. *L. reuteri* Protectis may also strengthen mucosal integrity by

tightening the epithelial barrier and improve immune response.

### Scientific evidence

Numerous trials have shown the safety and significant effects of *L. reuteri* Protectis on functional gastrointestinal disorders and protection of infections in infants and children.

### Clinical guidelines support the use of *L. reuteri* Protectis

The use of *L. reuteri* Protectis in paediatrics is supported by a number of international guidelines. Indications with a recommendation are infantile colic, functional abdominal pain, treatment of acute gastroenteritis, as adjunct to oral rehydration solution and prevention of common infections.

Clinical effects of *L. reuteri* Protectis in infants with colic, constipation and regurgitation include reduction in crying time, increase in bowel movements and reduced number of regurgitations in both breast-fed and formula-fed infants.

BioGaia Protectis baby drops can be given from birth and do not affect breast-feeding or the taste of food.

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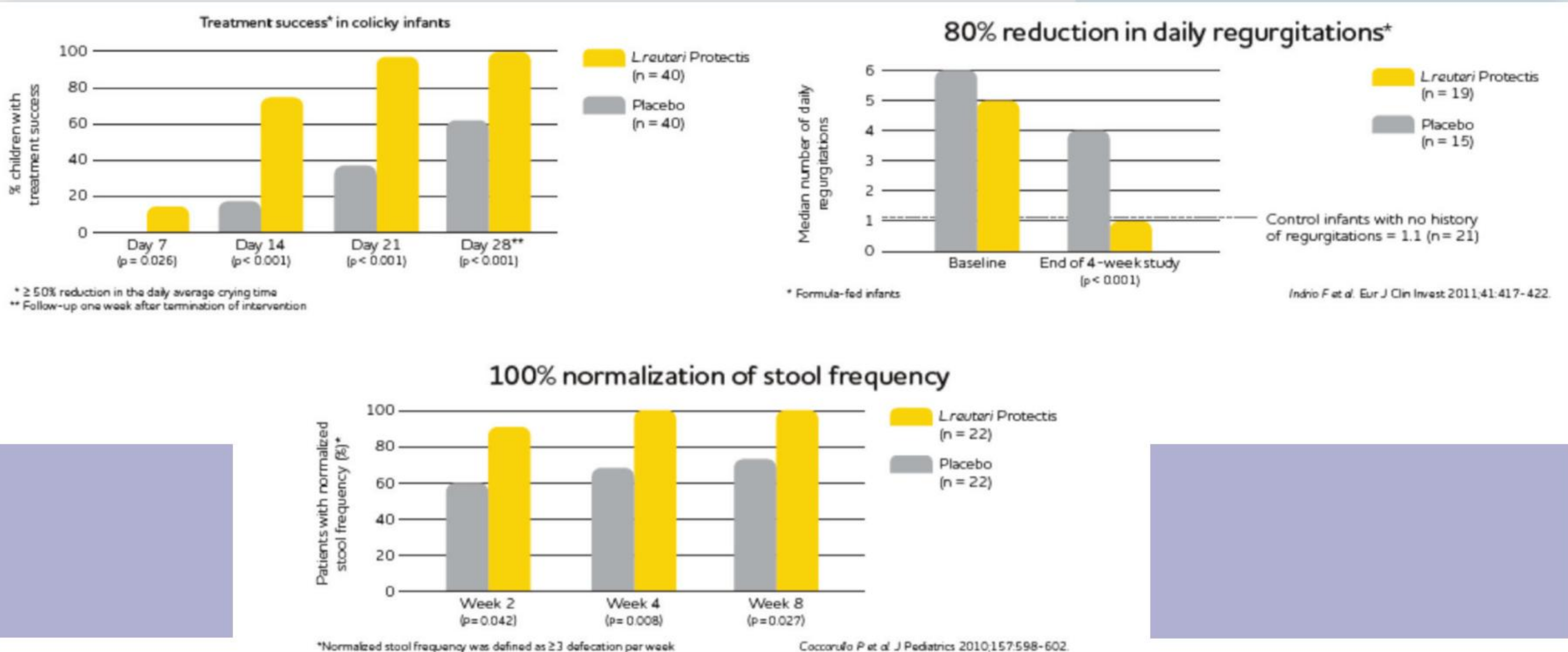
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### United Nations General Assembly, Summit of the Future, Turkey, Middle East and South Korea



