

# IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

No.56 - September 2012

## New Agreement on Nurses in Pre-Hospital Care



HARTMANN



# Molimed

**Prodotti maħluqin  
għall-inkontinenza ħafifa,  
magħmulin b`teknologija  
avvanzata u maħsuba biex  
ikunu kemm komdi  
u ma jidhrux**



Cempel fuq 21446205 għal aktar informazzjoni fuq dan il-prodott

# Contents

# IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL



- Editorial  
- President's message  
page 4



- Kelmtajn  
mis-Segretarju  
Generali  
page 6



- The study of the  
history of nursing  
in Malta  
page 8



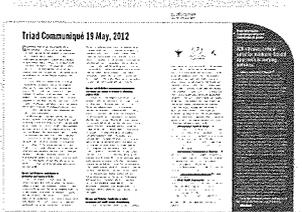
- Choosing the  
right IV Cannula  
Dressing  
page 17



- from  
our diary  
page 20



- The importance  
of Career Planning  
and Development  
page 24



- Triad  
Communiqué  
19 May, 2012  
page 32



- from the  
desk of MUMN  
page 34

**Harġa nru. 56**  
**Settembru 2012**

## BORD EDITORJALI

**Louise Cini** (Editor) SN, BA Hons. (Youth Work),  
Ultrasound Department MDH

**Tonio Pace** (Membru) N.O. EAW1 MDH  
Operating Theatres MDH

**Norbert Debono** (Membru)  
EN Ward 20/21 Male SVPR

## KUNSILL MUMN 2011-2015

**Paul Pace** President

**Colin Galea** General Secretary

**Maria Cutajar** Vice-President

**George Saliba** Financial Secretary

**Alex Manché** Deputy General Secretary

**Antoinette Saliba** Chairperson Education Committee

**Chantelle Muscat** Media Relations Officer

**Geoffrey Axiaq** EU Projects Officer

**Noel Camilleri** Vice-Chairman Industrial Committee

**Lora Pullicino** Vice-Chairman Education Committee



**Pubblikat: Malta Union  
of Midwives and Nurses**

Les Lapins Court B, No.3,  
Independence Avenue, Mosta MST9022

- Tel/Fax: 2144 8542
- Website: [www.mumn.org](http://www.mumn.org)
- E-mail: [mumn@maltanet.net](mailto:mumn@maltanet.net)

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

L-MUMN ma tinstax tinzamm responsabbli għal xi hsara jew konsegwenzi oħra li jġu kkawzati meta tintuza informazzjoni minn dan il-gurnal.

L-ebda parti mill-gurnal ma tista' tiġi riprodotta mingħajr il-permess bil-miktub tal-MUMN.

Ċirkulazzjoni: 2500 kopja.

Dan il-gurnal jitqassam b'xejn lill-membri kollha u lill-entitajiet oħra, li l-bord editorjali flimkien mad-direzzjoni tal-MUMN jiddeċiedi fuqhom.

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

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

Il-Musbieħ jiġi ppubblikat 4 darbiet f'sena.

Ritratt tal-faċċata: Saviour Cassar

Design u printing: Union Print Co. Ltd., Marsa

### Clinical Guidelines

The aim of clinical guidelines is to advance the productivity of care which is normally derived from recent research findings which are later put into practice. Various hospitals around the world benefit from such guidelines which undoubtedly help health care professionals to acknowledge what needs to be done and what pathways to follow with regards to nursing care. Guidelines are normally deliberated within a structured group in which a coordinated programme is set up according to the specified set up which normally enhance clinical pathways.

When discussing various daily nursing issues, staff mainly complain of the diverse decisions which are taken generally and which differ according to by whom such instructions were given to them. This matter really irks nurses and midwives who even though they can decide on various issues independently, at times they are told that they were wrong by their superiors. What can be viewed as right or wrong depends on how or what the patient has benefited from such actions carried out. Nurses and Midwives surely believe that since no guidelines exist on a number of clinical practices this makes one feel unsafe. One believes that the management especially at Mater Dei Hospital are taking such matters into consideration, but such action should be urged to be carried out imminently. Both health care professionals and their fellow patients have the right to work and receive the best of service with ground decision-making at base. The clinical field cannot be effective if it is run by personnel who on a daily basis differ on various health actions which needed to be considered. It is frustrating for the health care worker who is striving to be of assistance to his/her fellow patients and who needs to answer to a list of questions which patients or their relatives come forward to ask without knowing in what way to respond.

Nurses and Midwives need to have an active role in guideline development to local circumstances. This approach will encourage a sense of ownership of the guideline and is more likely to lead to more positive attitudes towards it. It will also ensure that profession specific practices, and barriers and facilitating factors for bringing about behaviour change are taken into account.

### Florence Nightingale Benevolent Fund Awareness Week

Thumbs up to the Florence Nightingale Benevolent Fund (FNBF) for organising an information week for all its members. Updating members on the activities pursued since April 2008 is of course a positive act besides proposals are also welcomed for future benefits and/or activities organized. Keeping in mind the main purpose of such a body and the benefits provided to those who have encountered various infirmity and who have turned to the FNBF for support, this surely makes it an event not to be missed. We augur for full collaboration from all FNBF members since the main purpose of all to aid each and one of us who are prone to any unforeseen ailment.

While, rightly so, most nurses and midwives were taking their summer vacation leave with their families, the work at MUMN did not subside but actually increased. Besides the normal work chorus, MUMN was busy in various meetings with different Government entities. In the coming months, MUMN will be organizing at least two general meetings for its members to explain and seek your approval for the sectoral agreement and to the civil service agreement. Such meetings will be held when the agreements have been finalised. That is an MUMN policy, which I hope you as member, will appreciate since not all unions seek members' approval before signing agreements.

Besides the agreements, the new nurses' and midwives' employment was also high on our agenda, so was the issue of the ambulances, the issues at Mt. Carmel Hospital, Gozo General Hospital and Mellieha Home etc, etc. It seems that in summer all issues came to a pinnacle. As I said one of the issues was the employment and deployment of the newly graduate nurses and midwives. If you will recall, MUMN battled for four years to remove the scandalous numerous clauses imposed by the University of Malta and to reduce the diploma and the degree nursing courses to three years instead of four. This year's high recruitment of nurses will result in reducing the nursing shortages in all clinical areas. Nurses and midwives will be working in a better patient to nurse ratio and therefore could be in a better position to give a better service. ITU, GGH, E/A, MCH, PHC and KGH are just a few places which needed new nurses since the nursing care was inflicting a huge toll on the nurses. So was the midwifery shortage. This year will be an exceptional year (pity only this year!) in the number of nurses recruitment since this will be the only year where there were nurses who graduated from the four year course (which has been stopped) and from the three years course, both in the diploma and in the degree courses.

During summer, MUMN had prepared and presented a document to the three political parties regarding the various health issues which need to be addressed in the next legislation. MUMN's proposals are meant to be accepted and included in the political parties' electoral programs. MUMN proposed solutions to the current problems, such as overcrowding, waiting lists, better management of patients, patients' rights etc., which have plagued Mater Dei Hospital and the whole health services. A document, which proposes to any future Government in the next legislation, the solutions to bed shortages, community care, empowering nurses and midwives, out of stock lists, etc. All hospitals, all health centers and all nursing/midwifery services are included in this document. Such document will be published in our *Musbieh Journal* in the December's publication for you to read. I sincerely hope, not just for the benefit of the nursing and midwifery professions but to the Maltese population, that most salient points proposed in

the MUMN's document will be included in the respective electoral programs by the three political parties. If MUMN's proposals are once again ignored, a repetition of what occurred in these last four years (whoever is in Government) will occur in the next legislation without any doubt at all. The political parties publicly confess that Health is not a political issue...yet when MUMN was pro active and offered possible solutions to existing problems, such advice was totally ignored. I hope that the new Government elected for the next five years (being from whichever party it will be) will start to address the health issues with more courage and with greater resilience than these last five years.

MUMN believes in two very important pillars:

The first pillar is that any Government should not be in denial and admits when there are problems. If such denial persists so will the problems. The second pillar, which is a fundamental mistake is when you have a Health Division that points out that work practices needs to be changed, but then is reluctant to admit that such work practices belong to the medical profession.

I challenged the Health Division several times to organise meetings if nurses and midwives work practices need to be changed..obviously they did not take the challenge so no meetings were organised on this regard. Obviously no other union in the Health Sector offered the same challenge as MUMN. I wonder why!

I can't write this article without making any reference to the sad events which developed this year. I never thought I had to write such words. This year four of our colleagues have passed away at a very young age. Basically (with the exception of one who was just 42 years old) all nurses were under forty years old. Four valiant nurses who surely had numerous plans for their future were taken away from us unexpectedly. One of the nurses was Mary Ann Bugeja who contributed to MUMN by being a Financial Secretary for many years, passed away unexpectedly. Nobody can understand why such things happen to people so young in age and although we all know that we all have to go some day or other, it is truly sad when young nurses are called by God himself to join him. We should all remember such nurses in our prayers and I sincerely hope that God will forbid a similar year such as this one with so many deaths.

**Paul Pace**  
MUMN President

*The Education Group Committee within the MUMN proudly announces this year's conference which will be targeting the Challenges in Primary Health.*

*This will be a great opportunity for nurses and midwives to share their expertise and participate in this event to help build a better understanding of the challenges our professions are and will be facing for the future.*



# Primary Health Conference

## Reflecting Today's Challenges

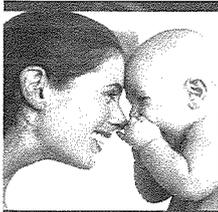
*The MUMN Education Committee invites Nurses & Midwives for this conference*

Booking at MUMN on 21448542  
or visit: [www.mumn.org](http://www.mumn.org)

Venue: Corinthia San Gorg

Price: including 2 coffee breaks and a Buffet Lunch €50

Cheques should be made payable to MUMN



**At the Corinthia San Gorg**  
**26th October 2012**

Equivalent to 5 CPD Credits



**Primary Health Conference**  
 Reflecting Today's Challenges  
 Friday 26th October, 2012  
 Corinthia San Gorg  
 St George's Bay

---

**REGISTRATION FORM**

Title    Mr.     Ms.     Dr.

