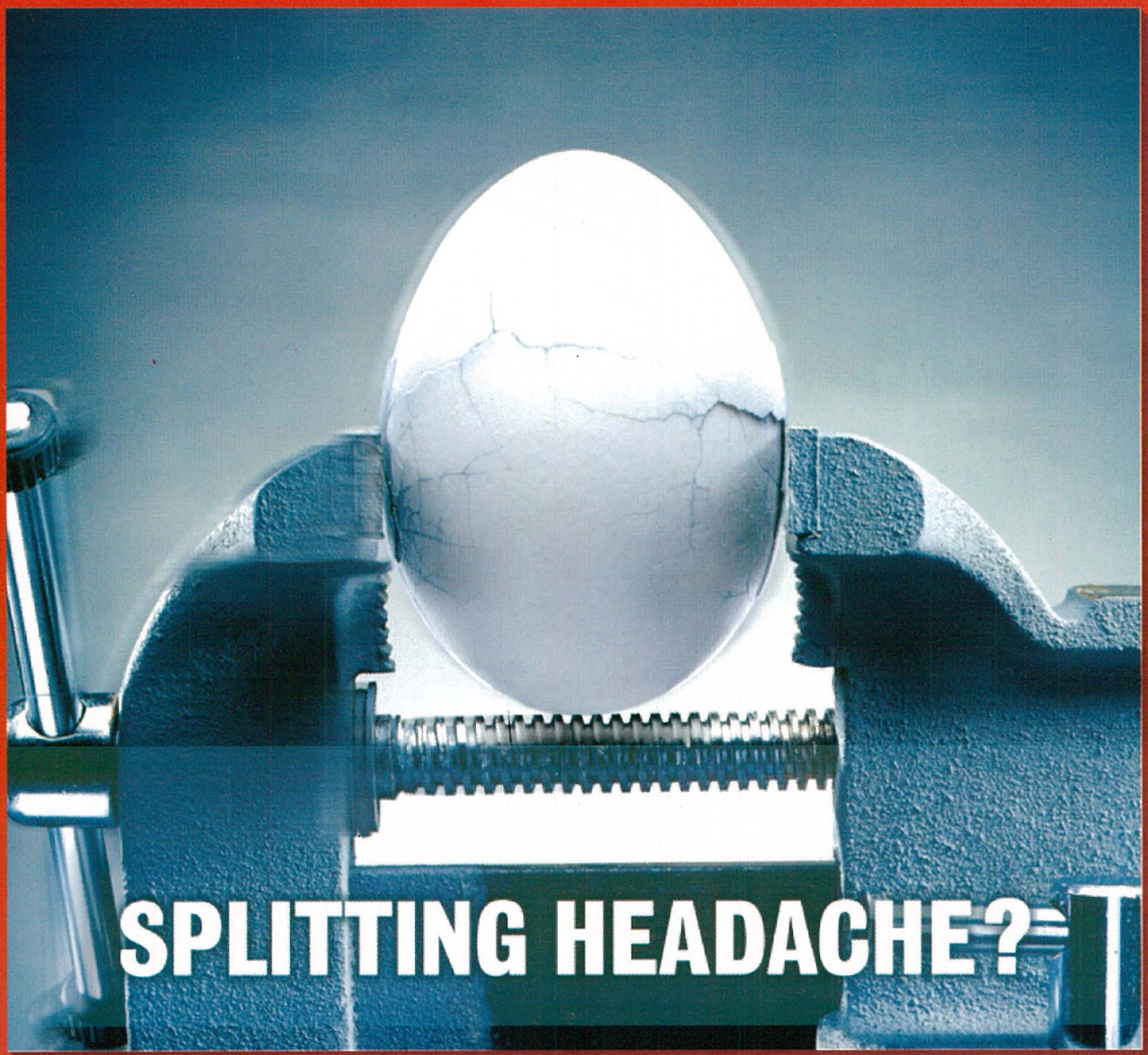
IL-MUSBIEH

MALTA UNION OF MIDWIVES AND NURSES

Ħarġa Nru. 20 • Awissu 2003



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IL-MUSBIEH

Nru.: 20 Awissu 2003

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Editorjal

GĦAS-SERVIZZ TAL-PAZJENT

Li wieħed ikompli javvanza fil-karriera tiegħu huwa ta' mportanza kbira u dan l-aspett jgħodd ħafna wkoll għan-nurses u l-midwives. Huwa d-dover tagħna li nżommu lilna nfusna aġġornati ma dak kollu li jkun qed jiġri f'dak li għandu x'jaqsam mal-kura tal-pazjenti. Dan kollu għandu jfisser li l-pazjent ser ikollu kura aħjar u mhux bil-kontra. Għall-pazjent ma jfisser xejn it-titli wara isimnha jekk dawn ma jissarfux f'kura aħjar.

Ma rridux ninsew li fis-swali aħna l-midwives u n-nurses naħdmu flimkien m'oħrajn b'karigi differenti. Però dan ma jfissirx li xi professjoni għandha tuża' xi tip ta' superjorità fuq professjonijiet oħra. Jekk inpoġġu saqajna ma' l-art ikollna nammettu li dawn l-affarijiet qed isiru fil-maġġoranza tas-swali. Il-konsulenti donnhom saru l-qaddisin protetturi tas-swali u dak li jgħidu huma donnu vanġelu. Ma jonqosx l-anqas, f'xi każi, għajjat bi kliem dispreġġattiv lejn in-nurses u midwives, imma l-aqwa li juru li huma l-aktar importanti. Ma jistax ikun li nibqgħu sejrin hekk! Donnu ħadd ma jimpurtah li din is-sitwazzjoni qed iġġiegħel li tibgħat is-servizz lura ħafna, servizz li lkoll kemm aħna qed nagħtu. Ma' jistax ikun li nsolvu d-differenzi ta' bejnietna bl-għajjat u bit-theddid. Jew hemm minn jaħseb li hekk tfisser '*multidisciplinary team*'? Possibli l-informatika, mezzi oħra ta' komunikazzjoni, teknoloġiji ġodda, sistemi moderni eċċ eċċ se jwassluna f' kaos u ġlied għall-poter?

Il-mistoqsijiet dejjem jitqanqlu kull darba li xi ħadd jipprova jagħmel xi ħaġa ġdida, però ħafna drabi aħna n-nurses u l-midwives insibuha diffiċli li naċċettaw bidla mqanqla minna n-nurses u l-midwives iżda malajr naġġornaw rwieħna għall-bidliet li jissuġġerixxu jew aħjar jimponu professjonijiet oħra. Din hi xi ħaġa ta' minn jaħseb fuqha għaliex nistgħu nkunu aħna stess li nagħtu lok għall-professjonijiet oħra biex jieħdu vantaġġ minnha. Ma nistgħu inħallu lil ebda professjoni oħra li tiddetta kif għandna naħdmu bħala nurses u midwives imma lkoll flimkien għandna nsibu mezz ta' kif kull professjoni għandha taqdi dmirha għas-servizz tal-pazjent li wara kollox hija l-aktar ħaġa mportanti fix-xogħol tagħna.

Dear Members,
Summer is once again with us, and hopefully the rise in temperature is not affecting our energy and enthusiasm to continue with our daily living activities. Some say that summer is their favourite season, I happen to be on the opposite side, I prefer the winter/spring period. Unfortunately for Nurses and Midwives, summer time does not mean a holiday period or at least working half days, for us it is the continuation of the rest. We continue to deliver care constantly and all year round. This is one of the many criteria that make our tasks not only on a professional footing but also on a vocational one. During summer time we brave high temperatures especially in St. Luke's hospital and in other health care set up where the installation of air condition is unheard of. The health authorities turn a blind eye on the situation in wards and the only excuse they have is that with the new hospital this problem will be solved, as all areas are air-conditioned. The question is when will the new hospital be in operation? I dare to say that in my opinion we are still a long way from this so-called special event. No discussions are yet scheduled between the authorities and the workers representatives to discuss the working conditions. I sincerely hope that there will be enough time given for negotiation otherwise drastic measures will be inevitable.

In June 2003 I had the great opportunity to lead a delegation representing the Malta Union of Midwives and Nurses at the International Council of Nurses General Conference held in Geneva. Colin Galea, the General Secretary and Paul Pace, council member and chair of the union's educational executive, accompanied me. During this conference we had the opportunity to share ideas and gather information on what is going on abroad especially on the specialisation field. The specialisation concept is at last gaining momentum even in our Islands. I am pleased to say that other dream is transformed to reality.

Unfortunately there is still one negative reality that persists and that is the shortage problem. Nurses and midwives are continuously being in demand. At Saint Vincent de Paul with the Union intervention there was a substantial increase in nursing staff these last three years and a private public venture was introduced for the first time. Nevertheless, the shortage problem still prevails and nurses at the residence are struggling to manage to have their vacation leave. This situation is also felt in other hospitals especially at Mount Carmel Hospital and definitely at St. Luke's.

The need to encourage more youths to join our professions is a must and that is one of the aims during the talks that are being held with the government for a new collective agreement. There is still the need to make our profession attractive not only from a financial point of view but also through other benefits such as educational development, autonomy and last but definitely not least early retirement opportunity.

Political Vision

"To reduce waiting lists and shorten waiting times for long-term home care, geriatric services and institutional care in nursing homes by developing alternatives; for such purpose, long treatment and hospitalisation should, wherever possible, be avoided if patients' health may be improved by alternative treatment". This is Paragraph (5) of the sub-title *Equity and availability*, of recommendation No .R (98) 11 of the Committee of Ministers to Member States of the **Council of Europe,** on the organisation of the meeting of 18th September 1998 regarding health care services for the chronically ill.

I had no intention to write another article on 'Il-Musbieh' on this edition, but I heard a comment from a friend of mine concerning our line of thought; that of treating elderly people in their own environment, as something he used to think about way back in time! I could not keep back and resist showing that MUMN's political vision is a vision based on international agendas and sustained with evidence-based data. It is a policy that is in conformity with European standards and we urge the authorities not to fear change. If taken as a real challenge it can prove to be the right direction for our healthcare system. This European committee, in the same position paper states; *"Reinforce the role of primary care teams in securing continuity of care"* and this is where it deals with Paragraph *Continuity and co-ordination.* In the same meeting, no.641 *"provide an appropriate range of care services which are community-oriented and patient-oriented"* is in Paragraph dealing with *Integration.*

MUMN is committed to have a Political Vision that is evidence-based. To get more evidence of what is happening in this globe that is always changing, we even look at the U S. In September 2001 in Dallas, a team made up of a geriatrician, nurse practitioners, social workers, pharmacists, therapists, pastoral caregivers, home health nurses and dieticians stated; *"Our mission is to deliver the right care to elderly patients at the right place, at the right price, by the right people."* Patients to qualify for this service must be over 65 years. This service is compatible with the demographic changes of the always-ageing population. Even this service entails for diagnostic investigations such as: X-rays, scans, and lab investigations to be organised. In Michigan most elderly prefer their own home rather than move to an extended care facility or Institution.

Even private organisations are changing their way of approach to face the realistic situation, keeping in mind that patients prefer being cared for at their own homes. One may start thinking if we need to reform our institution at Saint Vincent De Paule Residence. Our senior citizens are having part of their pension cut off and being used to upgrade and improve the environment. Maybe I shall put forward the proposal of using part of the amount of such money to offer services to the elderly in their own environment. We need to think on exploiting all options; the demographic changes shows that the problem of ageing population is nothing but a reality.

The 21St. Century Family Health Care Nurse Project, by the European region WHO office, Health21 is: *"to achieve full health for all".* The core of this project is to strengthen Primary Health Care by developing family and community-oriented health services. It focuses on the Family Health Care Nurse and also notes that even in developed countries, this service is often fragmented, focusing on the illness rather than the health, and therefore is restricted to specific groups. The Family Health care nurse concept works both for the primary health and the public health. Now is the right time for Malta to introduce such systems as reforms are on the way prior to inaugurating the new hospital. There is now ample of time, and good planning can give the Maltese citizens an effective system that gives enormous benefits and on the long term it can also prove cost-effective. The Family Health care Nurse can act as parallel approach to that of family physicians and is suitable to form part of such a plan.

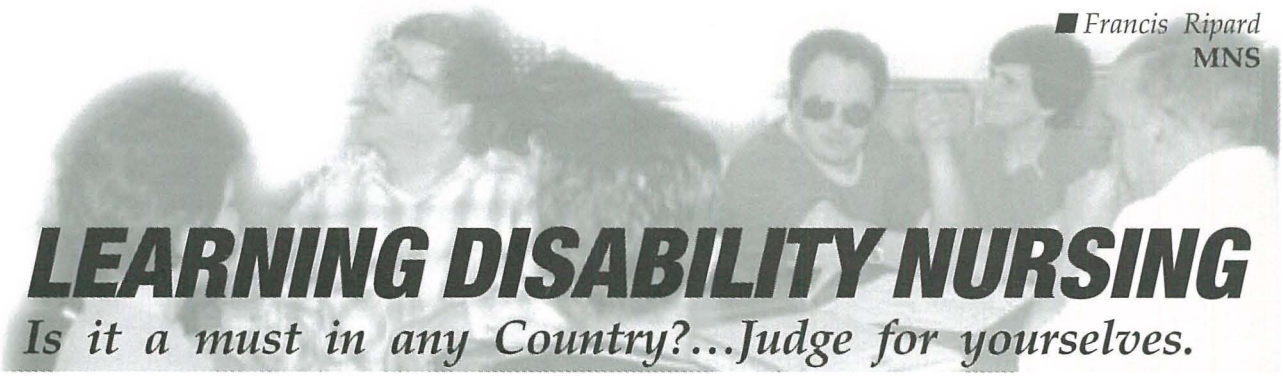
The WHO project in Scotland focused on particular needs such as the elderly, young families and the mentally ill. Families' Health care nurses (FHN) are skilled in general nursing just like the GP's. They also act as a point of contact for the public, have knowledge of the area of their community, care for the health issues of people living in that area and also combine the care for family members who are ill, with health protection and promotion for the whole family. They also act as health resource for the family at all stages of life. Scotland is now proud to be the first to take part in this WHO project, it proved not only beneficial but also very practicable. Malta has a historical background of success in health care services, let's keep with the tradition. The political vision of MUMN is the right vision of the present and the future, and it is only aimed to keep abreast with the changes around us. Lingering backward means that we lose this opportunity! MUMN has already provided a good amount of work and as I believe in the politics of our Union, I promise my full co-operation and input of our organisation especially if the Division of Health embarks on discussions with the aim to implement such changes.

The vision of Florence Nightingale walking in the wards, with the lamp in hand, nursing the wounded, is romantic. The situation at that time was all but unromantic. Anybody who thinks that what we're writing is not factual is just romanticising and cannot see otherwise. During the Crimean war, the Times of Britain of the 12th October 1854 printed, that there was not only shortage of surgeons, but there was no linen to make bandages for the wounded! This I write to reiterate the fact that, what we sometimes dream upon or wish on our health care services, is still far from the truth of what the real situation is. Not doing anything and relaying on our traditional successes can lead us to lose this opportunity. Nightingale did not do so!

