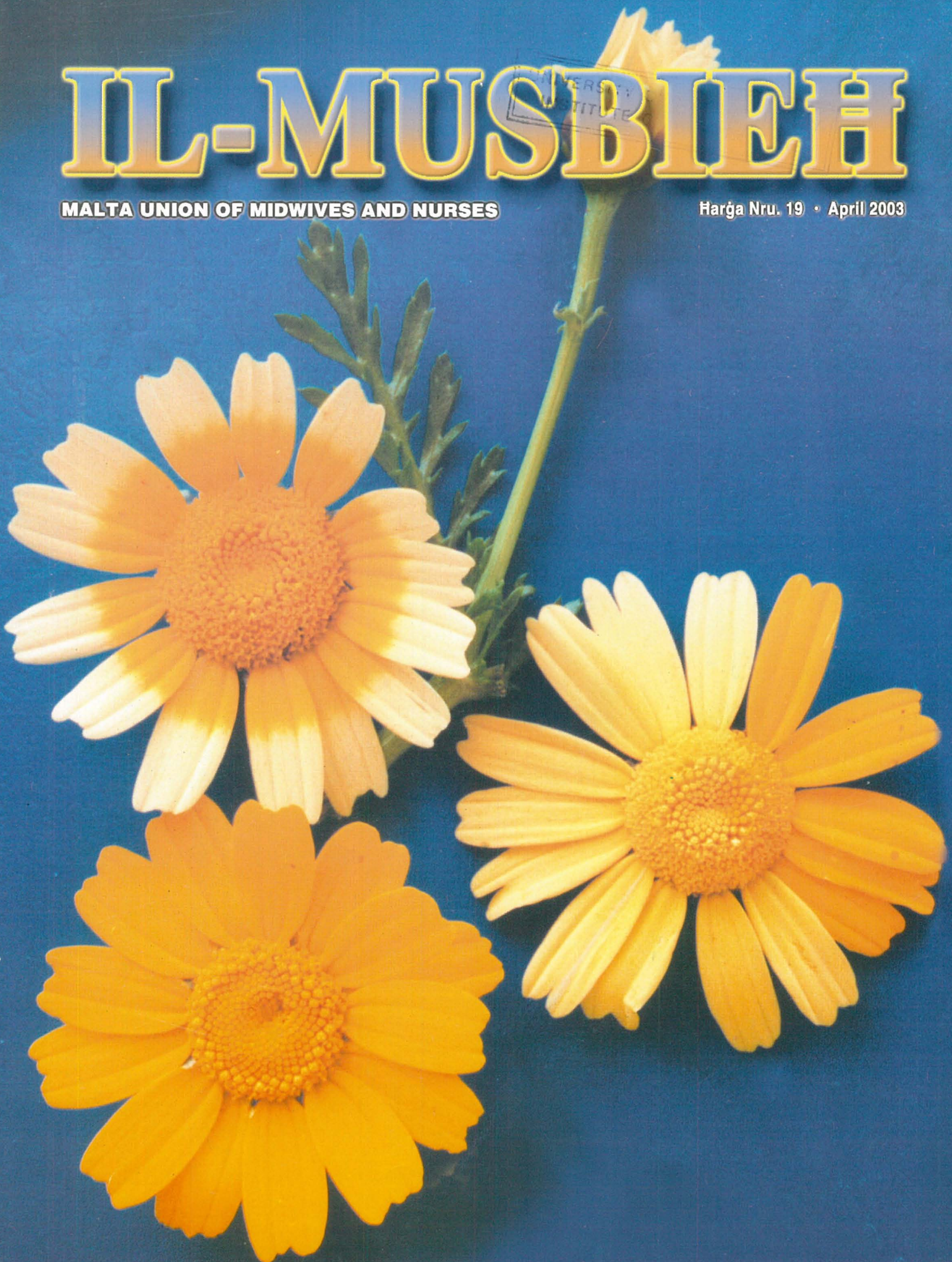


IL-MUSBIEH

MALTA UNION OF MIDWIVES AND NURSES

Harga Nru. 19 • April 2003



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IL-MUSBIEH

Nru.: 19

April 2003

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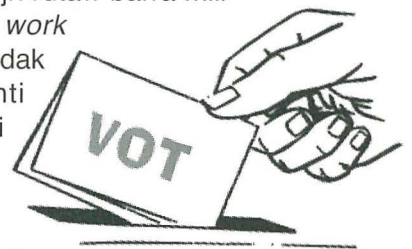
INFRASTRUTTURA U VOTAZZJONIJIET

Fis-7 ta' Frar, 2003 deheru żewġ ittri f'"The Times", li kienu jittrattaw suġġetti li jolqtu lilna mill-viċin. Pazjent ilmenta ma' l-awtoritajiet biex jaghmlu minn kollox biex il-ward fl-isptar San Luqa li kien fiha tissahhan, speċjalment f'dawn il-ġranet kiesha tax-xitwa. Dan is-sinjur kien qed jitlob xi haġa l-aktar bażika u li tittiehed 'for granted' speċjalment f'pajjiż li jqis ruhu li mhux tat-tielet dinja. Qed jitlob xi haġa li hi bi dritt tiegħu u għalhekk mhux tiegħu biss iżda ta' min jahdem mal-marid ukoll. Ninnutaw ċertu diskrepanzi fl-infrastruttura bejn sptar u iehor, bejn Dipartiment u iehor, bejn proġett u iehor. Qed jintefa' sforz fuq l-isptar il-ġdid, dan tajjeb, iżda ma rridux ninsew li l-isptar San Luqa għadu jospita folla numeruża ta' l fuq minn 1,300 pazjent u għad fadal hafna żmien biex issir il-migrazzjoni. Għalhekk b'mod urġenti l-infrastruttura ta' l-isptar San Luqa trid tiġi rranġata u mantenuta kontinwament għax inkella malajr tikkrolla, speċjalment bin-numru ta' pazjenti li hemm fis-swali. Ma rridux ninsew dawk il-pazjenti li minhabba l-iffullar, tkun xi tkun il-kundizzjoni tagħhom qed jiġu kkurati f'nofs ta' kuridur kiesah minghajr privatezza. Dan qed johloq konfużjoni u stress fuq l-infermiera.

Il-kundizzjonijiet estetici, ambjentali u infrastrutturali ta' l-Isptar San Luqa u sptarijiet ohra jridu jibqgħu sani kif in ġenerali minn dejjem kienu jew jitjiebu sakemm għad hemm pazjenti u haddiema jahdmu ġewwa fih.

Ittra ohra kienet tittratta il-votazzjonijiet. Suġġett jahraq bħalissa, iżda li wkoll huwa wġiegħ ta' ras għal min jahdem fi Sptar ġenerali bħal taghna speċjalment għalina n-nurses u l-midwives. La s-sistema hija dik li trid toqgħod tohroġ lill-pazjenti biex jivvutaw barra mill-isptar, se jibqa jsir ix-xogħol ta' *paper work* qabel u tbatija żejda għall-morda u l-istaff dak inhar li ssir il-votazzjoni biex il-votanti jivvutaw fil-lokalitajiet tal-votazzjoni tagħhom. Min kiteb l-ittra staqsa hux possibli li l-partiti jaċċettaw li l-pazjenti jivvutaw minn hdejn is-sodod tagħhom ġewwa l-isptar stess. Tajjeb ngħidu li b'kombinazzjoni ż-żewġ partiti l-kbar dejjem irrispondew lill-MUMN permezz ta' ittri (ara paġna 12) li ma jistgħux jaċċettaw din is-sistema. Sadanittant jibqa jsir ix-xogħol klerikali kollu minna, iċċekkjar kontinwu, karti u formoli, responsabilità tad-dokument tal-vot, deċiżjonijiet fl-aħhar mumenti u skarigġ ta' trasport minn fil-ghodu sa fil-ghaxija. Ix-xogħol ikun aktar voluminuż speċjalment fejn m'hemm *ward clerical assistants* jew biżżejjed staff.

Żewġ ittri li juru li kull fejn hemm xi tip ta' problema li taffettwa l-marid, taffettwa awtomatikament lin-nurse u l-midwife fl-operat u l-hajja tagħhom.



IL-BORD EDITORJALI TAL-MUSBIEH JAWGURA XOGHOL TA' FEJDA LILL-KUNSILL IL-ĠDID TAL-MUMN U L-GHID IT-TAJJEB LIL KULLHADD

Message from the President

Dear members,

I would like to take this opportunity to thank all of you for the support you showed in me and elected me once again in the MUMN Council for the next four years. Allow me also to thank you all on behalf of the elected members for your support.

I must admit that I was very much overwhelmed for obtaining a substantial number of votes and this is a clear message that I must continue to strive for the benefit of our professions and I cannot but increase my responsibility and commitment to serve you and to work even harder for the interest of all members.

My appeal in the last issue of *il-Musbieh* was heard and this election was highly contested. This means that our Union is very active and you all appreciate the importance of having an active role so that all together as a team we shall continue to develop our standards to compare well with other professions and also with other countries. All those who contested this election did so because they have our Union at heart and therefore those who did not make it to be part of the Union's Council are urged to continue to work closely within MUMN as each and everyone can contribute for the benefit of our professions.

Now we must continue to look ahead and I assure you that the future is more challenging then ever. The Nursing and the Midwifery professions are going through a period that I am tempted to call as turbulent. A New Major Hospital with hopefully new managerial attitudes, the EU, the introduction of specialisations, the conversion course for E.N.s are just to say the least the tip of the iceberg of our challenges in the coming years.

Our immediate task is to conclude pending discussions for a new Sectorial Collective Agreement in order to achieve the same standards of working conditions as other professionals in the Public Sector. One main important issue in these discussions is definitely the concept to introduce a scheme for early retirement for Nurses and Midwives. No one can argue that our work is conducted in highly stressful environment and it was also proven that due to the level of stress both psychologically and physically the longevity of Nurses and Midwives is compared to mine workers.

The new Council is committed to improve our status and shall continue to closer to our members. To consolidate this the last General Conference approved a new Statute, which reshaped the Union structure. There is more devolution of power and a number of Executive Committees have been set up. This will ensure that you are at the core of the Union's interests.

MUMN is a leading trade union in our island and we must be very proud to form part of this family. On behalf of the Council and myself I wish you all and your families a Happy Easter.