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Profession:    Nurse     Midwife     Doctor

Other: \_\_\_\_\_

Home Add: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Work Add: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Standard Rate:    Full Day including  
2 Coffee Breaks and Lunch €50

---

Please enclose registration form with cheque payable to "MUMN", and forward to:

**Les Lapins, Court B, Apt 3**  
**Independence Avenue**  
**Mosta, MST 9022**

For further information contact:  
 MUMN on 21448542 or Ms. A.Saliba on 77200262  
 e-mail: [mumn@maltanet.net](mailto:mumn@maltanet.net)

ECTS credits will be awarded for entitlement to CPD allowance

---

**FOR OFFICE USE ONLY**

Reg. No.

Paid by  Cash

Cheque no. \_\_\_\_\_

drawn on \_\_\_\_\_

# Kelmtejn mis-Segretarju Ġenerali

**D**awn l-aħħar xhur kienu ta' hidma kontinwa speċjalment fejn kienu jinvolvu l-Ftehim Kollettiv għas-Servizz Pubbliku kollu kif ukoll il-Ftehim Settoral. Nista' ngħid li l-Ftehim Kollettiv wasal biex jiġi ffirmat. Baqa' ftit l-aħħar kjarifikazzjoni fuq numru żgħir ta' punti. F'dak li jirrigwarda l-Ftehim Settoral kellna diversi laqgħat u fil-granet li gejjien ser tingħata spinta sewwa biex jiġi ffinalizzat ukoll.

Il-Kumitat Eżekuttiv responsabbli mill-Edukazzjoni ser jorganizza konferenza interessanti hafna dwar is-Saħħa Primarja fejn ser ikun hemm parteċipazzjoni mis-sezzjonijiet kollha li n-nurses u l-midwives huma nvoluti f'dak li jirrigwarda s-saħħa primarja. Din ser tkun l-ewwel konferenza ta' dan it-tip u nhegġgikom sabiex ma thallux għall-aħħar biex tapplikaw peress li diġà rċevajna numru sostanzjali ta' applikazzjonijiet.

L-MUMN hadet l-inizjattiva, flimkien mad-Direttorat tan-Nurses u l-Midwives, sabiex isejjaħ lil dawk l-Enrolled Nurses li huma interessati sabiex jattendu għall-aħħar Conversion Course li ser jiġi organizzat. Din l-inizjattiva ħalliet il-frott tagħha peress li kwazi 40 nurse applikaw sabiex isiru Staff Nurses.

Ftit tal-granet ilu ġew ippubblikati s-sejħiet ta' applikazzjoni sabiex jimtlew vakanzi għal erba' postijiet ta' Practice Development Nurses. Dan seta' jsir biss wara li l-MUMN kienet ipprotestat mad-Divizjoni ta' Saħħa li s-sejħiet preċedenti kienu miftuħa biss għal min għandu l-livell ta' Masters. Wara kien nitlahaq Ftehim mal-istess Divizjoni sabiex jerġgħu johorġu sejħiet oħra fuq l-istess kategoriji bid-differenza li jkunu jistgħu japplikaw l-Staff Nurses kollha.

Kif żgur tistgħu tapprezzaw, l-inizjattiva li ħadna sabiex niġbru l-email addresses tal-membri kollha, ħalliet il-frott tagħha għaliex b'hekk il-membri qed ikunu infurmati b'dak kollu li jsejħ. Baqa' ftit għexieren ta' membri li għadhom ma baġħtux l-email address tagħhom. Nappellalkom sabiex tagħmlu dan mill-aktar fis possibli biex intom ukoll tkunu nfurmati bil-hidma tal-Union. Issa bdejna t-tieni pass ta' din l-inizjattiva fejn tlabna li kull minn bidel il-post tax-xogħol tiegħu f'dawn l-aħħar 10 snin, jew xi dettalji oħra personali bħal l-indirizz, telefon, kunjom etc., sabiex jinfurmana b'dan it-tibdil biex b'hekk id-data base tal-Union tkun korretta u dan huwa fl-interess tiegħek biex il-hidma tal-MUMN f'numru ta' setturi tasal għandek fil-hin.

Jidher ċar li l-kampanja elettorali rrangat b'mod konsiderevoli fejn iż-żewġ partiti l-kbar qed jagħmlu dak kollu li jstgħu sabiex iwasslu l-messaġġi tagħhom. F'dawn il-żminijiet, hija policy ta' l-MUMN li żżomm low profile fil-media, biex b'hekk ma tiġiex interpretata li qed tagħmel xi favur lil xi partit minnhom. Dan ma jfissirx li jekk l-MUMN ikollha bżonn issemma lehinha quddiem xi sitwazzjoni żgradevoli ser tibqa' kwieta iżda hemm mod u mod kif isemma lehnex fil-media. Il-membri tal-MUMN iħaddnu opinjonijiet politiċi differenti u dan jiġi rrispettat. Barra minn hekk, l-MUMN, mit-twaqqif tagħha dejjem żammet il-bogħod mill-politika partigjana u għal dan l-aġir il-Union hija rrispettata minn kulhadd. U hekk għandha tibqa' tkun il-policy tal-MUMN.

Colin Galea  
Segretarju Ġenerali



Florence Nightingale

## Revision

The Florence Nightingale Benevolent Fund (FNBF) aims at acting as a means of social support for its members who are passing through particularly difficult times. Benefits for members who have been contributing for at least six months include:

### Claim submission

1. Claims are to be submitted to the FNBF Group Committee (GC) within twelve months from the date of occurrence. No funds will be given if the requested documents by the FNBF GC are not submitted.

### Medical treatment abroad

1. Should a member require medical treatment abroad (which treatment is not available locally), an air ticket is offered to the member and another ticket to the person accompanying him/her. If the member's ticket is funded by the state, an air ticket is offered to the accompanying person only.
2. FNBF also offers €50, for each day spent abroad for treatment, up to a maximum of 28 days. These funds are allocated for the expenses of transport, food etc. during the stay abroad.
3. A married member's spouse and his children or legally adopted children or fostered children can also benefit from this clause. The provision for the children lasts until they arrive at the age of 18 years.
4. For a single status member who lives with his parents, his parents can benefit from this clause while the brothers and/or sisters can benefit until they arrive at the age of 18 years.
5. For a married member who lives with his spouse and his parents, his parents cannot benefit from this clause.
6. For members who are separated or divorced and their children live in a different address, their children can still benefit from this clause. When applying for this benefit a child birth certificate from the public registry has to be presented to the GC.
7. If a married member regains the single

## MUMN Benevolent Fund

## of Current Benefits



status and will start living with his parents, only his children will benefit from this clause. If the member does not have children or partner then his parents will benefit.

8. When a member lives with a registered partner, the partner can benefit from the fund but the partner's own children will not benefit. The partner will benefit after six months being registered with the GC.
9. The member is obliged to inform the fund for any changes in his status, and to send a copy of the partner's identity card to the fund.

**Sick Leave**

1. If a member is on sick leave half pay he/she may receive €232 every fortnight for a maximum of €464. The list of illnesses remains that specified in OPM Circular 38/98. The FNBF Group Committee shall effect payment on a pro-rata basis.
2. If a member exhausts all his/her sick-leave entitlement on full and half pay and is on sick leave without pay, he/she may receive €465 every fortnight for a maximum of €1395. The list of illnesses remains that specified in OPM Circular 38/98. The FNBF Group Committee shall effect payment on a pro-rata basis.

**Loss of allowances due to an injury on duty**

1. If a member is not able to work due to an injury sustained while exercising his/her duties and, although receiving a basic salary, misses out on more than €230 in allowances, he/she will benefit from half of the allowances lost, up to a maximum of €700. It is important to note that funds will be given only to the injuries sustained during the full-time employment, and in the cases of part-timers, where this part-time employment is the only employment.

**Financial support in conditions of terminal illness.**

1. If a member is diagnosed with a terminal illness, he/she has the right to apply to the FNBF GC, for a one time only, a maximum sum of €2000 to help in paying the treatment prescribed by the consultant doctor.

If the treatment is being paid by the Government, then the member has no right to apply. If the member opts to receive a different treatment, from that being offered by the Government and/or seeks treatment abroad, the member must present a note from a local medical consultant stating the advantages that the member would be receiving by taking a different treatment from that given by the

Government and/or the advantages of receiving the treatment abroad. The FNBF GC has the right to seek a second opinion from an independent local medical consultant.

The member applying for this benefit can also apply for the benefits listed in the 'Medical Treatment Abroad', 'Sick Leave' and 'Counseling Services'.

If the FNBF GC receives other claims that are not attributed to terminal illnesses but are as serious as these cases, they must refer them to the MUMN Council for its decision.

**Retirement from work**

1. Once a year a social function is organised in recognition of the service carried out by FNBF members who would have retired during the previous year. Each member is awarded a thanksgiving memento and treated to a reception. Members have to inform the GC that they are going to retire from work.

**Counselling services**

1. Members are entitled to individual/group counselling sessions with a professional counsellor from the Richmond Foundation or any other organisation that the GC deems fit. The GC is entitled to evaluate all requests related to group counselling.

**Death of members**

1. In the case of a death of a member, the sum of €1000 is given to the person who pays for the funeral as a contribution towards the funeral expenses.

**Newsletters**

1. Information about FNBF Benefits and activities organized by the GC are published in the MUMN Magazine 'Il-Musbieh' periodically.