The Ministerial committee of the European Council had already stated in 1998 that wherever possible long treatment and hospitalisation is to be avoided. Malta is now a member state and should work on this line of thought. It should also abide with the European Regional office of the WHO and therefore gives the opportunity to listen further and eventually implement MUMN's political vision for the future.

Tommy Dimech
MUMN V/PRESIDENT

■ Francis Ripard
MNS



LEARNING DISABILITY NURSING

Is it a must in any Country?...Judge for yourselves.

Within the National Health Service in the United Kingdom Nursing is organised into four specialties or ' branches '. During the first year of the Nursing course students be introduced to all of these specialities as part of the Common Foundation Programme. In the second and third years they will focus on the branch they choose.

- ✦ Adult Nursing
- ✦ Children's Nursing
- ✦ Mental Health Nursing
- ✦ Learning Disability Nursing

Midwifery and Health Visiting are regarded as separate professions although still within the nursing family.

- ✦ Midwifery
- ✦ Health Visiting

Healthcare assistants work with nurses and other healthcare professionals, helping with treatment and looking after patients' comfort and well-being.

- ✦ Health Care Assistants

LEARNING DISABILITY NURSING

Learning Disability Nurses work with people with learning disabilities to help them become as independent as possible. Many are confused by the term 'Learning Disability' and do not clearly understand what it means. Also there is a great deal of uncertainty about the role of the Learning Disability Nurse.

A learning disability is usually present at birth or from childhood and results in a person having difficulty in developing the skills and abilities they need to lead an independent life. About **2-3 per cent** of the population has a learning disability and occasionally this is accompanied by other physical or sensory impairments.

People with learning disability generally have similar health needs to those of the wider population. Although learning disability is not in itself an indication of ill health or physical disability, a number of particular issues often affect the health of people with Learning Disability.

For example: Communication difficulties / physical condition associated with specific syndromes, complex and challenging behaviours and delayed development. The degree to which each of these factors may affect individuals is extremely variable and requires learning disability nurses to develop skills that will enable them to work in flexible ways across simple and complex health areas.

The lifestyles of people with learning disabilities have changed a lot over the last 25 years. There is an acceptance that these people have the same rights and needs as anyone else and should lead ordinary lives within the community. This has resulted in closure of large hospitals and the development of a variety of smaller care establishments in the community.

Health Services for people with Learning Disability are increasingly orientating around specialised health care need. Groups of people with Learning Disabilities who may particularly need specialised help are those who:

- ✦ Have multiple or complex needs.
- ✦ Are in crisis or where crisis is thought to be imminent.
- ✦ Are undergoing some form of transition e.g. from home to hospital / residential care, from hospital to community or from children's to adult services or from one form of living to another.
- ✦ Are from ethnic groups.
- ✦ Have parents or carers who are experiencing difficulties in providing support.
- ✦ Are exhibiting behavioural problems or who may have additional mental health needs.
- ✦ Requires assessment of current health, development, social functioning or behaviour.
- ✦ Have needs requiring forensic service interventions.

Learning Disability Nurses must therefore possess competencies that will enable them to work in partnerships with people with a learning disability in order to meet their health, social, emotional, developmental and behavioural needs.

Learning Disability student nurses form part of a multidisciplinary team in developing life styles for people with Learning Disabilities. This means assessing individual's needs, planning and implementing care to meet those needs. Students will also develop a range of interpersonal skills that are fundamental to nursing in this area so as to help them to achieve maximum personal competence and well-being and how to maximize their choices and opportunities throughout life.

Registered Learning Disability Nurses work in a variety of settings, including residential units within the health, voluntary and independent sectors, assessment and treatment units for offenders and for people with epilepsy, multiple disabilities, autism and complex needs, community teams, respite services and day services. They work with people of all ages within these areas.

Thus what is Learning Disability Nursing?

- Helping someone to make a cup of tea may not sound like much but in this area of nursing it can be a real achievement.

What does it involve?

- The emphasis is on nursing in a range of social settings, including home, work and leisure activities. You will gain experience in four main areas:

- ✦ *Family settings*
- ✦ *Adult education*
- ✦ *Education for young people*
- ✦ *Community / residential settings*

What are the special needs?

- Sensitive human interaction is the core skill. You will need to have great patience and highly developed, flexible communication skills. The job can be stressful and demanding so self-awareness helps. You will sometimes need to be assertive to ensure people with learning disability do not suffer from discrimination or abuse.

Nurses will be dealing with all age ranges and will gain immense

satisfaction knowing that they are increasing the self-confidence and sense of worth of people with learning disabilities. Many
Learning Disability Nurses also occupy roles as managers, leading teams of support staff.

The above (information gathered from NHS Careers – U.K.) leads to several opportunities such as:

- ✦ Modules for Learning Disabilities Nursing
- ✦ Promoting evidence based practice for School of Health & Social Care & Learning Disabilities Nursing
- ✦ Diploma in Nursing – Learning Disabilities Branch
- ✦ Bachelor of Nursing – Learning Disabilities Branch
- ✦ Degree combined with Nursing – Learning Disabilities Branch

Conclusion

We Maltese citizens we find assistance / services / support and care if we suffer from physical and mental ailments. Citizens who suffer from Learning Disability within our community *(2-3 per cent of the population)* cannot say that they have the same privilege. All of us are responsible to assist one another so that such citizens are protected and services are rendered as a right and not in kindness. A person affected with Learning Disability evolves around the family, who needs as much support as he or she does. In Malta / Gozo such persons have come of age and generations present their particular demands, facilities need to be planned properly and developed on sound basis. The professional approach to the situation demands technical know how (with a human approach attitude) which is lacking or non-existent especially where Learning Disability Nursing is concerned.

An appeal goes to all, who in good faith can assist with the development of this area of Nursing so that we be in line with progressive countries. **The Institute of Health Care has an important role and it is its duty in this matter to work hard so that this area of Nursing is available.** I hope that this appeal does not fall on deaf ears. Politicians are promising a lot, community services are being demanded and such services cannot be provided unless human resources are trained at all levels and made available.

So as we started:
Is it a must that Learning Disability Nursing gathers momentum in our Country?
IF 'YES...WHAT ARE YOU GOING TO DO ABOUT IT?

New Frontiers

I would like to introduce the new **Executive Education Committee**, which has been appointed to serve for the next four years within the MUMN. New in all aspects since new members form part of the Executive Committee with new aims, new ambitions and new directions provided to us from the new statute of the MUMN. The plan for the next four years will be a challenging one not for just the committee but we intend as an Executive Committee to make it challenging for all personnel working in the nursing profession. Why so challenging?

We intend to develop, in collaboration with the Director of Nursing Services and the Institute of Health Care, new frontiers in nursing. Frontiers in the specialisation and the development of specialised courses in all nursing care: from ITU to the Elderly. The feedback we have always received, both from our Nursing Director and also from the Institute of Health Care through Ms. G. Jaccarini, is that their views and ambitions are on the same wavelength as that of the Executive Committee: ambitions that we thrive to achieve. The challenge: a mechanism were collages / associations would be able to develop and be registered in the **specialist register** which should be in place when the new Health Care Profession Act will pass through Parliament.

It is a challenging future but I am fully aware that a substantial number of nurses and midwives are eager to participate in such a "proposal". What is important is that we should strive to achieve the best structures within the department and the proper catalytic environment, which should encourage such a chance.

The Education Executive Committee has other duties as stipulated by the new statute of the MUMN. Seminars and conferences will be top on our agenda. We intend to offer a service to all nursing personnel. Any nurses and midwives in any speciality or in any hospital will have the facility to contact one of our members of the Executive Committee to organise any seminar or conference he/she desires. As a committee we will offer our expertise, equipment and guidance in organising such an event. In the pipeline we were honoured by being chosen to host the Commonwealth Nurses Federation Conference in March 2004 that would be a good opportunity of seeing Maltese nurses exchanging views with foreign nurses on various work practices. It should be a gauge to compare our knowledge and standards with our counterparts.

In December we will be trusted in organising another Conference for Midwives and Nurses working in the maternity/paediatric department and all those interested in breastfeeding. Further details would be submitted in the future.

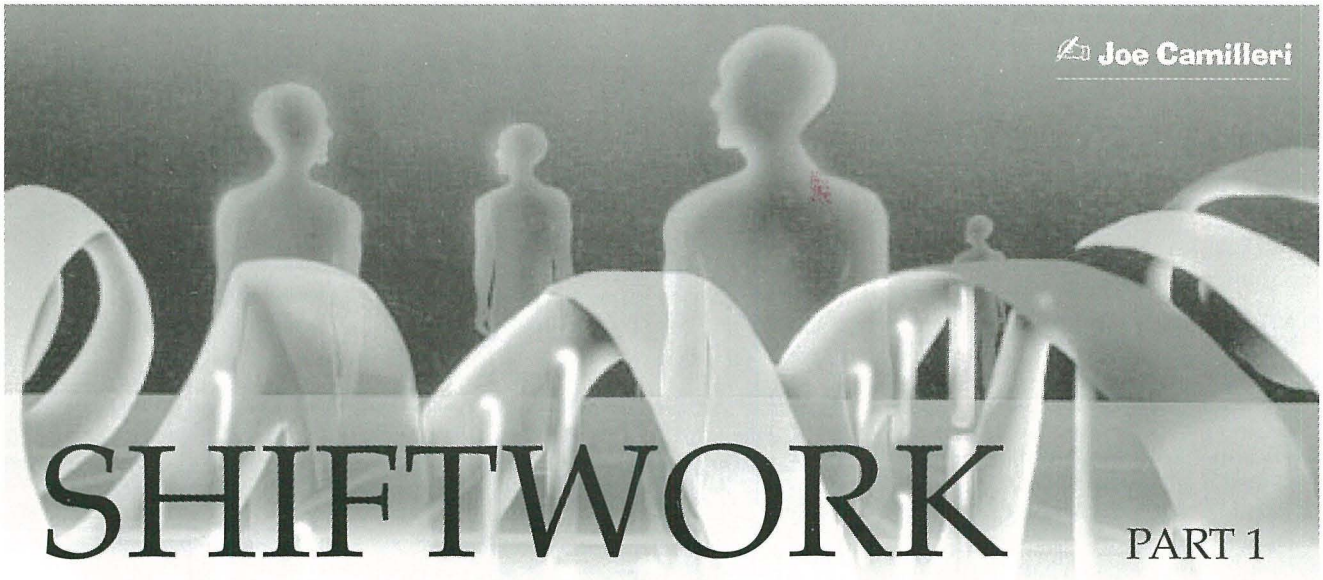
Such conference would be done with the collaboration and the auspices of the Director of Nursing Services and we have been promised full collaboration. In fact I would like to offer my sincere appreciation for the Director's approval on such initiatives.

The committee that is composed of nurses from various sectors in our nursing profession is as follows:

Paul Pace-	Infection Control Nurse	**Chairperson**
Tony Bugeja	Renal Nurse	**Secretary**
Corinne Scicluna	TissueViabilityNurse	**Member**
Marcon Grima	N.O FHC	**Member**
Helen Borg	Midwife	**Member**
Vincent Saliba	Educational Co-ordinator	**Member**
Vicky Rausi	Practice Develop. Nurse	**Member**

As an Executive Committee we would be informing you with all the events that this committee would be organising, and please do not hesitate to contact any of the above members for any queries and information which you might need.

Paul Pace
Chairperson of the Executive Education Committee



SHIFTWORK PART 1

Nature and prevalence

According to Article 2.5 of the European Union's Council Directive 93/104/EC – concerning certain aspects of he organisation of working time, shiftwork means:

"any method of organising work in shifts whereby workers succeed each other at the same work stations according to a certain pattern, including a rotating pattern, and which may be continuous or discontinuous, entailing the need for workers to work at different times over a given period of days or weeks."

There are many work schedules that are called "shiftwork". Shiftwork involves working outside normal daylight hours i.e. outside the hours of around 7 a.m. to 6 p.m. – the time period in which many people in our society work a 7- to 8-hour shift. Many workers may have a 'permanent' shift and work only in the evenings or only at night as for example, night watchmen and waiters. Moreover the introduction of flexitime and compressed workweeks has resulted in an increased interest in the length of shift, this usually varying between 8 to 12 hours. Longer shifts, especially in transport and security have become more common. Another relevant aspect of shift work is that of rotation around the clock. This involves changing work times from day to evening, or day to night. This might happen at different times of the week or at different times of the month. Rotation shift work is usually part and parcel of the shifts of police officers, fire fighters and health-care workers.

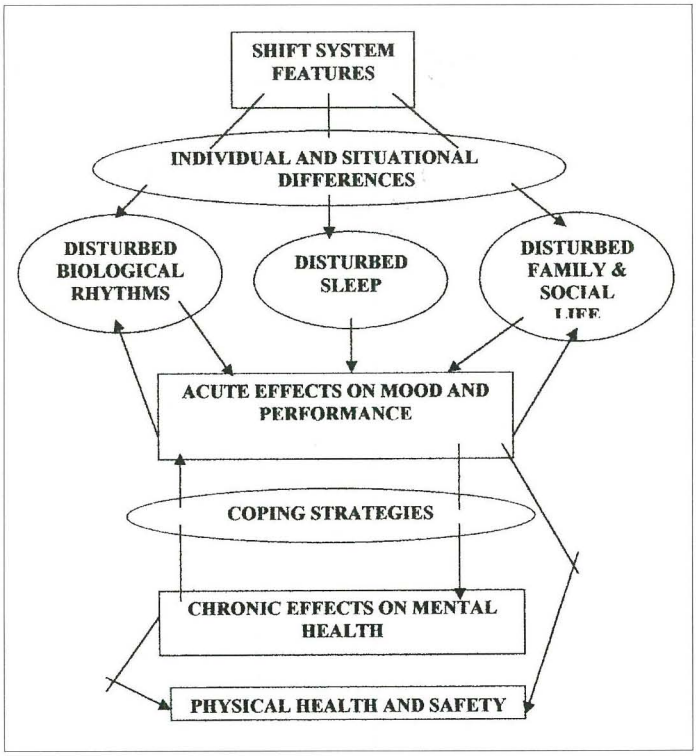
The pattern with which morning, evening and night shifts are worked is important in two respects. First, the rate with which shifts change will determine the degree of circadian rhythm phase adjustment that can occur, with little or no phase adjustment occurring when only one or two shifts of a particular type are worked before changing to a different type. Secondly, the direction of rotation would also seem to be important. The fact that endogenous rhythms tend to be longer than 24 hours, together with data from the aviation sector suggest that rotation in the order morning-evening-night might facilitate adjustment rather than the direction night-evening-morning. The latter requires a phase advancement, or shortening of the circadian rhythm.

Today's "24 hour society" requires that important services be provided at all times. Modern technology has made it possible to do many activities at any time of the day or night. In fact, shiftwork is a reality for about 20 percent of the Maltese working population (National Statistics Office, 115/01). Working shifts is seen as beneficial by some, partly because of the financial premium usually associated with working unusual hours, and partly because the hours of work often facilitate domestic (usually child care) arrangements. Other advantages may include more hours for daylight recreation, and more time to attend school. Some workers prefer night shift because it is quieter and there are fewer supervisors. Some even prefer it because they can moonlight or do another job (Maurice, 1975).