Thank you

Rudolph Cini

“HOLD FACT TO WHAT IS TRUE AND HAVE THE COURAGE TO KEEP GOING”

TOMMY DIMECH V/President, MUMN

The seventh annual meeting of The European Forum of National Nursing and Midwifery Associations and World Health Organisation that was held in Madrid was a continuum to strengthen the awareness and knowledge to the Munich Declaration as adopted in Munich in June 2000. I once again had the opportunity to participate at this Forum with my colleague Joe Zammit and it is remarkable to note the great hospitality shown by the Spanish Nurses Organisations. It is also a relief and an approval of “welcome back” to Ms Ainna Fawcett-Heney, the Regional Adviser of the Forum.

Madrid, once more offered the opportunity to learn from other countries’ difficulties regarding staffing problems and Prof. Jim Buchan, an International Consultant on Workforce, Planning and Management, made a presentation that was highly appreciated. *‘Shortages need to be prevented and the amount of Nurses to work on night and day duties need to be determined if professional nursing care is to be safeguarded. This should be based on how many nurses are needed and how to keep and attract back others that left the workforce. The job should be an attractive opportunity, and staff should be involved together with all stakeholders. Staff problems are to be seen to. This will prove cost-effective and also result in the better outcome for the patient.’*

Baroness Cumberlege, House of Lords, UK quoted Nelson Mandela:

“From the pain comes the dream, from the dream comes the vision from the vision come the people, from the people comes the change”

Baroness Cumberlege spoke about the politics of Nurse Prescribing, and how reaching this goal encountered difficulties in UK. I would say that more or less is the same what we encounter in Malta when our Union struggles to bring about change. A change creates allies, opponents, badfellows and even enemies. But Madame Cumberlege insisted that personal belief, clear communication, keeping the message constant and taking the initiative is the way to go about it. *“Hold fact to what is true and have the courage to keep going”*. We can all take this clear message. For MUMN a clear but difficult way is ahead. Baroness Cumberlege gave a confirmation that it is quite possible to work in conjunction with other stakeholders of Health Services in Malta but at the same time we have to stick to our beliefs. We need to strengthen our Primary Health Care Services, introduce the Family Health Care Nurse and we

need a service that is focused towards the patient and not a service that is focused towards a personal interest of any category. Thanks to our colleagues in the UK we now have the proof that such system is safer; is patient-friendly; increases the importance of the Primary Health Care Team and is also more cost-effective.

The Munich declaration should be a means, a tool to create dialogue with governments. It should be implemented even in our country; serve as basis to change and be the pillar to create the much-needed change in our Primary Health Care Services. Madrid showed that determination is the way to change and that giving up means failure, and failure means catastrophes in our Health Care systems affecting not only the patient but also the health of the whole country, ending up with a sick workforce. Knowing once more that MUMN is being proactive in preparing to be the stimulus to bring about change in the Primary Health Care services makes me feel honored to be part of this organisation. We are doing it only with the sole propose to see the best possible for our citizens. MUMN is also ready to collaborate together with other countries where Midwives and Nurses are encountering difficulties.



My sincere thanks to WHO Regional Office for the Nurses and Midwives in Europe for giving us the opportunity once more to share our views in Madrid and also to the Forum Steering Committee for organising this assembly. We learn through our experiences and believe strongly that our mission should be to provide the best care possible to all those that need it.



STRESS FACTORS AND THE PERCEIVED NEED OF PSYCHOTHERAPEUTIC SUPPORT FOR NURSES AND MIDWIVES WORKING AT ST. LUKE'S HOSPITAL AND KAREN GRECH HOSPITAL

JOE CAMILLERI
Nursing Officer

In May 2002, the Staff Support Group of St. Luke's Hospital was formed and held its first meetings. This Group is made up of Fr. John Vella, (Chairperson), Mr. Reggie Aquilina (Secretary), Mr. Publius Abdilla, Mr. Joe Camilleri, Ms. Joan Camilleri, Ms. Rita Borg Xuereb, Ms. Theresa Bugeja, Mr. Richard Cassar and Dr. Noel Fenech.

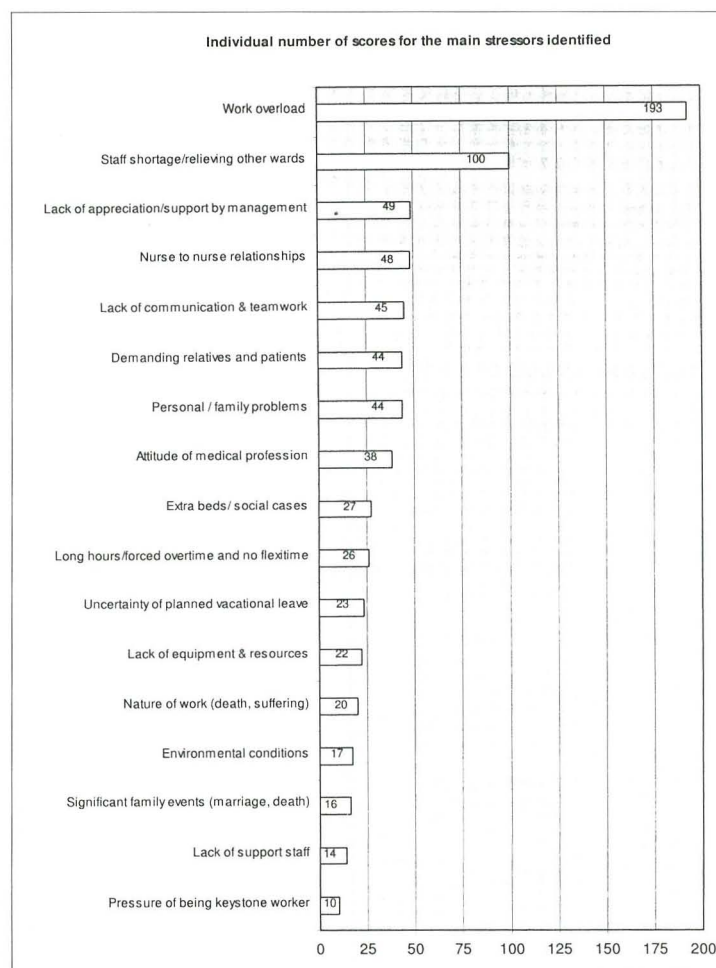
This group is an unofficial and voluntary Committee dedicated to raise awareness of present stress levels of staff and works towards initiating strategies that may lead to enhanced psychological well being of nurses and midwives.

Data was needed so as to get information on stress levels at St. Luke's and Karen Grech Hospitals and the Out-Patients Department of St. Luke's Hospital. A questionnaire was prepared and distributed among all nurses and midwives working at these Hospitals and therefore find out what is the demand for a Psychological/Psychotherapeutic service in St. Luke's Hospital.

The methodology used was a self-administered survey questionnaire that consisted of a closed question and two open-ended questions. A total amount of 1132 questionnaires were distributed and the number retrieved was 380 giving a 34 per cent response rate.

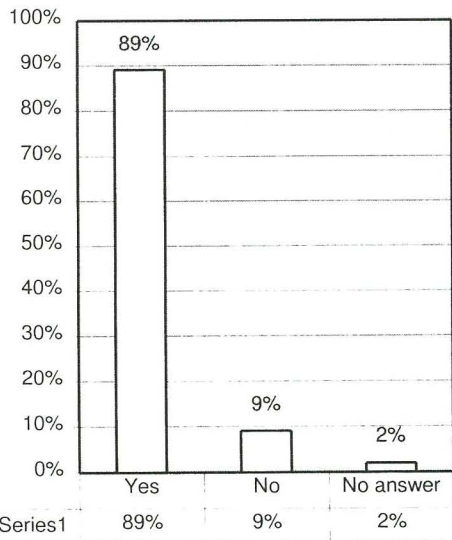
The present study has clearly identified a range of the main contributing stress factors in Maltese nurses working in St. Luke's Hospital and Karen

Grech Hospital. These stressors correspond to the findings of other studies carried out both locally and abroad. Work overload has emerged as the most significant stressor in the workplace and this has been reported in all the other previously mentioned foreign (McGowan 2001, Healey & McKay 2000, Grant et al 1994, Demerouti et al 2000, Harris 2001) and local studies (Sammuto 1992, Miller & Tipping 1991 MUMN study). (Refer to figure).



It is clear from the results of this survey that nurses in St. Luke's and Karen Grech Hospital are still working under very stressful conditions and that their stress is more correlated to their work than to their social or family life. It is also clear from the results that nurses find it difficult to refer themselves for professional help and a significant number are using potentially maladaptive coping mechanisms that may lead to increased ill health. This was clearly shown with the significant number of respondents who stated that they reacted to stress by suffering in silence, keeping it bottled up, venting it on

Percentage of nurses who believe hospital employees need psychological/psychotherapeutic interventions (n= 380)



Q.6 Do you think that hospital employees require psychological/psychotherapeutic interventions

family members or have emotional outbursts.

Recommendations

The study results have given a clearer picture of the areas that need to be addressed. It is recommended that:

- A Staff Support Unit should be set up with psychologists and specialized trained staff to introduce individual and group counseling sessions. These may include burnout prevention programmes. (Refer to figure).

- Ensure workloads correspond to workers' capabilities and resources. Clearly define workers' responsibilities and reduce the pressure that comes down on nurses from all departments.

- Ensure adequate and well-trained support services while improving communication channels.

- Appreciation by authorities should be more clearly demonstrated both on the verbal level with individual staff (by

praising work that is well done) and by other reinforcements e.g. Career opportunities, long-term job security, salary increases, personal development.

- Design work duties so that workers can make decisions, take responsibility, and feel empowered.

- Nurses who are identified as good candidates should be trained in order to give therapeutic interventions of a psychological nature to patients.

- Consider the introduction of an early retirement scheme as suggested in previous local studies. The fact of having such a 'safety valve' can in itself reduce stress, and it has been demonstrated that when a person feels more in control due to having such a safety valve he/she may not necessarily avail of it (Taylor 1995)

Quotes that nurses and midwives wrote in their questionnaires:

"You can never win the system - we are caring for the patients but nobody is caring for the nurses".