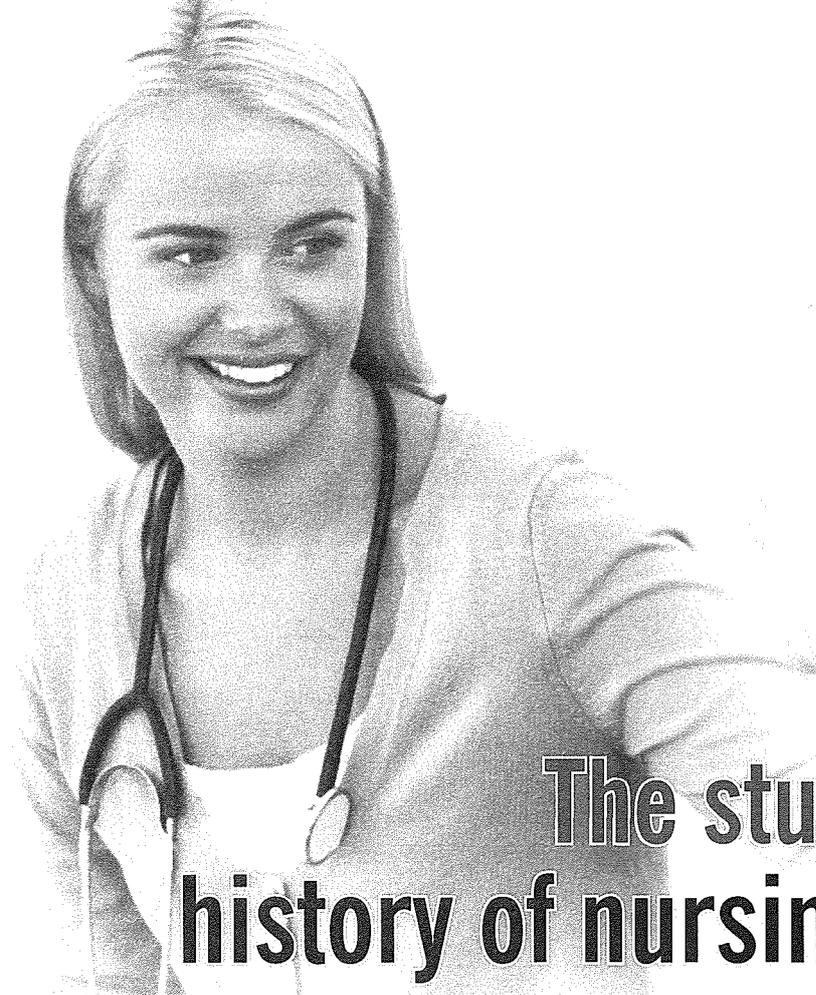
**Diary**

1. Each year a diary is provided for free to all FNBF members.

**Annual Meeting**

1. Each year the FNBF GC shall organize a meeting to all the FNBF members. During this meeting the secretary of the GC reads out the administrative report while the treasurer will read out the financial report.

**MUMN Council September 2012**



# The study of the history of nursing in Malta

Have you ever imagined how nursing was carried out when the Central Sterile Supplies Department (CSSD) did not exist? You may remember or have probably heard how surgical swabs had to be cut out on the ward by nurses, made into packs and packed in stainless steel containers resembling drums which were then taken for sterilization by direct heat. Special packs such as the dressing pack did not exist and had to be assembled as necessary each time they were needed. Student nurses had to learn lists of items needed according to the procedure to be done and how these were to be placed on special trays and trolleys to be taken by the bedside as necessary. Common examples were the dressing trolley, the enema trolley, the intramuscular injection tray, the neurological tray and the catheterization trolley. Nurses spent a lot of their time preparing these before the procedure, assisting during the procedure itself, cleaning up afterwards and ensuring that items are packed and resterilised by direct heat according to need. Syringes and needles for injection were boiled in special containers on the oven hob of the ward pantry. Since they were used very frequently this was done several times per day and care had to be taken not to forget them while they were being boiled away. Special care was taken to check that needles had a fine point as they could get easily broken. Checking involved using dry cotton wool to wipe each needle checking that no fibres remain attached to a broken needle point. If this occurred, the needle was discarded and replaced by a new one.

Did you know that until the introduction of urinalysis sticks some thirty years ago urine testing had to be done on the ward using laboratory spirit lamps, testtubes and different solutions to test for glucose and proteins using heat? Blood glucose testing on the ward could not be done as there were no testing sticks or meters. Nurses had to make sure that samples were

gathered and appropriately labelled everytime a urine test was needed.

Can you imagine how it must have been like nursing without the assistance of modern drugs and technology? Bed rest made up a large part of the care needed in many illnesses. This did not only predispose patients to complications but contributed greatly to the dependency of patients on nursing personnel. The organisation of care had therefore to be different in order to cope and manage care of the large numbers of patients in the wards.

Collecting information of how nursing care was carried out in the past is interesting. However, it is not done for interest's sake only. Knowing where we came from and analysing how we are here now can assist us when making decisions in the future.

Many people I meet ask me why researching the history of nursing in Malta is needed. My response is usually because without knowledge of where we come from we cannot know who we are and what we stand for. I liken this situation with that of the African slaves who were taken to America and who could not know their roots beyond the time of their arrival in the United States. Lynaugh (1996, p1) described history of nursing as "...our source of identity, our cultural DNA". The virtually inexistent recorded history of nursing in Malta has resulted in a lack of knowledge of our roots as a profession, the development of the profession and the realization of the constant changes that have occurred and are occurring in the nature of this profession in Malta. If we do not know our past, its analysis would be impossible and factors that have affected nursing in Malta cannot be identified. Knowledge of these would put the profession into a better position to mitigate against negative influences and make provisions to enhance the factors that bring about positive results for the

profession and therefore for the patients.

Talks on the history of nursing in Malta invariably mention the times of the Knight Hospitallers or Malta's contribution as 'the nurse of the Mediterranean' during World War I. However, little is said of how this nursing was carried out. Less has been written on how nursing was organised and carried out during World War II and hardly any information is recorded on nursing in Malta after the war. This has left Maltese nurses lacking knowledge regarding where they come from and how the world affects their profession.

Many of us have actually experienced such changes in practice as ward routines, extended roles for nurses and tasks that have become obsolete. History is the collection and analysis of facts and the factors affecting them that assists us to know what we are becoming as a result of what we are and what we are no more. For example the much romanticized image of the nurse as handmaiden to the doctor has slowly receded in the wake of the professional nurse being responsible for decision making in care.

I believe we are now at a time when we can venture to record the history of nursing in Malta and the movement of nursing towards professionalisation. It is time to attempt to analyse and understand how nursing was affected by such factors as public needs, industrialisation, secularization, gender emancipation, the contribution of unions, political expediency and tertiary education. It is also interesting to note how day to day nursing was carried out in Malta in the past, the changing role of the nurse in Malta and the interpersonal relationships.

Recording the history of nurses in Malta is a mammoth task, not only because it covers a long time span but also because information needs to be sought and gleaned from sources that are not related to nursing. These include diaries or letters of nurses or patients describing aspects of nursing, notes kept by nurses, records kept by religious institutions regarding their own members who were carrying out nursing duties, and records and reports of the Medical and Health Department. Laws affecting nursing are also a source of information. The oral histories of nurses themselves are a great source of information on how nursing education, practice and management were carried out in the past and how they changed over time.

There is such a lot to discover and analysis should lead to finding ways of enhancing the profession and exploring possible scenarios of care in all environments, armed by evidence of how nurses reacted to the different circumstances under which they were working and influenced patient outcomes. The resulting narrative should not only be useful for researchers in the future but provide a record of past Maltese nurses' contribution towards the nation's health and the professionalisation of nursing in Malta.

#### References

Lynaugh, J. E. (1996) Editorial Nursing History Review, 4 p1.

#### Call for Nurses

If you were nursing in Malta until 1996 then you can help me. I am a nurse and currently reading for a PhD at the School of Nursing, Midwifery and Social Work at the University of Manchester. I intend to find out and record how nursing was organised and carried out between the years 1964 and 1996, and how it developed during this time. This will be done by gathering from documents and from interviews with nurses who worked in Malta during these years.

If you are willing to take part in this study and contribute memories and information I would be pleased to hear from you. Please contact me on 99373562 or on email [catherine.sharple@postgrad.manchester.ac.uk](mailto:catherine.sharple@postgrad.manchester.ac.uk) or my academic supervisor [Christine.Hallett@manchester.ac.uk](mailto:Christine.Hallett@manchester.ac.uk)

Your decision to contact me regarding this study will not affect any of your rights to withdraw from it at any time

Thank you  
**Catherine Sharples**

**The Maltese Association of Psychiatric Nurses (MAPN) invites you to:**



**Thursday 1st & Friday 2nd  
NOVEMBER 2012**

*Dotmex Hotel, Qawra*



Guest Speakers:

**Dr. Roger Almvik (Norway)**

**Dr. Frans Fluttert (Netherlands)**

**Roland van de Sande (Netherlands)**



[mansychnurses@gmail.com](mailto:mansychnurses@gmail.com) • 99825731 / 79452448 • <http://mapn.mt>

# Nursing care of the older person

**N**urses, in partnership with families and other health professionals, have a key role to play in the care of older persons.

The goal of nursing care in working with older persons, is to achieve optimal health, well being, and quality of life as determined by those receiving care or consistent with the values and wishes of the individual. Meeting this goal requires sufficient numbers of qualified personnel. The International Council of Nurses (ICN) and national nurses associations (NNAs) have a responsibility to lobby and advocate for this, and to address the ageing of the nurse work force itself, if future quality services for older persons are to be assured.

Nursing services constitute the largest single element in providing care for the frail, sick and dying, while also contributing to health maintenance and disease prevention. Supporting family care, self care and the right of the older person to participate in decisions concerning lifestyle and treatment, are important aspects of the nurse's role.

Older persons tend to be considered as a homogeneous group. ICN firmly believes that older persons need and have a right to expect individualized treatment or care plans developed with the nurse, a key member of the health team.

Nurses have a responsibility to maintain their level of competence, plan and deliver quality care, delegate tasks safely and evaluate services provided.

ICN and NNAs must engage in setting the policy agenda for care of older persons, and act as advocates and facilitators in decisionmaking. This includes the development of relevant nursing education programmes and the allocation of required health and social sector resources. Nurses and nurses' organizations should influence debates on global ageing, the determinants of health and the impact of the social environment.

ICN and national nurses associations have an obligation to safeguard and promote patient safety (e.g. eliminate

or reduce abuse/violence, overcrowded facilities, adverse events).