Effects of Shiftwork

Notwithstanding its increase in popularity, for many individuals shiftwork is not seen as beneficial. From an economic point of view it is estimated that it's price tag is in excess of $77 billion per year in the U.S. alone (Coburn, 1996). Apart from this many shiftworkers work on shifts because it is required by the job, or no other job is available and would gladly change to 'office hours'. Many workers find that shiftwork disrupts their family and personal life and leads to health problems. According to Whitehead (1999), a shift-worker, particularly one that works nights, must function on a schedule that is not natural. Constantly changing schedules can upset one's circadian rhythm, affects sleep patterns, increase the possibility of Gastrointestinal and Cardiovascular disorders and effects one's family and social life.

These outcomes are also highlighted by Barton *et al.*, (1995). The Figure attached shows how these authors use them to form a theoretical framework for their Standard Shiftwork Index (SSI). Each of these effects may result in serious physiological and psychosocial consequences and therefore merit further discussion in its' own right.



Theoretical Model on which the SSI is based

In 2002, Peter Paul Borg submitted a paper for his Masters of Business Administration (MBA) degree at the Maastricht School of Management.

This paper seeks to understand shift-related fatigue in nurses through the use of indices of attention between and within shift duties. The Test of Everyday Attention (TEA) was used to test a sample of twenty nurses from two medical wards at St. Luke's Hospital. The TEA tests participants for selective, sustained and divided attention. Results clearly show that in general, attention levels either remained the same or there was an outright improvement over the three duties. Tasks demanding visual selective attention and speed and tasks requiring divided attention exhibited improvement over the three duties. Tasks making use of auditory selective attention, sustained attention and visual selective attention and diligence showed an improvement on the second duty, but this was not repeated on the night duty. The conclusion is that nurses are at their best on their second duty, while on the night duty tasks demanding sustained vigilance and diligence are disadvantaged. In each duty tasks involving speed, reflected the effects of circadian rhythms. Tasks demanding diligence and attention to detail manifest the reverse pattern. Tasks commanding sustained attention show the largest oscillation on the second day. If compared to the results of the first day this is the clearest evidence that towards the end of the second day, fatigue may be so tangible that there is a large drop in attention, as many nurses claim. During the night duty, the pattern is similar to that of the second day, although the changes are not significantly different. Towards the end of these duties, individuals may react as if **mildly intoxicated**.

This is therefore a very important aspect, especially if an individual has not slept before the night duty and has not taken his/her rest. The "mildly intoxicated" issue of the last hours of the duty and also on the way home is dealt with in Peter Paul Borg's recommendations in the second part of this article of the next issue.

A Word from the General Secretary

We have come a long way over the last couple of months with the introduction of Specialised and Practice Development Nursing. The MUMN has long insisted that a serious structure should be set up for these Specialisations for criteria to be established and made available to everyone. Discussions are currently underway and about to be finalised. Congratulations to the MUMN Executive Committee for Education for all their hard work on this project.

The lack of the Nursing and Midwifery complement in our wards is becoming a regular complaint within our respective professions, and a dangerous practice for everyone concerned. We should be careful not to accept matters as they are, but rather use our minds in order to avoid unpleasant circumstances that may arise in such situations. The MUMN is not after overtime but staff compliment should be adequately maintained at all times. Only by doing this, can we ensure quality care for our patients. We have a lot to thank the MUMN Executive Committee for Industrial Relations, as they are working relentlessly in this matter.

The new Union Structure which was adopted last March, is leaving the desired results, if not sooner than expected. Decentralisation is a stimulus in itself, and it is satisfying to see whole committees looking after matters of their designated sections with evident enthusiasm. The Florence Nightingale Benevolent Fund is always striving to better the assistance offered to its members, thus exploring new areas to better its investment. The Entertainment and Cultural Committee is in contact with new establishments in order to provide its members with a wider choice of activities. Same can be said for the Journal 'Il-Musbieh', were it gets popular with every publication. Last but not least the Executive Committee for Social and Cultural Relations who worked very hard in this field.

After having organised a Committee for Pensioners, the MUMN now feels is time for a Committee for Students. A meeting was purposely set up to evaluate the needs in this sector, both from an academic and trade union point of view.

It is satisfying to note the existing cooperation and collaboration between the Nursing Directorate and the MUMN, in contrast to the difficulties we incurred in the past. My friends and I in the Council remember those days and can appreciate these moments. Both sides understand that a joint effort is the only way towards moving our profession forward effectively and efficiently. It is not always easy but normally common sense always prevails, after all we are all on the same side.

Talks on the Sectoral Agreement are underway once again, though in some points it seems that it may take a while to work through. Patience has its limitations, so please be alert to any notices the UNION may put forward from time to time. On behalf of the Council I take this opportunity to thank you for your ongoing support.

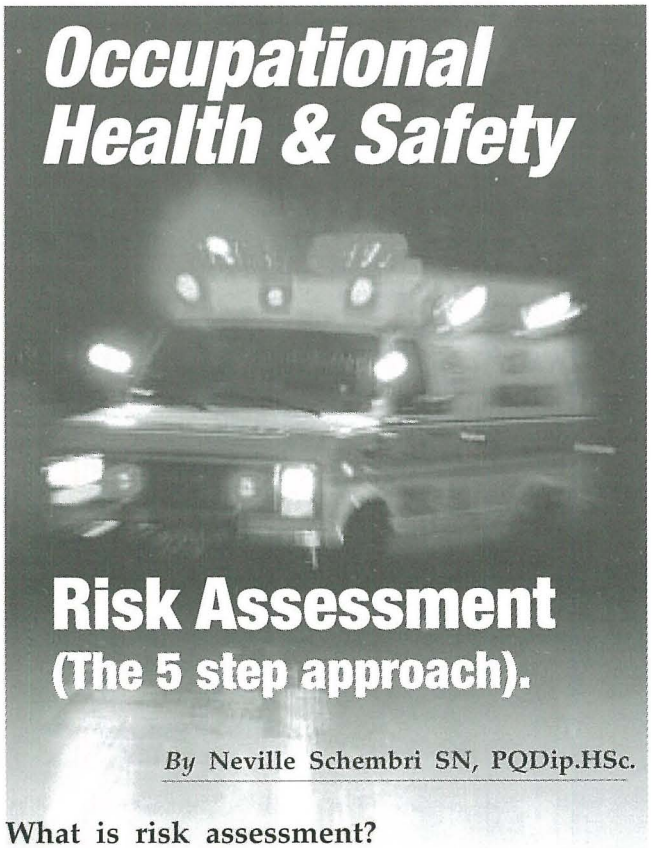
Colin Galea

MUMN's New Structure

Following the approval of new amendments in the statute at the last General Conference, new Chairpersons of various Group Committees have been appointed and others confirmed:

St. Luke's Hospital	**Alex Manchè**	79678038
Mount Carmel Hospital	**Frankie Mifsud**	99229030
St. Vincent de Paule's Residence	**George Mallia**	79457738
Primary Health Care Department	**Rita Briffa**	79856870
Gozo General Hospital	**Atanasio Degiorgio**	79591741
Zammit Clapp Hospital	**Anton Cini**	99234307
Midwives Group Committee	**Luciana Brincat**	79538562
Boffa Hospital	**Charles Cassar**	79861877
'Il-Musbieh' Group Committee	**Joe Camilleri**	79343231
Entertainment & Cultural Grp. Com.	**Rita Costa**	79537586
Pensioners Group Committee	**Paul Bezzina**	79460832
Florence Nightingale Benev. Fund	**Noel Abela**	79821359
Students Group Committee	**Stephen Demicoli**	79452448

It is advisable that if any member needs to contact a Chairperson from the above list, phone on mobile or address correspondence at MUMN, Tower Apartments No.1, Triq-tas-Sisla, Birkirkara, BKR 13.



What is risk assessment?

Put simply, a risk assessment is a "careful examination of what in your work could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent them" (HSE, 1998). The purpose is to make sure that nobody gets hurt or becomes ill as a result of our working activities.

We all carry out the risk assessment process unconsciously every day in our lives. This is done every time we cross a busy road whereby we complete a quick risk assessment: we are assessing the hazard of being run over (by some crazy careless driver of whom we have quite a few on our lovely Island).

Carrying out risk assessment at work is a legal requirement as stated under Article 6 of the Occupational Health and safety Authority Act (Act XVIII of 2000, Laws of Malta). The assessment should not only cover the risk posed to employees but also to anyone who may be affected by the undertaking such as our patients, visitors, students etc.

Defining between hazard and risk

The two terms hazard and risk are important definitions often confused and used interchangeably. A *hazard* is something that has the potential of causing harm such as electricity, certain chemicals and so on. On the other hand, *risk* is the probability of that harm actually occurring and the severity of its consequences. When we carry out a risk assessment we are evaluating the danger posed by a given *hazard* usually expressed in terms of high, medium or low *risk*.

Risk assessment = Seriousness X Probability

All such assessments are subjective and we always have to keep in mind that risks cannot be totally eliminated but the aim is to reduce them as much as possible.

The Five-step approach

The following five steps are devised on the methods of Champion (2000) and the UK Health and Safety Executive (HSE, 1998).

Step 1: Look for the hazards

Take a walk around the workplace and look for what could reasonably cause harm. It is important to ignore the trivial and concentrate on significant hazards that could result in serious harm.

Tips: Look at the accident/ incident reports within the ward or unit.

Involve all staff members, employee's team consultation.

Step 2: Decide who might be harmed and how

List down who might be harmed and in what possible way could this be done.

Tips: Make a list of all the employees in the ward or unit. Take note of all the different type of potential visitors.

Step 3: Evaluate the risk

Tackle each hazard individually and consider how likely it is to cause harm. If the hazard could be eliminated this should be done. If it cannot be eliminated it is important to decide whether its remaining risk is low, medium or high.

Tips: Use a risk rating scale.

Seriousness	Probability
3	Major/ greatest
2	Serious
1	Minor/ lowest
3	Highly likely
2	Likely
1	Unlikely

Seriousness X Probability = Rate of Risk

Step 4: Prepare an action plan

Record the findings and prepare an action plan prioritising according to findings (considering first the most serious risk) and listing any additional controls where necessary.

Tips: Specify who is responsible to take actions.
Agree on a timescale for completion.

Step 5: Review and revise the assessment

Risk assessment is a continuous process. Planned period review is important to ensure that it is kept up to date.

Tips: Take account of new equipment, changes in processes, new staff members and new clinical techniques introduced in the unit or ward.

The step approach to risk assessment is meant to make the whole process less discouraging whilst encouraging active participation for proactive risk management.

Know more on health and safety, visiting the Health and Safety Executive website at http://www.hse.gov.uk

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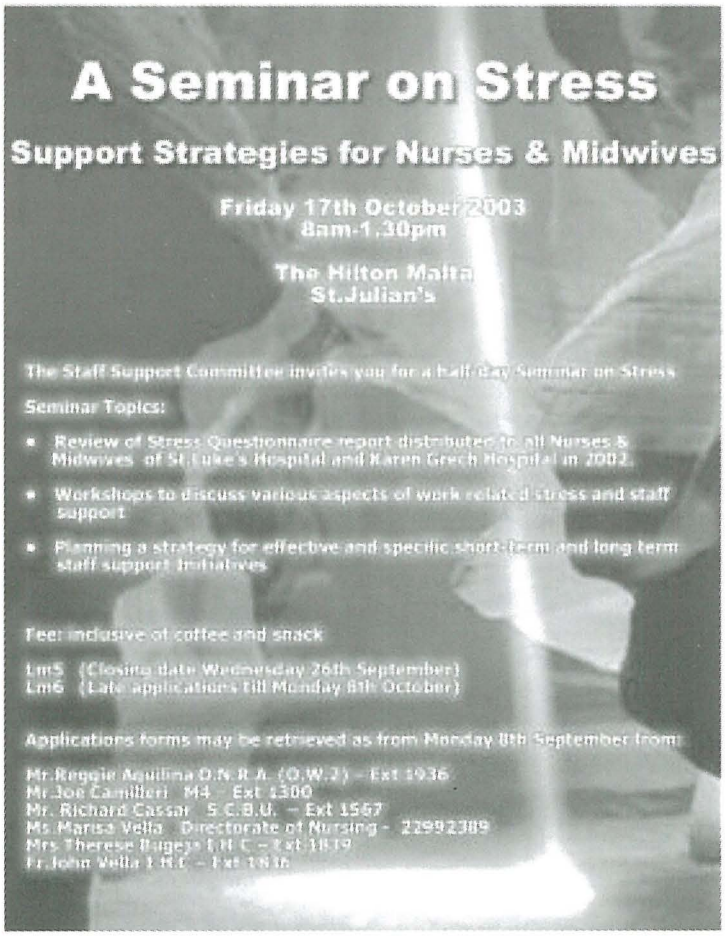
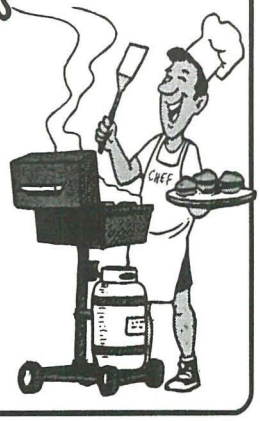
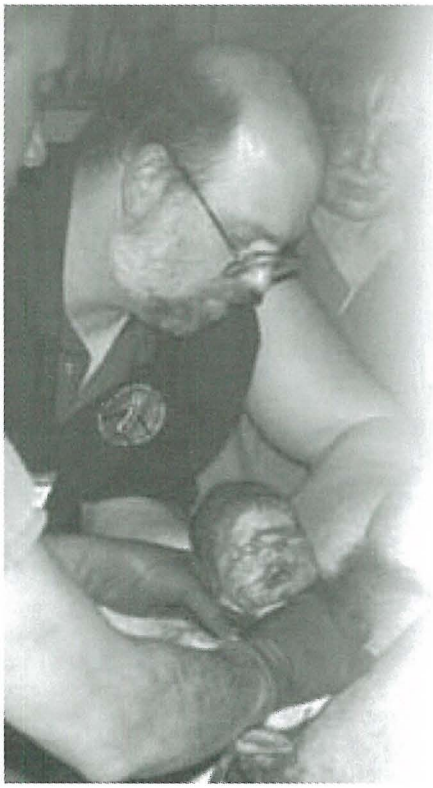


BARBECUE

THE ENTERTAINMENT AND CULTURAL GROUP COMMITTEE IS ORGANISING A BAR B Q ON THE 29TH AUGUST 2003 AT THE RADISSON SAS BAYPOINT RESORT FOR ALL MEMBERS, FRIENDS AND THEIR FAMILIES. FURTHER DETAILS TO BE ANNOUNCED.





A MIDWIFE'S DUTY

Everyone rightfully believes that midwives are highly professional, they are *respected and revered.* However, little does one realize how stressful and oppressing this profession actually is.