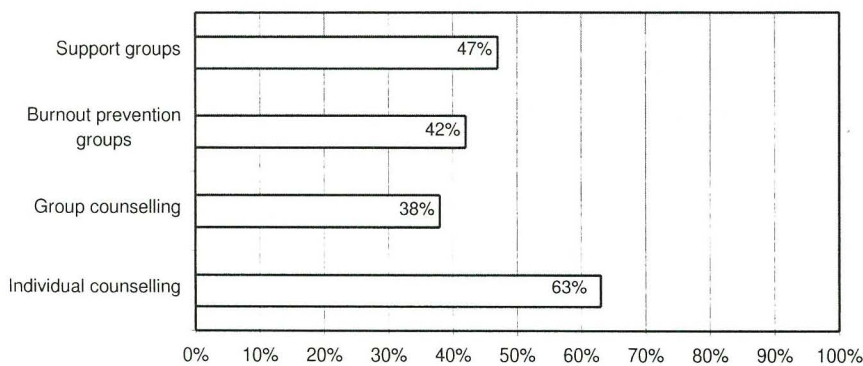
"Grin and bear it because you are always told that there is someone worse off".

The Staff Support Group's intention is that if any nurse or midwife working in St.Luke's Hospital have any suggestions on this project, they can do this by sending an Email to reginald.aquilina@gov.mt so that these would be referred back to the Committee for consideration. It is also the intention of the Customer Care Unit to give its full support for any initiative regarding the same project.

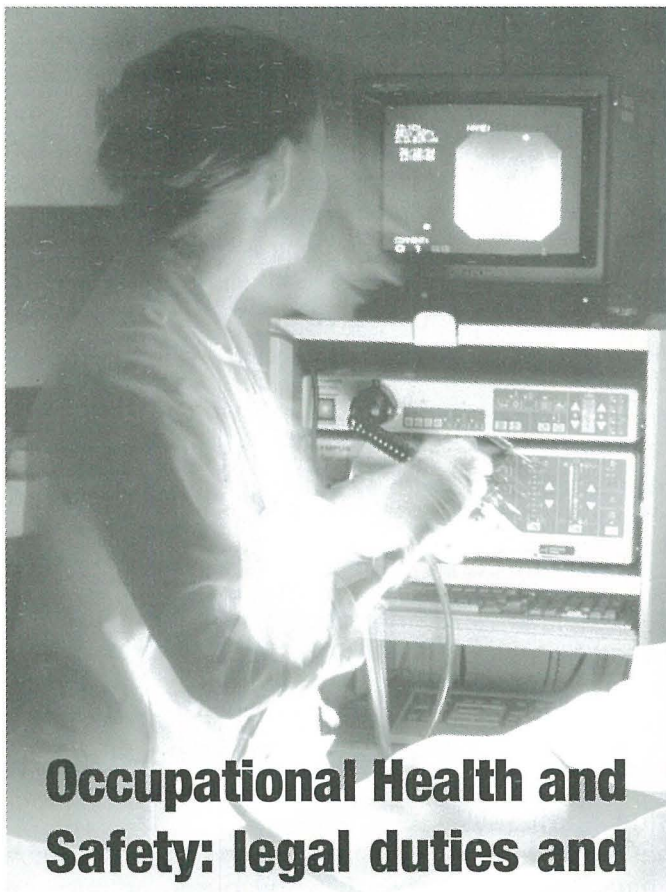
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Mean percentage scores for choice of psychological interventions



Q.7 What type of interventions do you think nurses require?



Occupational Health and Safety: legal duties and obligations.

■ **Neville Schembri SN, PQDip.HSc.**

In Maltese we have a nice proverb that goes '*ix-xoghol salmura tal-gisem*'. The proverb's translation in English would literally be 'work is the pickle of the body'. Work takes care of our physiological and psychological needs, maintaining or preserving (that is why the word *salmura*) our body in a healthy state. This belief has been shared for quite a long time; in fact Antisthenes (406 BC) a Greek philosopher argued that "work is the essential good and the source of satisfaction". Man needs to work in order to stay healthy, however work itself has also been associated with risks to health and it seems that there is no inherently safe work activity.

As nurses we are constantly facing a range of hazards that are associated with the tasks performed in order to offer a professional service. The list of potential hazards encountered by nurses is vast including elements of exposure to radiation, toxic chemicals, stress, noise and biological hazards amongst other factors. There is also the habit amongst nurses that they often tend to put the safety of the patients above their own, especially when dealing with particular cases of emergency. Such practice could eventually pose serious health problems to the workers themselves. A news release by the National Statistics Office – Malta points out that amongst the local female workforce, nurses fall in second place regarding the probability of becoming victims of workplace accidents. There is a burgeoning extent of legislation and regulations on this subject matter both at national level and within the international European dimension. Looking

at such laws and regulations might help us understand how, what and who has the legal duties and obligations to safeguard our own health and safety within our working environment.

Chronology of Maltese legislation pertaining to health and safety.

The first law to be enacted with reference to health and safety was the Factories Regulations Act of 1926. This Act dealt with the employment of women and children together with the general conditions of employment relating to factories. A second milestone in health and safety legislation was the enactment of the Factories Ordinance in 1940. This law gave power to the minister responsible for labour to make, amend or revoke regulations pertaining to factories.

Under the Factories Ordinance, an important set of regulations entitled Factories (Health, Safety and Welfare) Regulations were issued in 1986. The major problem with the Factories Ordinance and the Factories Regulations was that a number of workers were not covered by the law due to the strict interpretations given to the terms factory and place of work.

In 1994 there was the enactment of Act VII entitled Act for the Promotion of Occupational Health and Safety, which effectively repealed the Factories Ordinance. Act VII of 1994, was applicable to all places of work in Malta including businesses of self-employed persons and on behalf of this Act, employers were deemed responsible for health and safety of workers.

As part of the process to transpose European Union *acquis* into Maltese legislation, an Act entitled Occupational Health and Safety Authority Act (Act XXVIII of 2000) was enacted and repealing Act VII of 1994. This piece of legislation is therefore the most recent and applicable Act relating to conditions of health and safety at the place of work. This Act gives the power for the setting up of the Health and Safety Authority whilst making special references to the duties and obligations of the employers and workers themselves.

Duties of the employers

The duties of the employers are listed under Part II, article 6 of the Occupational Health and Safety Authority Act. There are four subsections to article 6, which in brief account for the following:

1. "It shall be the duty of an employer to ensure the health and safety at all times of all persons who may be affected by the work being carried out for such employer."
2. Measures need to be taken by an employer to prevent physical and psychological ill health, injury or death by adopting the following principles of prevention:
 - a) "The avoidance of risk."
 - b) "The identification of hazards associated with work."
 - c) "The evaluation of those risks which cannot be avoided."
 - d) "The control at source of those risks which cannot be avoided."

- e) "The taking of all necessary measures to reduce risk as much as reasonably practicable, including the replacement of the hazardous by non-hazardous or by less hazardous."
 - f) "Giving collective protective measures priority over individual protective measures."
 - g) "Adapting the work to the worker, ... alleviating monotonous work and work at a predetermined work-rate, and to reducing their effect on health."
 - h) "Adapting to technical progress in the interest of occupational health and safety."
 - i) "Development of a coherent overall prevention policy which covers technology, the organisation of work, working conditions ..."
3. "Without prejudice ... it shall be the duty of an employer to provide such information, instruction, training and supervision as is required to ensure occupational health and safety."
 4. "It shall be the duty of an employer to ensure that ...there shall be elected, chosen or otherwise designated a person or persons to act as the Workers' Health and Safety Representative or Representatives,..."

Taking a look at the above-mentioned duties of the employer within current local legislation vis-à-vis occupational health and safety we have to ask ourselves a few questions. What measures are being taken at our place of work to identify hazards and evaluate risks? A hazard risk assessment is necessary. What technological advances are being introduced in the interest of occupational health and safety? A variety of tools and aides aimed for safety practice amongst healthcare workers are available on the market. What type of instruction and training are we being provided? Training is vital for efficient, effective and safe practice. Who is/ are our Health and Safety Representatives or Representatives within the hospital? The Workers Health and Safety Representative is our link with senior management, the presence of such persons shows that the organisation really cares.

Duties of the workers

The duties of the workers are found under Part II, article 7 of the Occupational Health and Safety Authority Act. The duties are gathered into two main subsections:

1. Every worker has the duty to safeguard his own health and that of any other person affected by work carried out by him.
2. It is the duty of every worker to co-operate with the employer and the Health and Safety Representative/s at work on all matters relating to health and safety.

Under this article, the law is saying that it is not just the duty of the employers to safeguard health and safety but as employees we have our respective part to play. Are we putting at risk the health and safety of our colleagues (nurses or other allied healthcare professionals) by our actions, passivity or non-compliance with suggested rules and procedures? Are we complying with our employee on matters relating to health and safety or just opposing the introduction of certain procedures because they might seem time consuming or wasting?

This article outlines the main legal duties of employees and workers in relation to health and safety at work, giving some food for thought on the subject. Effective health and safety management requires a collaborative approach between us nurses as employees and the management representing the employer within the hospital.

Know more on health and safety with special reference to your ward/ unit by visiting this website http://www.osha.gov/SLTC/hospital_etool

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/// **Kelmtejn mis-Segretarju Generali**

Sfidi li ġejjin...

Ma nistax nibda dawn il-kelmtejn minghajr ma niringrazzjakom tal-fiduċja u l-appoġġ li wrejtu miegħi personalment kif ukoll mall-Kunsill kollu. Jidher ċar li x-xogħol li sar f'dawn it-tlett snin li għaddew kienu apprezzati u milqugħa tajjeb. Il-konkorrenza tal-Membri sabiex jivvutaw kienet l-aktar waħda għolja minn meta twaqqfet il-Union u dan fih innifsu huwa wkoll sinjal iehor ta' fiduċja. F'isem il-Kunsill kollu inweghdkom li l-MUMN ser tibqa tirsisti u tahdem għall-interessi tagħkom kemm f'dawk li huma kundizzjonijiet tax-xogħol, kemm fuq l-iżvilupp professjonali u kif ukoll fuq dak soċjali.

L-akbar sfidi li għandna quddiemna din is-sena huma prinċipalment tlieta – l-ewwel li nikkonkludu il-Ftehim Kollettiv Settorali, t-tieni li nkomplu naghmlu pressjoni sabiex il-Kura Primarja tingħata l-attenzjoni misthoqqa u li pajjiżna tant jinhtieg u t-tielet punt huwa li l-MUMN torganizza sewwa l-istudenti biex b'hekk dawn ukoll jibdeu igawdu mill-vantaġġi li toffri l-MUMN fuq diversi setturi b'mod speċjali l-iżvilupp professjonali u l-kuntatti sodi li din il-Union għandha ma organiżzazzjonijiet barranin. Dawn huma fi ftit kliem it-tlett oġġettivi li l-MUMN trid tilhaq sa l-ahhar ta' din s-sena.