Geneva, Switzerland, 02 October 2024: ICN President Dr Pamela Cipriano led an ICN delegation at the 79th United Nations General Assembly (UNGA) meeting and the Summit of the Future in New York, 21-27 September 2024.

Dr Cipriano represented ICN at the Summit of the Future, which UN Secretary-General António Guterres said was a 'once-in-a-generation' event aimed at revitalizing multilateral collaboration to meet the enormous challenges the world is currently facing.

ICN's President attended high-level Summit sessions on topics including multilateralism for international peace and security, digital inclusivity, transforming digital governance, and turbocharging the Sustainable Development Goals (SDGs). The Pact for the Future, the Summit's main outcome document, was adopted by the UNGA, alongside the Global Digital Compact and the Declaration on Future Generations.

During the Summit, the World Health Professions Alliance (WHPA) released a statement noting that while the Pact recognizes the fundamental role of health in addressing poverty, inequality and environmental changes, it should be more prominent. WHPA's statement called on world leaders to urgently increase investment in the health workforce to fulfil the commitments outlined in the Pact for the Future. WHPA was represented at the Summit by Dr Cipriano and Dr Lujain Alqodmani, President of the World Medical Association.

In addition, Dr Cipriano participated in the UNGA High-Level Meeting on Antimicrobial Resistance (AMR), which she has previously said cannot be addressed in isolation from universal health coverage. Speakers at the UNGA meeting, including WHO Director General Dr Tedros Adhanom Ghebreyesus stressed the enormous global impact of AMR, which causes 1.3 million deaths annually, with the heaviest burden borne by low- and middle-income countries. ICN's President, who is co-chair of UHC2030, facilitated the Friends of UHC Ministerial Annual Meeting which focused on targeted policies and restructuring of global international financing.

ICN's delegation also attended meetings focused on peacebuilding and conflict resolution, demonstrating ICN's belief that peace and health are intimately connected, and that nursing contributes to peaceful, healthful societies. Earlier this year, Dr Cipriano wrote to the Secretary-General of the United Nations calling for firm and decisive action to stop the growing illegal attacks on nurses and health care facilities we are seeing in war zones around the world.

The President was present at the High-Level Plenary Meeting to Commemorate the International Day for the Total Elimination of Nuclear Weapons on 26 September, where Secretary-General Guterres warned that the threat of countries to deploy nuclear weapons has never been greater and called for urgent disarmament to safeguard global security and peace.

Dr Cipriano advocated for nursing at several NYC Climate Week events,

highlighting policy for health system readiness and resilience and connections between climate action and roadmaps for workforce wellbeing. Dr Gill Adynski delivered the opening remarks at the Alliance of Nurses for Healthy Environments (ANHE) event, "Climate Action for Health: Solutions from the Health Sector," emphasizing the crucial role of nurses in climate change response and prevention.

ICN's President also spoke at various events at the 4th Digital Health Symposium, including a leadership panel on the global health landscape where she emphasized the many ways nurses accelerate primary care interventions that promote accessible health services.

In addition, the ICN delegation attended a Pandemic Action Network session on the role of the health workforce in addressing pandemics, conflicts, and climate change as interconnected global health crises.

ICN was also represented at sessions on global health equity and health workers hosted by the Partnership for Maternal Newborn and Child Health (PMNCH) and Seed Global Health, as well as at the Foreign Policy (FP) Global Health Forum and an event on taking the Lusaka Agenda forward.