Going back in years, when the majority of midwives, (3 midwives in each shift), were pooled in the Labour Ward, the number of deliveries was as high as 5,800 a year, nation wide. In truth, little service was offered to the client, as every midwife used to take care of 3 to 4 clients at any one time. I was one of the junior midwives at the time and I remember praying that nothing happened to the other three mothers while I was delivering one of the clients. Frequently, deliveries occurred at ten-minute intervals and there was practically no time for documenting the labour events. Fetal heart monitoring was only carried out in high-risk cases, while in normal cases it was done by the means of a pinard's stethoscope. The midwives had great difficulty in giving their clients psychological support due to the heavy workload and psychological support is an absolute essential factor in pain relief in Labour. My perception was that of a factory worker with the production line being babies. After a day's work, I used to end up tired and drained out. Job satisfaction was near to non-existing. I myself used to question what I was doing in that point in time.

Nowadays, the birth rate has gone down to 3,800 a year, nationwide. A reformation in the kind of service we give to our clients has come about. Great improvement has occurred in the acknowledgment clients' needs. The ***ideal*** midwives' complement is seven in each shift. The midwives' sphere of work now includes theatre duties and, whenever possible, the care given to mothers is on one to one basis. However, nowadays people are more informed and besides the latter care they also ***expect*** good psychological support from the midwife. New services in the management of labour are being introduced, epidural analgesia being one of these new services. The midwife always tries her best to give the care expected but it becomes near to impossible when 13 Medical Inductions are to deliver on the same day, not to mention about three to four elective caesarian sections and the regular flow of admissions coming directly from home.

I ask myself, is it safe practice to have a Labour Ward overflowing with labouring mothers? The midwife's role is to care for the mothers who are labouring naturally as well as those who deviate from the normal. In fact, the midwife must be able to distinguish the abnormal. Mobility during labour known to be a good means of pain relief, is the midwife's prerogative. Depending on the present circumstances of having to deal with an over populated labour ward, is the midwife being allowed to work professionally? Are we putting the client at risk by inducing so many mothers at the same time, something that the ward cannot cater for? Can the midwife nowadays give full and safe care to three to four clients at the same time? Is it safe practice to work with the minimum of equipment and the minimum of staff Midwives?

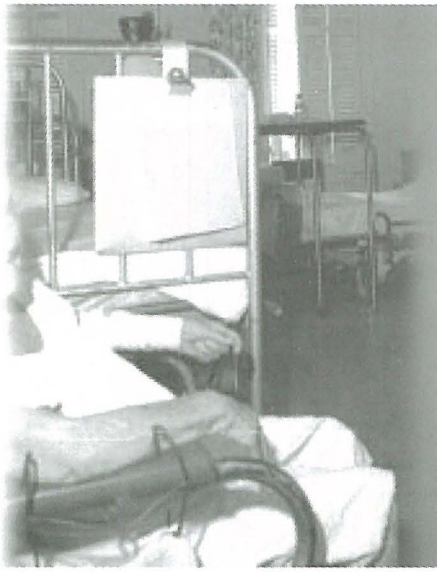
During a ward meeting, the need to organize staff support meetings was felt. Consequently, a plan was made and eventually implemented. Originally, the plan was to give support to staff who was taking care of dying babies or mothers who delivered stillborn babies. A Group of midwives and nurses, together with Fr. Joseph Calleja, organized four morning sessions for the staff of the S.C.B.U. and Labour Ward. Attendance was 50%. A common point that arose from the meeting was that the staff is all the time being oppressed and abused by the Medical Staff!! Almost none of the staff knew its rights. Ward policies are believed to be non-existent. The staff is overworked and drained. The urgent need for psychological support by a professional psychologist was commonly felt. Most of the staff members felt that they were carrying the problems of work to their homes and families. Stress on the place of work was commonly highlighted.

With this feedback in mind, certain decisions and actions are to be taken. The Labour Ward Management is working on ward policies. I believe that if midwives are stressed and oppressed the output on the place of work is not the optimum one can achieve. A professional psychologist should be available for staff to unwind. In this way, the care given to our clients would be maximized. Pressures and stress of work would be better dealt with and job satisfaction would be enhanced for all the staff.

I believe that if job satisfaction is attained, the output would drastically improve and clients would be more satisfied with the care they receive.

As future members of the EU, are we following its standards of care? Or are we maybe failing somewhere?

Maria Cassar



TONIO PACE *Staff Nurse*

A client is not just a body, but also a whole human being. This is a statement that we nurses, ought to keep in mind whenever we are taken astray by our hectic daily routines and in order to be able to perform our duties with respect and dignity. Dunn (1991) asserts that nurses should collaborate and co-operate with other associates of the health care team in the delivery of their care. I admit that it's easier said than done, especially when our head throbs on a hectic hour, where questions are asked and answers are expected in no time!

Shaping Our Future

For the last 3½ years, I performed my duties in operating theatres, which also have problems of their own. Before that, I worked in medical wards for 12 years. Believe me, it's no joke! So many things happen at once; telephones drumming repeatedly, ward rounds (each at various times), daily routine investigations, nursing procedures, a range of demands from nursing colleagues and from different hierarchies, preparation and delivery of treatment, admissions, discharges, and more. What I do bear in mind, is that the most basic item, us nurses tend to fail in, mainly because of so many distractions, is adequate nursing care. This is no excuse!! Our delivery towards our clients must be optimal, and each one of us is to be accountable to every action taken. Radcliffe (1993) states that nurses have a responsibility towards their patients, and they should do their best to provide quality care, both physical and emotional. Clients and their relatives complain at times, while on the other hand nurses are stressed out for not satisfying those around them. On average, I believe that this is not because a number of nurses fail to provide a good quality service, but because nurses including myself, have to do the impossible from the crack of dawn till dusk. When this kind of routine is repeated day after day, then the only alternative available for the nurse is exhaustion. Benner & Wrubel (1989) confirm that what some time ago gave satisfaction, can now feel like a demand.

If I had to argue about the congestion of clients in respective ward corridors, a problem that survived for so many years now has become more frequent that is even making headlines on several local newspapers. I feel sorry for both clients and staff. This congestion normally results from old aged patients, generally categorised as 'social cases.' These patients get admitted into medical wards ... most of the time for the sake of having a bed and shelter! I bear in mind an event; sadly I was part of at the time, when I phoned a family member with the 'good' news, that the ward's Consultant discharged her father home. I confess that there was no sweet talk towards my announcement, where after being verbally threatened, she added that if her father was to reach her doorstep by the ambulance personnel, she would not bother to open the door!! Most nurses nearly everyday witness similar shocking remarks. The positive aspect of all is that not all 'social cases' are unwanted by their relatives, as we know. Many sit and wait for their transfer to St. Vincent De Paule, while nursing care is given at the same time during their hospital stay. Others have no family members they could go to.

Both the layperson and qualified staff have to keep in mind that nurses are sensitive people too, and deep down they feel for others who are not being treated rightly enough. As already stated, nurses are working harder than ever before and most of the time, their work is not pleasing. Garbett (1996) declare that nurses working with patients need to have an amount of freedom and flexibility than being controlled by policies. Nurses feel upset most of the time for several other reasons mainly stress, because of the daily arguments that arise, lack of social interactions between nurses themselves and other medical staff from various departments, misinterpretations, and so on. As I have stated in previous issues, even then as editor of 'Il- Musbieh', I believe that several nurses need professional bodies that could listen to their exclamations and make them feel better, and above all functional. A need for a staff support group is felt and should be considered by those interested in order to improve one's mixture of stresses. Regarding this matter, I was even glad to read on 'Il-Musbieh' (No.19, Pg.7), that a staff support group has finally kicked off.

On shaping our Future, and with the new hospital project in mind, I do really hope that there won't be any 'familiar' surprises, in a new hospital worth millions of liri. When referring to surprises, I have in mind the usual bureaucratic drills, staff shortages due to various reasons, and so on. We ought to do what's better for our fellow clients and us nurses. Nurses should be exemplary to one another, in the way they act, speak, communicate and most of all in the delivery. We must keep in mind that during our working hours, our clients and their family members are constantly watching us. Wolf (1989) stresses that nurses are constantly in the limelight. As a result we should equip ourselves proficiently, in order to give the most excellent, of all we are qualified for. Benner & Wrubel (1989) affirm that the new image of the nurse as a knowledge worker is needed. Our morale should be clear and tough, in order to struggle against all challenges and be able to communicate better with those all around us. Take part in weekly meetings between the nursing and paramedical staff altogether so that each one gets to know one another's uncertainties. Nurses and doctors should interact together healthily, keeping the clients needs in mind. Hoekelman (1975) agrees that the rapport between the doctor and the nurse is a very special one.

In order to shape our future, we nurses should reinforce our drive by updating our knowledge base, hence giving enhanced service with pride, where each one of us unfortunately tends to lack the latter. We nurses have to consider that we are real professionals, and should let our daily performance prove it.

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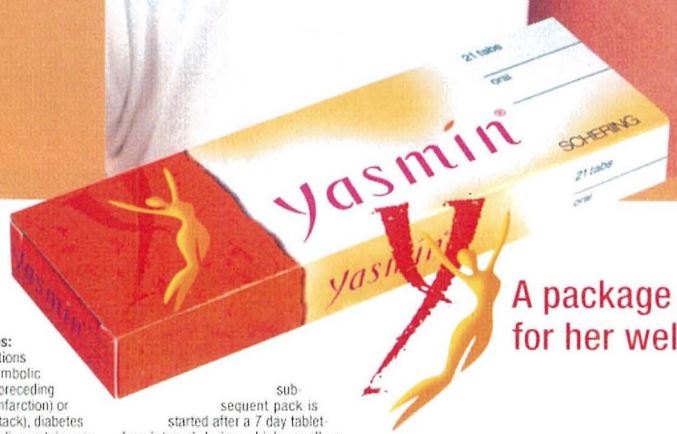
A package of benefits for her well-being



A package of benefits for her well-being

Yasmin Prescribing Information Indication: hormonal oral contraception **Composition:** – Active ingredients: one light yellow filmcoated tablet contains 0.03 mg Ethinylestradiol and 3 mg Drospirenone – Pharmacologically inactive ingredients: lactose monohydrate, maize starch, Povidon K25, magnesium stearate, Hypromellose, Macrogol 600, talc, titanium dioxide, iron oxide hydrate. **Contraindications:** Yasmin is contraindicated, if one of the following conditions is present: preceding or existing venous thromboembolic events (VTE, deep venous thrombosis, lung embolism), preceding or existing arterial occlusions (myocardial or cerebral infarction) or their precursors (angina pectoris, transient ischemic attack), diabetes mellitus with vascular damage, severe hypertension, dyslipoproteinemia, inherited or acquired disposition for venous or arterial thrombosis, e.g. APC-resistance, antithrombin-III-deficiency, protein-S-deficiency, protein-C-deficiency, hyperhomocysteinemia, antiphospholipid-antibodies, preceding or existing severe liver disease, until liver-specific functional parameters have returned to normal, severe renal insufficiency or acute renal failure, preceding or existing benign or malignant liver tumors, suspected or established malignant diseases of the genital organs and of the breast, if hormone dependent, vaginal bleeding of unclear origin, migraine with focal neurological symptoms, increased sensitivity against the active or inactive ingredients of Yasmin. Should one of these conditions appear for the first time under medication with Yasmin, the intake of Yasmin had to be stopped and the prescribing physician has to be notified. **Side effects:** occasionally cycle disturbances, breakthrough bleeding, breast tenderness, headache, depressive mood, migraine, nausea, discharge, vaginal mycosis, rarely libido changes, hyper- or hypotension, vomiting, acne, eczema, pruritus, vaginits, edema, weight changes, single cases of asthma, lactation, hypacusis and thromboembolism have been described. **Dosage and regimen:** one tablet is to be taken daily at about the same time for 21 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 oxcarbacepin, 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.

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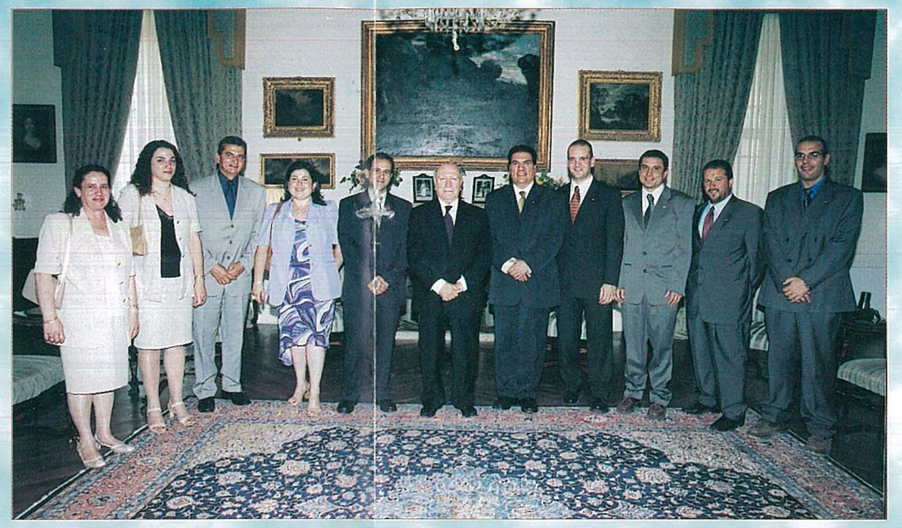
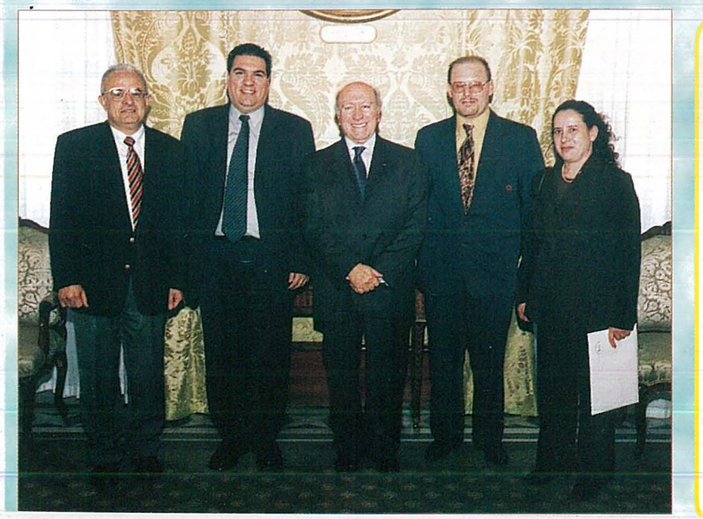
From our diary...

MUMN delegation attended the International Council of Nurses conference together with the Director Nursing Services and the Director for Elderly and Community Services.
In the photo the Maltese delegation is seen with the ICN President Chrisitine Hancock at the closing ceremony.
Representing MUMN are Rudolph Cini - President, Colin Galea General Secretary and Paul Pace - Assistant General Secretary.