Fil-Konferenza Ġenerali għaddiet mozzjoni għal-Statut gdid. Fost affarjiet ohra dan jinkludi l-istruttura l-ġdida interna tal-Union. L-oghla organu wara l-Konferenza Ġenerali issa huwa l-Kunsill. Warajh hemm tlett Eżekuttivi li ser jitrattaw dwar: ir-Relazzjoni Industrijali, l-Iżvilupp Edukattiv u l-Harsien Soċjali. F'dawn ser jipparteċipaw fihom Nurses u Midwives li ma jkunux fil-Kunsill hlief għat-tmexxija tagħhom. Dan huwa pass importanti għall-MUMN sabiex ikompli jiġu ddelegati l-poteri u d-deċiżjonijiet lil dawk il-persuni l-aktar li jkunu qrib tal-Membri tagħha. Barra minn hekk ikun qed jiġi garantit il-futur ta' l-MUMN.

Kif tistgħu taraw f'din il-ħarġa tal-Musbieh qed jidher poster tal-5th Regional Conference of the Commonwealth Nurses' Federation. Din il-konferenza ser tkun fuq skala internazzjonali u l-ewwel darba li ser jorganizzawha l-Maltin. Nappella sabiex jiġu ssottometti numru sabih ta' 'abstracts' sabiex anki ahna quddiem il-barranin nuru li ahna kapaci. Żgur li din il-konferenza ser tkun l-ewwel punt li jiġi ttrattat mill-Eżekuttiv dwar iżvilupp Professjonali. Ghalkemm għadu xi ftit kmieni biex nitkellmu fuq il-prezzijiet tajjeb ngħidilkom li l-MUMN ser toffri sussidju għall-Membri tagħha sabiex jattendu t-tlett ijiem tal-konferenza u l-prezz ser ikun wiehed li jista jiġi milhuq minn kulhadd.

Il-Union tagħna qegħda dejjem tissahhah u qed tkun l-ghira ta' hafna. Iż-żerriegħa li hawwilna seba' snin ilu qegħda dejjem tagħti l-frott. Dan dejjem sehħ għaliex kien hemm sforz kollettiv bejn kulhadd, sforz li dejjem kien sincier u ġenwin u li dejjem hares biss l-interessi tan-Nurses u l-Midwives, kien hemm minn kien hemm fil-Gvern. U hekk irridu nkomplu naghmlu fis-snin li ġejjin. Grazzi mill-qalb.

Colin Galea



First announcement and call for abstracts

5th European Regional Conference of the Commonwealth Nurses' Federation

A Commonwealth of Nations – The Commonwealth for Nurses Across Borders

Thursday – Saturday 25 – 27 March 2004.

The Hilton Malta, St. Julian's, Malta.

The European Scientific Committee invites abstract submissions from all nurses and the wider nursing profession, who are interested in sharing their skills and knowledge with a European Commonwealth audience.

CONFERENCE THEMES

- Leadership • Evidence Based Nursing/Medicine • Women's Health
- Innovations in nursing practice, research, education and management
- Moving Nursing Forward • Practice Development Nursing
- Information Technology in Nursing

Abstracts should ideally fall within one of these categories, although other areas will be considered. However, presenters are reminded that papers need to include an indication of how their work addresses and adds value to nursing and health care worldwide.

GUIDELINES FOR PRESENTATION

To facilitate the selection and processing of abstracts, the following information needs to be complied by the author. Please send to the conference organiser, wither via e-mail (mumn@maltanet.net) or floppy disk, (please use Microsoft Word for Windows) or, a typed hard copy via post (MUMN, Tower Apartments No. 1, Tas-Sisla Street, B'Kara BKR 13, Malta). Hand written submissions will not be accepted.

- Plenary sessions will be up-to 30 minutes in length and include 5 minutes for questions
- Symposia normally run as one hour sessions and contain 2 to 3 papers
- Workshops are up-to 2 hours in length
- Posters should be visually stimulating and legibly presented
- Concurrent sessions will be 20 minutes in length with 10 minutes for questions

Please note: All participants chosen to present must register for the conference to be eligible to present their papers. The conference committee regrets that it is unable to meet any travel or subsistence expenses. The official conference language is English.

Please provide the following information:

- | | |
|------------------------------|-------------------------------------|
| 1. Title (Mr / Mrs etc) | 8. Country |
| 2. Name | 9. CNA, MUMN, RCN membership number |
| 3. Job Title | 10. Daytime telephone number |
| 4. Qualifications | 11. Mobile telephone number |
| 5. Workplace | 12. Fax number |
| 6. Mailing address | 13. E-mail address (if applicable) |
| 7. Post code (if applicable) | 14. Professional biography |

Please supply the following on a separate sheet:

- Title and theme of the paper
- Overall aim of the presentation
- At least 3 intended learning outcomes
- At least 3 reading references
- Type of presentation (plenary, concurrent, workshop, symposium, poster)
- An abstract of your presentation (not more than 400 words)



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19 ta' Lulju, 2001

Segretarju,
MUMN

Ghaziz Segretarju,

Nirreferi ghad-diskussjoni li kellna dwar il-votazzjoni fl-isptarijiet. Il-Partit jifhem li l-ispiritu li bihom qed jittressqu l-proposti tagħhom, u fil-fatt saret diskussjoni interna wiesgha dwar is-suggerit.

Il-Partit Laburista jibqa' tal-fehma li l-proposti li qed isiru mhux praktikabli minhabba l-btiegha li jkun hemm process elettorali gust, nadif u trasparenti, fil-fatt mill-esperjenza tagħna nemmu li votazzjoni fl-isptarijiet tista' tohloq iktar inkonvenjenza għall-pazjenti, haddiema u qraba.

Għaldaqstant, nemmu li s-sitwazzjoni prezenti għandha tinzamm.

Bl-isbah tisljiet,

Jimmy Magro,
Segretarju Generali.



Membru ta' Socialist International

Segretarju Generali



Secretary General

PARTIT NAZZJONALISTA

1 l'Awissu, 2001

Is-Segretarju
Malta Union of Midwives & Nurses
Vijal Kottoneer
Figura

Ghaziz Segretarju,

Qiegħed permezz ta' din l-ittra nirreferi għad-diskussjoni li kienet saret bejnieta xi żmien ilu b'raba mal-process ta' votazzjoni fl-isptarijiet. F'dan ir-rigward il-Partit Nazzjonalista japprezza s-suggerimenti li l-Union harghet bihom. Nassigurak li minn naha tagħna bhala Partit Ikkunsidratna l-proposti tagħhom bi-aktar mod mitfih u dettaljat.

Filwaqt li napprezzaw il-proposti li għamilu, nemmu li jekk jigu attwati, johlqu cirkustanzi aktar inkonvenjenti għall-pazjenti u l-qraba tagħhom, kif ukoll għall-istess dettaljat.

Għaldaqstant hija l-fehma tal-Partit Nazzjonalista li l-process ta' votazzjoni għall-pazjenti fl-isptarijiet għandu jibqa' l-istess.

Sadanittant nawgura illek u lil-membri kollha success fil-hidma tagħhom u fl-istess hin nixtieqlek,

Sahha u sliem.

Joe Saliba
Segretarju Generali

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European Democratic Union



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3 ta' Marzu 2003.

STQARRIJA GĦALL-ISTAMPA U X-XANDIR

IZ-ZEWG PARTITI POLITICI EWLENIN MA JRIDUX LI L-PAZJENTI FL-ISPTARIJJIET JIUVVUTAW B'INQAS RISKJI GĦALL-SAHHITHOM

Meta l-pajizna resqin lejn elezzjonijiet importanti l-MUMN tinnota l-pozizzjoni li hadu z-zewg partiti politici ewlenin fir-rigward ta' Memorandum li kien iffirmat mid-Divizzjoni tas-Sahha u l-Unions kollha involuti fil-qasam tas-Sahha.

Dan il-Memorandum, *Voting Arrangements for Hospitalised Patients*, jiddikjara bi-aktar mod apert u car li l-mod li bih għandhom jingħataw faciliti biex jivvutaw il-pazjenti fl-isptarijiet, speċjalment dawk ta' l-Isptar San Luqa u li jbagħtu minn certu mard akut. Dan b'mod partikolari għall-fatt li dawn il-pazjenti jingħarġu mill-Isptar fil-għarnata ta' l-Elezzjoni biex jercitaw id-dritt tagħhom għall-vot. Il-Memorandum jistipula wkoll li minbarra li din il-prattika tohloq dizorganizzazzjoni kbira fl-Isptarijiet hija Prattika inumana lejn il-pazjenti. Il-Memorandum ikompli wkoll li din il-prattika ma tistax tkompli tigi ezercitata aktar.

Mhux hekk biss pero, dan il-Memorandum fih ukoll studju li juri l-problemi kbar li din is-sistema tohloq. Bhala eżempju wiehed isemmi li pazjenti b'mard akut qegħdin jingħarġu għall-postijiet tal-vot, barra mill-Isptar San Luqa, u għaldaqstant esposti għal riskji kbar bla bzonn u kif ukoll johlqu responsabilitajiet bla bzonn fuq l-impjegati li jakkumpanjaw lil dawn il-pazjenti. Punt iehor imsemmi huwa l-fatt li mhux l-apparat mediku kullu jista' jingħarġu u għaldaqstant dan ikompli iżid ma riskji fuq il-pazjenti.

Il-Memorandum jghid ukoll kif din is-sitwazzjoni riskjuza għandha tigi evitata. Id-Divizzjoni tas-Sahha temmen li l-pazjenti għandhom id-dritt li jivvutaw b'mod uman u dinjuz pero li ma tinterferriex mas-sahhithom u l-anqas ma l-mod kif tingħata l-kura fl-istruttura ta' l-Isptarijiet.

Wara dan kollu, l-MUMN b'mod separate, itlaqghet mas-Segretarju Generali taz-zewg partiti politici bil-intenzjoni li tinbidel il-ligi elettorali u b'hekk ikun jista' jtnaqqas ir-riskju li l-pazjenti Maltin ikollhom jiedu. B'dispace ninnutaw li z-zewg partiti iddikjaraw li s-sistema prezenti għandha tinzamm (Ara ittri memmuza ma din l-istqarrija). Ta' min jinnota li kienet biss l-Alternativa Demokratika li qablet ma l-Memorandum.

