

IL-MUSBIEH

MALTA UNION OF MIDWIVES AND NURSES

Ħarġa Nru. 15 • Diċembru 2001





The Savings that count!

Thinking of putting some money aside?

Would you like the flexibility to do so over a short period of time? Whatever you're saving for . . . we can help.

A BOV Savings Plan helps you manage your savings in a better and a more efficient way. What is required is an initial deposit and a commitment to start saving in an organised manner.

For further details, contact your nearest BOV Branch.

Customer Care
FREEPHONE
0800-77-31-30

BOV Savings Plan



<http://www.bov.com>
e-mail: customer care@bov.com



IL-MUSBIEH

Nru.: 15 Dicembru 2001

BORD EDITORJALI:

Editur: Louise Cini
Membri: David Attard
 Josanne Bason
 Joe Camilleri
 Lora Pullicino

PUBBLIKAT:

Malta Union of Midwives and Nurses
 N°1, Tower Apartments,
 N/S off P. Borg Olivier Street,
 Birkirkara.
 Tel / Fax: 21 44 85 42
 E-mail: mumn@maltanet.net

EZEKUTTIV MUMN:

President: Rudolph Cini
Viċi President: Thomas Dimech
Segretarju: Colin Galea
Kaxxiera: M'Anne Bugeja
Membri: Frans Agius
 Tony Bugeja
 Sylvana Lauria
 Paul Pace
 Lora Pullicino

Set & Printed: A&M Printing Ltd. - 21553217

Ċirkulazzjoni: 2000 kopja

F'Din il-Harga

Editorjal...Il-Ferh tal-Milied	3
Messaġġ mill-President	4
Position Statement - Strike Policy	5
From Vision to Action	9
Kelmejn mis-Segretarju Ġenerali	10
Brussels (2)	11
"Ghandi Bzonnok !"	12
Mid-Djarju tagħna	14 - 15
Benefits of a Healty Nursing Work Place	17
Joe Camilleri jintervista lil Sr. Aldigonda Farrugia	18
Spanish Nurses suffering from Burnout	19
Constipation	20
Antenatal Care -The Midwives Role?	22
It-Tfal, l-Isports u l-Basketball	24
Nurse Patient Ratios	25
Ejjew nieqfu ftit ...	26

Editorjal



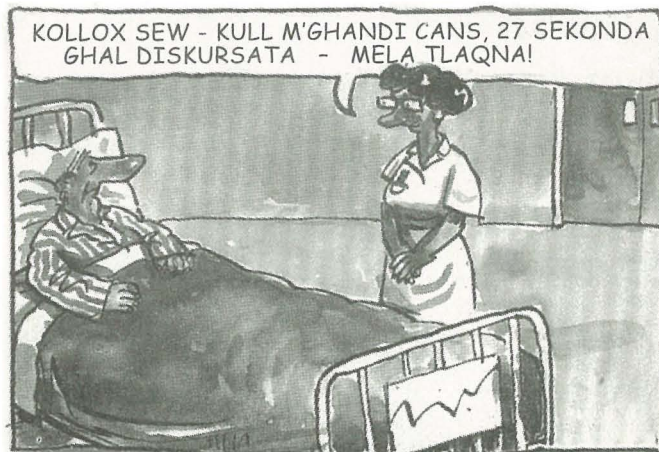
Il-Ferh tal-Milied...

...Reġa wasal il-Milied bil-ferh u l-affarijejt kollha li jgib miegħu. Għalina n-Nurses u l-Midwives li naħdmu ta' kuljum ma' pazjenti bil-mard u l-problemi kollha li jinqalghu naraw rejaltà oħra. Però fil-hin tax-xogħol l-ewwel dejjem jibqa il-pazjent sew jekk tarbija tat-twelid kif ukoll jekk xwejjah waħdu. Ma nistgħu ninsew qatt li d-dmir tagħna fil-hin tal-ħidma tagħna huma lejn dawn in-nies.

Wiehed jifhem ukoll li aħna m'aħniex magni u x'hin trid tixgħel jew titfi 'switch', imma noqgħodu attenti li bl-ebda kelma żejda jew nieqsa ma nweggħu lil dawk li qed niehdu ħsieb. Forsi haġa kbira li ngħid 'bongu', li nitkellem mal-pazjent waqt li qed nifrex is-sodod ma sieħbi minflok noqgħod nirrorakonta fuq fejn mort lejliet? Kemm hu mportanti li wiehed isib ftit hin biex jieqaf u jisma lil pazjent !

Dawn iż-żminijiet tal-Milied huma ta' ferh, però mhux għal kulhadd. Ma nistgħux inpoġġu lil kulhadd fl-istess sitwazzjoni. Kemm hi mportanti l-kommunikazzjoni bejn kulhadd, Nurses, Midwives, Tobba u fuq kollox mall-pazjenti tagħna!

M'hemmx għalfejn siegħat twal biex turi pazjent li taf bih, u mhux in-numru tas-sodda biss. Illum il-magġoranza tan-Nurses



jgħidu li m'għandhomx hin biżżejjed biex jitkellem mal-pazjent. U kulhadd iwahħal f'kollox; min f'nuqqas ta' staff fil-wards u min b'xogħol amministrattiv. Kull ma hemm bzonn, ftit minuti prezzjużi biss. Kollha kemm aħna nafu li l-pazjent jista' jibbenifika jekk ikollna ftit mimenti biex nitkellmu miegħu. Hemm pazjenti li kull ma jridu hu li aħna nieqfu nitkellmu magħhom għal ftit mumenti biss. Jekk dawn huma mumenti li nistgħu nferrħuhom, allura huma mumenti li huma użati tajjeb. Flimkien nistgħu nagħtu l-isbaħ rigal għal dan il-Milied, lil xulxin u b'mod speċjali lill-pazjent. ■



|| Messaġġ mill-President

Gheziez Membri,

Žgur li hadd ma jista jinnega li din is-sena kienet mimlija b'attivitajiet soċjali organizzati mill-Union. Kienet sena fejn iċċellebrajna il-ħames sena mit-twaqqif tal-Union tagħna. Ta' union li verament għandha l-interess ewlieni li thares il-professjonijiet tan-Nursing u l-Midwifery f' pajjiżna.

Ħames snin li nħarsu lura lejhom b' sodisfazzjon kbir għax kienu esperjenzi ta' suċċess, wiehed wara l-ieħor. Suċċess li seta' jseħħ biss bil-kollaborazzjoni sħiħa u l-appoġġ kbir tagħkom.

Illum l-MUMN hija stabbilita sew fil-qasam trejdunjonistiku kemm fil-kamp lokali kif ukoll dak internazzjonali.

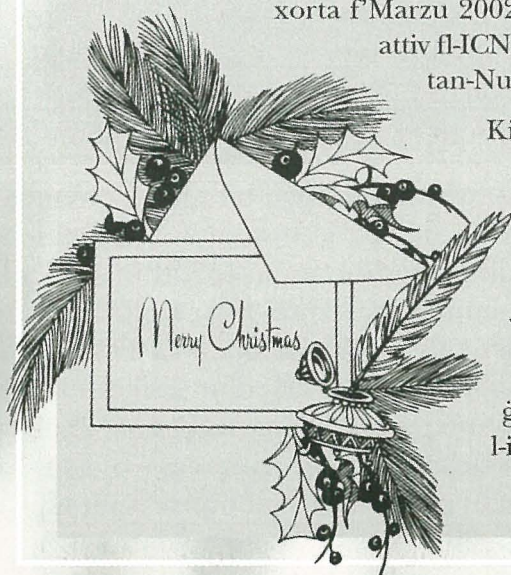
L-MUMN mhux ser toqgħod tiftaħar u toqgħod ċiċci beqqi u toħlom fuq il-passat sabiħ tagħha, iżda bħalissa għaddeja hidma intensiva fi hdan il-Union sabiex il-proċess ta' avvanz fil-professjonijiet ma jieqaf qatt.

Barra l-avvanz fil-professjonijiet, l-MUMN qed tgħamel tibdil intern u dan jinkludi li issa l-Union għandha uffiċini godda u li huma propjetà assoluta tal-Union. Dawn l-uffiċini minbarra li huma moderni jinsabu ħafna qrib l-isptar l-gdid f'tal-Qroqq. Bidla oħra li qed issir b'suċċess hija s-sistema ġdida introdotta ta' kif isir l-ġbir tal-menswalità tal-Union. Illum nistgħu ngħidu li l-fuq minn 65% tal-membri qed jgħamlu użu mis-sistema ta' 'Direct Debit' u l-menswalità qed tingabar regolari mill-banek konċernati.

Sabiex naraw li l-professjonijiet tan-Nursing u Midwifery f' pajjiżna ikun fuq l-istess livelli ta' professjonijiet oħra, l-eżekuttiv tal-Union bħalissa għadej f'negozjati intensivi mal-Gvern biex jiġi formulat ftehim kollettiv ġdid, bil-għan li jiġu ntrodotti kuncetti godda bħal dawk ta' gradi fuq binarji professjonali jiġifieri speċjalizzazzjoni f'oqsma speċifiċi.

Barra min hekk qed jiġu konkużi taħdidiet biex tiġi mibdula l-liġi li tirregolarizza l-professjonijiet tagħna u b'hekk tkun konformi ma' professjonisti oħra fil-qasam tas-saħħa.

Proċess ieħor li għaddej huwa l-preparamenti biex sentejn oħra issir Konferenza Internazzjonali f'Malta għan-Nurses li jaħdmu f' pajjiżi tal-Commonwealth u dan seta' jseħħ wara li l-MUMN qed tgħin fl-organizzazzjoni tal-konferenza ta' din ix-xorta f'Marzu 2002 f'Cipru. Dan għax il-Union tiegħek hija membru attiv fl-ICN u CNE, żewġ għaqdiet ta' importanza kbira fil-qasam tan-Nursing.



Kif žgur tistgħu tindunaw l-MUMN hija union dinamika, hajja u l-attività li għaddeja hija kbira. L-eżekuttiv huwa kommess li jħares id-drittijiet tiegħek biex int tkun tista tipprattika l-professjoni tiegħek b'dinjità.