As H.E. Prof. Guido de Marco, President of Malta is the Patron of the Florence Nightingale Benevolent Fund, the Group Committee responsible for the Fund together with the General Secretary were invited at the Presidential Palace in Valletta to discuss how to strengthen further this Benevolent Fund. In the photo from left is seen Alfred Briffa, Colin Galea, H.E.Profs. Guido de Marco, Marvic Azzopardi and Lora Pullicino.



Another important visit made by the MUMN Council was that to the Onor. Prime Minister, Dr. Eddie Fenech Adami in the presence of the Onor. Health Minister, Dr. Louis Deguara. In this meeting several issues were discussed, mainly the need to strengthen Primary Health Care and the Nursing and Midwifery Specialisation Framework.

mid-djarju tagħna...

The newly elected MUMN Council was invited to visit H.E. President of Malta, Prof. Guido de Marco at the Presidential Palace in San Anton Gardens. This visit confirmed the excellent relations MUMN has with H.E. Prof. de Marco.

MUMN continues to be committed and involved in monitoring the repercussions that Nurses and Midwives would face in the EU accession. For this purpose MUMN attended a meeting in Ireland organized by the Standing Committee of Nurses of the EU.
Representing MUMN are Ms. Mary Ann Bugeja - Financial Secretary and Ms. Luciana Xuereb - Midwives Representative.

Group Committee Pensjonanti

Il-Group Committee tal-Pensjonanti organizza żewġ ħarġiet għall-membri, li b'sodisfazzjon ngħidu li kienu suċċess, għax kulħadd ħa ħafna gost.

L-ewwel ħarġa kienet il-Ġimgħa 21 ta' Marzu ġewwa l-Isptar Mater Dei fejn l-attendenza bil-partners b'kollox kienet ta' 32 ruħ.

Ħarġa oħra ġiet organizzata għall-Limestone Heritage ġewwa s-Siġġiewi fejn sar tour tal-post u kilna u xrobna wkoll. Din il-ħarġa ġiet apprezzata mill-membri fejn l-attendenza kienet ta' 26 ruħ bil-partners ukoll.

Bħala Group Committee qed niġu dejjem aktar inkoraġġuti biex norganizzaw aktar ħarġiet. Dan żgur jgħamlilna kuraġġ u għal quddiem għandna attivitajiet oħra.

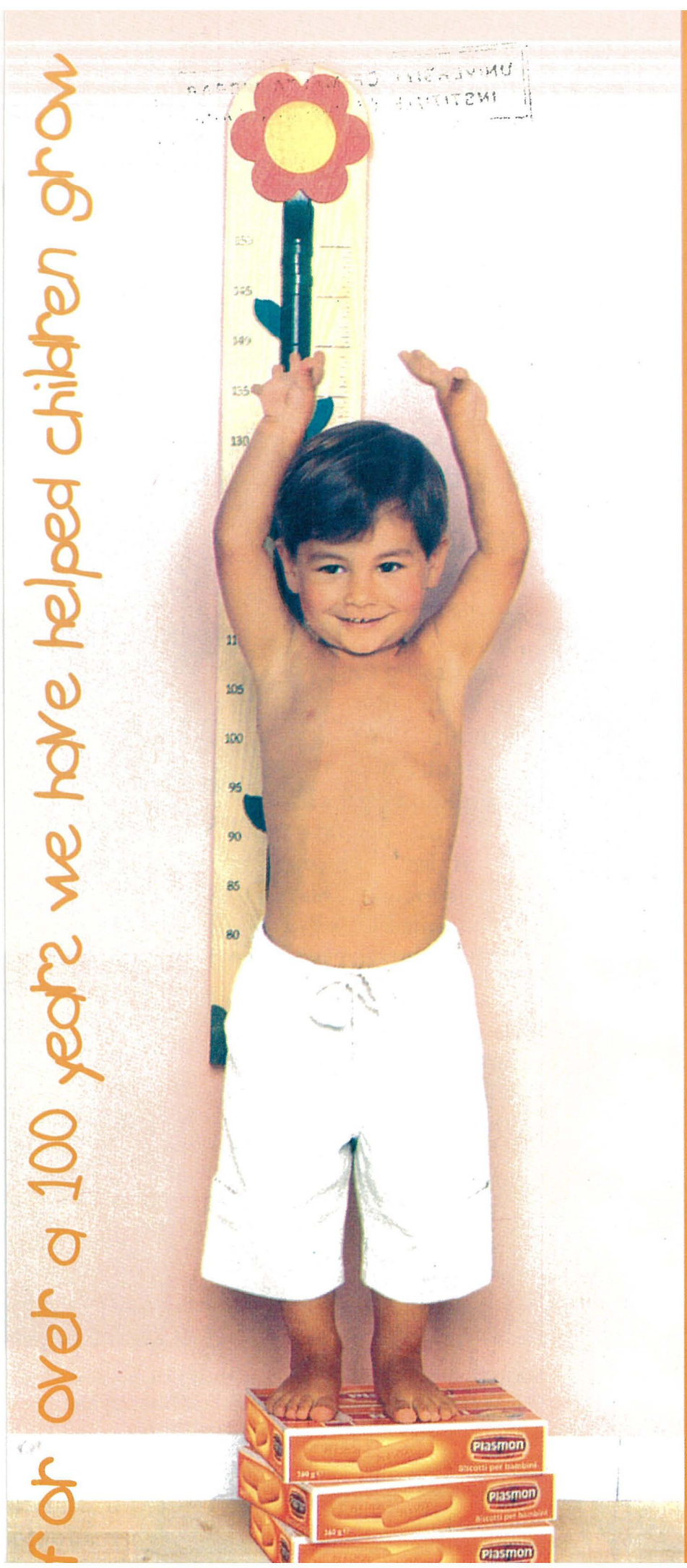
Tajjeb ngħarrafkom li s-Segretarju Ġenerali tal-MUMN qiegħed f'kuntatt permezz ta' korrispondenza mal-

Għaqda tal-Pensjonanti sabiex niġu affiljat magħha. Dan biex inkunu nistgħu nagħtu l-kontribut tagħna u għalhekk qed nistennew risposta posittiva.

Nixtieq inħeġġeġ aktar Nurses u Midwives irtirati sabiex iħallsu l-miżata u nkunu għaqda ikbar.

Paul Bezzina
Chairperson

for over a 100 years we have helped children grow



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For the past 100 years, **Plasmon** biscuits have helped children grow, thus establishing itself as a household name with many generations. It is synonymous with healthy development and growth; a reputation built from generation to generation.

Our biscuits are produced from 5 different varieties of top class wheat, which are grown in fields identified solely for their cultivation and harvest. These large plains are found in Italy and France, where the soil is rich in nutrients and free from any toxic deposits of heavy metals. Nature here is not tampered with but left to work at its own pace without the use of pesticides or chemical fertilizers. Once harvested the grains are milled to a fine flour, which is then further enriched with calcium, iron, vitamins and milk proteins and baked for 7 minutes, not a minute more and not a minute less. The result is a golden, fragrant and uniquely delicious biscuit, which is packed for your convenience for your baby to enjoy anywhere and at any time of day.

Plasmon
OASI ECOLOGICA

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The nutritional value of infant food is often questioned both by the parents as indirect consumers as well as the health professionals. It is obvious that prepared infant food is popular for its practicality and timesaving characteristics, especially in today's hectic lifestyle. However there is another important feature which makes infant food particularly ***Plasmon****, more popular; and that is the guarantee of high qualfty which accompanies every single* ***Plasmon*** *product.*

For the home preparation of baby food, the freshest and finest ingredients found are used, however just how safe are they in reality? It is common knowledge nowadays that agricultural produce is systematically treated with toxic pesticides. The residue from these chemicals can penetrate the skin of fruit and vegetables and leave harmful deposits in the pulp.

At the **Oasi Ecologica Plasmon**, agricultural experts strictly monitor each phase of cultivation and production. Produce is grown in fields and orchards in a soil rich in nutrients, away from heavy traffic and industrialized areas. All water used is from uncontaminated sources and pest control is biological. There is a total respect for the natural rhythms of maturation of fruit by harvesting at various times of the year. The **Oasi Ecologica Plasmon** also boasts of excellent farm animal rearing techniques where cows are left to roam freely in unspoilt pastures; chickens are free-range meaning that all animals are reared in as natural a way as possible.

At the **Oasi Ecologica Plasmon**, animals are not given antibiotics and hormones to fatten them up; such chemicals leave a residue in the meat and dairy produce, which can have adverse effects on the human body.

In order to ensure that infants and young children are given the best organic food available, **Plasmon** has invested heavily in a quality system boasting of production methods of the most advanced nature.

Plasmon products do NOT contain:

- Any preservatives
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This means that besides the natural goodness of organic food all our range is further enhanced with important vitamins and minerals. The strong working partnership established with farmers and breeders who share in the belief of the **Plasmon** mission together with expert agronomists and veterinarians can only produce *excellence in quality without compromise.*

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Aktar informazzjoni dwar it-Tqarbin

Dan is-suġġett huwa nteressanti għaliex għandek ħafna x titgħallem. Min-naħa l-oħra, dak li titgħallem trid tara kif sa tpoġġih fil-prattika, altru f'parroċċa u altru fi sptar. Anke, minn sptar għall-ieħor ġie li ssib differenza. Għaldaqstant, dan is-suġġett huwa delikat ħafna, għalkemm mhux kulħadd jagħtih importanza, bir-riżultat li jirrikjedi tagħlim u informazzjoni, komunikazzjoni bejn kulħadd u prudenza minn kulħadd.

Tajjeb li jkun hemm komunikazzjoni bejn il-ħaddiema ta l-isptar u l-patrijiet - kappillani ta l-isptar partikulari. Dan jgħin biex kulħadd ikun jaf fejn qiegħed u fl-istess ħin kulħadd ikun jaf x'għandu jagħmel. Eżempju ċar huwa meta xi ħadd joħroġ bl-ideja li ssir quddiesa, kemm f 'xi kamra tal-pazjent jew f'xi sala, minn xi saċerdot li ma jkunx wieħed mill-patrijiet ta' l-isptar konċernat. Hawn il-prudenza titlob biex il-patrijiet ta' l-isptar ikunu mgħarrfa bl-ideja mill-ewwel, minn qabel ma tibda titwettaq l-ideja għax imbagħad ikun tard wisq.

Anke f'każ, li xi ministru straordinarju ta' l-Ewkaristija, bir-rispett kollu lejn l-Uffiċju tal-Patrijiet-Kappillani ta l-isptar konċernat, ġie li jġibu l-Ewkaristija minn barra l-isptar biex iqarbnu huma stess lill-pazjent partikulari. L-aħjar ħaġa hija li jitkellmu mal-kappillani ta l-isptar konċernat. Qed ngħid dan, biex jekk xi ħaddiem jinduna b'xi ħaġa tajjeb li jitkellem mal-kappillani ta l-isptar. F' dan il-każ, mhix kwistjoni ta' dnub iżda aktar ta' prudenza.

Ħaġ'oħra, li ma tantx nagħtu każħa hija li meta persuna tkun ġa tqarbnet trid tiftakar, li t-tieni tqarbina għandha ssir fil-quddiesa. Iżda fil-mument ta l-agunija, qabel il-mewt, il-persuna tista' terġa titqarben għat-tieni darba bħala Vjatku. Dan kollu nsibuh fil-Liġi tal-Knisja. Il-Kanone 917 jgħid li ġie li ssib persuni li kull meta jkollhom ċans jitqarbnu, mill-ewwel imorru biex jitqarbnu wkoll barra l-quddiesa, mingħajr ma jagħtu kas ta' dak li titlob il-Knisja. Hawn ikun il-periklu li l-persuna tista' titlef is-sens propju ta l-Ewkaristija. Issa, min-naħa l-oħra, irridu nifhmu li fl-isptarijiet bħalissa qed isir tqarbin lill-morda u mhux biss il-Vjatku tal-morda.

Rigward it-tqarbin tat-tfal insibu li d-Drittu Kanoniku, il-Kanone 913, jitkellem hekk:

(1) It-tfal jistgħu jirċievu l-Ewkaristija dment li jkollhom il-konoxxenza suffijenti u tħejjija tajba, tant li skond il-kapaċità tagħhom jgħarfu l-misteru ta' Kristu u li jkunu kapaċi jitqarbnu b'fidi u devozzjoni l' isem ta' Kristu . Insibu wkoll, dan:

(2) Rigward it-tfal, fil-mument tal-periklu tal-mewt, jistgħu jitqarbnu sakemm ikunu kapaċi jagħmlu differenza li l-isem ta' Kristu mhux ikel komuni u li jirċievu l-Ewkaristija b'ġabra ta' riverenza.

Fl-isptar insibu wkoll il-problema ta meta jkun hemm pazjenti li m' humiex membri tal-Knisja Kattolika. Hawn tajjeb li nagħmlu d-differenza bejn il- membri tal-Knisja Kattolika, li huma l-Insara Kattoliċi u dawk li huma sempliċiment insara li jinkludu lil dawk kollha li jemmnu fi Kristu, ukoll jekk m' humiex f'għaqda sħiħa (f'komunjoni) mal-Knisja Kattolika, bħalma huma ħutna l-Ortodossi u l-Protestanti. Waqt li l-Insara Kattoliċi huma f'għaqda sħiħa fil-fidi u fit-tmexxija tal-Knisja mill-Papa u l-Isqfijiet magħqudin miegħu, irridu niftakru li l-Ewkaristija tfisser il-komunjoni tal-Knisja.

Insibu persuni (inklużi Maltin) li billi daħlu f'xi setet, jew billi ntrabtu ma xi komunuità nisranija maqtugħa mill-Knisja u tgħammdu mill-ġdid, inkella billi ħaddnu reliġjon oħra, bħal-Ġinduwiżmu, Islam eċċ., dawn huma mgħadudin li ċaħdu l-Knisja Kattolika, u allura ma jistgħux jitqarbnu qabel ma jagħmlu r-rinunzja u jerġgħu jiġu milqugħin fil-Knisja skond il-proċeduri tagħha.

Fil-Kanone, il-liġi Numru 912 jgħid li kull min hu mgħammed fil-Knisja Kattolika jista jitqarben.

Min-naħa l-oħra, peress li l-persuna marida ma tkunx taf xi twemmin tħaddan u ġie li l-persuna stess ma tkun taf xejn dwar it-tqarbin bil-konsegwenza li tkun trid titqarben biex tagħmel bħal ħaddieħor, għalhekk speċjalment lil dawk il-persuni morda li m'humiex Maltin, tajjeb li nistaqsuhom humiex Roman Catholics jew Catholics bħal Anglo-Catholics u oħrajn, qabel ma nistaqsuhom iridux jitqarbnu.

Fil-waqt li fil-liġi tal-Knisja Numru 844 insibu miktub dan:

(3) Is-Saċerdot Kattoliku jista' jamministra b'mod leċitu s-sagrament tal-Qrar, ta' l-Ewkaristija u dak tad-Dlik tal-Morda lil dawk il-membri tal-Knisja Orjentali (bħal l-Ortodossi) li m'humiex f'għaqda sħiħa mal-Knisja Kattolika, sakemm il-membri stess dan minn rajhom ikunu jriduh.