Għaldaqstant l-MUMN izomm il-partiti politici responsabbli għar-riskji zejda li jistgħu jagħddu minhom il-pazjenti fl-elezzjonijiet kollha li gejjien.

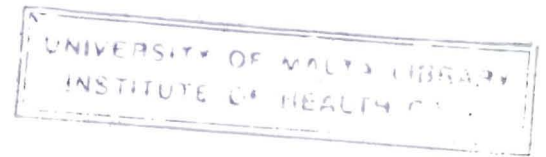
Colin Galea
Segretarju Generali

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Affiliated in the Commonwealth Nurses Federation
Affiliated in the National Council of Women

Certified Member of the Public Service International
Member in the Standing Committee of Nurses of the EU (PCN)
Member in the European Forum of Nursing & Midwifery (WHO)

Iz-zewg Partiti
Politici ewlenin ma
jridux li l-Pazjenti
fl-Isptarijiet
jivvutaw b'inqas
riskji għall-
Sahhithom

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DISCOUNT to all MUMN Members



Due to familiarisation visits related to EU made by MUMN's Officials to gather the best possible information, Lora Pullicino and Paul Pace together with our Director Nursing Services attended in Berlin for a special meeting to all accession countries organized by the PCN (Standing Committee of Nurses of the EU).



MUMN participates strongly within the National Council of Women. Here Mary Ann Bugeja, our Financial Secretary, attended the Annual General Assembly where she also presented a resolution in favour of Equal Opportunities regarding Foreign Nurses.



The signing of a General Collective Agreement for Public Service Employees 2002-2004 in the presence of the Hon. Prime Minister together with other Unions at the Auberge de Castille, Valletta. Our President Rudolph Cini, General Secretary Colin Galea and Vice-President, Tommy Dimech are all seen in the photo.



For the first time the MUMN Executive Committee Meeting was held in Gozo. In this photo all the Executive Committee together with the MUMN Group Committee responsible for Gozo met at the MUMN Office in Gozo. After this meeting the Executive Committee Members met with the Midwives and Nurses working at the General Hospital.



Last year, during our Christmas activities, the Paul Bezzina Shield was awarded to the Florence Nightingale MUMN Benevolent Fund Group Committee, Chaired by Lora Pullicino. Congratulations to all the Group Committee Members. Keep it up.



We were very honored with the visit to our Offices by the Financial Secretary of the Commonwealth Nurses Federation, Mr. Douglas Beattie. We had the opportunity to discuss certain topics and also the show Mr. Beattie the venue of the next CNF Regional Conference being held in Malta next March.



Our Colleagues from the UK, Barbara and Sandra, during their visit to Malta, kindly offered to give two separate lectures to our members. One was addressed to the Midwives and Nurses working in the Maternity Section at KGH and the other lecture to the Nurses working at Mount Carmel Hospital. In this photo we can see Sandra and Barbara together with our members at MCH.



Newly elected Council 2003 - 2007

- Stepehn Dimech,
- Raymond Galea,
- Thomas Dimech,
- Rudolph Cini,
- Collin Galea,
- Paul Pace,
- Joseph Zammit,
- Maria Cutajar,
- Lora Pullicino,
- Mary Ann Bugeja.

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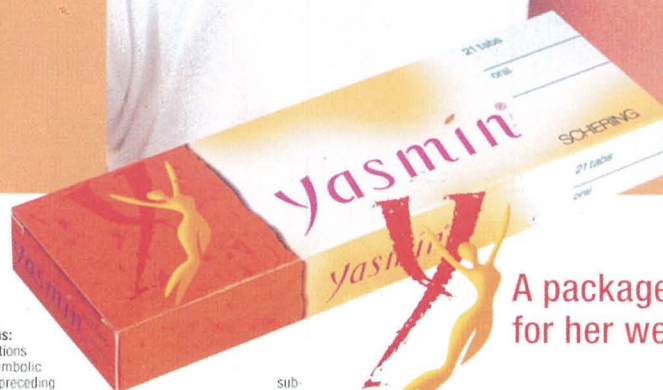


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Subsequent pack is started after a 7 day tablet-free interval during which usually a withdrawal bleed occurs. **Interactions with other medicinal products:** contraceptive failure and breakthrough bleeding have been described for the concomitant use of hydantoin, barbiturates, primidone, carbamazepine and rifampicin. Such interactions are also suspected for oxcarbazepine, topiramate, felbamate, ritonavir, griseofulvin and St. John's wort. Contraceptive failure has also been described for concomitant use of antibiotics, such as ampicillin and tetracyclin. **Warnings:** If any of the conditions/risk factors mentioned below is present, the benefits of combined oral contraceptive use has to be weighed against the possible risk for each individual woman. In the event of aggravation or first appearance of any of these conditions or risk factors, the woman should contact her physician. Vascular disorders with or without indication of arterial or venous thrombosis. The risk is increased for individuals with a respective family history, advanced age, smoking, overweight, lipid metabolism disorders, hypertension, diabetes, immobilization, valvular disorders, atrial fibrillation, systemic lupus erythematosus, hemolytic-uremic syndrome, chronic inflammatory bowel disease, migraine. Tumors: the risk of having breast cancer is slightly elevated for women taking combined oral contraceptives. Breast

tially caused by hormone intake gradually disappears during the course of the 10 years after cessation of combined oral contraceptive use. Experiences from clinical studies do not provide evidence of a causal relation between the use of combined oral contraceptives and an increased incidence of breast cancer. An increased risk of cervical in long-term users of COCs has been reported in some epidemiological studies. Annual routine checks by a physician are recommended. **Special precautions:** Contraceptive safety is impaired if one or more tablets have been missed. In this case the physician has to be informed. Yasmin is not indicated during pregnancy. Should a woman become pregnant while taking Yasmin, the use has to be terminated immediately. In case of concomitant use of potassium sparing preparations the serum potassium level should be controlled. Should vomiting and/or severe diarrhea occur within 3-4 hours after the intake of Yasmin, a new pill has to be taken. If more than 12 hours have elapsed until the new pill is taken, medical advice has to be sought. **References** 1) Foidart J-M, Wuttke W, Bouw GM et al. Eur J Contracept Reprod Health Care 2000; 5: 124-134. 2) Parsey KS, Pong A. Contraception 2000; 61: 105-111. 3) Freeman E, Kroll B, Raabon A et al. J Clin

Messagg lil Shabi

Peress li bejn Marzu 1997 u Marzu 2003 kont membru fl-Eżekutiv, u peress li mhux ser nerga nikkontesta għall-Eżekuttiv xtaqt naqsam xi hsibijiet ma shabi il-membri.

Ma jistax jonqos li kienu sitt snin ta' hidma kbira. L-ewwelnett ghax kienu l-ewwel snin ta' Union ġdida, u t-tieni minhabba l-hegga kbira li kellna biex nahdmu għal shabna.

Hu ta' sodisfazzjon kbir li tara l-progress li sar matul dawn is-sitt snin. Il-'Corrective Agreement', sewwa l-ingustizzji li sofrew hafna Nurses u Midwives bil-ftehim kollektiv tal-1991. L-'Affiliations' ma Unions Barranin li għandha l-Union, huma mezz ta' ghajnuna fil-hidma tagħha. Is-seminars li ġew organizzati kienu mezz ta' informazzjoni kbira għal dawk kollha li hadu sehem.

Il-'Group Committees' kollha kellhom sehem kbir fil-progress li sar. Minghajr ma nnaqqas ebda mertu ta' xi 'group' ma nistax ma nsemmiex li l-

isbah 'monument' tal-MUMN huwa il-'Florence Nightingale Benevolent Fund'. Nemmen li fil-futur għad ikun 'hajt ta' kenn' għal hafna membri. Nista ngħid li l-progress li sar f'das sitt snin, jizboq bil-bosta għal dak li sar fi kwazi erbghin sena li ili Nurse.

L-MUMN hija Union b'sahhitha. B'sahhitha mhux biss ghax il-maggoranza kbira tan-Nurses u l-Midwives huma membri, izda ghax huma hafna l-attivisti. U ghax kollha kemm huma jagħtu l-kontribut tagħhom biex l-Union timxi l-quddiem. Ili attivisti fit-Trejdunjonizmu madwar 27 sena u qatt ma rajt attivisti b'hegga bħal ma hemm fil-Union tagħna. Il-Union hija b'sahhitha wkoll għal fatt li għall-Eżekuttiv il-ġdid harġu hmistax il-kandidat. Dan huwa sinjal ċar li fil-union m'hemmx telqa; huwa sinjal ta' hegga. Nawgura li tkompli.

Jiena nixtieq ninqeda b'dil-kitba biex niringrazzja lil shabi tal-eżekutiv li hdimt magħhom f'das-sitt snin li ghaddew. Niringrazzja wkoll lil membri tal-Union, tal-fiduċja li wrew fija. Irrid nawgura lill Eżekuttiv ġdid - allura Kunsill – erba snin ta' hidma fejjieda għal membri shabna.

Nagħlaq billi ngħid li jiena dejjem lest li sakemm tippermettli sahhti nibqa attiv fil-Union.