A more detailed account of ICN's work and the events that were attended at the meeting will shortly be published on ICN's website.

**continued on page 46**

continued from page 45

## ICN Chief Executive Officer at the 8th International/19th National Nursing Congress in Ankara, Turkey

ICN Chief Executive Officer Howard Catton gave a keynote speech at the 8th International/19th National Nursing Congress in Ankara, Turkey, 25-28 September 2024, and subsequent interviews with high level Turkish media organizations, including Anka Haber Ajansı and Anadolu Ajansı.

In his presentation to the congress Mr Catton spoke about ICN's duty to speak out about the terrible dangers and devastating situations nurses are facing in the many war-torn and conflict-affected areas around the world.

"ICN is not party political, but our role absolutely requires us to advocate publicly and in the political arena for the safety, protection and support of nurses, their rights, and the right of all people to access health care, based on need.

"When nurses in conflict zones try to convey what's happening I hear them talk about the sheer brutality of injuries, bodies ripped apart, the smell of burnt flesh: that frequently it is children, young people, woman, the elderly who are the victims. That the destruction is massive, and they are continually experiencing death. The mental health impacts are on such a scale as to be a mass traumatization."

Mr Catton has repeated ICN's call for an immediate ceasefire and an end to hostilities in the Middle East, and the return of the remaining October 7 hostages to Israel.

He said that nurses continue to deliver the care that is needed to whoever needs it, all while dealing with having lost members of their own families, or their friends and colleagues, and under the constant fear for their own safety and that of their loved ones.

"They say that, in their darkest moments, it can feel that all humanity has been lost, that life has no value, and that harm to people and their suffering are somehow acceptable collateral damage.

"We know the numbers of attacks on healthcare workers and facilities has increased by 75% in the last 3 years, with more than 700 attacks in 13 countries. We believe HCW deaths are now more than 1,000 with nearly half of those in Palestine and more than 200 in Ukraine.

"ICN believes that many of those victims are nurses: in recent days we have received reports of 260 nurse deaths in Palestine, and we continue to hear reports of deaths from Lebanon, Ukraine, Myanmar, and Sudan."

Mr Catton said such attacks, which despite being contrary to International Humanitarian Laws and fundamental human rights are somehow becoming normalized, are deliberate acts that are intended to create fear, panic and intimidation through threats and actual violence.

"For sake of our profession, the people we serve and global health and humanity, we cannot and will not remain silent."

Speaking to journalists and broadcasters after the event, Mr Catton highlighted the suffering of people in the Middle East, Myanmar, Sudan and elsewhere, as well as the nurses who are trying to care for them, despite their hospital and other facilities often having been reduced to rubble.

"The nurses I have spoken to all report working in incredibly difficult situations. The hospitals do not exist so it may just be a basement, there are no beds, there's no equipment. They may not have access to drugs and supplies, and the injuries they are seeing as a result of the bombs are very traumatising. They are seeing people who have lost limbs, people who have lost eyes, people with very significant wounds, and the mental impact for people who have lost their entire families and their friends are terribly traumatised.

"And for the nurses, the scale of the deaths is ongoing. But the nurses are staying, they are doing their best to deliver health care in these very difficult circumstances, but they are subject to the attacks on health care facilities. They are fearful for their own safety and protection.

"Because when the politics fails to retain or restore peace, it is nurses and other health care workers who are paying the price, and that's why we are again restating the call we made for an immediate ceasefire and to make sure there are adequate supplies getting to where people are most in need."