(4) Dan, minbarra għall-Ortodossi, jgħodd ukoll għal xi Kristjani oħra mhux Kattoliċi; bħall-Anglikani, Luterani jew xi Protestanti fil-każ li l-pazjent ikun fil-periklu tal-mewt. Imma kull każ irid ikun studjat għalih, u jkun hemm bżonn ukoll id-deċiżjoni tal-Isqof.

Waqt li dawk li m'humiex Kristjani, bħar-Reliġjonijiet tal-Hindu u l-Buddiżmu, għaliex huma ma jemmnux fi Kristu u fl-Ewkaristija u m'humiex mgħammdin ma jistgħux jingħataw l-Ewkaristija.

Jiena ċert li din l-informazzjoni tgħinkom f'aktar maturità umana u nisranija, fejn tifhmu aktar dak li suppost għandkom tkunu tafu dwar it-tagħlim tal-Knisja Kattolika rigward it-Tqarbin tal-Morda.

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

THE COMMONWEALTH NURSES' FEDERATION

Introduction

It is very satisfying for me to talk to you about the Commonwealth Nurses Federation (CNF). When I was President of the Nurses Association of Malta (NAM) our connection with this organisation was always close to my heart. It enabled us to be part of an international group of nurses that had strong roots in our collective past and had comparable visions of our futures. Most importantly I believed that we made a difference to the nursing and midwifery professions and also to the health of our nations. After NAM and MUMN amalgamated our affiliation with the CNF continued and in fact grew even stronger. MUMN was able to give Maltese nurses a better chance to be on an equal footing with our international partners. These other associations were mostly larger, stronger and more powerful than us which sometimes made us feel as if we were keeping a step behind them in terms of decision making and influence. MUMN, already being organised and well structured, enabled us to get back into the international nursing field on a level footing. Now, a great opportunity has arisen for Maltese nurses to have a real voice in international affairs. I have been elected as Board member representing all of the European Nursing Associations for Europe in the Commonwealth Nurses Federation (CNF). Following the biannual meeting at the Commonwealth Institute in London in June I will replace the outgoing European Board Member, Professor Dame Betty Kershaw (UK), and will serve from July 2003 to June 2007. This article gives a brief outline of the CNF and the history of the Commonwealth Federation and concludes with news of a major international event to be held here in Malta next year. Forthcoming articles will provide more details about the role of the CNF in international nursing and health care.

The Commonwealth

The British Empire once embodied Africa, Malaysia, India, Burma, the West Indies, Iraq, Turkey, Transjordan, Palestine, Canada, Australia, New Zealand, and South Africa. Increasing unrest, growth of nationalist movements, and the uncertainty of the white dominions as to their status led to a number of significant events that reshaped the Empire and led to the formation of the Commonwealth. Today, there are 54 members of the British Commonwealth. It consists of 33 republics, (including Malta), five countries with national monarchies of their own, and 16 constitutional monarchies.

The Commonwealth Foundation Structure

The Commonwealth Foundation is an inter-governmental organisation resourced by and reporting to Commonwealth governments. Its mission is two-fold:

- Civil *society:* To strengthen the ability of citizens and individual civil society organisations to work together with government and the private sector towards the achievement of fundamental Commonwealth purposes and values.
- The *People's Commonwealth:* To facilitate pan-Commonwealth and inter-country connections between people, their associations and communities at all levels so as to encourage and enable mutual learning in the fields of personal, professional and community development, and arts and culture; and to recognise and celebrate excellence and achievement in these fields.

Its values are:

1. Respect for diversity and human dignity and opposition to all forms of discrimination.
2. Adherence to democracy, the rule of law, good governance, freedom of expression and the protection of human rights.
3. Elimination of poverty, the promotion of people-centred development and equal living standards for all members, and
4. International peace and security, the rule of international law and opposition to terrorism.

The Commonwealth Nurses Federation

The CNF, founded in 1973, is a federation of national nurses' associations in Commonwealth countries with the current President being Mrs Reena Bose (India). As one of the most active Commonwealth professional associations it aims to influence health policy • develop nursing networks • enhance nursing education • improve nursing standards and competence and • strengthen nursing leadership throughout the Commonwealth.

The CNF is committed to fostering active participatory membership and collaborating with international organisations such as the International Council of Nurses, the International Confederation of Midwives, the World Health Organisation and regional nursing organisations. The CNF also makes a constructive and influential contribution to the work of the Commonwealth Steering Committee for Nursing and Midwifery.

In March 2004 the 5th CNF European Conference will be held in Malta with, for the first time, its organisation being undertaken by MUMN. I look forward to telling you more about this wonderful opportunity for Maltese Nurses.

Corinne Scicluna
BSc Nursing (Hons) RN (UK)

CARING: THE ESSENCE OF NURSING

Josanne Bason
M.Sc Nurs (UK), B.Sc (Hons) Nursing

I was motivated to write about the future of our profession after I carried out a research about "The feelings and experiences of nurses working at a Maltese psychiatric hospital". I submitted this research to the Royal College of Nursing Institute, in part fulfilment of a Masters Degree in Nursing Studies. For this research, I carried out six semi-structured interviews with nurses providing care within Malta's mental health setting, all of whom did their utmost and went out of their way to collaborate with me.

Amongst the various subjects discussed with the nurses who were interviewed for this research, two of them, voiced their fear that eventually other health care professionals will take over the nurses' role. In fact, a quote from an interview, which I included in my thesis, said:

"... You know what scares me most? What scares me most is that in out mental health system, the social workers will take over our [nurses] role.
Er, ...I'm saying this - how can I explain it? - because I'm noticing a trend that some psychiatrists relate better with them and, are increasingly giving them more work- that is more responsibility... things which we can do ourselves..."

Obviously, this quote concerns nurses within the mental health setting. Nevertheless, the concern that underlies it effects the nursing profession as a whole. Many a times do we ask ourselves and wonder what nursing really is, or why we joined this profession and not another. These questions seem to confuse us, especially when we observe health care professionals, within other disciplines, seemingly taking over the role of nurses.

If talking to a patient can be carried out by a psychologist, mobilising a patient is done by a physiotherapist, teaching a stroke patient to put on clothes is done by an occupational therapist, bathing a patient can be carried out by a care assistant, then what is the nurses' role in the care of a patient? To put it more bluntly, why do people need nurses?

The question of whether nurses are still needed by patients is a concern, which was tackled by several authors, including Barker et al (1998), Kitson (1996) and Reynolds (2001). As a matter of fact, Kitson (1996, 1997), on two occasions, specifically asked whether nursing had a future at all. On the latter occasion, she concluded that there is a need for nurses to articulate clearly why nursing should be retained as a social force for improving health and meeting the needs of vulnerable people. Otherwise, she insisted, nurses risk extinction (Kitson, 1997). To move forward from her stance, a definition of nursing is forthwith called for.
The fact that health care professions share activities and knowledge was highlighted by Reynolds (2001). He asserted that it would be folly to try to define nursing by its activities and knowledge base, since various health care professions share activities and knowledge. For example, more than one health care profession offers counselling and records blood pressure (Reynolds, 2001). Thus he urged, that to be able to define nursing, we need to ask ourselves what its focus is (Reynolds, 2001). In other words, we need to identify and conceive what we ought to be doing and what the client needs.

When the psychology session, the physiotherapy and occupational therapy sessions end, nurses remain in the wards working with and for the patients and getting to know them. They are there for the patients to encourage them and consolidate the teachings given to them by other health care professionals.

Consequently, at the heart of what we call "nursing" there is the giving away of one's knowledge, skills and energies (Kitson, 1996). There is the empowering, enabling, and educating people to take control of their lives (Kitson, 1996). There is caring.

As Masterson (1996) pointed out, much nursing literature portrays caring as being the cornerstone of nursing service. For Leininger

(1981) "nursing is caring; caring is the heart of nursing; and care can be a powerful means of healing and promoting healthy life ways" (p.3), whilst for Watson (1979) caring is the moral ideal of nursing.

Reynolds (2000) asserted that to claim that only nurses care for patients seems somewhat arrogant, particularly in view of the low level of empathy reported in clinical nursing. Nevertheless, many nurses contend that caring is demonstrated every day, surviving in spite of the restrictions of cost containment, the worship of cure, the promise and reality of complex technology and the lack of time to care in a manner they believe is appropriate for their patients (Wolf, 2002).

To conclude I would like to use the analogy made by Duke and Copp (1992). They compared caring with the hidden string in the necklace that invisibly holds all the beads together; they see caring as the common thread running through all we do as nurses. ●

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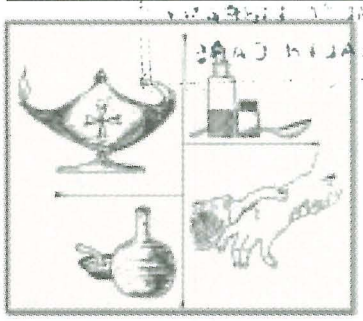


Kitba ta' **JOE CAMILLERI**

L-ISTORJA TAN-NURSING F'MALTA

MIS-SITTAX IL-SEKLU SAS-SITTINIJIET

.....Ġabra ta' storja riċerkata dwar l-evoluzzjoni tan-Nursing f'Malta mill-eqdem żminijiet sa era aktar moderna. Harsa analitika dwar kif in-Nursing stabilixxa ruħu fil-ħajja medika Maltija ta' Ġiritna.....

IN-NURSE

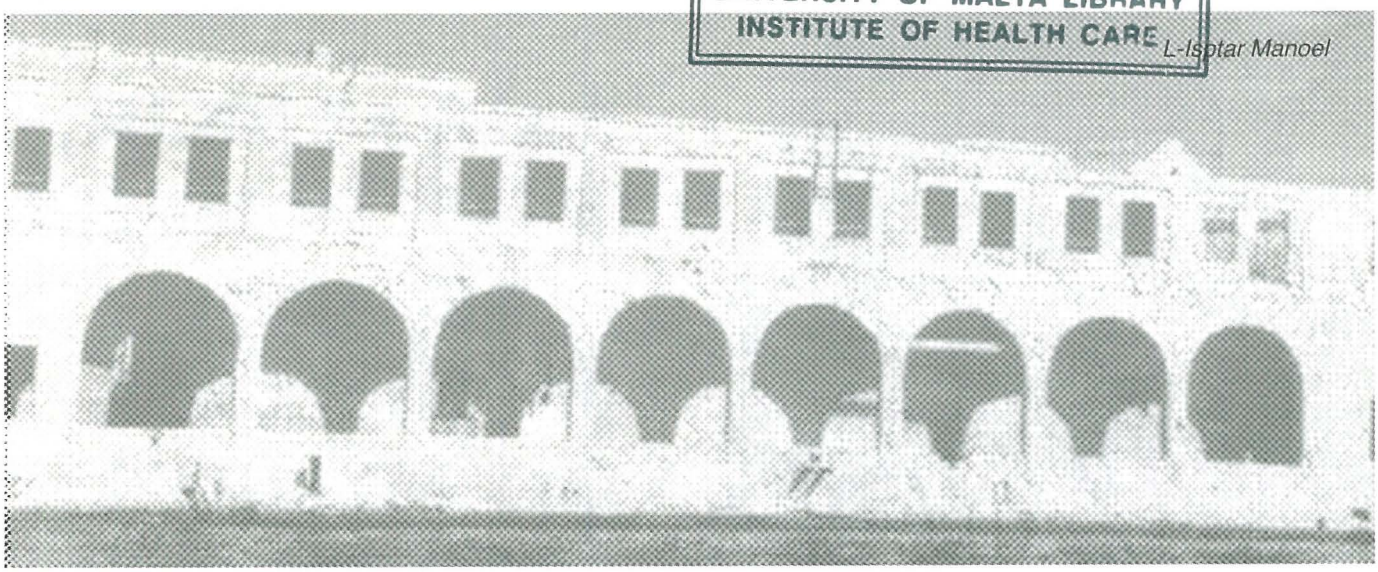
Il-kelma 'nurse' minflok 'gwardjan' kienet għall-ewwel darba introdotta f'Marzu tal-1860 mill-Kontrollur tal-Istituzzjonijiet Karitattevoli mis-Sur (wara sar Sir) F.V.Inglott. Il-klassi soċjali li minnha kienu jiġu mpjegati n-nurses kienet dik illitterata u bla edukazzjoni. Anke fl-aħħar tal-1881, il-Professur S.L.Pisani lmenta li, b'eċċezzjoni waħda, l-ebda waħda minn nurses fis-swali tal-kirurgija 'ma kienet kapaċi tieħu nkarigu tat-tqassim kif suppost tal-mediċini, ħadd biex jgħin nieħdu t-temperaturi fil-għaxija jew bil-lejl...fil-fatt ħadd minnhom ma jaf x'hinu 'nursing'. Il-konsegwenza hija għalhekk konfużjoni fil-parti tan-'nursing' fit-trattament'. F' kelma waħda s-servizz lill- pazjent kien ta' kwalità fqira, bil-maġġoranza tal-ilmenti kontra n-nurses jirrifletti l-qagħda soċjali tagħhom u r-riżultat tan-nuqqas ta' manjieri tajba, bħal nuqqas ta' silenzju fis-swali bl-għajjat, użu ta' lingwaġġ indeċenti u oxxen u nuqqas ta' rispett lejn is-superjuri. Akkużi ta' krudeltà lejn il-pazjent ma kienux komuni però ftit nurses kienu mkeċċija mis-servizz talli ma tawx mediċini lil pazjenti, talli ħalluhom maħmuġin jew talli kienu 'bla qalb', bħal dak il-każ ta' nurse raġel fl-Isptar Centrali li, peress li kien iddejjaq jattendi l-ħin kollu għall-pazjent, temma liżar imnitten bil-ħmieġ ma ħalq il-pazjent. Mhux tal-iskantament li f'dan il-perjodu (1869) il-Kontrollur tal-Istituzzjonijiet Karitattevoli, wara li qatgħa qalbu li jsib individwi utli bħala nurses u matron, iddikjara li n-'nursing' u l-amministrazzjoni tas-swali fl-Isptar Centrali ma tistax tkun għar u li anke ħaseb li jagħmel rikjesta formali lil Eċċellenza Tiegħu l-Gvernatur biex iwieżnu mir-responsabilità kollha.

il-Professur S.L. Pisani

Dubji serji kienu jeżistu fuq l-effiċjenza waqt ix-xogħol ta' bil-lejl speċjalment fl-Isptar Centrali fejn l-awtoritajiet 'ma kienux kuntenti li n-nurses kienu jinżgħu ħwejjiġhom u jinxteħtu ġo sodda'. Fl-1871 il-Kontrollur ilmenta li n-nursing ta' bil-lejl kien tant ineffiċjenti li kien hemm każi fejn il-pazjenti jmutu bil-lejl 'mingħajr ħadd ma jattendihom fl-aħħar mumenti ta' ħajjithom'. Bidla f'dan ir-rigward kienet fjakka u anke sa l-aħħar tal-1879 il-Kontrollur kien għadu jikteb lil-Kap Segretarju tal-Gvern: 'Għandi biżżejjed provi li nissuspetta (li n-nurses) ma jaħsbuhiex darbtejn biex xi kulltant ikunu krudili fl-imġieba tagħhom lejn il-pazjenti li huma fdati lilhom'. Is-serq kien sar 'prattika stabbilita'. In-nurses kellhom il-kuraġġ li jorganizzaw 'sistema ta' frodi' li l-Kontrollur kien determinat li jwaqqaf. Kienu dawn l-inċidenti li ġegħluh jittimbra l-affarijiet u l-propjetà kollha tal-isptar b' dik il-vleġġa wiesgħa (➜) u l-inizjali 'C.I' (Charitable Institutions).