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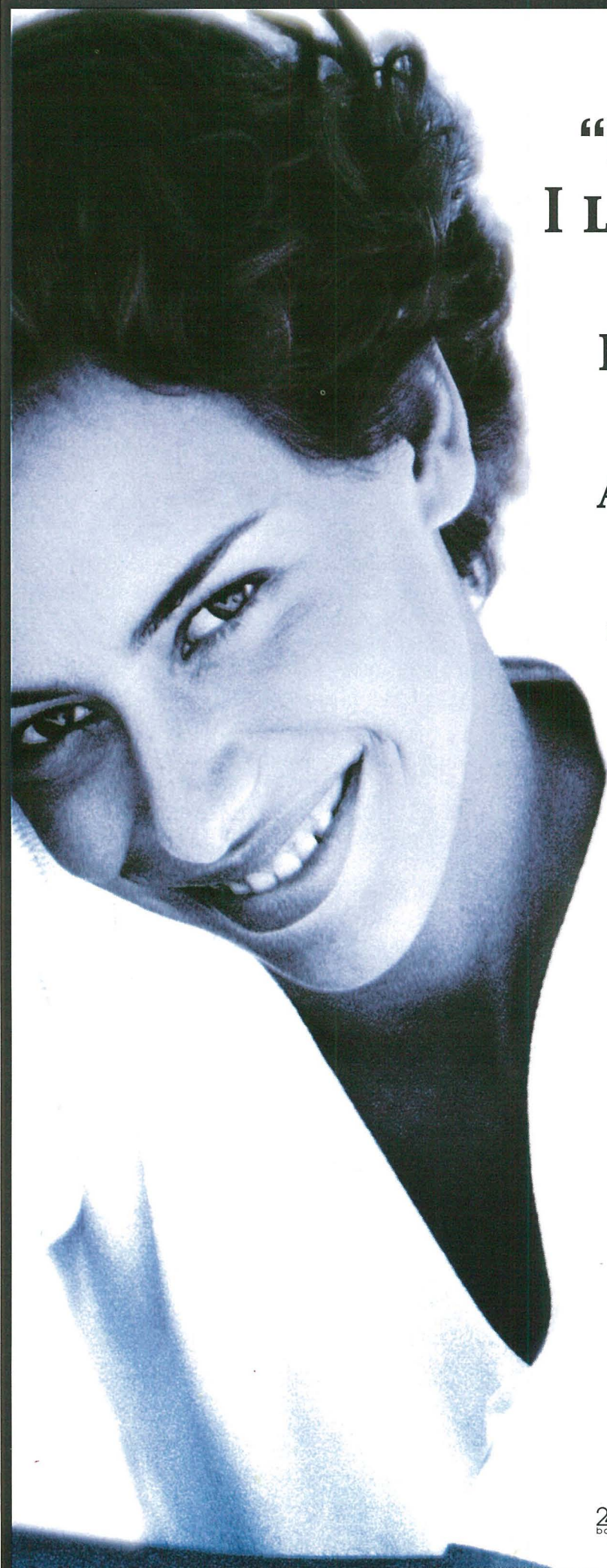
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2002/11-11/2002

IT-TQARBIN LILL-MORDA



Meta giet agġornata l-Liġi tal-Knisja Kattolika, fejn fl-1983 hareġ id-Drittu Kanoniku l-ġdid, mill-ewwel gie nnutat li ma kienx qed jaghfas aktar fuq l-aspett tal-liġi, iżda aktar fuq l-aspett ta' pastorali. Dan l-aspett, ta xejra lid-Drittu Kanoniku, mhux x'inhu l-hażin u x'inhu t-tajjeb, iżda aktar bhala direzzjoni biex kullhadd ikun jaf fejn hu u x'ghandu jaghmel.

Din il-liġi Kanonika hija spirata mit-tagħlim ta' Kristu li tiggwida lin-Nisrani kif jghix fi hdan il-Komunita' nisranija.

Fil-fatt, l-aspett pastorali ghen hafna biex johroġ dak li hu uman, ghaliex iċ-ċentru tal-Liġi Kanonika huwa l-Bniedem.

Mill-ewwel naraw dan kollu, meta nsibu li kemm għall-morda, kif ukoll għal dawk li jiehd u hsiebhom, m'ghadx hemm sawma ta' kwarta qabel it-tqarbin. Din l-eżenzjoni tal-morda mis-sawm hija minhabba li l-morda jridu jiehd l-medicina meħtieġa, u allura jridu bilfors jieklu xi haġa minhabba d-dieta li jkollhom. Min-naha l-oħra, irridu nibqghu inżommu r-rispett lejn is-sagrament ta' l-Ewkaristija. Hekk, min, mill-morda li jkun fl-isptar, ikunu qed jieklu, bl-ikel fil-halq, l-ahjar li jitqarbn u l-ghada, ghaliex suppost meta jisimghu il-qanpiena fis-sala huwa bhala sinjal li jkun wasal it-tqarbin fis-sala. Tajjeb li l-morda jaghmlu differenza bejn l-ikel u l-Ewkaristija u mhux li jitqarbn meta jkollhom għad l-ikel fil-halq. Għalhekk, mhux daqstant prattiku li l-patri-kappillan joqghod jistenna sakemm il-morda joqghodu jieklu dak li jkollhom f'halqhom u mbagħad jixorbu biex ilahalhu halqhom. Fil-prattika, dan ifisser li sakemm il-patri jkun qed jistenna, il-hin jghaddi bil-konsegwenza li l-patri mbagħad ma jilhaqx idur mal-morda kollha. Dan kulhadd irid jifhmu, ghaliex jekk tistenna persuna iridu jistennew il-bqija tal-morda. Tajjeb ukoll li wiehed ikun jaf, li dawk il-haddiema fl-isptar u l-qraba tal-morda, li meta jkollhom ċans, jisimghu quddiesa ahjar milli jitolbu li jitqarbnu biss.

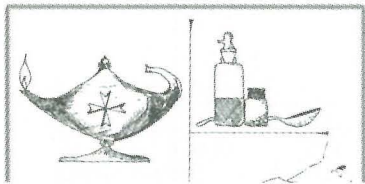
Rigward il-morda li jkunu semi-konxji, li jkunu konfużi, li jkunu mdardrin jew li qed jirremettu, jew inkella dawk li jkollhom ir-'Ryles' Tube' (il-pajp li jkun għaddej mill-istonku għall-halq jew l-immifsejn), ahjar ma jitqarbnux. Dan ghaliex fil-prattika ahjar tevita xi aċċident u bhala rispett ukoll lejn l-Ewkaristija. Meta jkun hemm persuni semi-konxji jew konfużi, gie li qabdu u nehew l-Ewkaristija minn halqhom jew żammew l-Ewkaristija bejn is-snien mingħajr ma jibilghuha.

Fill-każ li l-persuna marida hija 'Coeliac', fejn il-persuna ma tistax tiehu tqieq, jiġifieri li ma tistax titqarben bl-ostja, tajjeb li f'dan il-każ il-persuna marida titkellem mal-patri-kappillan ta' l-isptar u tiftiehem mieghu biex iqarbinha jew bid-Demm ta' Kristu jew bl-ostji apposta skond id-direttiva li harget mill-Kurja ta' l-Arcisqof.

Rigward il-persuni b'diżabilità fiżika, dawn jistghu jitqarbnu bla diffikultà. Dawk il-persuni li huma b'diżabilità mentali tajjeb li naraw li dawn il-persuni jkun jistghu jaghmlu d-differenza minn ikel iehor, waqt li japprezzaw l-Ewkaristija.

Din l-informazzjoni tghina biex inkomplu nkunu prattiċi rigward it-tqarbin lill-morda. Ma rridux ninsew, li fejn il-persuna ma tkunx tista' tircievi s-Sagrament ta' l-Ewkaristija, tista' tagħmel it-tqarbin tax-xewqa. Darb'oħra nkomplu b'aktar informazzjoni.

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



L-ISTORJA TAN-NURSING F'MALTA

MIS-SITTAX IL-SEKLU SAS-SITTINIJIET

.....Ġabra ta' storja ricerkata dwar l-evoluzzjoni tan-Nursing f'Malta mill-egdem żminijiet sa era aktar moderna.

Harsa analitika dwar kif in-Nursing stabilixxa ruhu fil-ħajja medika Maltija ta' Gżiritna.....

Kitba ta' **JOE CAMILLERI**

IR-REGOLAMENTI TAL-1796

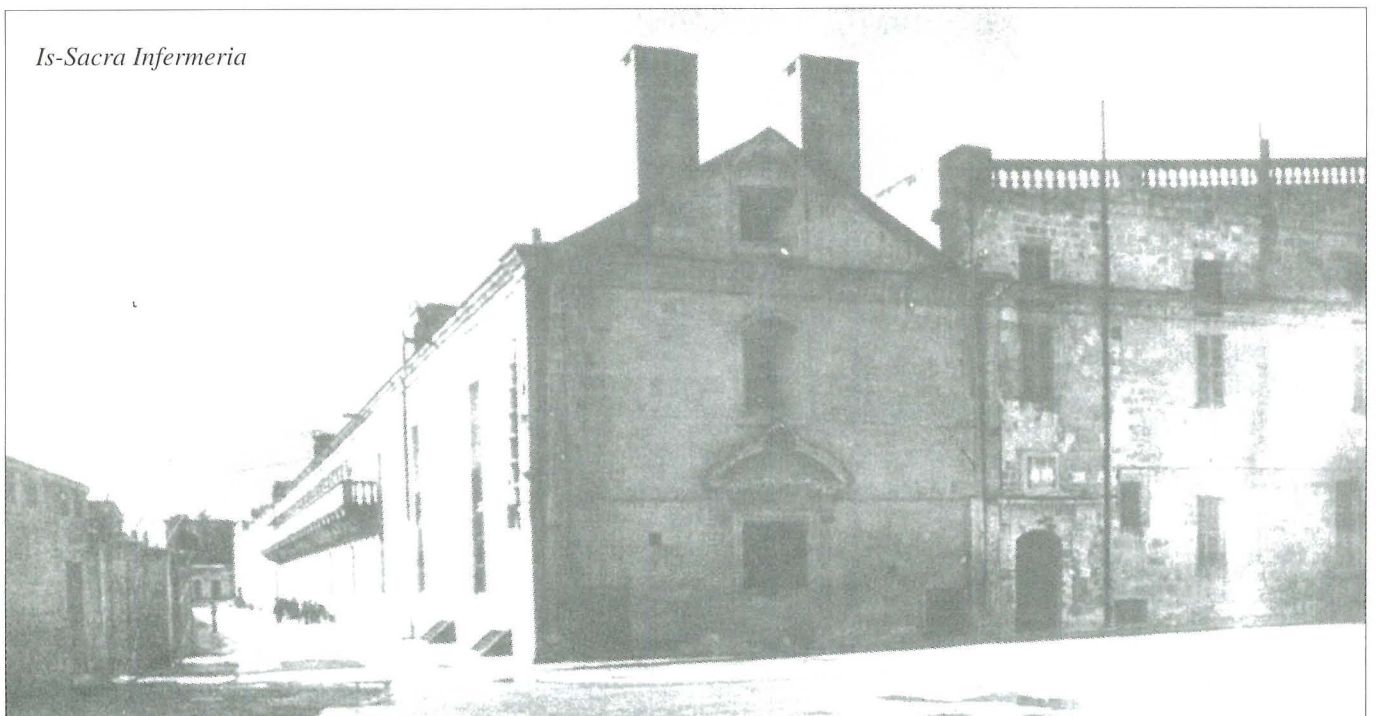
Fl-1796 ir-regolamenti tas-Sacra Infermeria kienu riveduti. Xi forma ta' distinzjoni bdiet tidher f'dan iż-żmien bejn id-dmirijiet u l-obbligazzjonijiet tal-gwardjani jew attendenti tan-nursing u dawk tas-servjenti li xogħolhom kien biss ta' xogħol domestiku fis-swali u f' dipartimenti ohra tal-isptar, bħall-kċina, mħażen tal-ikel u l-ħassiela. Il-gwardjani kienu mqassma f'żewġ kategoriji skond kemm ilhom jahdmu. Iż-żagħar' kellhom id-dritt għal-żieda fis-salarju wara għaxar snin ta' servizz; kienu jidhlu fi grad tal-'kbar' meta l-post ikun vakant u wara li jiġi approvat mill-awtoritajiet tal-isptar biss. Il-gwardjani kienu jahdmu f' 'shifts' ta' ġimgħa ġewwa u ġimgħa franka, mingħajr hlas jew razzjon għal-perjodu li jkun franki; però, jekk ikunu ma jfilhux u kellhom bżonn jiġu ttrattati fl-Infermerija, kellhom jirċievu s-salarju shih tagħhom iżda mingħajr razzjon, bl-ikel jinghata lill-impjegat meta jhallas għalih. Minbarra xogħol ta' 'nursing' propju, l-attendenti kellhom ir-responsabilità li jzommu d-dixxiplina fis-swali, billi