Jiena f'ismi u f'isem l-eżekuttiv nixtieq nawgura l-isbaħ xewqat lil membri kollha u lil familjari tagħkom u nwegħdkom sena ġdida mimlija hidma biex jiħarsu l-interessi tiegħek.

Rudolph Gini



January 2000



To : **Presidents/Executive Directors/General Secretaries of National Nurses Associations**

From : Mireille Kingma, Nurse Consultant

Subject : New ICN Strike Policy

Social dialogue is widely recognised as the principal and most effective means of resolving professional and workplace-related problems. When negotiations are unsatisfactory, unsuccessful or refused, national nurses' associations have had to consider taking strong measures to bring about necessary change. The ICN Board of Directors approved the attached **Strike Policy** as a guide for possible future industrial action taken by nurses.

Strike Policy

ICN Position:

The International Council of Nurses (ICN) expects nurses to have equitable remuneration and acceptable working conditions, including a safe environment. As employees nurses have the right to organise, to bargain collectively, and to take strike action.¹ ICN defines a strike as employees' cessation of work or a refusal to work or to continue to work for the purpose of compelling an employer to agree to conditions of work that could not be achieved through negotiation. Strike action is considered the measure of last resort; to be taken only after all other possible means to conclude an agreement have been explored and utilised.

Effective industrial action² is compatible with being a health professional so long as essential services are provided. Abandonment of ill patients is inconsistent with the purpose and philosophy of professional nurses and their professional organisations as reflected in ICN's Code of Ethics for Nurses.

During a strike, the principles to be upheld include:

- The minimum level of disruption to the general public;
- The delivery of essential nursing services to a reduced patient population;
- Crisis intervention by nurses for the preservation of life;
- Ongoing nursing care to assure the survival of those unable to care for themselves;
- Nursing care required for therapeutic services without which life would be jeopardised;
- Nursing involvement necessary for urgent diagnostic procedures required to obtain information on potentially life-threatening conditions;
- Compliance with national/regional legislation as to procedure for implementation of strike action.



Nurses' right to take industrial action in the case of a breakdown of negotiations may only be curtailed if independent and impartial machinery such as mediation, conciliation and arbitration is established.³ National nurses' associations are responsible social partners and must develop training programmes that adequately prepare their representatives, nursing leaders and nurse employees in the practice of the various methods of negotiation as a means for resolving their employment concerns - i.e. conciliation, arbitration, collective bargaining - as appropriate in each country/province.⁴

ICN provides technical support to NNAs addressing labour issues. National nurses' associations, as professional associations and/or trade unions, are affected by health sector strike action. They must therefore develop proactive policies and contingency processes as well as structures to guide their members' professional attitude and behaviour in such situations. Evaluations of strike actions (including the responsibility of main stakeholders) must be undertaken so that lessons learned may improve future negotiations. Furthermore, counselling services need to be available to address any strike-related post-traumatic stress among the nurses involved.

ICN and NNAs recognise the potential strength of interdisciplinary partnerships within the health and social sectors during negotiations with public and private employers.

ICN and NNAs oppose the deliberate use of strike breakers,⁵ a practice that weakens the pressure for credible social dialogue.

Background

The fundamental responsibility of the nurse is fourfold: to promote health, to prevent illness, to restore health and to alleviate suffering.⁶ In certain cases, nurses may find themselves in situations where strike action is necessary to ensure the future delivery of quality care by qualified personnel.

While social dialogue is widely recognised as the principal and most effective means of resolving professional and workplace-related problems, frustrated employees may take industrial action in cases where the option of employer/employee negotiation has been unsatisfactory, unsuccessful or refused. Where deficiencies in the quality of working life and the economic rewards of nurses have become so serious as to affect the long-range prospects for maintaining high standards of nursing care, nurses may choose to take industrial action to bring about needed changes. In extreme situations, strikes have occurred and on occasion have resulted in wide public and intraprofessional debate.

Strike action maintaining essential services has been used successfully by professional trade unions in the past to initiate social dialogue, improve the



quality of care provided as well as the working conditions of nurses/health workers. A range of strike action is possible. "Selective strikes" have provided the necessary impact to advance negotiations while generating less disruption to patient care.⁷ In certain cases, token strikes (e.g. one hour demonstrations) may generate the impetus to initiate social dialogue. As an initial or complementary measure, strike action may include the cancellation of all elective interventions, a work-to-rule policy and/or the withdrawal of services involving non-nursing duties, e.g. domestic, clerical, portenng, catering.

The negotiation and strike process needs to be evaluated in terms of its implementation and results, including the impact on stakeholders and social outcomes. Support required for the parties involved in each step of the action taken must be identified and provided (e.g. financial, emotional).

If strike action is taken, national/provincial legislation may determine the conditions under which such measures are implemented. Essential services are often based on evening/night shifts and weekend staffing ratios and protocols, commonly accepted levels of service.

Adopted in 1999

Related ICN Position:

Socio-economic Welfare of nurses

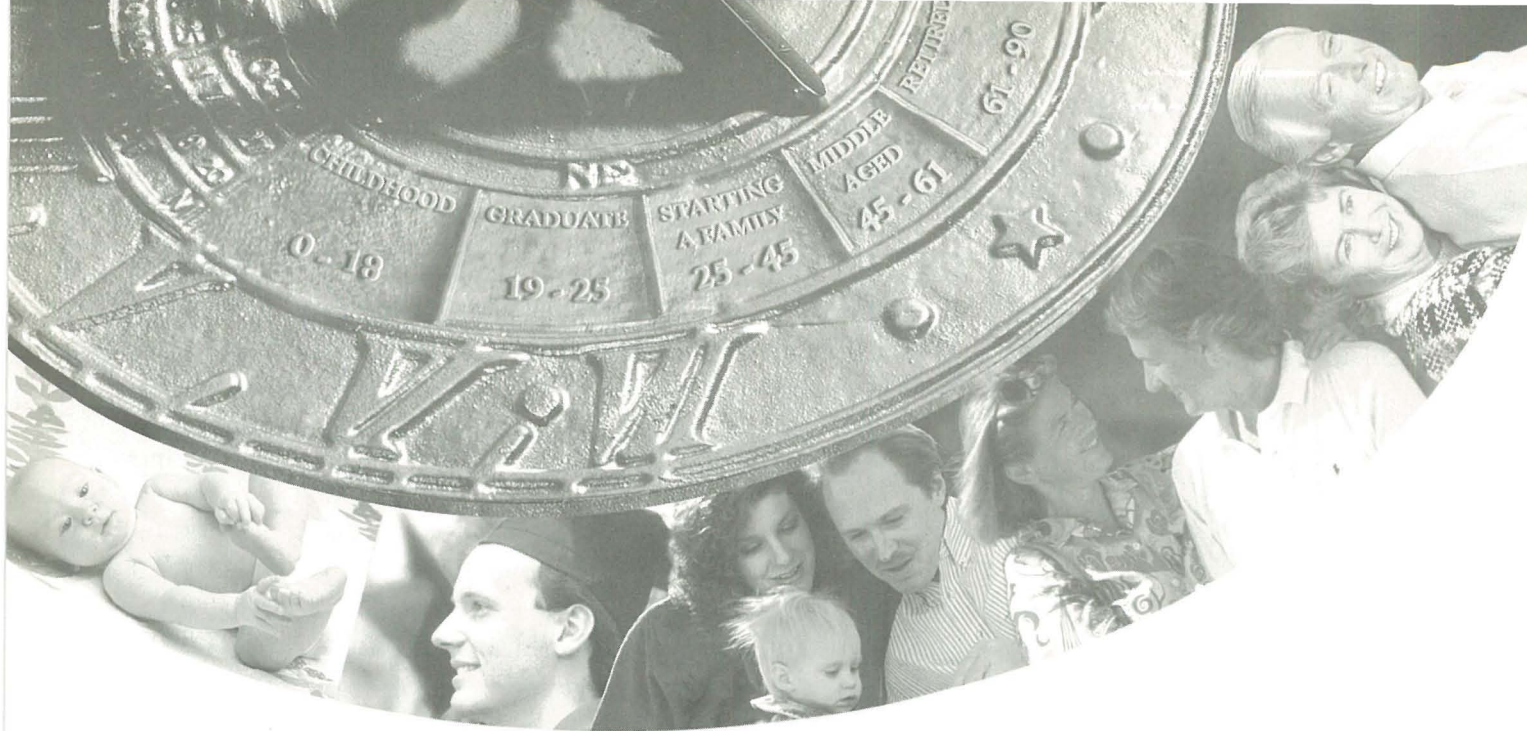
Footnotes and References

- ¹ ILO Convention 87 Freedom of Association; ILO Convention 98 Right to Organize and Collective Bargaining; ILO Convention 154 Collective Bargaining; ILO Convention 149 on Nursing Personnel.
- ² Workplace-related demonstration, manifestation or strike.
- ³ ILO Convention 151 Labour Relations (Public Service).
- ⁴ ICN Position Statement on Soclo-economic Welfare of Nurses.
- ⁵ Individuals hired specifically to replace striking employees with a view to weakening the strike action.
- ⁶ ICN Code for Nurses.
- ⁷ A selective strike - where nurses from a determined number of hospitals/health services or departments within health care facilities stop working.

International Council of Nurses

3, place Jean -Marteau
 CH-1201 Geneva • Switzerland
 Tel: 41 (22) 908 0100
 Fax: 41 (22) 908 0101
 e-mail: icn@uni2a.unige.ch

The International Council of Nurses is a federation of more than 120 national nurses' associations representing the millions of nurses worldwide. Operated by nurses for nurses, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.



3 Golden Rules to Invest Today for Your Tomorrow.

No matter at what stage you are in life, it is important to know how to secure your financial future. But planning your future depends on what goals you set for yourself and over what time-frame. Valletta Fund Management provides you with three golden rules to set you on the path to meet your future financial goals.

Golden Rule 1 – Begin with the end in mind.

Make your own list and then think about which long-term goals are the most important to you. List your most important goals first. These might include your child's education, buying a home, a car or maybe planning a comfortable retirement.