Spar San Ġużepp, Ħaż-Żebbuġ

Dak li d-dokumenti uffiċjali jsejħu 'malizzja amoruża' kien inkwiet ieħor lil-amministraturi tal-isptar. Dawn l-inċidenti kienu jvarjaw minn relazzjonijiet amorużi tas-soltu u innoċenti sa relazzjonijiet sesswali illeċti bejn n-nurses, għalkemm dawn tal-aħħar ma kienux komuni.



L-Isptar Manoel

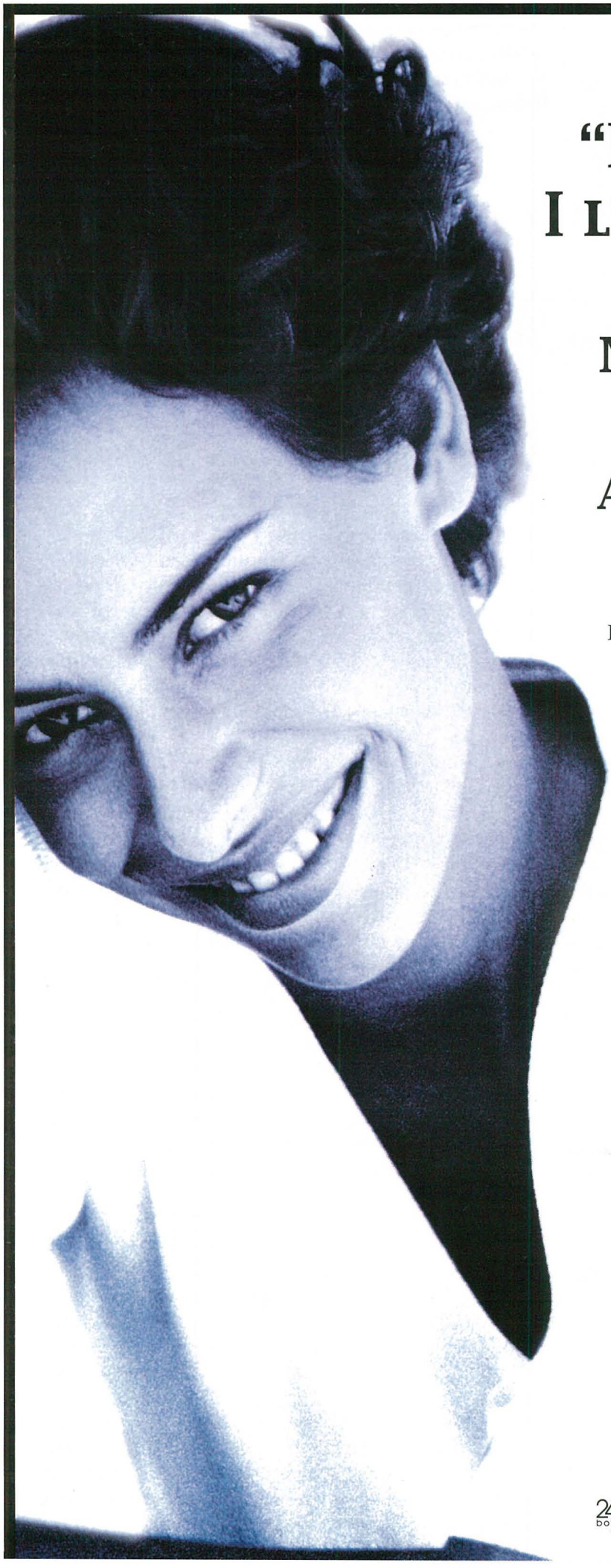
Wieħed irid jinnota bi tbissima kemm kellu rasu mistrieħa il-Kontrollur fl-1860 meta sar jaf li waħda minn nurses li kellu u li kienet fuq tagħha, kienet se titlaq mill-Isptar Ċentrali biex tiżżewweġ. 'Nirrakkomanda bil-qawwa kollha', huwa hekk kiteb lil-Kap Segretarju tal-Gvern, 'it-tneħħija mmedjata ta' dit-tfajla żgħira u sbejħa minn post li m'għandux is-separazzjoni kompleta tas-sessi. Iżżwieġ, però, ma kienx mingħajr id-diffikultajiet tiegħu. Il-prattika kienet li jdaħħlu mpjegati nisa miżżewġa bħala attendenti u servjenti, iżda wara raw li dawn in-nisa kienu mħabbtin iżżejjed bit-tfal tagħhom u l-affarijiet tad-dar u għalhekk ma setgħux iġibu dik l-esperjenza fin-nursing tant utli u biex jattendu kif xieraq lill- pazjenti fdati lilhom. Kien għalhekk, li ddeċidew li ma jimpjegawx tfajliet miżżewġa; kienet għalhekk ukoll kundizzjoni għall-impjieg li x-xebbiet kollha jabbandunaw il-ħsieb li jiżżewġu mingħajr talba tal-ħlas tal-irtirar bħalma kienet il-proċedura tas-Sinjora fl-Iskejjel Primarji.

Madankollu, barra li l-Kontrollur kellu jħabbat wiċċu b'ħafna diffikultajiet fir-rigward tan-nurses, kien hemm numru ta' nurses tajba fost 'l-aktar klassi li taqla' nkwiet mill-public servants'. Hekk spjegħom darba minnhom, iżda dejjem kien hemm il-biża' li jitlef is-servizz ta' dawn in-nurses kapaċi minħabba s-salarji baxxi offrut lilhom. Eżempji ma jonqsux fejn n-nurses qalgħu t-tifħir tal-Kontrollur talli ħadmu b'diliġenza u fedeltà. Il-każ ta' attendent raġel huwa msemmi fejn kien imfaħħar għall-'benevolenza prominenti tiegħu u l-kuraġġ' waqt l-epidemija tal-kolera tal-1837. Meta din il-marda reġgħet ħakmet Ġziritna fl-1865, il-Kontrollur, wara li ddikjara li kien sodisfatt ħafna bix-xogħol tan-nurses fl-Isptar tal-Inkurabbli, żied jgħid: 'Meta nikkonsidra in-natura tas-servizz li jagħtu, il-ħin li jridu jqattgħu fis-swali tal-isptar mimlijin b'mard li jqażek, u l-paga miżera li jaqilgħu, niskanta kif jibqgħu jaħdmu u ma jfittxux impjieg ieħor'. Waqt il-Kolera tal-1887 in-nursing fi sptarijiet bħall-Isptar Centrali, l-Isptar Manoel (Lażżarett), l-Iskola Elementari ta' Bormla, barra Portes des Bombes (Crown Works), l-Isptar ta' San Ġużepp f'Ħaż-Żebbuġ, l-Iskola Elementari f' Ħaż-Żabbar u fiż-Żejtun kien isir b' suċċess mis-Sorijiet tal-Karità s-Sorijiet ta' San Ġużepp u minn ċertu Miss Butler b'nurses mikrija taħt id-direzzjoni tagħha.

L-Eċċellenza Tiegħu il-Gvernatur, Sir J.A.Lintorn Simmons qal hekk fuqhom: 'Grupp ta' nisa 'nobbli' li ddedikaw irwieħom bl-aktar mod denju biex itaffu t-tbatija tal-morda bil-mod perfett kif titlob il-Professjoni Kristjana tagħhom.

Il-fattur tal-pagi tan-nurses, dejjem kien suġġett ta' militanza fosthom. Dan għaliex nurse raġel kien jirċievi £25 u nurse mara £15 fis-sena għalhekk nurse raġel kien jaqbad terz ta' salarju ta' Uffiċjal Mediku (£75) u allura daqs dak li kien jagħmel l-imtieraħ u anqas minn 'porter' (£30) u minn kok (£35). Is-salarju tan-nurses femminili kien lanqas fl-isptarijiet. Minħabba li attendenti nisa kienu jitħallsu pagi baxxi, l-unika nisa li kienu joffru biex jaħdmu kienu nisa 'imwarrba u morda' li ma kienux kapaċi jaqalgħu il-ħobżna ta' kuljum f' xi xogħol ieħor waqt li b'salarju ta' £17 lill-Matron tal-Isptar tal-Inkurabbli ma kienx possibli li tottjeni servizz ta' 'mara rispettabli'. Din l-istampa sewda kienet tittaffa għal ftit meta rarament kienu jirrakkuntaw dwar l-abbiltajiet u x-xogħol ta' ftit nisa biss. Fl-1868 il-Kontrollur kien fortunat meta mpjega ċertu Ms. Catherine Boyle bħala Matron tal-Isptar Centrali. Din kienet 'kwalifikata biżżejjed f'dak kollu li jirrikjedi sptar' u kienet 'mudell ta' 'chief nurse u house manager'. Qabel, din kienet il-Matron tal-Isptar Militari tan-Nisa u meta dan għalaq, hi bdiet taħdem bħala nurse privata u midwife. Mara oħra kapaċi, li mmeritat il-gratitudni ta' kemm il-pazjenti u l-gvern kienet Ms. Fitzgerald Horrocks, li kienet Matron tal-Isptar Manoel mill-1884 sal-1900 u li waqt ħafna epidemiji ta' kolera, ħożba u difterja serviet 'b'kuraġġ kbir u paċenzja ma taqta' xejn'. Il-komfort li tagħti n-nurse waqt xogħolha ftit li xejn, kien għadu ġibed attenzjoni.

(Ikompli għall-ħarġa oħra)



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The Midwife's Prayer

Lord, you have chosen me out of so many.
Why me, Lord?
Why did You send me this call?
I love my work Lord
but sometimes I am afraid,
afraid that I might regard my work as a paymesl,
afraid that I might get too used to it,
afraid that I might make others suffer because of
my impatience,
my fatigue,
my indifference.
For You have chosen me for so great a feat;
You have chosen me to carry out Your plan,
Your plan which involves me
in performing the final act;
For You have chosen me for delivering
the life You breathed on,
the life which was nourished and protected
for nine whole months in its mother's womb,
the life which will be protected by You
for the rest of its existence.
Help me Lord,
not to think of the mother as the queen
or the child as the king for then
my actions might be motivated by greed or
ambition.
But let me think of the mother as the Virgin Mary
and of her child as our Saviour for then
my actions will be guided by faith and sincere love.
Help me Lord
to be grateful when my work is achieved
for I have done what was planned.
Do not make me expect
gratitude, gifts,
praise,
fame
for it is Your hands which directed mine.

Marie-Luise Bugeja SRN, SCM

The Motorcycle Mechanic and the Doctor

A mechanic was removing a cylinder head from the motor of a Harley motorcycle when he spotted a well-known heart surgeon in his shop. The surgeon was there waiting for the service manager to come take a look at his bike. The mechanic shouted across the garage, "Hey Doc can I ask you a question?" The surgeon, a bit surprised, walked over to the mechanic working on the motorcycle. The mechanic straightened up, wiped his hands on a rag and asked; Doc, look at this engine. I open its heart, take valves out, fix'em, put back in, and when I finish, it works just like new. So how come I get a small salary and you get the really big bucks when you and I are doing basically the same work?
The surgeon paused, smiled and leaned over, and whispered to the mechanic..."Try doing it with the engine running!"

Speech by the President of MUMN during the Conference "Nursing our Future - Changing with Specialisation" , Friday, 9th May 2003

It is a great honour for me to be here today and taking an active role in discussing and planning the future of Nursing and Midwifery in our islands. I definitely have to thank the Director Nursing Services for giving me on behalf of my Organisation this opportunity.

The Malta Union of Midwives and Nurses have ever since and that is from the very first day since it was established started the uphill struggle to completely change the perception related to the Nursing and Midwifery professions in our country. We can proudly say that our professions are one of the most ancient professions in the medical field. I must admit that in the early stages Nursing was not enjoying the appropriate respect and it was considered to be a task done by those who have a low level of education and even worse there was a time that those performing Nursing tasks were obliged to do so as they were exchanging this task instead of imprisonment. Apart from this image, Nursing is being projected unfortunately even till nowadays of being a female task only and sometimes media projects Nurses as having either a motherly figure or a sexy figure. There is still a public perception that Nursing is given by female nurses who easily fall in love with handsome doctors.

It is a very difficult task we have been facing these last decades to alter this wrong perception, as even our professional piers are quite happy with this mentality. The health care system is unfortunately still a doctor's domain.

The Malta Union of Midwives and Nurses had a direct experience in these projections of our professions as a couple of years ago a local company used posters with the image of sexy nurses to advertise an event they were organising. MUMN had the courage to go public and criticize this attitude, but unfortunately the media did not sympathise with our cause.

After all lets all admit it do we all Nurses and Midwives help to improve our own image because we all know that no one gives you anything on a silver plate and as we say it in Maltese *"Hadd ma jaħsillek wiċċek biex tkun aħjar minnu"*. In a survey conducted by my Union three years ago it resulted that given the opportunity, 72% of Nurses and Midwives would switch to other jobs. This was a clear message that the level of motivation amongst Nurses and Midwives is definitely low. One must analyse what brings about this attitude within our professions. This was not attributed to the fact that we wanted an increase in salaries. Mind you definitely the more the merrier but if we priorities our needs the main objection indicated in this survey was the lack of respect and recognition from our colleagues and the general public and especially from the Medical doctors who still consider Nurses as their own tools.

We need to ask ourselves if we really believe in our role in giving care be of utmost importance. We must believe that without our interventions and assistance the level of care given is massively jeopardised and longevity is at risk. I am saying this not only with personal conviction but supported by scientific studies performed worldwide. Just to mention one example in Cambodia after the number of Nursing staff was increased in surgical wards, the success in postoperative care leaded to an increase by not less than 80%. It was also proofed that introducing other personnel with less knowledge and skills to deliver basic Nursing care had only one positive aspect and that was a slight reduction in salary costs but the cost of treatment given and complications had a threefold increase. We must believe in ourselves and in our role in the health care system. The World Health Organisation better known as the WHO considers Nurses as the backbone of health care.