jipprevenu li n-nisa ma jkollhomx access għas-swali riservati għall-pazjenti moribondi, u jaraw li l-ikel ma jidholx għall-morda minn barranin u li l-pazjenti ma jbiddux l-ikel tagħhom. L-attendenti nnifishom ma kienux jithallew ibiġġu r-razzjon tagħhom lill-morda, li johorġu l-ikel barra mill-infermerija u li jaċċettaw rigali mill-pazjenti. Kienu fdati bil-platt tal-fidda, bil-lożor u l-hwejjeġ u kellhom jaraw li ż-żejt ipprovdut biex jinxtghelu l-lampi tas-sala ikun użat kif suppost. Fl-aħħar, huma kellhom ifewhu s-swali bil-klin kull fil-ghodu u fl-għaxija. Min ma kienx jobdi dawn ir-regolamenti kien ikkastigat billi 'jinqafel bil-hadid' jew bi tkeċċija.

ID-DSATAX IL-SEKLU

Regolamenti ohra tan-nursing li ħarġu wara kienu dawk tal-1802 meta l-isptarijiet tal-Belt Valletta kienu rijorganizzati fl-ewwel snin tal-konnessjoni Brittanika. B'eccezzjoni ta' xi alterazzjonijiet ta'

Is-Sacra Infermeria





L-Isptar Centrali tal-Furjana

Importanza żgħira, is-sistema antika ta' żmien il-gvern tal-Ordni kienet miżmuma għal kważi nofs seklu sakemm żmien wara l-ftuh tal-Isptar Ċentrali tal-Furjana li nbena fl-1850, regolamenti għal dan l-isptar il-ġdid kienu ppublikati fl-1851.

Immedjatament mal-ingaġġ, l-attendenti u mpjegati ohra tal-Isptar Ċentrali kellhom jiffirmaw il-'Mizien tal-Multi' għal min ma jaghtix kont jew ma jaghmilx dmiru. Biex l-impjegati ma jghidux li ma jafux bir-regoli tal-isptar, bhala skuża ghan-nuqqasijiet tagħhom, serje ta' struzzjonijiet kienu ppreparati u jinqraw ghalihom darbtejn kuljum għall-ewwel ġimgħa; jekk, wara dal-perjodu, xorta kien ikollhom xi diffikultajiet biex jiċċarawhom, kellhom isibu l-

'Wardmaster' jew 'Mistress' biex ittihom aktar informazzjoni. Għaldaqstant huma kienu responsabbli jekk jiksru d-dixxiplina u r-regolamenti. Ma kienux jithallew ikollhom daqna jew mustaċċi, jew ikollhom xagħar twil, ma setawx jarmu għadam jew biċċiet barra mit-twieqi jew fid-drenaġġ; ma setghux jahslu hwejjeġ fis-swali jew jonxruhom fit-twieqi; ma setghux ipejpu jew idahhlu tabakk jew spirti fl-isptar. Kienu wkoll ipprovduti b'uniformijiet u kellhom iġibu ruhhom sew u jzommu persunthom nadifa.

Kien jinżamm il-'Ktieb tan-Nuqqasijiet' (*Defaulter's Book*) fejn kienu jinkitbu d-dettalji ta' dawk l-attendenti li ma jaghtux kont jew ma jaghmilux dmirhom. Dan il-ktieb kien jingħata lil-Ispettur tal-Istituzzjonijiet Karitattewoli (*Charitable Institutions*) kull ġimgħa u meta l-isem ta' mpjegat kien jidher għall-hames darbiet għall-istess offiċja, il-persuna konċernata kienet imkeċċija mis-servizz. Biex jaqtgħu qalb dak li jipprova jqarraq li hu ma jiflaħx, impjegati li kienu jirrapurtaw li huma morda kienu ttrattati l-isptar; jekk jirrifjutaw kienu jehlu multa mis-salarju.

Ikompili għall-harġa ohra...

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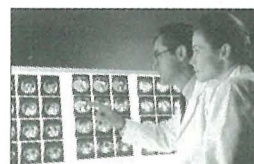
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Effective communication – the pivot of caring

TONY CACHIA Dip Nursing

Effective communication is the key in a caring profession such as nursing. It is the paramount element in building up relationships between nurses and patients and their relatives, as well as between nurses and other health care workers. Phillips (1992) stated that effective communication is essential for our professional and personal development, since in nursing there is a constant interaction with a wide variety of people. The presence or absence of effective communication controls the environment in which care is offered and received.

There are three dimensions on which communication skills are based. These are self-awareness, technical ability and assertiveness. This article will investigate the technical ability of the verbal and non-verbal communication skills and their importance in nursing care delivery and in the building up of a trusting nurse-patient relationship.

In building up a relationship with the patient and showing care towards him / her, the nurse needs communication skills which show an ability to demonstrate human warmth, patience, gentleness (Stuart and Sundeen, 1991). These enable the patient and his / her family feel relaxed to discuss sensitive private issues and problems.

Other skills involved in effective communication are observing and active listening, asking open and exploratory questions, being supportive and encouraging, using touch to convey empathy, verbal and non-verbal cues and silence (Stuart and Sundeen, 1991). The nurse has to be aware of his / her own attitudes, beliefs and prejudices (Keighley, 1988). She / He has to develop the skills of using the right tone of voice, the appropriate gestures, facial expressions, and body language in conjunction with conveying the right messages, to avoid being misunderstood. The messages from actions come not only from what is done but also from how it is done.

The first meeting between the nurse, the patient and his / her family is very important in initiating and forming the basis of the caring process. Tomlinson (1988) suggested that respect towards the patient is conveyed when the nurse is approachable, introduces him/herself, looks at the patient whilst talking to him, smiles, uses his name, and shakes hands.

This professional approach can be enhanced by an open question that conveys interest and care, such as: "How are you feeling?" or "How can I help you?". Such open questions help and encourage people to express their opinions, attitudes thoughts, feelings and difficulties. They can help the person overcome anxiety, worries, and problems that may be affecting him / her. As open questions encourage the person to talk, they will allow the nurse to listen, observe and learn. The patient's answer to them helps the nurse to identify the former's needs and thus to prioritise the care.

Verbal communication skills are required when the nurse is giving support, information and teaching. These are given to both the patient and relatives on admission, throughout the caring process and on discharge.

Jasmin et al (1979) stated that verbal communication skills in the caring profession are used to help understand a patient by using leading, focusing, clarifying, restating, reflecting, and validation techniques.

Leading is guiding the patient to explore a particular subject or feelings that are worrying him / her. **Focusing** is directing the patient to speak about a specific area, subject or feelings. This involves asking questions that guide him / her back to that particular topic especially if he / she is rambling. **Clarification** is requesting the patient to restate, elaborate and clarify on a particular subject so that the message is not misunderstood. **Reflecting** is restating what the patient has just said which encourages the person to go on talking. **Validating** is checking with the patient that the message is understood as it was meant.

Listening, as opposed to hearing, is a skill that needs

to be developed. A nurse can demonstrate that he/ she is listening by facing the person and establishing eye contact. By leaning a little towards the person and having an open posture, will convey that s/he is attentive to what the person is saying and conveys interest and caring (Egan, 1994). Listening could be backed up with occasional "Mm...m"s or "Ah..a"s, accompanied by the appropriate use of an nod or a smile. It can also be indicated by picking up on cues delivered by the patient and asking him/ her to elaborate upon them. This may also be done by paraphrasing or repeating a word or two that the patient has just said.

Example of paraphrasing:

Patient: *I'm feeling worried...*

Nurse: *Worried...?*

Whilst listening, the nurse should observe the patient's non-verbal messages that may indicate pain or particular worry, anxiety or disquiet about the subject in discussion. The nurse should also be able observe and point out mixed or hidden messages conveyed by the patient – e.g. when the patient is saying that he / she is feeling well but his facial expressions show that he/ she is in pain.

Active listening and observing requires a great deal of silence from the nurse's part. Silence is giving the person time and space to express himself without any interruptions. To be silent, the nurse requires to be deliberately quiet to wait for the person to track thoughts and express the true feelings in his/ her own words. Silence is a difficult skill especially because one might feel ill at ease when saying nothing. However, the nurse needs to remember that maintaining silence appropriately during a conversation with a patient, is another means of helping and caring.

Touch is a most valuable skill and cannot be omitted. Through the appropriate use of touch, one conveys

feelings of concern, empathy, caring and understanding. It is a very meaningful and effective means of communication other than the use of words. It could be the only exchange with the patient on a busy day especially one compounded with shortness of staff (Blatner, 1981).

The nurse should be aware of the factors that enhance communication skills such as environmental factors. These consist of having a quiet, private and comfortable atmosphere with good light and without interruptions. The nurse should also ensure that the patient is comfortable to communicate and has all the means to do so – e.g. spectacles, dentures and hearing aides that are in good working order.

Communication can be considered as the pivot, with the skills of word, look touch, active listening, attention and observation as the spokes on which the wheel of nursing care turns. Clark et al (1991) stated that it is when basic communication is lacking that complaints are received from patients. They feel unheard, misunderstood and unimportant. Therefore, effective communication is certainly a very important and essential caring tool of nursing in every setting. Substantial support and resources for developing communication skills should be provided for qualified nurses and student nurses.