Golden Rule 2 – Invest regularly.

Pay yourself and your family first. Starting to invest early is the key to meet your future long-term goals and best results are achieved if you contribute regularly.

Golden Rule 3 – Time is money - call us today.

As you can see from the table hereunder, Valletta Fund Management's investment plans provide you with a wide range of investment options each featuring low minimum amounts.

What's more, until the 31st December 2001, Valletta Fund Management is giving you the opportunity to invest in any of the Funds listed hereunder at a reduced up-front fee of 1% for the duration of your monthly investments (subject to a maximum investment of Lm100 per month).

So call today at any branch of Bank of Valletta in Malta or Gozo for further information. Alternatively you may contact our help desk on **0800 77 2344** or your usual financial intermediary.

And by the way, congratulations on taking the first step on the road to your financial planning.

What type of investor are you?	Fund	Monthly investment
Adventurous	La Valette Capital Growth Fund	£ 25
Adventurous	La Valette European Opportunities Fund	€ 50*
Adventurous	La Valette Far East Opportunities Fund	US\$ 50
Adventurous	La Valette International Equity Fund	US\$ 50
Adventurous	Vilhena Top 100 Fund	US\$ 50*
Adventurous	Wignacourt Malta Fund	Lm 25*
Adventurous	Malta Privatisation & Equity Fund	Lm 25*
Balanced	Vilhena Malta Fund	Lm 25*
Balanced	La Valette Malta Fund	Lm 15
Balanced	La Valette European Bond Fund	€ 50*
Balanced	Global Bond Fund Plus	Lm 25*
Balanced	La Valette Global Fund	£ 25
Cautious	Vilhena Malta Government Bond Fund	Lm 25

* subject to a lump sum investment



VALLETTA
FUND MANAGEMENT

Investing for your Lifetime

www.vfm.com.mt

The value of the investment and the currency of denomination can go down as well as up. Investment may be subject to exchange control regulations. Investment should be made on the full details contained in the prospectus. Valletta Fund Management Limited, a joint venture between Bank of Valletta p.l.c. and Rothschild Asset Management, is licensed to conduct investment services business for collective investment schemes by the Malta Financial Services Centre. All Funds managed by Valletta Fund Management are licensed by the Malta Financial Services Centre. Valletta



FROM VISION TO ACTION

Last June, more than 4600 nurses from every region of the world gathered in Copenhagen - Denmark to participate during the International Council of Nurses (ICN) 22nd Quadrennial Congress. The theme for the congress was Nursing - A New Era For Action. Proudly, the MUMN represented Malta for the first time as an ICN member country during this amazing and unforgettable Congress. As well this year, the MUMN attended the Council of National Representatives (CNR) business sessions that involves the decision making body of the ICN. It is good to know that the ICN has 124 members countries on 5 continents. The ICN works mainly focus on 3 directions that are to bring nursing together world wide, to advance nursing and nurses worldwide and to influence health policy. In fact, the ICN is recognized as a valued partner on a global level by governments and international agencies such as the WHO, UNESCO, UNICEF, World Medical Association, International Pharmaceutical Federation and International Labour Organization.

Since the era of worldwide changes are having an impact on the profession of nurses and midwives, our Union should think holistically and act by viewing the whole picture. These changes should be seen as challenge or opportunity rather than threat. Examples of these worldwide changes mainly are: the world



wide health care sector reforms that are resulting in increased professional accountability and participation; increasing use of technology such as through telehealth and telemedicine; increasing ethical issues; increasing awareness of gender issues in health care and new health problems such as HIV/ AIDS. As professionals, we should lead these changes rather than resist them. During the ICN Congress, Dr Bertrand Piccard (the first round the world balloonist) stated that part of the science of life is based on drifting with the wind and accept the unknown rather than fight against it. Therefore, there is the need to think positively and creatively, learn new skills and set new goals to influence change correspondingly.

At the ICN Congress, nurses shared their knowledge and experience in more than 700 concurrent sessions with colleagues. Other highlights of the Congress included 90 symposia given by international health care experts and more than 650 posters were presented whereby two of the posters were presented by Maltese colleagues namely, Ms. Rose Spiteri and Ms. Donia Baldacchino.

This experience helped the MUMN to achieve two important elements. The first one is that nurses representing different countries have common needs/challenges and goals. Such as: the impact of the demographical changes on the health care services; the nursing shortage; the improvement of the socio-economic welfare of nurses and the recognition of nursing specializations. Secondarily, through sharing of knowledge and experiences our Union can learn from other countries as well can teach other countries even though we are small. For instance, during a CNR session, Malta was mentioned by Ms. Judith Oulton (ICN - Chief Executive Officer) as an example where joint venture strategy was attained by the ICN, PSI and MUMN to solve Mount Carmel Hospital industrial dispute related to staff deployment exercise.

To conclude, the MUMN congratulates to the new elected 24th ICN President - Ms. Christine Hancock a high success and achievement for the benefit of the world wide nursing.

More relevant information can be attained from the ICN website - www.icn.ch

Mary Ann Bugeja
FINANCIAL SECRETARY - MUMN

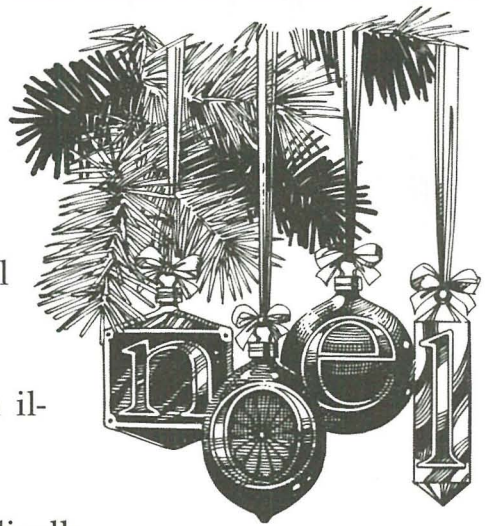


■ Kelmtejn mis-Segretarju Ġenerali

Bdejna nirrankaw għall-ħames snin oħra. Aħna bħala Uffiċjali u Aktivisti tal-Union ma għandna nkunu kuntenti qatt, għaliex dejjem hemm x'takwista aktar u x'tirraġa.

L-akbar tlett sfidi li nara llum quddiem kull Midwife u Nurse huma dawn:-

1. Li nzommu u nipprizervaw dak li f'dawn il-ħames snin akkwistajna u rbaħna;
2. Li jkollna *support staff* adegwat f'kull ħin u livell;
3. Li nizviluppaw u ninfiltraw b'pass imghaġġel fil-qasam ta' *l-specialisations* u *l-'conversion courses'*;



Dawn għalija huma l-aktar tlett binarji li l-Kumitat Eżekuttiv tal-Union irid jaħdem fuqhom u jgħati prijorità. Però jistgħu jseħħu biss jekk il-koll flimkien nibqgħu magħqudin kif aħna llum, b'ogġettiv wieħed, dak li naħdmu biss fl-interess tan-Nurses u l-Midwives. Dan flimkien mas-sinċerità u l-ġenwinità ta' l-attivisti kollha kienu l-fatturi ewlenin sabiex l-MUMN tikber u tespandi fi żmien daqshekk qasir.

Ma nistax ma nsemmix l-interess qawwi li din il-Union qed ikollha minn *associations* u *unions* tan-Nurses u Midwives barranin. Hafna qed isaqsu għall-informazzjoni fuq l-andament tal-professjonijiet f'pajjiżna u saħansitra hemm talbiet sabiex jigu organizzati konferenzi hawn Malta. Dan juri li l-MUMN mhux biss qed tikber f'pajjiżna iżda qed ikollha wkoll għarfien internazzjonali b'mod konsistenti.

Huwa mportanti ħafna li dejjem inzommu f'moħħna li ċ-ċentru tax-xogħol professjonali tagħna huwa l-pazjent u li kull ma nġamli dejjem ikun fl-interess tiegħu. Għalhekk huwa mportanti li aħna ma niġġildux il-ġlidiet ta' ħaddieħor iżda noqgħodu dejjem fil-livelli tagħna. U dan jgħodd għal aktar minn kategorija waħda ta' ħaddiema. Ifthū għajnejkom għaliex mhux kull ma jleqq hu deheb.

Nixtieq nawgura Milied ħieni u Sena Ġdida mimlija b'dak kollu li tixtiequ, lilkom u 'l dawk viċin tagħkom.

Colin Galea



Brussels⁽²⁾

Tommy Dimech
VICE-PRESIDENT

During our discussions in Brussels we tackled one of the main concerns for Nurses and Midwives and a concern which also effects directly mainly all workers on our Island. This is with what regards to chapter 2 regarding freedom of movement of workers in the member states of the European Union.

In all our meetings this point was discussed and we appreciated the comments shared and although it is most unlikely that migration of Nurses and Midwives will have a negative effect on our professions, no clear and definite answer was given. One has to keep in mind the size of our country, a country that has only 350,000 population. We were informed that in Luxembourg this migration of Nurses and Midwives did not create any problems.

Though at the Director General for social policy for the EU member states they do not deal with 'problems' but do answer questions, a common question was that of harmonisation of conditions for workers migrating from one member state to another. This Directorate is striving to see that all migrating workers get the same treatment when social status is concerned.

Back in Malta I happened to attend a meeting at the Foreign Affairs Ministry where the Minister for foreign affairs addressed MEUSAC participants (of which MUMN is a member) and tackled the negotiating position with regards to chapter 2. I have to admit, it was not of a surprise to hear that this issue is particularly sensitive, especially for a country whose gainfully occupied population totals just under 142,000 persons and that on accession, for a period of seven years Malta will put in place safeguard measures. Malta will retain its work permit system for EU nationals but shall issue permits automatically. Once again MUMN was concerned about an issue which the Maltese Government wants to safeguards.

When seven years pass, then Malta has to prepare itself, because directives like 68/360/EEC; 90/365/EEC; 74/194/EEC will have to be part of the regulations to be adopted. These give rights to all member states and vice versa. The EU member states have to abolish restrictions of movement and residence within the community for all Nurses/ Midwives and their families. Moreover co-ordination of special measures justified on grounds of public policy, public security and public health, right for residence, application of social security schemes for Nurses/Midwives and their families must be seen to.