## **Background:**

The international community now views population ageing as a major development challenge, especially in settings where there is limited institutional, human and financial capacity to meet the basic needs of older persons. During the next 45 years, the number of persons in the world aged 60 years or older is expected to almost triple, increasing from 672 million people in 2005 to nearly 1.9 billion by 2050. Today 60 per cent of older persons live in developing countries; by 2050, that proportion will increase to 80 per cent.

In developed countries, one fifth of the population is 60 years or older; by 2050, that proportion is expected to rise to almost a third. In developing countries, the proportion of the older population is expected to rise from 8 per cent in 2005 to close to 20 per cent by 2050. The number of 'oldest old' people, those who are 80 years old or over, will increase from 86 million in 2005 to 394 million in 2050. By 2050, most oldest old people will live in the developing world.<sup>1</sup>

In almost all societies, women represent the largest number and proportion of older people, even more so among the elderly.

Increasing life expectancy worldwide results in a greater number of older persons in need of a wide range of health services, including health promotion, illness prevention, rehabilitation, acute/chronic care and palliative care. Moreover, older persons tend to be more vulnerable.

NNAs have access to decisionmaking bodies that determine policies directly affecting the living conditions of older people. NNAs also have opportunities to establish strategic partnerships with health professional associations and communitybased organisations that advocate for or represent older persons.

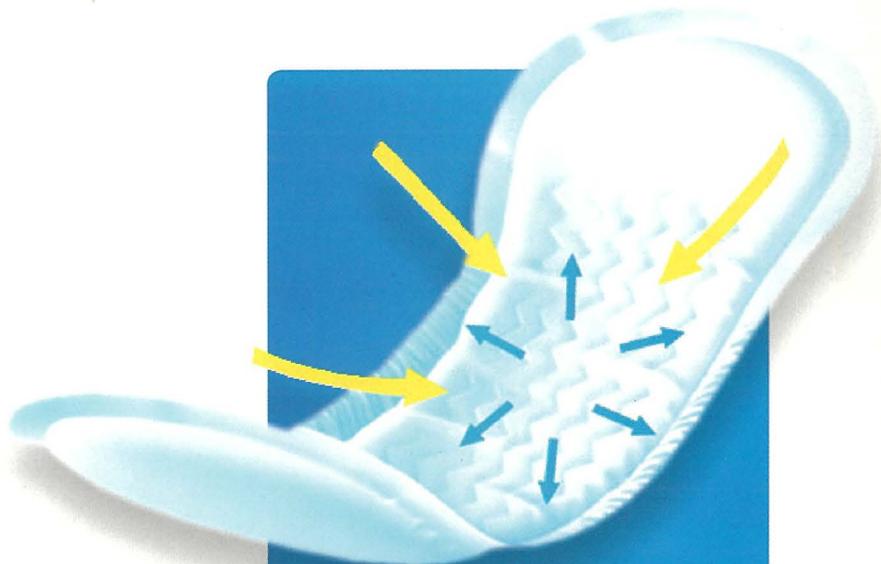


## TENA enables you to maintain your lifestyle

TENA pads are so small and discreet, you sometimes wonder how they can provide enough security. But they do! Time after time, under all circumstances.

For your **FREE SAMPLE** kindly e-mail [tena@pharma-cos.com](mailto:tena@pharma-cos.com) or call 2144 1870

[www.tena.co.uk](http://www.tena.co.uk)



Dry fast core™

### TENA LADY

TENA Lady pads are specifically designed for loss of drops or small leakages.

All TENA Lady pads are body-shaped for a comfortable fit and contain Odour Control™ to prevent the development of odours.

The TENA Lady Mini range are particularly well suited to those women who are used to using sanitary towels or panty-liners.

The TENA Lady Medium range pads also offer greater absorption for added confidence.

TENA Normal, Extra, Extra Plus and Mini Super are breathable, which means they give extra comfort and are kinder on the skin.

Droplets on the package indicate the level of incontinence to help users choose the right product.



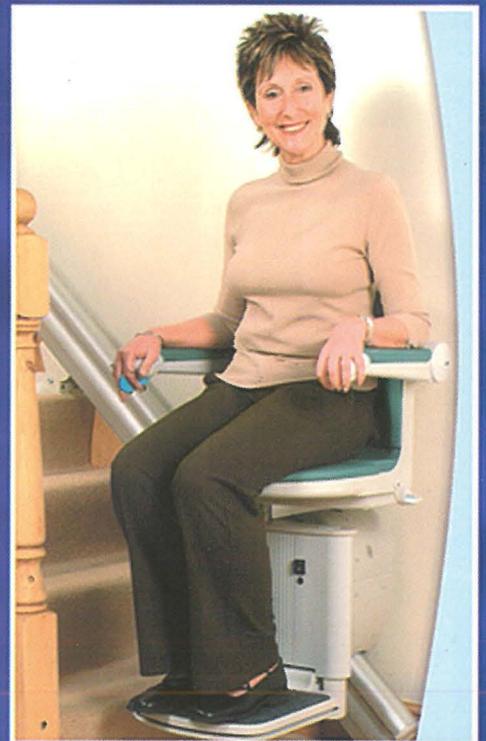
# IBQA' GHIX KUNTENT GEWWA DAREK BIL-LIFT TAT-TARAĠ

Ghall-Aqwa Kwalita', Kumdita', Sigurta', Konvenjenza u Liberta'.



Curved Stairlift

Stairlifts for straight and curved stairways for a finer quality of life. Superior design, easy to use, comfortable, safe & reliable.



Straight Stairlift

**COMFORT STAIRS**  
Independent Living Services

government  
subsidy

CEMPEL LIL COMFORT STAIRS GHAL KWOTAZZJONI B'XEJN

Showroom, 15, Triq Tumas Dingli, Mosta | Tel: 2157 4846, 2141 2687  
Mob: 9987 5336 / 9949 9540 | Email: info@comfortstairs.com | www.comfortstairs.com



**UNICARE LTD**  
Hospital Equipment & Supplies

visit our new website  
[www.unicare.com.mt](http://www.unicare.com.mt)



visit our new outlet at  
**Karin Grech Rehab Hospital**

27, St Luke's Road, Gwardamangia, Pieta. Malta. PTA 1156  
Tel: 21 222 044 or 21 488 860 Fax: 21 240 144 Email: info@unicare.com.mt

# MelitaUnipol

## INSURANCE BROKERS LTD



## With You, All The Way

MelitaUnipol Insurance Brokers, as your organisation's brokers, are offering MUMN members various advantageous premiums on

- Motor Insurance
- Home Insurance
- Travel Insurance
- Boat Insurance
- Health Insurance
- Shop Insurance
- Business Insurance
- Life Assurance

Therefore contact us when you receive your renewal notice and we will give you a very competitive quote, even if you remain with your current Insurer.

For more information you can contact MelitaUnipol Insurance Brokers on Tel: 22067700 or Freephone: 80072227  
Email: [leanne@melitaunipol.com](mailto:leanne@melitaunipol.com); [daniel@melitaunipol.com](mailto:daniel@melitaunipol.com); [tanita@melitaunipol.com](mailto:tanita@melitaunipol.com)  
Postal address: 15, Market Street, Floriana Office Hours: Monday to Friday (8.00 - 17:00)

## The functions of an Insurance Broker

In today's local insurance market, with a number of insurance agents and companies, one can easily welcome that any organisation or individual, needs the support of a professional insurance broker.

No business company can afford the time to look in detail at the insurance wordings, clauses and extensions, and often these are the 'fine-print details' that often can make or break business's trust in their insurance providers.

With a broker, like MelitaUnipol Insurance Brokers, you can put your mind at rest that you have the support of an insurance expert, at no extra charge, checking that your policy agreement is reliable, making you aware of all your obligations as a client, and looking in detail at your policy to ensure that it fully safeguards your interests, whether personal or business.

Furthermore, the broker's task does not stop here; the client is assisted in case of a claim being forwarded to the insurance principals, and therefore assisting you to receive the service you deserve.

We, at MelitaUnipol Insurance Brokers, will be looking minutely into the terms, exceptions, conditions, limitations and extensions and interpret them according to both parties' point of view of the situation.

Undoubtedly this will put you in a more comfortable position knowing that your insurance broker is supporting you and handling and negotiating the claim on your behalf.

This reinforces your peace-of-mind.

As a broker we are an independent professional intermediary between you and the insurance supplier. We do not represent any insurance company. In fact, we are regarded as your agent and it is our duty to ensure that your interests are safeguarded.

Most importantly, having MelitaUnipol Insurance Brokers as your insurance broker representing you, offering the services as described above, means that you do not incur any extra costs on your insurance costs, so the price you pay for an insurance policy, arranged through your broker, is the same as if that policy is bought directly from the insurer.

Choosing the right brokers for your personal or business needs is therefore crucial to your business or insurance needs, in terms of time and money saved.

This is why at MelitaUnipol Insurance Brokers, we focus separately on your personal and business insurance needs.



# First announcement and call for abstracts

## 10th European Conference of the Commonwealth Nurses' Federation

### «Advancing Nursing and Midwifery through Evidence Based Practice»

**Friday - Saturday 15 - 16 March 2013 • Palm Beach Hotel, Larnaca, Cyprus**

The organising Committee invites abstract submissions from nurses and midwives, who are interested in sharing their skills and knowledge with a European audience.