Nursing is the fulcrum of health care and the majority of patients admitted in hospitals are there because they are in need of constant Nursing attention. We must respect our own selves our identity and our profession and only after we start believing in ourselves we can project a positive image of our profession and others will start looking at us with dignity and respect. Only if we start to believe in our capabilities and ourselves we shall manage to enjoy this exiting moment were the nursing and midwifery professions are evolving and developing new dimensions and concepts. I must admit that this is quite a turbulent time for our professions not only in our country but also worldwide. Our professions are on constant development and change ever since, but in these last decades we are going through radical changes were our dimensions are really expanding. In Malta we are not only experiencing such changes but we are also getting prepared for the opening of the new acute general hospital in the coming years were hopefully new managerial concepts will be implemented. The Malta Union of Midwives and Nurses is sure that these coming months shall be more busy and exciting than ever. Since MUMN was established that is September 1996 it was always a priority to seek that Nurses and Midwives in our country will be given the right opportunity to develop our professions academically. This was and still is the Union's priority and now we must be more determined, as we have to keep our professions abreast with those of the EU countries. Nursing and Midwifery evolved through the years and this is a constant evolution, a never-ending story. We have gone through different stages, from the basic domestic needs to the first dimensions of nursing given by Florence Nightingale during the Crimea war, were the concepts of hygiene were introduced. Since than, the momentum for progress grew each and every day. We are now facing an era were the delivery of care is being given on evidence based practice.

MUMN always strives to see that nursing and midwifery in Malta enjoyed a high standard of education and a standard compared to all EU countries. As from day one MUMN insisted that there must be only one level of general nurses and so after several discussions it was successfully agreed that no more courses would be offered for nurses leading for enrolment. The educational aspect was always given its due importance within MUMN. In fact we managed to amalgamate with the Nurses' Association which was considered as a unique body entirely concentrated on the professional aspects. With this amalgamation almost all nurses and midwives in Malta now will have access to more information and updates. This amalgamation resulted in MUMN being automatically affiliated in the International Council of Nurses, a council, which is considered to be the excellence of nursing worldwide. It is

now up to MUMN to see that the educational level of nursing continues to improve and develop according to times. That is why within MUMN an educational committee was set up and now this committee in the last General Conference was even given an executive role. The need to develop a structure that will enhance continuous education was always felt. Therefore this committee embarked in a serious of consultative meetings with various entities to draft a proposal prospectus for nurses and midwives to follow after their graduation with the intention to continue to develop and maintain the skills needed in various disciplines. We all know that quite a substantial number of Nurses and Midwives tend to loose their general skills and do not keep up to date with new concepts especially if they have been working in the same specific area for a long number of years. Certain basic skills may be forgotten so the educational committee within MUMN prepared a schedule of programmes with the intention to deliver continuing education for our Nurses and Midwives. It was also felt the need that Nurses and Midwives who have not practiced their professions for a good number of years due to various personal reasons should first follow a back to Nursing course prior employment. Sometimes Nurses and Midwives did not return to practice their professions due to fear that they might be a danger for the patient as they felt that they were not safe to practice. With this programme this fear was overcome. The continuing educational programme approved by MUMN had a number of specific topics in which it is believed Nurses and Midwives should be updated and these were namely: CPR, moving and handling of patients, health and safety at work and infection control. MUMN developed a framework on methods of delivery of this continuing professional development, namely through short courses, seminars and conferences with thematic issues as the one we are attending here today. It is of imperative importance to continue to gather knowledge and update ourselves.

Nurses and Midwives play a substantial public role. To ensure the protection of the public there is a significant regulatory function involved in nursing practice. However, with such rapid changes occurring continually in nursing, in the health care industry and indeed within the social environment, nurses must be in a position to meet and deal with these new challenges. We must also take the necessary steps to regain public confidence and alter public negative perception if it's the case, in the structures and practices if the health care systems. It is the responsibility of nurses and midwives to take the leading role in its professional regulation, to establish and recommend standards and to be involved in and recommend on education and training programmes, ethical codes of conduct and a variety of related issues. The professions should be primarily responsible for developing the knowledge and skill base for health practitioners and for encouraging advanced and specialised practice. A critical element of maintaining professional standards is the promotion of continuing educational programmes and the maintenance of professional competence amongst us. The nursing and midwifery professions through MUMN also have a responsibility to provide to our members a fora for discussion and methods to exchange information on all health aspects. In fact MUMN is already utilising its journal "Il-Musbieh" for this purpose. It is also our responsibility to develop a public profile for the professions. It is imperative that the professions role in the regulation of practitioners and services be clearly defined in all government regulations and guidelines. This process was improved and updated in particular when the new law that regulate our professions was drafted and hopefully will be approved in parliament these coming months. The new law The Health Care Professions Act will give more autonomy and definition to our professions. It is also imperative that our professions do not loose sight of its fundamental role and to promote growth of its individual person through our culture, ethics and local regulatory mechanism. In the current cost conscious environment, Nurses, like other health professionals, must be sensitive to rising costs and the efficient management of health resources.

The professions are held to increasingly rigorous professional standards. As the evidence based practice movement grows, it must whenever possible base its practice on valid and reliable evidence. Economic, structural and technological changes in health care have created a new environment for nurses and midwives. Our professions are facing a turbulent period in which we should take advantage of and exert the right amount of pressure on the health authorities to introduce the new concepts which we have been hammering on since we were established. Although nursing specialisation is not a new phenomenon in several western countries as we have experienced universal proliferation in nursing specialisation over the past three decades, in Malta the specialisation issue is still at an embryonic stage. We must set up new structures to be well prepared to deliver this new concept in a sound environment. Nurses and midwives need to have an increase in educational programmes for spaciality areas, with educational opportunities being offered at post basic, graduate and continuing education level. These programmes must be easily accessible to all nurses and midwives in our country. There has to be also a substantial research carried out in spaciality areas of nursing. In other countries this endeavour has contributed to new knowledge and improved outcome of care. Nurses and midwives in Malta are still at a disadvantage on this issue especially if they are compared to nurses and midwives in the EU countries. MUMN is insisting that Maltese nurses and midwives will be considered specialist in a particular field through experience by a number of years still to agree upon until an academic programme is available. This will put our professions on the same footing of other EU member states. Nurses and midwives must be ensured access to programmes that will maintain their competence and support their advancement as health professionals while maintaining a high level of knowledge, skill and commitment for the provision of quality care. ICN and its member national nurses associations call for a regulated recruitment process based on ethical principles that guide informed decision-making and reinforce sound employment policies on the part of employers, thus supporting fair recruitment. Thus our nurses and midwives will not be discriminated and the necessary derogations during EU negotiations were obtained. MUMN was actively involved during these negotiations.

As a result of the progress of specialisation in nursing and midwifery we shall also experience the establishment of carrier pathways for specialist nurses. Until now the only carrier progression for our professionals was limited within the administrative path. Carrier progression was only available to fill vacancies in administrative posts. This situation has also created a certain amount of friction between us and the level of motivation of those who were not given the opportunity to progress was inexistent.

In introducing the concept of specialisation nurses and midwives will definitely encounter a certain amount of resistance both from nurses and midwives themselves but definitely from other professionals in the health care set up especially doctors. Doctors may feel

that when nurses and midwives specialise in a particular medical field their status will be threatened, their domain will be weakened. We already experienced such a situation and just to mention one example I will remind you about the Team Midwifery concept, which was abruptly stopped for no valid reason, what so ever but because doctors found a thousand of excuses and the health authorities bulged in. The team midwifery concept was highly praised abroad in fact it was considered by WHO as one of the positive achievements undertaken to strengthen Nursing and Midwifery. We shall be encountering more of this resistance and we shall face what I might call a war of professions. This will not lessen our determination, nevertheless it will be our stimulus. Specialisation will significantly influence the future of nursing in Malta. Our professions are at a crossroad were actions or inaction regarding the specialisation movement could lead alternatively to orderly or disorderly development, both pathways with substantial consequences to nurses and midwives.

Every change, every action has a reaction, it is up to us to be well prepared and face this challenge. MUMN is a proactive organisation and is looking forward to this challenge and I am sure that together we shall look upon this moment with pride and dignity. Nurses and midwives shall now be consulting each other on related health care issues and this will definitely reshape and strengthen the dimension of our profession. The level of motivation will definitely improve as nurses and midwives shall be finding a form of personal fulfillment while practicing their professions. The Malta Union Of Midwives and Nurses believes that professional continuing education for nurses and midwives is indispensable. It is a dutiful right that our patients and the public in general receive the best-updated and professional health care whenever the need arises. Knowledgeable practitioners improve the image of health care services provided and recreate the dynamism in their own practice and in the generations of the professions to come.

Thank you

Rudolph Cini

THE REVISED FLORENCE NIGHTINGALE BENEVOLENT FUND BENEFITS

THE CURRENT BENEFICIARIES

The number of paid members of the F.N. (MUMN) B.F. at the end of May 2003 was 1202.

FINANCE INFORMATION

The financial situation by 30th May 2003 stood at Lm11,983.96c.

As from 1st June 2003 the Benevolent Fund Group Committee has increased the benefits and these are as follows:

NEED OF TREATMENT ABROAD

If the paying member needs treatment abroad, the fund will pay **two airfreight tickets** to the member and to the person who accompanies him/her. (Appropriate certificates, that the government is sending you for treatment abroad have to be presented) An information pack is being gathered and will be available in the nearest future.

LONG SICK LEAVE

For the first 15 days of long sick leave without pay – Lm200

For the second 15 days of long sick leave without pay - Lm200

The committee will follow the OPM Circular 38/98 list of long sick leave criteria but in the last meeting held in May, 2003 the committee decided that those pregnant female nurses diagnosed as high obstetric status requiring amount of bed rest during pregnancy, she may qualify for unpaid sick leave benefits that benevolent fund provides.

RETIREMENT

The Committee decided that all members retired are given a memento for the long years he/she spent working during a reception organised by the benevolent fund.

AFTER DEATH ASSISTANCE

In the case that the paying member dies, the fund will issue the sum of Lm400 to the nearest relatives.

Periodically the Fund Committee will review the benefits according to the funds available.

It is important to note that at the present time all members are entitled to benefit once a year, from January to December as a general rule.

CLAIMS

In order to submit your claims to the Committee Fund as from 1st January 2003 you should mail your requests with appropriate documentation, to justify your claim at:

Chairperson
Florence Nightingale MUMN
Benevolent Fund
Tower Apartments, No. 1,
Triq is-Sisla,
Birkirkara BKR 13, or
E-mail address: noel.b.abela@gov.mt

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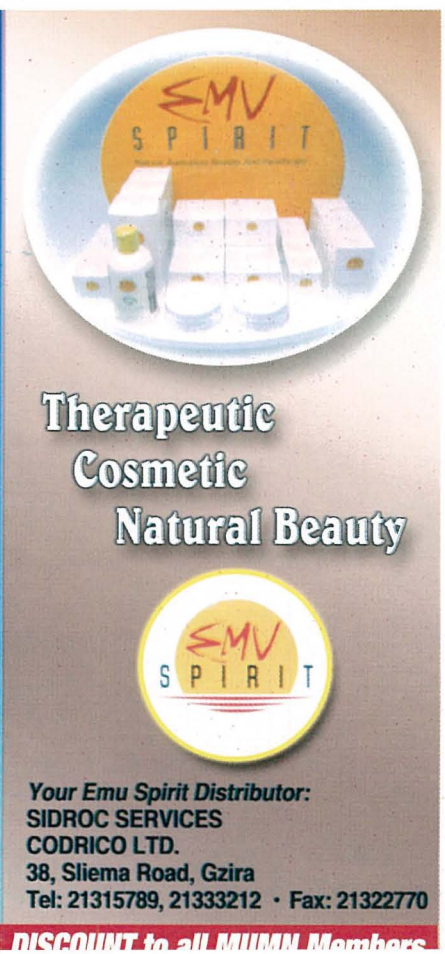

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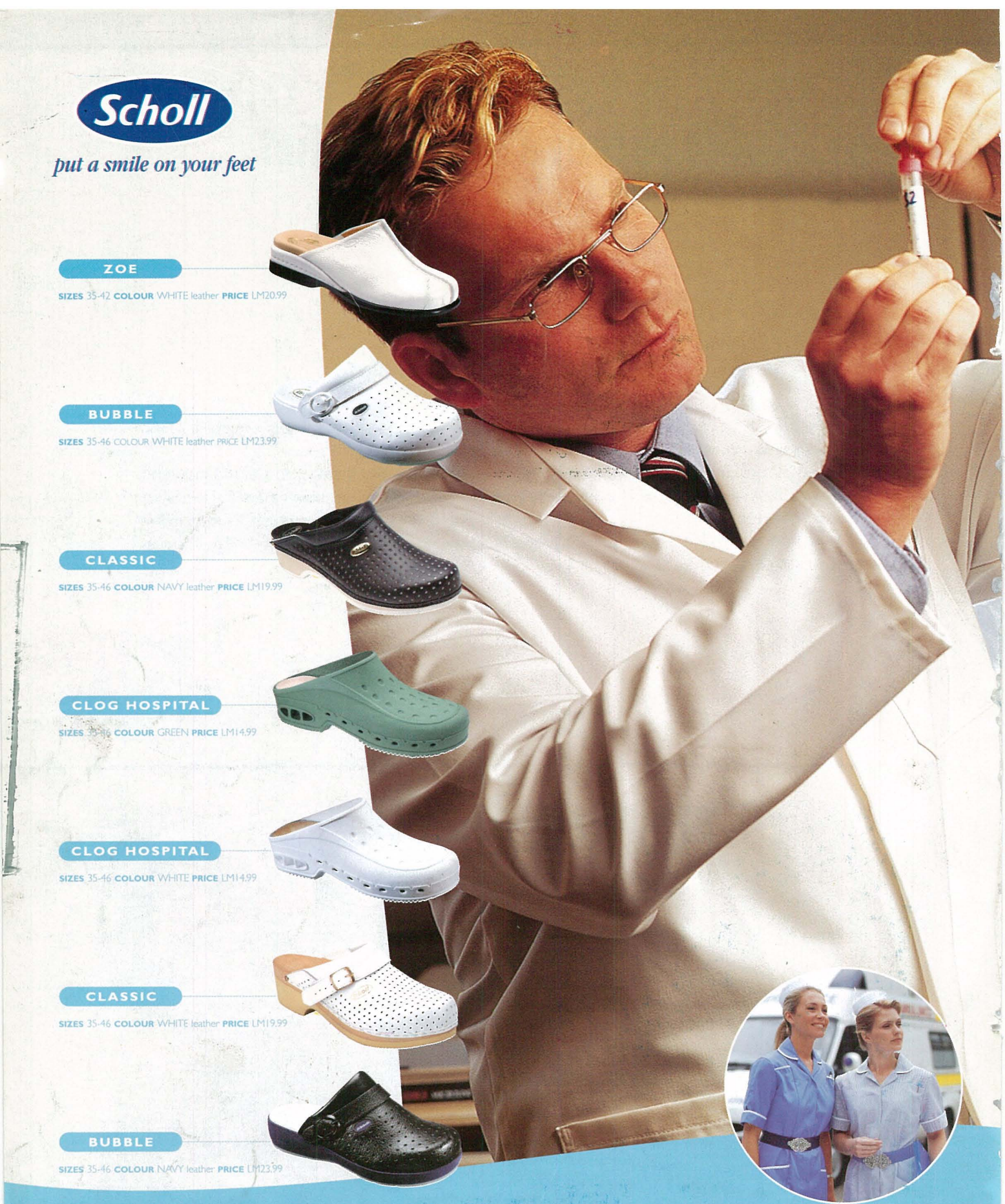

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