*MUMN delegation in Brussels at
the Directorate for Social Policy*

With regards to Nurses and Midwives in Malta our Union urges the Division of Health (or the future autonomous body to be responsible), to take the opportunity and create the necessary framework, take note that we are already late, do not wait for any seven years and start creating specialisation fields and standards for our Nurses and Midwives. In this country we need a culture-oriented mentality towards a joint effective effort to obtain the desired results.

My humble advice to all involved is 'try to see things from the other person's point of view'. This is the only formula that is needed at this particular time, it can be effective. ■





"Għandi Bżonnok !"

Darba fost l-oħrajn, waqt li kont qed indur mal-morda biex inzurhom u nismagħhom, iltqajt ma incident kurjuż ħafna. Forsi tgħiduli li qed naġġibhom iżzejjed jew qed nagħmilhom bil-kbir. Fil-fatt, meta tara l-incident minn barra u ma tkunx int il-vittima, taħseb li kien xi incident banali.

Dan ġara hekk. Meta wasalt biex nersaq ħdejn pazjent, li kien raġel fejn kellu madwar seghbin sena, ma deherx li kien magħdur, innutajt li għamel żewg reazzjonijiet kwazi f'daqqa. Għall-ewwel kien irrabjat għal dak li ġralu, imbagħad infaqa' jibki għall-każ partikulari tiegħu. Ġara li dan ir-raġel ra 'Nurse' u talbu imħadda oħra għaliex l-imħadda li kellu kienet catta ħafna għalih. In-'Nurse' qallu li kien sa jgiblu u telaq minn ħdejh. Wara li għadda ftit tal-ħin mhux ħażin u ra li dak in-'Nurse' ma deherx, iddecieda li kif jara 'l xi 'Nurse' jgħidlu biex jgiblu mħadda. Ftit tal-ħin wara, kien għaddej 'Nurse' ieħor u staqsieh għal imħadda, billi n-'Nurse' l-ieħor kien għadu ma deherx. Ir-risposta tat-tieni 'Nurse' kienet, "Jekk ma gablekx l-imħadda n-'Nurse' l-ieħor, mela l-anqas jiena ma ngiblek, għaliex in-'Nurse' l-ieħor kellu ngiblek l-

imħadda." Hawn il-pazjent, wara li rrakkuntali l-incident, infaqa' f'bikja u qalli li hu ma kienx jixraqlu hekk bħala persuna marida b'kanċer, u li n- 'Nurses' stess kienu jafu li hu kien jaf li kellu kanċer.

Kien incident li laqatni ħafna, mhux għaliex il-pazjent beda jibki, iżda minħabba li aħna li naħdmu mal-morda irridu nifhmuhom u nifhmu wkoll lill-kollegi sħabna l-ħaddiema. Ma nimpikawx bejnietna. Ma nitfgħux ix-xogħol, li suppost nagħmluh aħna, fuq sħabna. Irridu nkunu sensibbli għal xulxin u għall-morda. Fuq kollox, il-persuna marida sa tbat. Tassew li forsi ssibu morda li jitolbu żzejjed mingħand il-ħaddiema, iżda skond kif u meta ssir it-talba u xi tkun.

Aħna rridu nħarsu, l-ewwelnett, lejn id-dinjità tagħna nfusna, ta' sħabna kollegi tagħna, u tal-pazjenti. Irridu nħarsu w ngħinu lill-pazjenti mhux biss bil-medicina iżda anke bil-kliem u l-imġieba tagħna, fejn inkunu qed innaqsulhom aktar it-tensjoni li jkunu qed ighixu ġewwa l-isptar.

Hekk, tassew iffisser li niftakru, almenu. Li aħna wkoll bnedmin umani. Nuru li aħna nies li għandna qalb ukoll. Meta nirrispettaw lil xulxin, inkunu nistgħu nistennew li nircievu aktar rispettt mingħand ħaddieħor. Dan kollu jgħin biex ikollna servizz ta' kwalità tajba u aħjar.

Fr. John Vella ofm Cap.
S.Th.Lic. (Pastorale Sanitaria)



Tal-Familja
RESTAURANT

Fresh Fish
Maltese Dishes
Shell Fish

Open daily for Lunch & Dinner except Monday

Triq il-Gardiell, M'scala • Tel / Fax: 2163 2161 • Mobile: 9947 3081

PROGRESS GIVES YOU THE BUILDING BLOCKS TO YOUR CHILD'S FUTURE

Progress truly understands a mother's instincts - her natural need to protect, care and provide the very best for her growing child. Progress puts her mind at rest with its full nutritional values and yummy taste, effectively setting the pattern for her child's healthy future.

- Fortified with nucleotides and natural carotenoids
- Has a higher energy density than cow's milk
- Fortified with iron, calcium, and vitamin D
- Contains 24 essential vitamins and minerals



THE IDEAL MILK FROM 1-4 YEARS



MID-DJARJU TAGHNA



Apprezzament misthoqq

Membru fil-Kumitat Eżekuttiv tal-Union, is-Sur Frans Agius, irtira mix-xoghol minn mas-Servizz Pubbliku. Kien xieraq li l-MUMN turi l-apprezzament taghha mas-Sur Agius fejn iddedika hafna mill-hin u l-enerġija tiegħu jstinka u jirsisti sabiex dejjem jakkwista kundizzjonijiet aħjar lill-shabu n-Nurses. Barra minn hekk s-Sur Agius illum jokkupa l-Kariga ta' Chairperson tal-Florence Nightingale MUMN Benevolent Fund.

'Courses' speċjalizzati

Barra li l-MUMN toffri assistenza trejdunjonistika issa wkoll qed torganizza 'courses' bil-ghan li tkompli tħarreg lill-membri taghha. Għal dan il-ghan flimkien ma l-Aġenzija Sedqa organizza 'course' ta' kif għandhom jiġu ttrattati pazjenti milquta mill-vizzji tax-xorb jew drogi. Dan il-course kien suċċess u diġa hemm diversi talbiet sabiex isir iehor is-sena diehla. Kull minn hu interessat għandu jċempel in-numru l-gdid tal-Union, 448542 u jistaqsi għas-Sur Joe Zammit, Office Administrator tal-Union.



Azzjonijiet Industrijali fir-Residenza SanVincenz de Paule



Fir-Residenza SanVincenz de Paule, l-MUMN kellha tirrikorri għall-Azzjonijiet Industrijali sabiex jżied is-Support Staff f'dan l-Isptar. Is-sitwazzjoni hi tal-biki fejn Nurse tkun ma 50 pazjent u sabiex tittiehed ġurnata 'vacation leave' qisu ser isir xi miraklu. Hija xi haġa regolari li l-istess ġurnata leave tintalab 12 - il darba u dejjem tiġi kkanċellata. Prosit u ġrazzi Kbira lin-Nurses ta' din ir-Residenza tal-fiduċja assoluta fl-MUMN.



Konferenza

L-Education Group Committee immexxi miċ-chairperson Corinne Scicluna organizza konferenza fil-Lukanda San Ġorġ Corinthia bit-tema, **'Moving Nursing & Midwifery Forward in Malta'**. Din il-konferenza kienet suċċess kbir u kellhom jiġu rrifjutati numru ta' persuni minhabba li kienet 'fully-booked'. F'din il-konferenza ġew indirizzati ċertu sughgetti interssanti bhal l-Unjoni Ewropeja u l-ligi l-gdida tas-Saħha. Apposta għal din il-konferenza ġie mistieden mill-Ingilterra, is-Sur Martin Ward, Independent Nurse Practitioner. Prosit u keep it up.

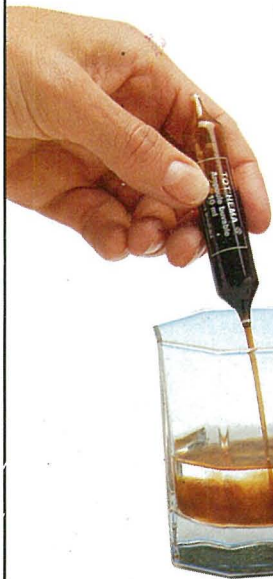
Elezzjoni

Għall-ewwel darba giet imsejja elezzjoni sabiex jiġi fformat il-Group Committee tal-Union, fl-isptar San Luqa. Riedu jiġu eletti 7 Membri u kontestanti kien hemm 13. Dan juri biċ-ċar l-entuzjażmu li tgawdi l-MUMN fost in-Nurses. Minn hawn nixtieq nirringrazzja lill-Kummissjoni Elettorali tax-xogħol siewi li għamlet biex din l-elezzjoni setgħet tkun suċċess. filwaqt li ngħidu prosit lil dawk li ġew eletti, ngħidu ukoll grazzi kbira lil kontestanti kollha.

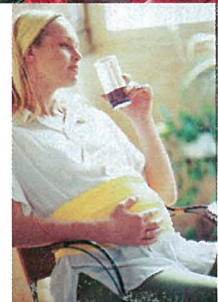
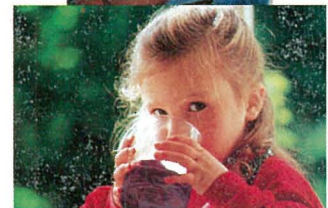
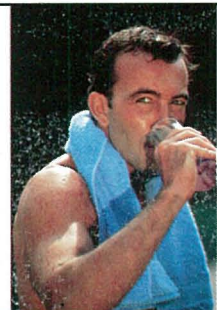


tot'héma®

strength is in iron



READ INFORMATION
LEAFLET CAREFULLY
BEFORE USE.



INNOTECH
INTERNATIONAL

For all ages

Trade Enquiries:

AM Mangion Ltd Tel: 442010, 486399, 485036/7 • Fax: 482615

DPH 39/2001

McDonald's™

Salads

McDonald's™ is now pleased to inform our customers that a choice of four mouth-watering salads is now available in all our restaurants in Malta and Gozo.