#### CONFERENCE THEME

- Leadership • Evidence Based Nursing and Midwifery • Women's Health • Mental Health
- Innovations in Nursing and Midwifery Practice, Research, Education and Management
- Moving Nursing and Midwifery Forward • Practice Development Nursing and Midwifery
- Information Technology in Nursing and Midwifery
- Life Long Learning • Community Nursing and Midwifery

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

#### GUIDELINES FOR PRESENTATION:

To facilitate the selection and processing of abstracts, the following information needs to be complied by the author. Please send to the conference organiser, through e-mail: [cnfconference@gmail.com](mailto:cnfconference@gmail.com)

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

#### Please provide the following information:

1. Title (Dr / Mr / Ms)
2. Name and Surname
3. Job Title
4. Qualifications
5. Workplace
6. Mailing address
7. CYNMA, MUMN, RCN membership number
8. Telephone number
9. E-mail address
10. Short Professional biography

#### Provide also the following on a separate sheet:

1. Title and theme of the paper
2. Aim of the presentation
3. At least 3 intended learning outcomes
4. Prefer type of presentation (plenary, session, workshop, poster)
5. Abstract of the presentation (not more than 300 words)

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

**Closing date for abstracts: Friday 14 December 2012**



# The experience of four young children at home and at school

Ms M.Claire Grech, Bsc (Hons) Nursing;  
M.A. Early Childhood Education (Sheffield) Staff Nurse - Wonderland Ward – MDH

Asthmatic children and their families face numerous challenges as they attempt to manage the child's asthma on a day-to-day basis (McCarthy, Herbert and Brimacombe, 2002). After reviewing the literature I felt the need to focus my dissertation on the children themselves since there is hardly any existing research focused on them. Through my study, I wanted to identify children's understanding of their condition; their personal views of it; what they know about it; how it affects their daily life at school and at home; and finally how they manage their asthma.

## ASTHMA

### What the research says...

Asthma is a disease of the airways that connect the windpipe to the lungs (Fraser, 2010). The World Health Organization W.H.O. (2011) and G.I.N.A. (2010) defines asthma as a disease characterized by recurrent attacks of breathlessness and wheezing, that vary in severity and frequency from person to person. The condition is due to inflammation of the air passages in the lungs and affects the sensitivity of the nerve endings in the airways so that they become easily irritated. In an attack, the lining of the passages swell causing the airways to narrow and reduce the flow of air in and out of the lungs. The symptoms experienced during an asthma attack are reversible, but can be life-threatening if not adequately and promptly treated (Lim, Wood and Cheah, 2009). As confirmed by Fraser (2010) no cure for asthma exists, however it is treated with drugs that reduce swelling and relax muscles in the airways. Effective management can reduce the impact of asthma on quality of life and morbidity (Gillissen, 2005).

Chronic diseases are described as long-term conditions with an uncertain course, often leading to negative consequences such as physical suffering, loss, worry and grief as well as functional impairments (Lundman and Jansson, 2007). In other words, they are diseases that the individual has to learn to live with. Self-management requires coordinated efforts of children, carers and health professionals (Callery, Milnes, Verduyn and Couriel, 2003).

Research show that asthma management in the real world is currently not as good as it could, and should be (Johnson, Johnson, Clark, Schirwain and Thomas, 2006; Gillissen, 2004). Children with asthma face multiple challenges that encompass learning how to cope with and manage the unique demands of their illness. Proper management of asthma is essential in order to reduce asthma complications, such as exacerbations leading to emergency department visits and hospitalizations (Ellis, 2009). An important aspect of comprehensive asthma



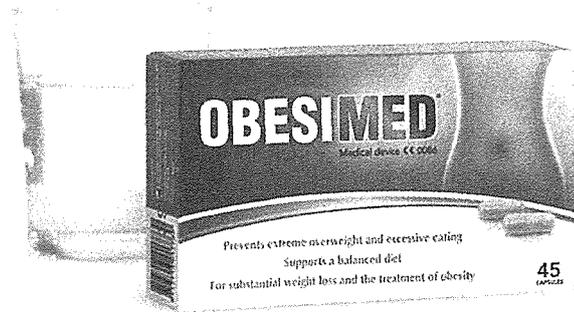
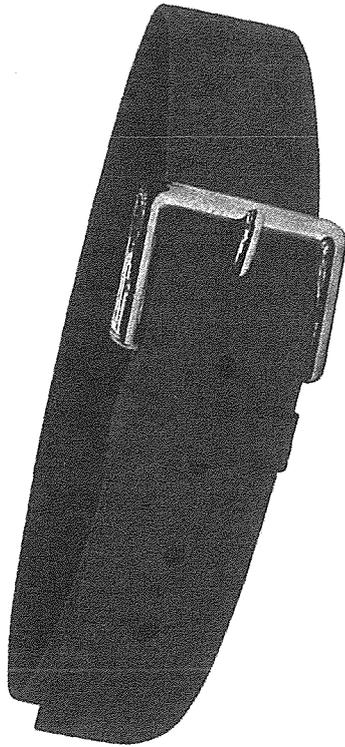
management is education to the child, the parents, friends and the school. Open communication and cooperation amongst the school, the family and the health care provider may achieve the optimum balance between asthma management and quality of life for the child (Lim et al., 2009).

Asthma education for children will remain important. The current trend in healthcare encourages individuals to be well-informed and take responsibility for their health (Underwood et al., 1999). Children spend more time in school than in any other setting outside their home; thus the primary goal for those managing the care of asthmatic children within the school system is to ensure a safe environment in which children can realize their potential (Bucher et al. 1998). Responding to the needs of students with asthma in the school setting requires a comprehensive, coordinated, and systematic approach (Anonymous, 2002). Merkle et al., (2006) and Wheeler, Merkle, Gerald and Taggart, (2006) stress that asthma-friendly schools have policies and procedures that help children and their families learn about asthma management, allow children to successfully manage their asthma during school hours and school events, and facilitate communication with the family and the family's medical care provider about the child's asthma. From my review of the literature it was evident that health education for children is important in order to set positive attitudes to take into later life. This is especially important for children with asthma, who need to be able to recognise symptoms and respond appropriately in order for them to manage their asthma effectively (McPherson et al. 2001).

| to be continued

The editorial Board would like to apologise  
for any inconvenience caused to the author  
in the previous issue.

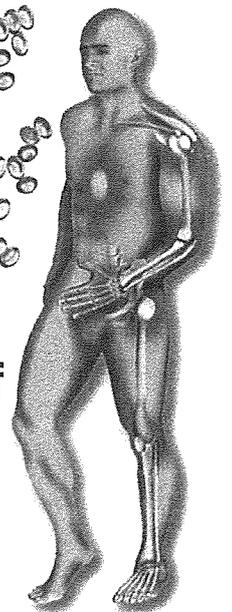
# DO YOU WANT TO TIGHTEN YOUR BELT?



**Obesimed®. Medical device for the treatment of overweight.**

**For more information visit [www.obesimed.com.mt](http://www.obesimed.com.mt)**

# Lyprinol®



**Move without pain**  
**For the dietary treatment of**  
**arthritic joint inflammation**

300 times more potent than salmon oil

350 times more potent than evening  
primrose oil

400 times more potent than flax oil

*Available from all leading pharmacies*

**Also  
Suitable for  
Diabetics**

**Trade Enquiries:**  **a.t.g. co. ltd.**  
*dedicated to well being since 1992*  
**Tel 21242017 - Email: [sales@atg.com.mt](mailto:sales@atg.com.mt)**

# Choosing the right IV Cannula Dressing

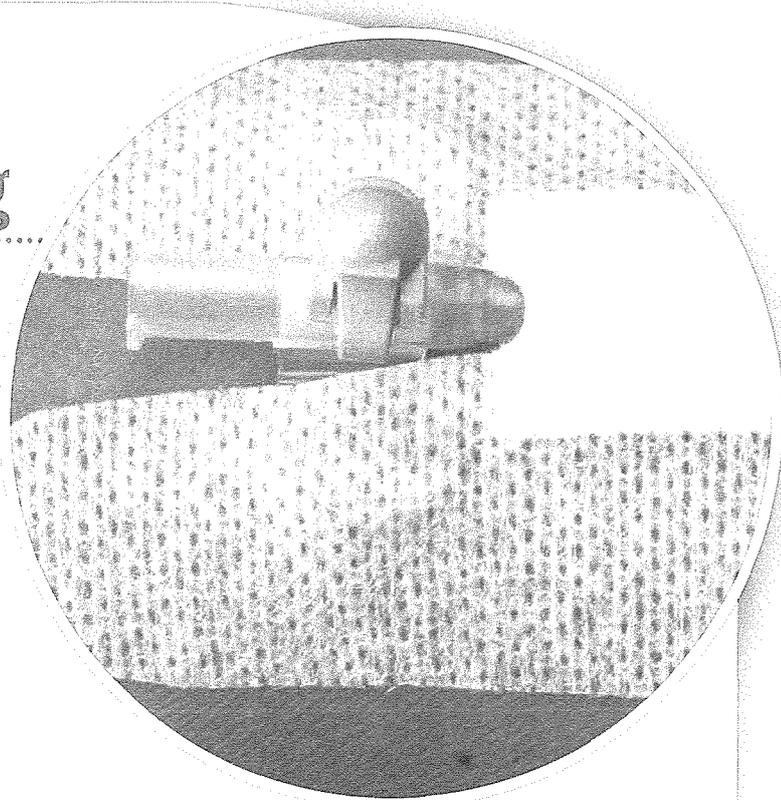
There are various intravenous cannula dressings on the market. Besides preventing trauma to the insertion site and damage to the device, the purpose of a cannula dressing is also to prevent extrinsic contamination of the injection site. The most important issues regarding cannula fixation are sterility, secure fixation, ease of use, prevention of infection, inspection of the insertion site, capability for long duration of use and cost-effectiveness<sup>2</sup>.

**Secure fixation and ease of use:** An IV cannula dressing is required to have a high adhesion force to allow long wearing time. Proper adhesion is also enhanced through the use of materials with a low surface friction coefficient and rounded corners since these pose a lower risk of unrolling at the edge of the dressing. Since, mobility at the cannula site may encourage the migration of organisms along the catheter surface<sup>2</sup>, it is much better to have a single dressing with an adhesive strong enough to keep the cannula in place, rather than have additional strips to reinforce a weak adhesion dressing. Besides this, a single dressing is easier to handle since less application steps are needed to apply and remove<sup>2</sup>. Additional strips may also interfere with visual control of the injection site.