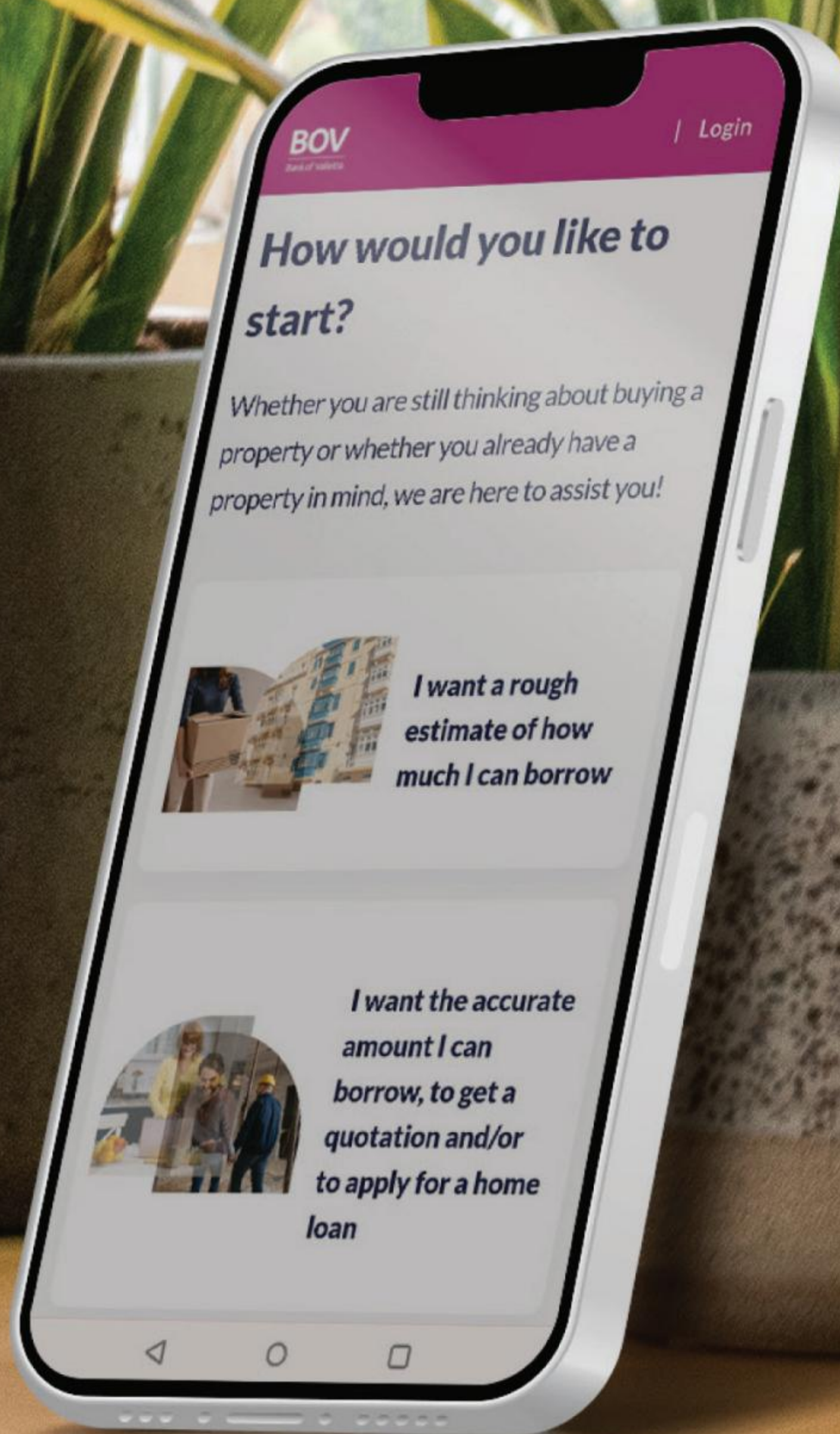
ICN's #NursesforPeace campaign is supporting nurses in the Middle East and in other violent hot spots around the world. Visit the #NursesforPeace website to find out more and to contribute.

On a positive note, ICN is delighted that South Korea has finally passed the Nursing Act. ICN has been a strong advocate of the Nursing Act for a number of years and has given its full support to the Korean Nurses Association (KNA) on this important issue. We congratulate KNA and look forward to the Act taking effect next year. We will be releasing our statement on this shortly.



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