McDonald's™ ready-to-eat salads are freshly prepared throughout the day with top quality ingredients. Each salad is set on a crisp bed of ice-berg lettuce from Holland.

Choose from the traditional Garden with Mediterranean tomatoes, tasty cucumbers, corn, carrots and olives; the Feta classic with delicious diced feta cheese; or a seafood variety of shrimp & salmon or tuna, all seasoned to perfection with dill or chives and topped with a delicious dressing of your choice.

Why not try one of our mouth-watering gourmet salads today. They're so tasty, we're sure that you'll be back for more!



• SHRIMP & SALMON • GARDEN • TUNA • FETA •



Huntleigh Healthcare,
market leaders in the
design and manufacture of
the Contoura range of beds.




Huntleigh
HEALTHCARE

Represented in Malta by:
SIDROC SERVICES
CODRICO LTD.
38, Sliema Road, Gzira
Tel: 315789, 333212 • Fax: 322770



**Therapeutic
Cosmetic
Natural Beauty**



Your Emu Spirit Distributor:
SIDROC SERVICES
CODRICO LTD.
38, Sliema Road, Gzira
Tel: 315789, 333212 • Fax: 322770



Benefits of a Healthy Nursing Workplace

Research findings released in June confirm that Canada's nursing shortage is "at least in part due to a work environment that burns out the experienced and discourages new recruits". The report Commitment and Care: The Benefits of a healthy workplace for nurses, their patients and the system was authored by Dr Andrea Baumann and Dr Linda O'Brien-Pallas. Some recommendation highlights:

- ❑ Job satisfaction of nursing staff is a strong determinant of overall client satisfaction. Nurses' job satisfaction can be improved through manageable workloads and opportunities for nurses to balance work and home life.
- ❑ Nurses' absentee and disability rate is higher than that of almost any other profession. There is almost a perfect correlation between overtime and sick time.
- ❑ Nurses work best and have more loyalty to their employers when their expertise is respected and they are free to practice to the full scope of their education.
- ❑ Retaining staff is easier in a less stressful, more supportive workplace. Good relations on the care delivery team benefit patients and may even reduce death rates.
- ❑ Minimising staff turnover and letting nurses practice independently within a cooperative setting could go a long way to improving the work atmosphere.
- ❑ Nurses and employers need new ways of relating, including frequent, informal communication among hierarchical levels.

SEW News

**MUMN
New Premises
How to find us.....**

SWATAR | Tower Apartments,
New Street off
P. Borg Olivier Street,
Birkirkara.
Tel/Fax: 21 44 85 42
E-mail: mumn@maltanet.net

UA-767 – Automatic Blood Pressure Monitor

- Advanced oscillometric method with professional accuracy.
- One button operation.
- Auto power on, cuff inflation, blood pressure measurement and cuff deflation.
- Easy-to-read liquid crystal display.

The UA-767 has one button operation: Power-on, start, pressurisation at pre-set level, automatic measurement, display of systolic and diastolic blood pressure readings and heart rate, automatic cuff deflation and unit shut off are accomplished with the push of only one button.



A.T.G. Co. Ltd.

Suppliers of Medical Disposables
and Healthcare Products

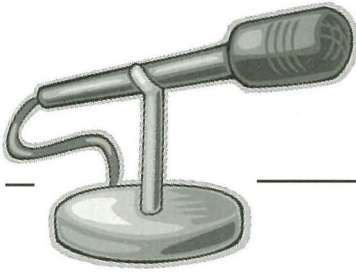
Tel: 242017 • Fax: 249675

E-mail: info@atg.com.mt

www.atg.com.mt

All nurses are entitled for 20% Discount when purchasing from Sidroc Services

Tel: 315789 / 333212



Joe Camilleri *jintervista lil* Sr. Aldigonda Farrugia

■ X'kien l-ewwel xogħol tiegħek?

L-ewwel xogħol tiegħi kien l-Isptar San Luqa fejn niftakar anke l-inawgurazzjoni tiegħu. Konna immorru fis-swali biex ngħinu f'dak kollu li kien hemm b'zonn peress li n-Nursing kien isir mis-sorijiet tal-Karità. Wara ftit mort nistudja Londra għal sentejn fejn kont studjajt għal SRN.

■ X'tiftakar mit-tieni gwerra dinjija?

Il-gwerra niftakarha sew u mhux l-ewwel darba li kien ikun hemm 'air raid' waqt li aħna konna nibqgħu naħdmu. Konna nibzqgħu iżda ix-xogħol kien jibqa' għaddej. Ġieli nżilna fix-'shelter li kellu St.Lukes' u magħna konna nniżlu xi morda.

■ Ghidli xi haġa fuq l-'iSchool for Nurses'?

Wara l-gwerra giet imwaqqfa din l-iskola u jien kont minn ta' l-ewwel biex norganizza u mmexxiha wara li s-CGMO afdali dan ix-xogħol. Niftakarni ngħallem mhux biss l-iskola iżda anke fis-swali għax li ngħallem kienet dejjem ix-xewqa tiegħi. Dak iż-żmien kien hemm żewġ Ingliżi li kienu 'Tutors', Ms.Cuddy u Ms Doherty iżda dawn telqu waqt il-gwerra. Jien flimkien ma Sr.Federika konna ngħallmu numru sabiħ ta' studenti biex isiru SRNs.

■ X'kienet il-hajja fl-iskola?

L-iskola fil-bidu tagħha kienet 'border school' u għalhekk l-istudenti kienu jorqdu hemm. Dak iż-żmien tfajliet biss kienu jitgħallmu. Jien kont inkun ngħix, niekol,



ngħallem u norqod fl-istess bini.

Kien importanti għalhekk li nżomm id-dixxiplina. Però dejjem kienu jirrispettawni. Fl-għaxija konna niltaqgħu kollha flimkien, naraw ftit televisjoni, niċċajta u nitilgħu norqdu. It-tfajlet kollha kellhom il-kamra tagħhom iżda mhux l-ewwel darba li waqt ir-ronda nsib xi żewġt iħbieb reqdin fl-istess kamra.

Curriculum Vitae ta' Sister Aldegonda Farrugia, Soru tal-Karità

Twieldet il-Belt Valletta fil-21 ta' Settembru 1916 u mghammda bl-isem Rosaria. Kienet it-8 wild minn familja ta' 12 mill- ġenituri Vincent u Verginia.

Tgħallmet skola primarja f'Malta u sekondarja ġewwa New York fl-Istati Uniti.

Fl-1935 ingħaqdet mal-Ordni tas-Sorijiet tal-Karità u fl-1944 hadet il-Konsagrazzjoni Perpetwa bl-isem ta' Sister Aldegonda.

Bejn 1938 u 1945 segwiet 'Nursing Course' f'Malta filwaqt li bejn 1945 u 1947 segwiet 'Sister Tutor's Course' mill-Università ta' Londra b'esperjenzi ġewwa Middlesex Hospital, The Royal Infirmary ta' Leeds u Royal Northern Hospital f'Holborn, Londra.

Gabet l-Istate Registration Certificate of Nursing fl-1951 u State Registered Sister Tutor fl-1952

Fl-1970 għamlet 'In service training course' tal-WHO ġewwa Copenhagen u fl-1974 segwiet course ieħor bl-isem 'Etica Morale Professionale'.

Irtirat minn mal-Gvern fl-1977.

Għallmet il-Bijoloġija u r-Reliġjon fl-Immaculate Conception High School, Tarxien bejn 1982 u 1983.

Sister Aldegonda l-aktar li hi magħrufa hija bhala l-pijuniera u l-fondatriċi tat-tagħlim modern fin-Nursing f'Malta u għalhekk bejn 1948 u 1977 kienet Principal Sister Tutor fl-iSchool for Nurses fl-Isptar San Luqa ġewwa G'Mangia. Fl-1962 organizzat għall-ewwel darba f'Malta il-Course ta' sentejn tal-Pupil Nurses ġewwa l-Isptar San Luqa.

Però Sister Aldegonda għanda esperjenzi wkoll mal-marid, speċjalment fi żmien il-gwerra fejn hadmet bhala Nursing Sister u Ward Sister f'dawn l-Isptarijiet: Sptar Ċentrali, Furjana; Sptar Bugeja, Santa Venera; Isolation Section, Sptar San Luqa, G'Mangia; Sptar San Frangisk, B'Kara.

Fl-1990 hadet il-Midalja "Għall-qadi tar-Repubblika" u fl-2001 giet onorata bil-Master of Philosophie (Honoris Causa) mill-Università ta' Malta. *(ara ritratt)*



Ovjament kien ikun hemm xi namrati li mhux l-ewwel darba li għidtilhom li se naqfilhom barra. Ġieli kont naqbad lil xi mqarbin li kienu jaħarbu bil-lejl billi jinżlu mal-istess bini. Lil dawn kont nistennihom jidhlu mill-bieb ta' barra u kont nispejalhom li jien kont responsabbli għalihom għadarba qed jgħixu l-bogħod minn djarhom. Darba kien hemm incident fejn waħda mit-tfajliet ħarbet u marret lejn l-Italja!

■ **Kien hemm xi diffikultajiet?**

Għall-Grazzja t'Alla qatt ma kien hemm affarijiet serji. Darba xi hadd qal lil Madre li fl-uffiċju tiegħi kien jiġi Prof Coleiro biex jagħmel xi xogħol ta kitba. Din lil Madre ma għoġbitiex u qaltli li meta jidhul hu nitlaq jien. Jien hekk għamilt!

■ **X'kien l-aktar li jtik sodisfazzjon?**

L-aktar li kont nieħu pjaċir hu meta numru ta' student kienu jgħaddu mill-eżamijiet u jsibu xogħol fl-Isptarijiet mal-morda. Jien niringrazzja l-Alla tas-Saħħa li tagħni dak iż-żmien. ■

Spanish Nurses Suffering from Burnout

Public sector nurses are one of the professional groups most likely to be the victims of professional burnout. A recent study undertaken by the Institution of Public Administration has conferred that nurses are the most affected. This condition usually arises from a wide discrepancy between an individual's professional expectations or ideals and the daily realities of their work life. The specific causes of burnout included:

- Overload of work.
- Constant dealing with illness and death.
- Rotating shifts? night shifts disturbing biological rhythms.
- Fear of contagion or exposure due to poor occupational health and safety measures.
- Frequent use of casual or temporary work contracts.
- Stress dealing with family as well as professional responsibilities.
- Unhealthy work climate, e.g. bureaucracy, lack of autonomy, rigid management hierarchy.
- High technical competence while failing to provide training in psychosocial aspects of providing nursing care.