**Prevention of infection at the insertion site:** Any breach in the integrity of the skin, such as the use of penetrating devices or intravascular catheters, can predispose the patient to infection. This is due to the possibility of direct microbial access into the blood stream and other normally sterile tissues<sup>1,2,4,5</sup>. IV cannula dressings should provide protection from extrinsic contamination<sup>2</sup>. Therefore, they should be sterile<sup>2,3</sup> and effectively act as a mechanical barrier, ensuring that water, dirt, viruses, bacteria and fungi are prevented from reaching the injection site.

**Inspection and monitoring of the insertion site:** Since the presence of erythema, oedema and a purulent exudate is indicative of infection of the insertion site, ability to visualise this site is very important<sup>2</sup>. Currently, infection control policies in most hospitals request that all cannulae sites should be inspected at every use for signs of infusion phlebitis and infection<sup>1</sup>, and that the visual phlebitis score should also be documented in the care plan<sup>1,3</sup>. Transparent dressings allow the clinical staff to constantly inspect and monitor this critical site without the need to remove the dressing and hence lower the risk of losing the cannula. Another desirable feature, of the transparent area, is having a matt surface, since a lower reflection capacity enhances better visibility of the injection site underneath.

**Capability for long duration of use:** Since IV cannula



dressings are in continuous contact with the skin for long periods of time, it is very important to avoid contact allergies and related complications. Therefore, dressing materials should be free from the most common potential skin sensitizers, such as latex and colophony. Such dressings should also be waterproof and have a high moisture vapour transition rate (MVTR) to allow vapours, such as perspiration, to pass through the material and evaporate. This feature enhances a long wearing time since it avoids moisture accumulation underneath, which may result in the dressing peeling off and increase the risk of infection<sup>2</sup>.

**Cost effectiveness:** Since most hospital policies require daily examination of cannula insertion sites, opaque IV dressings have to be changed daily, as they do not allow visual inspection. Considering costs such as nursing time to perform the required aseptic techniques and risks of infection and losing the cannula, it is evident that in the long term, the more expensive transparent or partly transparent polyurethane dressing is, in fact, the most cost-effective choice<sup>2</sup>.

**Transparent Polyurethane IV Cannula Fixators:** are easy to apply and remove, conform well to body contours for patient comfort, and allow patients to bathe or shower without the dressing becoming permeable to water and pathogens. They also allow continuous monitoring of the insertion site and need only be changed when soiled or loosened or at least according to hospital infection control protocols<sup>2</sup>. Certain polyurethane dressings also have a high moisture vapour transfer rate.

**Partly Transparent Polyurethane IV Cannula Fixators:** are made of a layer of polyurethane, reinforced

| continued on page 18

with a microporous layer and having a transparent window over the insertion site. Such dressings have the same properties as transparent polyurethane dressings, but, were developed to have a firmer hold in keeping the cannula in place.

**Conclusion:** The use of transparent dressings for visibility and easy inspection of entry site, enables early detection of intravenous care-related complications. A partly transparent polyurethane IV cannula dressing that addresses all the criteria mentioned above would be the best choice. Since, up to 80% of patients admitted to hospital receive intravenous therapy<sup>4</sup>, the right choice of IV cannula dressings will certainly affect the outcome of the majority of patients and the standard of care offered by hospitals.

Tanya Carabott, P.Q.Dip.HSc (Mgmt)

*"Despite the demand of low priced dressing materials, which, it must be said, are rarely dependable or of high quality, I refuse to abandon my principle of delivering the best there is to offer, time after time."*

Paul Hartmann, 1885

## References:

1. Gloucestershire Care Services, Gloucestershire. NHS. Clinical Policies, Protocols, Guidelines and Procedures. Policy for Insertion, Removal and Care of Peripheral Venous Cannulae in Adults. Available: <http://www.glospct.nhs.uk/pdf/policies/clinical/CP35%20cannulation%20and%20peripheral%20lines%20policyV2.pdf> Accessed: 10/08/12
2. Nursing Times.Net. Reducing the risks of device-related infection caused by staphylococci. 2003, 1 April. Available: <http://www.nursingtimes.net/nursing-practice-clinical-research/reducing-the-risks-of-device-related-infection-caused-by-staphylococci199760.article> Accessed: 10/08/12
3. Portsmouth Hospitals NHS Trust. Clinical Policies. Available: <http://www.porthosp.nhs.uk/Equality-docs/Peripheral%20venous%20cannula%20insertion%20and%20management%20%20Adults%20policy%20August%202008.doc> Accessed: 10/08/12
4. Waitt, C; Waitt, P; Pirmohamed, M. Intravenous therapy. Postgrad Med J 2004;80:1-6 doi:10.1136/pmj.2003.010421. Available: <http://pmj.bmj.com/content/80/939/1.full> Accessed: 10/08/12
5. Whitehead E. Intravenous Cannulation. Available: <http://www.eastlancsdue.nhs.uk/images/INTRAVENOUS%20CANNULATION.ppt> Accessed: 30/08/12

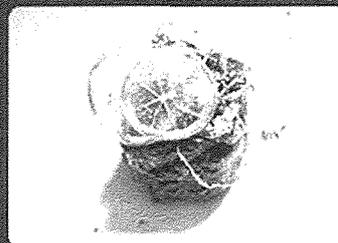
# PALAZZO PRECA

WHERE YOU MEET, EAT & GREET

**Tal-Familja Restaurant** is open  
Tuesday - Sunday all days 21632161 - 99473081

**Palazzo Preca** is open from  
Tuesday to Sunday afternoon 21226777 - 99866640

# Tal-Familja





€15.87  
Fruit & Veg

## pay anyone, anywhere with BOV Mobile



Pay with BOV Mobile - a service that allows you to pay anyone easily from your mobile phone, regardless of where you are. All you need is the other person's mobile number. It's that simple! Download the free app and register today.

BOV 31800 Android is a registered trademark of Google Inc.

*Your success is our goal.*

**BOV MOBILE BANKING**  
2131 2020 | [bov.com](http://bov.com)

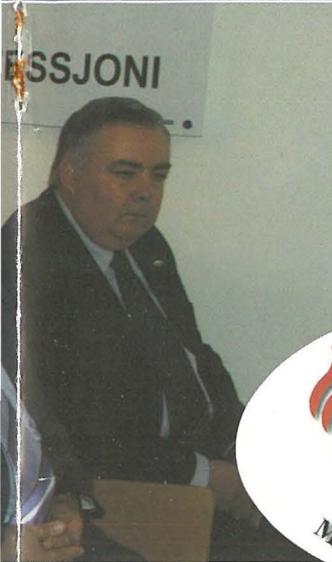
Issued by Bank of Valletta p.l.c.  
58, Zachary Street  
Valletta VLT 1130 - Malta



Terms and conditions apply.

**BOV**  
Bank of Valletta

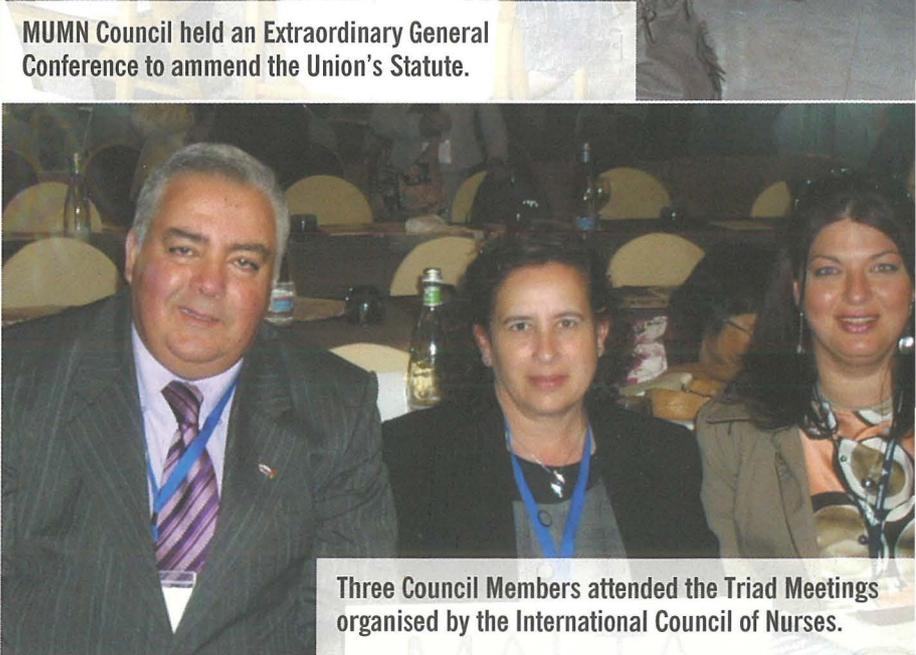




MUMN's Honorary Presidents, Ms. Antoinette Formosa and Mr. Rudolph Cini attended MUMN's Offices



MUMN Council held an Extraordinary General Conference to ammend the Union's Statute.



Three Council Members attended the Triad Meetings organised by the International Council of Nurses.



# Designer footwear for the medical professionals



Clara - Size 35 - 43



Jade - Size 36 - 40



Anna - Size 36 - 41



Rachel - Size 36 - 43



Lisa - Size 36 - 42



These high quality styles allow a super-comfortable, custom fit. The Oxypas Ultralite collection is entirely leather-lined to help keep your feet fresh all day long.

With extremely light, slip resistant and shock-absorbing EVA outsoles you will be comfortable even if you are on your feet all day. Their patented OxyLite™ insole system provides a hygienic environment for foot health. **The insoles are removable allowing you to change them for customized orthotic insoles.** The design incorporates the latest electro-static resistance technologies, vital in today's nursing environment.



EXTREMELY LIGHTWEIGHT - ONLY 170 grams.

Available in sizes 35/36 to 45/46. Exclusive Antistatic

System CE Certified & the only EVA clog complying with EC work safety regulations. It is slip resistance certified ISO 20345-46-47 and shock absorption certified ISO 20344:2004. Treated with anti-bacterial / fungus / mould, they are non-toxic and washable up to 50°C. Resistant to chemical & UV sterilizations.