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eHealth 2002 - From Policy to Practice
2nd Annual Conference organised by
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18th - 20th September, 2002
The Barbican Centre, London, UK

MR AARON CAUCHI, webmaster for St Luke's Hospital and practicing Nursing Informatics in the same hospital represented Malta at this conference which took place at the Barbican Centre in London.

eHealth 2002 "From Policy to Practice" focused on local and global approaches to the use of Technology in Healthcare Practice. The International eHealth Association's mission to improve the health and quality of life for all, through effective electronic support for healthcare solutions, online medical information, health information and medical research were clearly exhibited during the conference.

A Videoconference link was held together with George Washington University Hospital (Washington DC) where the latest in Emergency Room Training using virtual reality was presented. Global eHealth with particular interest in resource-poor areas was also discussed via videoconference link with the British Council's Science and Technology Programme, New Delhi, India. An

interesting session was the presentation of the "Black Box" project by the Imperial College delegates where cutting edge technology in the form of a Clinical Data Recorder for surgery has used the best practice from the shipping and airline industries in predicting and preventing medical error. The operating theatre 'black box' which records audio/visual information and data from patient monitoring systems, allows detailed analysis of very aspect of the clinical experience.

Reports from numerous successful eHealth projects were also presented during different workshops and sessions. These included

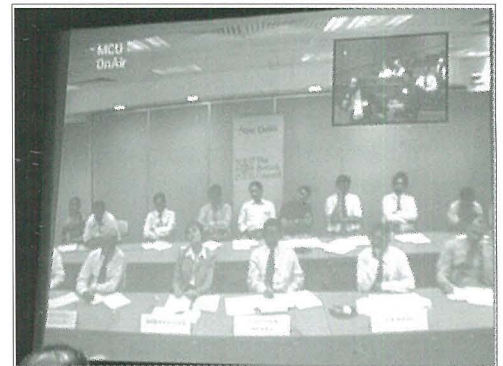
- A teleophthalmology project in South Africa
- Supplying medicines via the internet - e-pharmacy in N. America, Australia and Malaysia
- Tele-Psychiatry in Queensland, Australia
- Mobile phones for the transmission of medical data
- Video images transmitted from Ambulances
- The interpretation of digital microscopy images performed on computer monitor from the original glass slide-telepathology in Edinburgh

- Heart patient monitoring by Telemetry
- Online diabetes consultation between GP, patient and consultant

During the conference the Open Access to Clinical Evidence and the Cochrane Library was launched. This project is the work of the NHS Information

Authority in collaboration with BMJ and the Cochran Collaboration. Public access to these two important evidence based medical resources is through the National electronic Library for Health (www.nelh.nhs). Dr Gwyn Thomas, Chief Executive of the NHS Information Authority, said that evidence shows that almost 60% of medical practitioners were now using NeLH.

Hailed by the NHS Information Authority as "one of the most



Videoconference with New Delhi, India

significant eHealth events to date," eHealth 2002 attracted over 400 participating delegates from more than 20 countries including health professionals, healthcare administrators, scientists, researchers, business executives, IT professionals, consultants, educators, and legislators in addition to those coming in via satellite and the internet. The conference programme was presented in partnership with the NHS Confederation, the NHS Information Authority, NHS Purchasing and Supplies Agency, International Hospital Federation, Commonwealth Pharmaceutical Association, International Council of Nurses and Harvard Medical School.

I would like to personally thank the MUMN, Dr JM Cachia and the Department of Institutional Health for making my attendance to this conference possible. ■



Conference venue, Barbican Centre

MUMN signed the Declaration in favour of People with a Disability as it strongly believes in these people. In the photo Tommy Dimech, Vice-President and Luciana Brincat, Member of the Executive Committee after signing the Declaration also participated in the march related to the same issue and also in the presentation made to H.E. Prof. Guido de Marco, President of Malta.



Dikjarazzjoni għal Opportunitajiet Indaqs

Il-Kummissjoni talbet lil diversi entitajiet biex jiffirmaw din id-Dikjarazzjoni u jibdeu jaħdmu fuqha. Id-Dikjarazzjonijiet iffirmati ser jiġu pprezentati lill-E.T. Profs Guido De Marco, President ta' Malta, li mhux biss aċċetta din l-istedina imma aċċetta wkoll li hu stess jiffirma pubblikament din id-dikjarazzjoni f'isem il-Poplu Malti u Għawdx kollu. Din il-prezentazzjoni ser issir fit-tmiem il-Mixja ta' Solidarjetà. Pajjiżna ngħaqad ma' pajjiżi Ewropej oħra u ddikjara s-sena 2003 bhala s-Sena Ewropea tal-Persuni b'Diżabilità.

Dikjarazzjoni *favur Opportunitajiet Indaqs* *għall-Persuni b'Diżabilità*

Il-persuni b'diżabilità jiffurmaw minoranza li, għal raunijiet differenti, spiss jiffaċċjaw diversi ostakoli soċjali li ma jhallux aċċess għal:

- l-ambjent fiżiku;
- il-mezzi ta' komunikazzjoni u informazzjoni;
- is-sistema edukattiva;
- id-dinja tax-xogħol;
- il-ħajja tal-familja;
- l-attivitajiet għal waqt il-hin liberu.

Fuq kollox huma jridu jiffaċċjaw attitudini negattiva minn ċerti partijiet tas-soċjetà.

Minħabba f'hekk huma jiġu mċaħħda minn opportunitajiet indaqs u milli jippartecipaw b'mod sħiħ fis-soċjetà.

Bhala l-ewwel liġi għal dan il-millennju, pajjiżna l-legisla, bi qbil unanimu tal-Parlament, il-Liġi Opportunitajiet Indaqs (Persuni b'Diżabilità) li hi mibnija fuq ir-Regoli Standard tan-Nazzjonijiet Uniti dwar Opportunitajiet Indaqs għall-Persuni b'Diżabilità tas-sena 1993.

Fl-okkażjoni ta' din is-sena Ewropea, (isem l-organizzazzjoni)
tiddikjara li se taħdem biex, b'mod raġonevoli, toffri opportunitajiet indaqs lill-persuni b'diżabilità u l-familji tagħhom skond il-Liġi Opportunitajiet Indaqs (Persuni b'Diżabilità) tas-sena 2000 u r-Regoli Standard tan-Nazzjonijiet Uniti dwar Opportunitajiet Indaqs għall-Persuni b'Diżabilità tas-sena 1993.

Il-Kummissjoni Nazzjonali Persuni b'Diżabilità qed tidhol xhud għal din id-dikjarazzjoni.

ejjew nieqfu ftit

Mr. Smith was brought to Mercy Hospital (a Catholic hospital), and taken quickly in for coronary surgery.

The operation went well and, as the groggy man regained consciousness, he was reassured by a Sister of Mercy, who was waiting by his bed.

"Mr. Smith, you're going to be just fine," said the nun, gently patting his hand. *"We do need to know, however, how you intend to pay for your stay here.*

Are you covered by insurance?"

"No, I'm not," the man whispered hoarsely. *"Then can you pay in cash?"* persisted the nun.

"I'm afraid I cannot, Sister."

"Well, do you have any close relatives?" the nun questioned sternly.

"Just my sister in New Mexico," he volunteered.

"But she's a humble spinster nun."

"Oh, I must correct you, Mr. Smith. Nuns are not spinsters - they are married to God."

"Wonderful," said Mr. Smith. *"In that case, please send the bill to my brother-in-law."*

A Dock Worker's Comment

A dock worker, who was so strong that he was like a human crane, once told me discreetly, almost confidentially: 'I hope God will forgive me for saying this, but when it came to carrying burdens, Christ was a weakling. He fell three times under the weight of the cross on the way to Calvary. That would be child's play for me.'

The mistake of our friend here was to think that the weight of Christ's cross was merely of its wood. But the weight that overwhelmed the Saviour was all the sins of humanity from every place and every age. It was for the same reason that he sweated blood on the Mount of Olives and was humble enough to let himself be comforted by the ministrations of an angel.

Helder Camara
Sister Earth

Ecology and the Spirit. pg: 33



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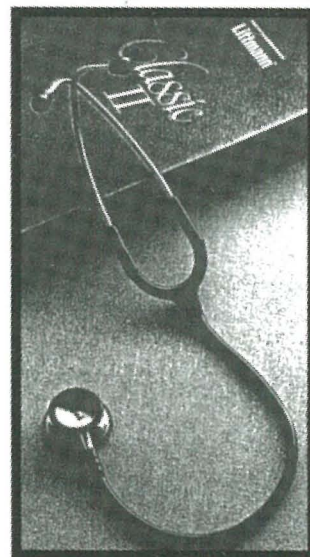
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3M
HealthCare

Sensitive teeth or gum problems?

YOTUEL

for the perfect all round mouth hygiene



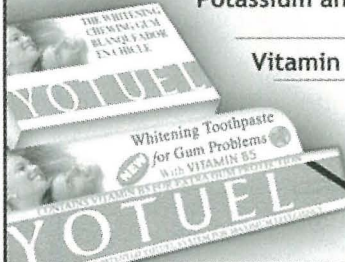
Lowest abrasion level - Does not scratch the enamel

Does not contain detergents to avoid sores and ulcers

Xylitol and Sodium Fluoride to prevent and fight decay

Potassium and neutral pH factor for a desensitizing action

Vitamin B5 for gum regeneration



Sole agents:

JOSEPH CASSAR LTD.

48, Mill Street, Qormi.

Tel: 21 470 090, 21 470 228

Fax: 21 470 219

Email: jcl@waldonet.net



EXTRA EFFECTIVE PAIN RELIEF

Panadol Extra also helps relieve backache, toothache and many other kinds of pain, while still being gentle on the stomach.





“TENA pants

They really do make a difference”

Don't take our word for it, see for yourself

The first absorbent pull-up products that can be handled and fitted like normal underwear, encouraging more self-care and the promotion of continence, leading to greater independence and dignity.

Leakage secure thanks to the combination of leakage barriers, a contoured shape and an effective absorbent core.

Less frequent and simpler changing saves money.

Available in three sizes to meet individual requirements.

Incontinence ... is a much smaller problem



Name _____

Address _____

PostCode _____

Phone _____

Sex: Male Female

Year of Birth

Waist

YES, please send me a free TENA pants sample.

I experience problems

Daily 3-6 times a week
 Less than 3 times a week

Today I use most often

No protection Sanitary towels
 Pantyliners
 Products for bladder problems,
brand _____
 Other _____

send to:



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