Protect Yourself Against ANTHRAX
Disinfect Body & Environment with



TeguSept

Bactericidal skin barrier and moisturising lotion for total hand protection.

MediScrub

Disinfecting Lathering Skin Scrub Solution. Skin pH (5.5) formulation.

TriGel

Alcohol Gel for long lasting effective skin disinfection.

Ideal for hospitals, clinics as well as for Household & Industrial daily use.

Sole agents:
JOSEPH CASSAR LTD.

54, Melita Str., Valletta. Tel: 244510, 236908. Fax: 240415



CONSTIPATION

Compiled by
JOE GARZIA STAFRACE
CGN

What is Constipation?

Constipation is passage of small amounts of hard, dry bowel movements, usually less than three times a week. People who are constipated may find it difficult and painful to have a bowel movement. Other symptoms of constipation include feeling bloated, uncomfortable, and sluggish.

Many people think they are constipated when, in fact, their bowel movements are regular. For example, some believe they are constipated, or irregular, if they do not have a bowel movement every day. However, there is no right number of daily or weekly bowel movements. Normal may be three times a day or three times a week depending on the person. In addition, some people naturally have firmer stools than others.

At one time or another almost everyone gets constipated. Poor diet and lack of exercise are usually the causes. In most cases, constipation is temporary and not serious. Understanding causes, prevention, and treatment will help most people find relief.

What Causes Constipation?

To understand constipation, it helps to know how the colon (large

intestine) works. As food moves through it, the colon absorbs water while forming waste products, or stool. Muscle contractions in the colon push the stool toward the rectum. By the time stool reaches the rectum, it is solid because most of the water has been absorbed. The hard and dry stools of constipation occur when the colon absorbs too much water. This happens because the colon's muscle contractions are slow or sluggish, causing the stool to move through the colon too slowly

Diet

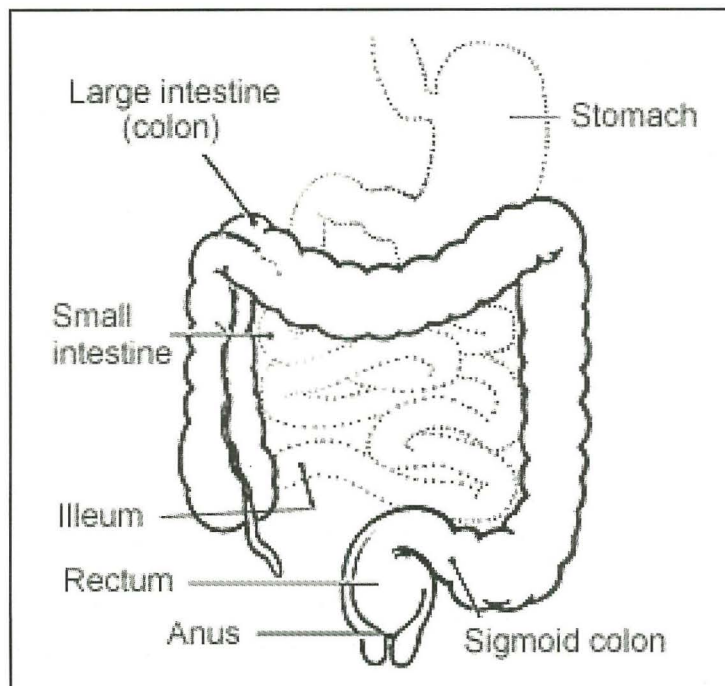
The most common cause of constipation is a diet low in fiber found in vegetables, fruits, and whole grains and high in fats found in cheese, eggs, and meats. People who eat plenty of high-fiber foods are less likely to become constipated.

Fiber - soluble and insoluble - is the part of fruits, vegetables, and grains that the body cannot digest. Soluble fiber dissolves easily in water and takes on a soft, gel-like texture in the intestines. Insoluble fiber passes almost unchanged through the intestines. The bulk and soft texture of fiber helps prevent hard, dry stools that are difficult to pass. The American Dietetic Association recommends an average intake of 20 - 35 grams of fiber daily, however both children and adults eat too many refined and processed foods in which the natural fiber is removed.

Not Enough Liquids

Some gastroenterologists believe that low fluid intake is the major cause of constipation and its related consequences. Liquids like water and juice add fluid to

the colon and bulk to stools, making bowel movements softer and easier to pass. People who have problems with constipation should drink enough of these liquids every day, a minimum of 2 litres. Other liquids, like coffee and soft drinks, which contain caffeine, seem to have a dehydration effect.





Lack of Exercise

This can also lead to constipation, and although doctors do not know precisely why, we know it occurs after accidents or during an illness when one must stay in bed and cannot exercise.

Medications

Pain medications (especially narcotics), antacids that contain aluminium, antispasmodics, antidepressants, iron supplements, diuretics, and anticonvulsants for epilepsy can slow passage of bowel movements.

Irritable Bowel Syndrome (IBS)

Some people with IBS, also known as spastic colon, have spasms in the colon that affects bowel movements. Constipation and diarrhoea often alternate, and abdominal cramping, gassiness, and bloating are other common complaints. It often worsens

with stress, but there is no specific cause or anything unusual that the doctor can see in the colon.

Other causes of constipation are changes in life or routine like pregnancy, aging and travelling. Abuse of laxatives and ignoring bowel movement urges are also common causes that lead to constipation. Diabetes, under active or overactive thyroid gland, stroke, spinal cord injuries, parkinson's disease and multiple sclerosis are the most common disorders that have constipation as one of their side-effects.

What Diagnostic Tests are Used?

Most people do not need extensive testing and can be treated with changes in diet and exercise. The tests performed depend on the duration and severity of the constipation, the person's age, and whether there is blood in the stools, recent changes in bowel movements, or weight loss. A medical history is

always taken and a physical examination is performed. If not enough data is collected to confirm cause if constipation, extensive tests are always available; namely Barium Enema x-ray, colorectal transit studies, or better, a sigmoidoscopy or colonoscopy.

Can Constipation

Be Serious?

Sometimes constipation can lead to complications, like haemorrhoids that are caused by the straining to have a bowel movement. Anal fissures (tears in the skin around the anus) are caused when hard stools stretch the sphincter muscle. Sometimes straining can be so extensive that a small amount of intestinal lining can prolapse and may lead to secretion of mucus and/or blood from the anus. Usually eliminating the cause is enough to treat the problem, however sometimes the prolapse would need surgical intervention to strengthen and tighten the anal sphincter muscle. ●

Points to Remember

- The most common causes of constipation are poor diet, low fluid and lack of exercise.
- Additional causes include medications, irritable bowel syndrome, abuse of laxatives and specific diseases.
- A medical history and physical examination may be the only diagnostic tests needed before any treatment.
- In most cases: by eating a well-balanced, high fiber diet that includes beans, bran, whole grains, fresh fruits, and vegetables, drinking plenty of fluids and exercising regularly is enough.
- Set aside time (preferably after breakfast or dinner) for undisturbed visits to the toilet
- Do not ignore the urge to have a bowel movement.
- Understand that normal bowel habits vary.
- Whenever a significant or prolonged change in bowel habits occurs, do a medical check-up.
- Most people with mild constipation do not need laxatives. However, the doctors may recommend laxatives for a limited time for people with chronic constipation.



Antenatal Care - The Midwives Role?

A midwife is a person who is qualified to take professional responsibility and to provide care as an autonomous practitioner for the mother during antenatal, intranatal and postnatal periods and for the neonates. ENB cited by Jones (1994).

However, MacDonald (1991) said that there is no doubt that many midwives are under-utilised in relation to their clinical status, experience and competence. Many midwives question their current role. Increasingly, there is an eagerness among midwives to adopt an active stance and reassert their traditional place in obstetric care.

An example is about the care given during the antenatal period. In the UK antenatal care is performed by a range of health professionals, but in many areas up to 70% of this care is given by midwives. Chamberlain(1992).