You are entitled to 15% discount on presentation of your mumn card



St. Julian's Road, San Gwann 2137 8433

King Shoe Shop Tigrija Palazz (Level 2) - Gozo 2156 9423

Ordnance Str, Valletta 2122 4804

Level 0, Baystreet, St. Julian's 2372 0010

follow us on twitter @kingshoeshop

Find us on: facebook facebook.com/eccokingshoeshop

Press Information. Communiqué de presse. Comunicado de prensa

# ICN speaks up for nursing and health at the 65<sup>th</sup> World Health Assembly

Geneva, Switzerland, 19 June 2012

Leading a delegation of 21 national nurses associations, the International Council of Nurses (ICN) spoke to a number of key agenda items at the 65th session of the World Health Assembly (WHA) in Geneva, 21–26 May. Speaking on behalf of nursing, as well as in partnership with the representatives of the other health professions, ICN made interventions and statements on non-communicable diseases; mental health; early marriage and adolescent pregnancy; nurse staffing at the World Health Organization (WHO); and, health-related Millennium Development Goals (MDGs).

## Prevention and control of non-communicable diseases (NCDs)

In collaboration with partners in the World Health Professions Alliance (WHPA), ICN delivered an intervention on this key agenda item, urging member states to ensure that the monitoring framework for NCD targets is inclusive and not restricted to a small number of diseases and to adopt a holistic approach based on the common risk factors and morbidity indicators. The intervention further highlighted that healthy lifestyles need to be an integral part of the development and surroundings of every child and adult, as recommended by the WHO's Commission on the Social Determinants of Health.

## Global burden of mental disorders

ICN called upon WHO and governments to expand mental health training for nurses, increase the number of mental health nurse specialists and broaden the nursing scope of practice to include the authority to assess, identify and treat common mental health disorders in primary health care settings. ICN also shared its experiences in nurse capacity development in mental health through nurse training on co-morbid management of diabetes and depression southern Africa.

## Early marriages, adolescent and young pregnancies

In a joint statement to the World Health Assembly, ICN and the International Confederation of Midwives (ICM) called upon WHO and governments to combat harmful cultural practices, including early marriages, and to improve access to reproductive health including family planning and antenatal care for adolescents. The statement highlighted statistics indicating that maternal mortality doubles in adolescents aged 15–19 years and is at least five times higher in those under age 15.

## Staffing matters

ICN continues to be concerned about the low nursing representation within the WHO, currently at 0.7% of the professional category, a steep reduction from the year 2000 when nurses represented 2.6% of WHO professional staff. ICN disseminated the *Going, Going and Gone* factsheet and lobbied government delegates to raise the issue at the Assembly. The ICN

fact sheet is available on the ICN website at:

[www.icn.ch/images/stories/documents/publications/factsheets/7b\\_FS-Does\\_Nursing\\_Matter\\_within\\_WHO.pdf](http://www.icn.ch/images/stories/documents/publications/factsheets/7b_FS-Does_Nursing_Matter_within_WHO.pdf)

## Health-related Millennium Development Goals (MDGs)

While applauding progress on some of the health-related MDGs, ICN and colleagues in the WHPA also highlighted the critical contribution of health professionals in achieving the MDGs and called on WHO, governments and others to address the on-going and in some cases worsening health human resources crisis through effective recruitment and retention strategies including positive practice environments, appropriate remuneration and other incentives.

## The growing demands of health in humanitarian emergencies

Health care workers are on the frontline during complex humanitarian emergencies. They and those they serve deserve protection. Yet, in crises where health needs are most urgent, health care workers are at greatest risk of assault, arrest, obstruction of their duties, kidnapping and death. Health facilities and ambulances are also at risk of attack. The health community must mobilize to assure adherence to the principle of impartiality of health care in humanitarian emergencies.

ICN and 17 other health and human rights organizations endorsed the WHA resolution calling for systematic data collection on attacks or lack of respect for patients and/or health workers, facilities and transports in complex humanitarian emergencies.

## Nurses and governmental delegations

Several governments responded positively to ICN's letter encouraging them to include a nurse in their delegation. Thailand, with three nurses in their delegation should be especially commended for this. ICN included representatives from 21 NNAs in its delegation to the WHA which provided them with an opportunity to participate in ICN activities and to observe the World Health Assembly.

The WHA concluded Saturday 26 May after adopting 21 resolutions on a broad range of health issues. The six days of discussions involved nearly 3000 delegates, including health ministers and senior health officials from amongst the 194 WHO Member States, as well as representatives from civil society and other stakeholders. For more information on the WHA visit: [www.who.int/mediacentre/events/2012/wha65/en/index.html](http://www.who.int/mediacentre/events/2012/wha65/en/index.html)

## Note for Editors The International Council of Nurses (ICN)

is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality care for all and sound health policies globally.

For further information contact: [media@icn.ch](mailto:media@icn.ch) Tel: +41 22 908 0100; Fax: +41 22 908 0101

[www.icn.ch](http://www.icn.ch)



# The importance of Career Planning and Development

## Introduction

Changes in the health care systems create environments in which nurses/midwives must become career resilient and self-directed. It is therefore important nowadays more than ever that nurses/midwives take control of their careers and futures. In order to become career resilient nurses/midwives thus require support in their practice and in their professional development. Like other professionals, nurses/midwives too have dreams, aspirations, goals and ideas about their futures. Thus, they need a process of career planning and development to help them achieve their full potential. This process must be integrated into the nurses'/midwives' ongoing professional and personal development. It can be argued that nurses'/midwives' career planning needs have long been neglected in the local scenario. Little is understood within the nursing/midwifery professions, on how to develop skills and what perspectives are necessary to comprehensively plan throughout all the stages of one's career. Consequently, local nurses/midwives embark on their nursing/midwifery careers with little knowledge of how they might position themselves to take advantage of the opportunities available to them.

## Career planning

Career planning is needed as while nurses/midwives move through their careers, their skills develop, their needs change and their goals and plans evolve. Thus career planning is a continuous process that enables nurses/midwives adapt to change:

- in their own personal development,
- in the profession,
- and in the environment in which they live and practice.

Donner (1992) stated that nurses'/midwives careers can be described as a five stages process. The first stage, the *Learning* stage, occurs within the basic educational programme or during any additional learning (specialisation). This stage is followed by the *Entry stage*, when newly graduated nurses/midwives select their first employment in nursing/midwifery. *Commitment* is the third stage, and in this point in time nurses/midwives will identify their likes and dislikes in terms of clinical area, geography, work life-balance etc. In the fourth stage, *Consolidation*, nurses/midwives become comfortable within their chosen career path and with their personal and professional relationship. In the fifth stage (last stage), described as the *Withdrawal*, nurses/midwives prepare for their retirement. As nurses/midwives review their professional goals, training needs and job opportunities throughout their careers, they may pass through most of the stages more than once.

It can be argued that the stages described by Donner (1992), reflect movement through a career rather than

“Never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often the mustard seed germinates and roots itself”

Florence Nightingale



movement through jobs. In each stage, a particular nurse/midwife may have more than one job or position. Meanwhile, it can be attested that career planning can play a crucial role at every stage of a nurse's/midwife's career. This is because nurses/midwives can use career planning to enrich their current role or to assist them in changing roles. The skills needed to engage in career planning and developments are the same skills nurses/midwives already use in their daily practice, as part of problem solving and the nursing process. Although the skills are the same as the skills needed in the nursing process, it can be argued that the focus or target is rather different. This is because career planning is not a onetime event, but a process that becomes part of the repertoire of skills and experiences. Such a process enables each individual nurse/midwife to develop as a professional and to attain personal objectives.

**Why career planning and development is important?**

Tremendous changes within the health care arena brought significant challenges and opportunities to the nursing/midwifery professions. Such challenges and opportunities created an environment where nurses/midwives no longer depend on others to define their future for them. Thus, continuous career planning is an essential strategy that can offer the means, to respond to short and long-term changes in the professions, in health care, and in the workplace. Such a strategy will enable each individual nurse/midwife to be responsible for his/her life-long learning activities. When career planning and development are integrated within the nursing/midwifery profession, nurses/midwives will be guided to engage in this process. This process will enable nurses/midwives to:

- understand their work and life environment,
- assess their strength and limitations,
- validate that assessment,
- articulate their personal career vision,
- develop realistic plan for their future,
- market themselves to achieve career goals.

Research based literature (Leibowitz et al., 1986; Thite, 2001; Kapel and Shepherd, 2004; Kaye, 2005) indicate that career planning and development is important also for the organisation as it:

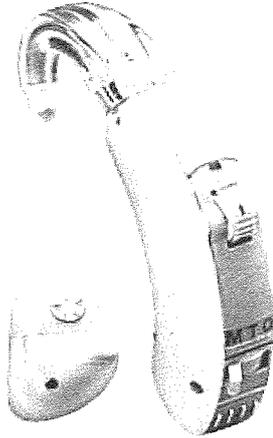
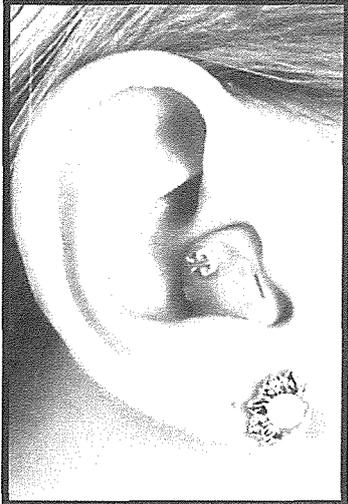
- Attracts and retains persons in an organisation,
- Utilises human resources optimally,
- Improves morale and motivation level of employees,
- Reduces employee turnover,
- Practice a balanced 'promotion from within' policy,
- Makes employees adaptable to changes,
- Maintains harmonious industrial relations,
- Increases employees' loyalty commitment to the organisation.

**Conclusion**

Clearly a career is both personal and individual. This is because it is about an individual's choices, values, goals and plans. Meanwhile, career planning and development must be an integral part of the organisational context and within the nurses'/midwives' professional development. Career planning and development must be situated within the nurses'/midwives' lives and careers and not an occasional act. Thus, career planning and developments programmes should be an important pillar within the organisational context. All stakeholders must be committed towards career planning and development as this process is valuable to the organisation, profession and customers alike. Hence, career planning and development requires initiative from organisations as well as individual employees in order to provide maximum benefit for both.