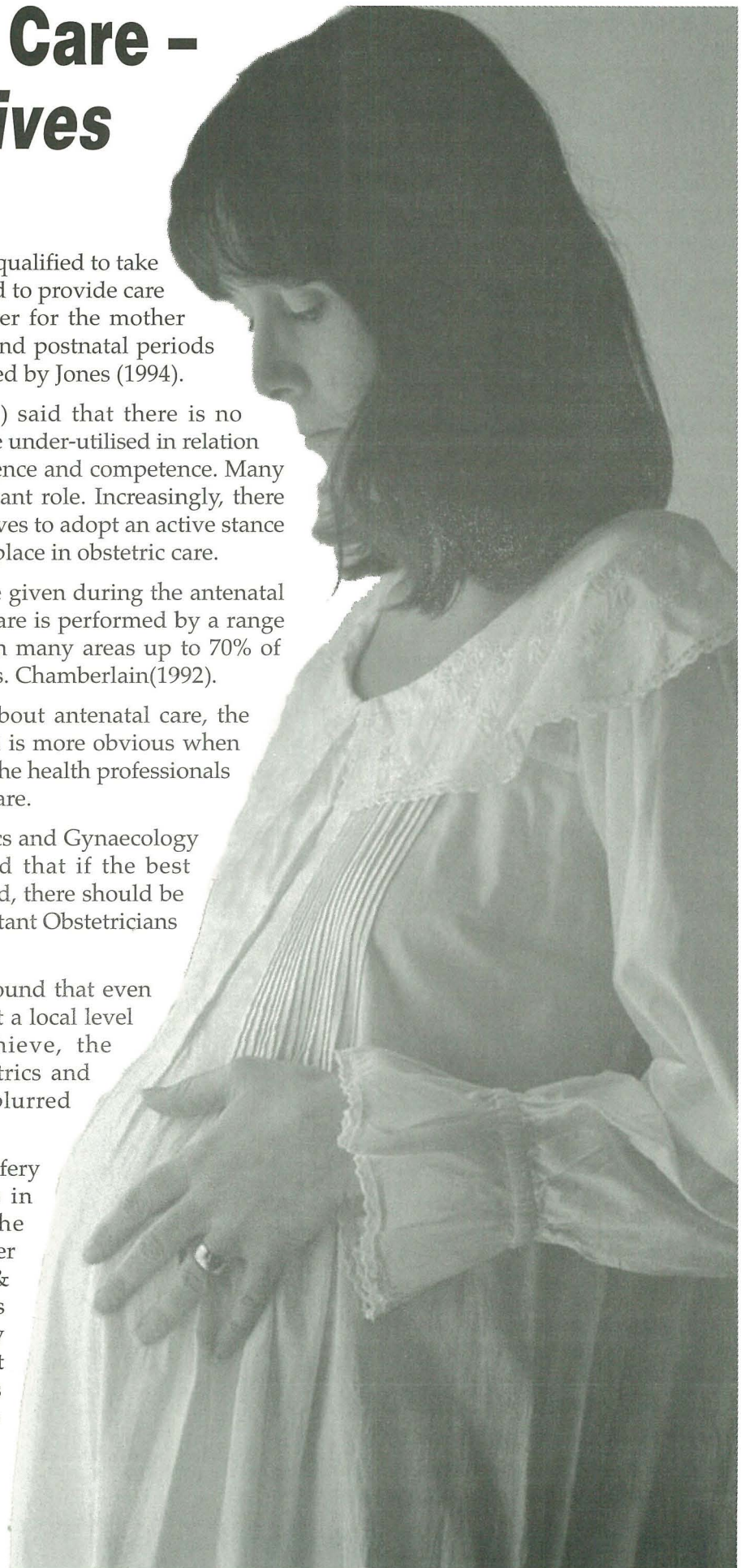
On reviewing the research about antenatal care, the need for change in our island is more obvious when obstetricians and doctors are the health professionals who provide total antenatal care.

The Royal college of Obstetrics and Gynaecology cited by Ranjan(1993) stated that if the best possible care is to be achieved, there should be a great involvement of consultant Obstetricians in pregnancy and childbirth.

In many studies done, it is found that even though practical guidelines at a local level are not impossible to achieve, the dividing line between obstetrics and midwifery will always be blurred and indistinct.

In other countries, the midwifery staff are fully autonomous in their job, as opposed to the Maltese counterparts. However according to Tawler & Bramall(1986), the midwives role changed, because they accepted doctors' involvement without protest. Midwives uncomplainingly accepted the subservient role alongside the doctors who supervised their practice.

There is a general assumption that women





benefit from receiving antenatal care, but current service often fail to meet the women's real needs and is a waste of both human and financial resources.

Infact, expectant mothers are becoming more aware of the type and quality of care they need and therefore expect this care during pregnancy, delivery and pureperium. They have high expectations of receiving information, advice and reassurance, but in reality they frequently complain of lack of information, lack of or conflicting advice and anxiety.

Clients should be presented with a better type of midwifery service, than the fragmented type of care they have been given so far. (Ranjan 1993)

The potential for health care workers to make the childbearing experience a positive and enriching time for the women and their families is often not realised.

A factor that inhibits change is that antenatally the health care team is made up of few midwives. This lack of midwifery staff is making it more unlikely that midwives take their role as lead professionals in normal pregnancy.

In a study done by Sikorski et al (1995) on professionals' views on changes in antenatal care, they found that midwives were the group most keen to see change whilst general practitioners were the least.

This is also what has been happening in our island as the General practitioner is the first health care professional, to be in contact with the pregnant women, and also the one who confirms the pregnancy. The latter worsens the situation as the general practitioner is more

likely to reduce the primary care role achieved in the provision of antenatal care. Also, he might refer the woman for the hospital booking visit much later in pregnancy, which even if continuity of carer can be provided, this will be restricted.

Team Midwifery is the solution which enhances continuity of carer. Team Midwifery is the only option for those Midwives who feel increasingly powerless and demoralised in their profession because they have found it difficult to provide maternity care that women deserve. (EMG) The Expert Maternity Group (1993).

Team Midwifery was provided on our Island between 1996 till 1999 beside one year of the preliminary study. however this service was stopped suddenly without any valid reason whatsoever.

Women who were chosen were those of the low risk group, and the final decision of whether they were seen by this team was always that of the consultant obstetrician.

The latter happens because there are no protocols available to show exactly what midwives can practice without any obstetric help or interventions. The only protocol available in the maternity units of Karen Grech Hospital, is at the delivery suite, where what is written and what is practised is very different.

If changes in providing care



are to be made, they have to be well planned so that when, implementing the necessary change, repercussions on both deliverers and consumers of health care are minimal. The need for change to be planned accurately is that the consequences will ultimately effect all the staff whether interested in change or not.

Luciana Xuereb
MIDWIFE

References:

- Chamberlain, G. (1992) *ABC of Antenatal Care* Great Britain: Churchill Livingstone
- Department of Health (1993) *Changing Childbirth* Part 1, report of the Expert Maternity Group. London: HMSO
- MacDonald, J. (1991) *Relative roles of the midwives, G.P. and obstetricians in the care of pregnant woman in the next decade* *Contemporary Review of Obstetrics & Gynaecology* 3: 201-205 October
- Ranjan, V. (1993) *Who should care for the pregnant woman? An obstetric's view* *Professional Care of Mother and Child* 249-250 October
- Sikorski, J.; Clement, S.; Wilson, J.; Das, S.; Sneeton, N. (1995) *A survey of health professionals' view on possible changes in the provision and organisation of antenatal care* *Midwifery* 11(2): 61-68 June
- Tawler, J. & Bramall, J. (1986) *Midwives in History and Society* UK: Croom Helm Ltd



It-Tfal, l-Isports u l-Basketball

Illum qed nghixu f'soċjetà fejn l-isports kiber fl-importanza tiegħu mmens. Ghax permezz ta' l-isport it-tfal u ż-żghżagh iżommu 'l bogħod minn vizzji ħziena.

Sa minn età żghira, it-tfal juru l-potenzjal tagħhom fl-isport. Mill-banda l-oħra, huwa mportanti li l-isport jiġi pprattikat minn meta t-tfal ikunu għadhom żgħar. Minn din l-età trid tibda titrawwem il-paċenzja, id-dixxiplina sportiva u fuq kollox tikber kultura sportiva li b'xorti tajba bhalissa f'pajjiżna hawn għatx għaliha. Hawn hafna dixxiplini sportivi li wiehed jista' jinkoraġġixxi lit-tfal biex jipprattikaw. Illum għażilt li nitkellem fuq il-logħba tal-basketball. Logħba li f'pajjiżna kisbet popolarità kbira fost iż-żghżagh, l-aktar minhabba s-saħħa fiżika kemm fl-idejn u fis-saqajn li tirrikjedi. Nisthajjel tghidu li l-basketball jghodd biss għan-nies twal, però dan mhux il-kas. Hemm bżonn minn kollox : -plejers twal u plejers anqas twal. forsi l-aktar popolari huma l-famużi 'Globe Trotters' għall-abbilta' kbira li juru fuq il-ballun u d-dahk li jnisslu waqt xi esebizzjoni meta kienu jdur d-dinja. Iżda l-basketball hi logħba ta' natura oħra minn dik tal-'Globe Trotters', hija logħba ta' saħħa fiżika kbira u jekk tara logħba darba tibqa' mpressjonat kif minn distanza, plejer jirnexxielu jiskorja fil-basket. Is-sabih tal-logħba jkompli billi fil-basketball m'hemmx draw- rebbieh jew tellief. L-eċitament jikber għax l-arloġġ jintlagħab kollu (40 minuta) jiġifieri sa l-aħħar sekonda kollox jghodd. L-akbar kompetizzjoni dinjija hija l-verżjoni Amerikana NBA- (National Basketball Association). Fil-kampjonat Amerikan naraw plejers ta' livell eċċezżjonali bħal Shaquille O'Neil, Allen Iverson, Kobe Bryant, però l-aktar plejer popolari jibqa' l-leġġendarju Michael Jordan li dan l-aħħar reġa' beda jilgħab ma' Washington Wizards fl-età ta' 38 sena wara waqfa ta' madwar 3 snin.



L-aktar kompetizzjoni popolari fl-Ewropa hija l-'Eurolega' ugwali għaċ-champions League tal-futbol fejn l-aqwa timijiet ewropej jikkompetu kontra xulxin. L-istess pajjiżi li jiddominaw iċ-Champions League, huma l-istess pajjiżi li jiddominaw il-Eurolega. Fil-fatt ġieli anke l-isem huwa l-istess, kemm għall-futbol u kemm għall-basketball. Insibu Real Madrid, Barcellona, Majorca (Spanjoli) Panatinaikos, Olympiakos (Griegi), Red Star (Jugoslavi) fost l-oħrajn. Ir-rebbieha tal-Eurolega fl-aħħar edizzjoni kienu t-Taljani ta' Kinder Bologna.

Malta tiehu sehem fil-basketball fil-logħob tal-Pajjiżi Żgħar. Kien hemm rebh ta' midalji tal-bronż f'San Marino fl'85 u f'Monaco fl'87. Fl-Islanda ntrebhet midalja tal-fidda f'din id-dixxiplina. Kull sentejn ukoll issir il-Promotion Cup għall-pajjiżi Ewropej tat-tielet kategorija- Skozja, Wales, Gibilta', San Marino, Andorra, Lussemburgu, l-Islanda u Malta. Din is-sena għall-ewwel darba Malta hadet sehem fir-'round' ta' kwalifikazzjoni għat-Tazza ta' l-Ewropa (bhall-futbol) li tlajna biex nilgħabu kontra l-Ungerija, Rumanija (it-tnejn li kwalifikaw) u l-Awstrija.

F'Malta jintlagħbu 5 kompetizzjonijiet lokali- Super Cup, MBA Shield, Louis Borg Cup, K.O. u l-kampjonat- l-aħħar tazza mportanti. Għalhekk sabiex tara l-eċitament tal-logħba, waqt il-hin liberu tiegħek tal-Hadd (sakemm ma tkunx xogħol,) wara nofsinhar asal wasla sal- Padiljun Nazzjonali f'Ta' Qali (hdejn il- 'ground' Nazzjonali) u segwi xi logħba li tkun għaddejja.

Jekk għandek jew taf xi tfal li jixtiequ jilgħabu l-basketball (età bejn 8 u 14- il sena) għidilhom li għada kif twaqqfet skola 'XL Basketball School'.

Is-sessjonijiet isiru kull nhar ta' Sibt bejn l-10 am u nofsinhar gewwa l-Verdala International School-Pembroke. Din l-iskola toffri xejn aktar minn tagħlim, divertiment u tahrig dwar il-basketball

Grazzi għall-MUMN, fl-okkażjoni tal-5 anniversarju mit-twaqqif tagħha minflok il-prezz ta' Lm25, it-tfal tal-membri jhallsu Lm20 kull term.

Għal aktar tagħrif ċempel fuq 419436 jew 09466723.

Doreen Cassar - MIDWIFE



Nurse Patient Ratios

California passed a law, the first in the USA, requiring minimum hospital staffing standards in 1999. The Department of Health Services is due to declare proposed ratios in September and be implemented by 1 January 2002.

In a landmark labour/management cooperation, Kaiser Permanente, the state's largest healthcare employer, has endorsed the nurse-to-patient ratio plan proposed by a coalition of nurses' unions. The ratio proposed by the California Nurses Association for medical/surgical units is one nurse for every three patients. The Kaiser/union proposal is one to four. Both of these ratios are far lower than those proposed by the hospital industry, i.e. 1 to 10! The negotiation will need to be closely monitored, as the final ratio may become a standard for other countries as well as other states. In 2000 the Victorian Branch of the

Australian Nursing Federation (ANF) was due to negotiate another Enterprise Agreement on behalf of the 20,000 equivalent full-time nurses working in the State's public hospitals. The ANF submitted a wage and conditions claim, which emphasised the need to control of patient workloads via mandated nurse-to patient ratios. As a consequence of the nurses' bans, over 1000 beds across the system were closed. The Victorian Government requested arbitration by the Australian Industrial Relations Commission. Hospital management and the ANF agreed to this. The Commissioner subsequently mandated the implementation of nurse patient ratios from 1 December 2000. Despite its initial concern, the Government provided approximately Aus\$ 7 million in support of implementation of the agreement, which also included measures to support the recruitment and retention of nurses (e.g. increase in salary, more study leave, increase night duty

allowances, increased automatic increment, improved paid maternity/paternity leave, overtime and rostering patterns. Etc.). Anecdotal evidence shows a reduction in staff turnover, reduction in sick leave, increase in nurses' morale, and a potential for a Victorian nursing workforce that is stable and sufficient in numbers.

Examples of the nurse patient ratios applied on dayshifts are:

Medical/surgical wards:

Group A hospitals 1 :4+In charge

Group B 1 :5+In charge

Accident/Emergency 1:3 +In charge + Triage

Labour Wards 1:1

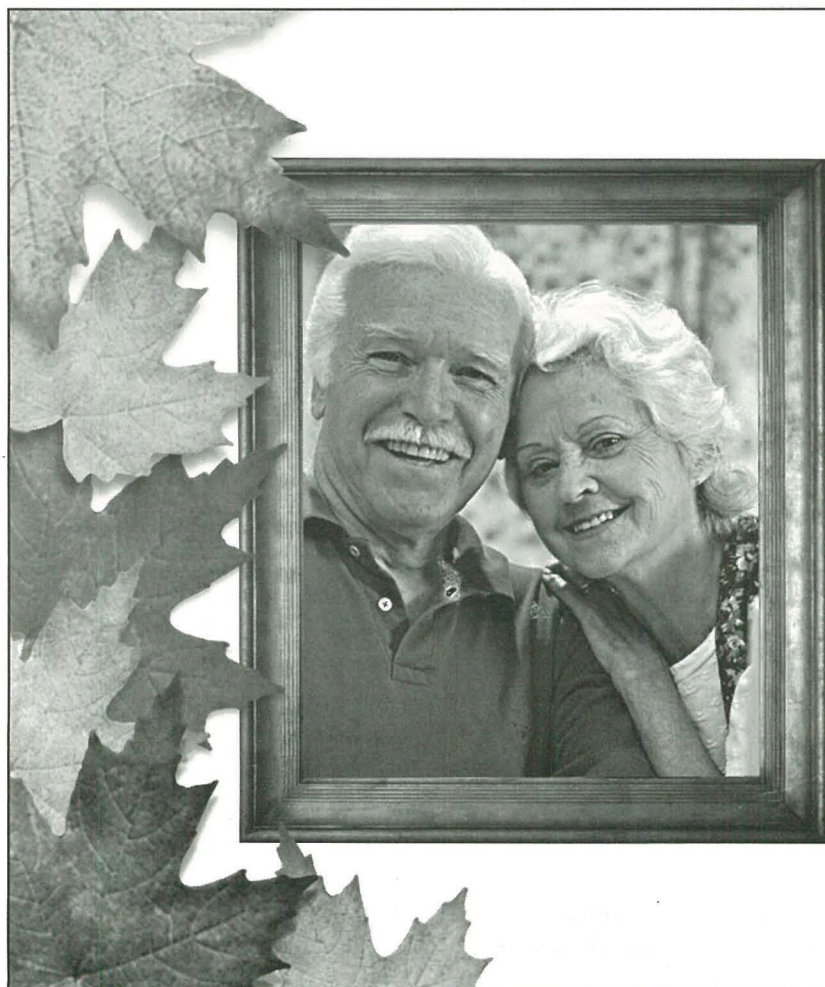
Ante/Post natal 1:5+In charge

Operating Rooms: General cases 3 nurses per theatre, Complex cases 4

High Dependency Unit 1:2+In Charge

Palliative Care 1:4+In Charge

SEW News



Home for Residential and Nursing Care

- Superb location with garden and pool.
- All apartments with twin beds, two balconies with a view, full-size bath or shower, living area and kitchenette.
- Passenger lifts to all floors.
- Busy social calendar and activities.
- Chapel and recreation room.
- Excellent 24 hour nursing care by qualified and dedicated staff. Home or personal doctor.



For viewing and booking please contact:
 Casa Serena, Sir Luigi Preziosi Square, Bugibba.
 Tel: 2157 7897, 2157 7915, 2158 3243
 Fax: 2144 1811



Ej Jew Nieqfu Ftit...



**Il-Bord Editorjali
jixtiqilkom
Milied Hieni u
Sena Ġdida
mimlija Ferħ u Paċi**

Jesus

*The Almighty became a helpless child
utterly dependent on a relationship with a woman,
a relationship of love.*

At birth

*Jesus had no security but the arms of Mary
and the presence of Joseph.*

*He became a child refugee
as the family fled into Egypt,
encountering dangers and uncertainties.*

And after their return

*they settled in the village of Nazareth, in Galilee:
a village of poor people, looked down upon by others,
inhabiting caves in the hillside.*

And there Jesus lived in simplicity for thirty years.

*He worked with his hands,
being the son of the carpenter, Joseph*

Jean Vanier
(THE BROKEN BODY)

God's Mercy

In the beginning God made man;
But man could not live alone
so God made him a mate.

God blessed them both
and saw that their needs were fulfilled.

Mankind was foolish
and sinned against God.
Now man must toil through life;
he must taste the bitterness of life;
he must see his woman suffer to bear his child
and he will suffer with her.

But God was kind in his judgement.
He allowed that the woman would have help in her agony;
that she would have someone beside her to answer to her needs;
someone who would ensure her safety and that of her child;
someone who would ensure the final triumph;
someone who would be the first to witness the miracle of creation;
someone who would be the instrument in God's hands,
who would show His greatness to all the world,
who would praise Him through her work.

Thus was the midwife conceived,
**and God was pleased with her
and blessed her.**



Marie-Louise Bugeja SRN,SCM

We have planned our future!



The MSV RETIREMENT PLAN

F R E E P H O N E

0800 77 22 20

Middle Sea Valletta

LIFE ASSURANCE CO LTD.

Middle Sea House, Floriana, GPO 01. Tel: 226412/7 Fax: 226429

www.msvlife.com

The Retirement Plan is issued and underwritten by Middle Sea Valletta Life Assurance Co. Ltd. who is licensed by MFSC to provide Investment Services under the Investment Services Act 1994 and authorised to carry on long term business under the Insurance Business Act of 1998. The value of the underlying assets (and hence the value of the Plan) can fall as well as rise according to market conditions, including exchange rate fluctuations. Past performance is not necessarily guide to future performance. Investments in foreign currency are subject to exchange control regulations.

“Make them easier to use.
But keep their impressive
healing qualities.”

We listened to Hypergel® and Normlgel® users. That's how we've been able to make these effectively proven gels even better. Now Hypergel and Normlgel come in easy-to-use tubes and have increased viscosity. You'll find that the:

- **new tubes** make them easier to apply
- **increased viscosity** ensures that the gels will better stay in place

Hypergel softens and debrides necrotic tissue, so it's ideal for managing wounds with dry necroses. Normlgel donates moisture while maintaining a moist environment in granulating wounds and softens yellow fibrin.



open wound care system

Both Hypergel and Normlgel are available in 15 gram tubes.



I am interested in the products Hypergel and Normlgel.
Kindly send me more information on the use of these products in wound treatment.

Name _____

Address _____

Post Code _____

Phone _____



PHARMA-COS LTD

Registered Office: Pharma-Cos Limited, Pharma-Cos House,
Triq C. Portanier, Santa Venera HMR 11, Malta

Tel: 00356 441870, 441977, 441988 ☎ Fax: 00356 441388

E-mail: info@pharma-cos.com 🌐 Website: <http://www.pharma-cos.com>