**Maria Cutajar, Vice-President  
MUMN**

**Hear more out of life!**

**Choosing a hearing aid is easy when you ask the experts. We give free advice!**



**D R U G S A L E S**

L I M I T E D

**Russell Buildings, Naxxar Road, Lija.**

Tel. 21 419070/1/2



# A Marian presence in pastoral care

Among the various definitions that I have come across so far within the vast field of pastoral care and which obviously attempt to describe the art of caring, is the one by Bruce Rambold from La Trobe University School of Public Health, which I would be happy to share it with you. "Pastoral care is a person-centred, holistic approach to care that complements the care offered by other helping disciplines while paying particular attention to spiritual care. The focus of pastoral care is upon the healing, guiding, supporting, reconciling, nurturing, liberating, and empowering of people in whatever situation they find themselves".

In such an intriguing definition, the human person is always the focus of attention. Nevertheless, my hospital chaplaincy experience has taught me that pastoral care does not occur in a vacuum. It necessarily needs a framework within which it can bear fruit and fruit in abundance. Conceptually and, much more, spiritually, pastoral care craves for a working image or metaphor in order that it could deliver the care it intends to provide. Strictly speaking, a metaphor is a literary figure of speech which makes use of an image, story or concrete object with the intent of representing a less concrete object or some intangible characteristic or notion. Theoretically, since pastoral care occurs in the spiritual arena of life, a metaphor is called for so as to portray its powerful dynamic in everyday life. One of the most relevant ways of describing the chaplain's role within the hospital setting is by envisaging chaplaincy as being a Marian presence among those in need.

The Gospels give us an interesting clue of Mary's role as healer, guide, supporter, reconciler, nurturer, liberator and an empowering presence for those who were in distress. The rationale of Mary's warming openness to those afflicted by life's hardships find its foundation in her everlasting yes at the moment of the Annunciation. Mary heartily welcomes God's angel. She not only gives weight to the news he announced to her but responsibly and generously responded to the divine plan for her, thus showing her complete availability to God. "Behold, I am the handmaid of the Lord; let it be to me according to your word" (Lk 1, 38). Due to her internal attitude of listening Mary is rendered capable by God's grace to understand her own history as well as to humbly recognize that the Lord is acting in her life.

Imagine now the chaplain whose pastoral ministry together with his personal and peer pastoral reflection on it are all the more helping him realize that the spiritual work he is providing in the hospital stems from his yes to Christ to meet him in the suffering. It will come to a point where the chaplain will realize his hospital ministry as God's saving plan for the people he was sent to serve and support. I personally get this confirmation when, as a priest, I concelebrate with my bishop and fellow priests, in the Chrism Mass on Maundy Thursday morning. The readings of that particular mass speak volumes to me, especially the Gospel pericope taken from Saint Luke, when Jesus read from the prophet Isaiah at his hometown synagogue. "The Spirit of the Lord is upon me, because he has anointed me to preach good news to the poor. He has sent me to proclaim release to

the captives and recovering of sight to the blind, to set at liberty those who are oppressed, to proclaim the acceptable year of the Lord" (Lk 4, 18-19).

Mary personally lived these messianic qualities in her own life. Her whole earthly existence has been a constant living sermon of courage and hope to the troubled ones. A case in point is her visit to her relative Elizabeth. Upon knowing from the angel that Elizabeth was pregnant, "Mary arose and went with haste into the hill country, to a city of Judah" (Lk 1, 39) and entered Zechariah's house. Mary's generous and joyful visit prompted great joy in Elizabeth and baby John's hearts. "Blessed are you among women, and blessed is the fruit of your womb! And why is this granted me, that the mother of my Lord should come to me? For behold, when the voice of your greeting came to my ears, the babe in my womb leaped for joy. (Lk 1, 42-44).

Moreover, Mary's healing, guiding and empowering presence is also to be found at key moments in the life of her Son Jesus. For instance at the Cana wedding feast her prompt intervention proved vital. After observing the lack of wine, that is when happiness started to erode, she turned to her Son and told him: "They have no wine" (John 2, 3). Fully confident of her Son's merciful heart she said to the servants, "Do whatever he tells you" (John 2, 5). At the foot of the Cross, Mary's role is pivotal. She was not simply supporting her Son Jesus all the way through his tormenting passion, up to the point when

he finally said: "It is finished" (John 19, 30). Mary, also accepted her newly appointed mission as the Mother of humanity which Jesus entrusted to her from his throne, the Cross.

Finally, Saint Luke hails Mary's attitude for listening and recollection. In the second chapter of his Gospel he says: "His mother kept all these things in her heart" (Luke 2, 51). It seems that Mary continued to practice this invaluable virtue of reflection, a must for those who enter God's service to the needy, even after her Son Jesus was raised from the dead. In fact, in his weekly Catechesis of March 14, 2012, Pope Benedict said: "Within this context of expectancy -- between the Ascension and Pentecost -- St. Luke mentions for the last time Mary, the Mother of Jesus, and His brethren (Acts 1, 14). He had dedicated the beginning of His Gospel to Mary, from the announcement of the Angel to the birth and infancy of the Son of God made man. With Mary the earthly life of Jesus begins, and with Mary the Church's first steps are also taken; in both instances, the atmosphere is one of listening to God and of recollection".

Is this not both the quality and the cornerstone for a chaplaincy inspired by Mary's spirituality? From where I, as a chaplain, can get my inspiration in order to meet other people's needs without an agenda of my own, giving comfort and support in different situations, help organizing a more holistic approach to care delivery, faithfully fulfilling my duties joyfully and generously, if not motivated by her presence? My personal pastoral experience informs me that adopting Marian attitudes of listening and serving wholeheartedly enhances one's perspective and practice of pastoral care.

Fr Mario Attard OFM Cap

WALK the  
**WOCK**<sup>®</sup>  
 PROFESSIONAL FOOTWEAR

*Breathable  
 Pressure Control  
 Anti-static  
 Protection  
 Grip*



www.wock.com

 **ASSOCIATED EQUIPMENT LTD.**  
 Lourdes Square, Rihan Avenue, San Gwann, Malta, SGN 2010 . Tel no: 21 384347 - info@associated-equipment.com

# Because life is worth living



- Blood pressure & glucose meters
- Accessibility solutions
- Motorised scooters
- Manual & motorised wheelchairs
- Adjustable beds
- Pressure relief mattresses & cushions
- Bedroom & bathroom accessories
- Daily living solutions
- Oxygen & sleep therapy
- Buggies & child mobility aids
- **Customised seating & other assessments done in the comfort of your home free of charge**



 **TECHNOLINE**  
 SERVING MEDICINE & SCIENCE SINCE 1978

**Office:**  
 51, Edgar Bernard Street  
 Gzira GZR 1703

**Showroom:**  
 68, Nazju Ellul Street  
 Gzira GZR 1624

Tel: 21 344 345  
 Fax: 21 343 952

Email: admin@technoline-mt.com  
 Web: www.technoline-mt.com

\* Terms & conditions apply

## Is your baby really protected from the sun?

When it comes to protecting babies from sun damage it is important to know all the facts. In this climate especially, parents need to be educated about the effects of UVA and UVB rays on a baby's skin and how to protect them.

### *How much do you really know about your baby's skin?*

The first few years of a baby's life are the most crucial for skin development. Damage that occurs during the first five years of life affects a person's skin in the future. Most skin damage occurs in this time because a baby's skin is thin and highly absorbent, meaning it is more susceptible to chemicals and sun damage.

Babies are prone to dry skin as the sebaceous glands do not fully develop until they reach the age of 9. What's more, a baby's skin surface area is over twice the size of an adult's, when compared to their body mass, which means there is greater necessity to protect.

### *So how can you protect your baby's skin?*

It is essential to use a high factor sunscreen at all times, but due to the high absorption levels of a baby's skin not just any product will do. Most sunscreens contain harmful chemicals such as Parabens and while initially these will protect from sunburn they sensitise the skin and can lead to skin allergies and problems in the future.

It is a common belief that exposure to sunlight is beneficial to babies as the sun's rays boost Vitamin D levels in the skin, however UV's rays can be harmful and not only when in direct sunlight. Sunscreen should be used at all times as sunlight can penetrate windows in homes and cars. It is imperative that this sunscreen is water and sand resistant with mineral protection qualities.

### *Why use ABCDerm Protection Solaire SPF 50+?*

**Chemical free:** ABCDerm products are free from Parabens, preservatives, colouring, fragrances and additives, using only essential ingredients.

**Highly resistant:** ABCDerm Protection Solaire is water resistant and sand resistant for active babies.

**100% mineral filter:** ABCDerm Protection Solaire creates a physical barrier on the skin's surface, staying on top of the skin to provide total protection against harmful UV's rays. A mineral filter is important as it will not be absorbed by the fragile skin of a baby, unlike the chemical filters used in normal SPF products.



ABCDERM Mineral Sun Protection

**ABCDerm**



**NEW RANGE**  
High-safety and high-tolerance  
hygiene and skin care for babies

### *About ABCDerm*

ABCDerm caters to all skin types, with 15 different skin care products especially for babies, catering to every baby's needs from sun protection to daily hygiene. ABCDerm has high ethical standards and a commitment to educating parents about the risks of sun exposure. The production of products follows an exclusive set of dermatological standards including safety, efficacy, tolerance and traceability.

ABCDerm skincare lines are available exclusively in pharmacies across Malta and Gozo. For information visit: [www.bioderma.com](http://www.bioderma.com)

Distributed by Vivian Corporation.

T: 2132 0338 E: [info@viviancorp.com](mailto:info@viviancorp.com)





BIODERMA  
SERVICE

BIOLOGY AT THE  
OF DERMO-PAEDIATRICS

### Care products recognised by the skin

*"Teaching the skin to live according to its natural biology"*

Since it was founded, BIODERMA has devoted a large part of its research to understanding the skin's natural and original functioning. The aim: to reproduce it.

#### NATURAL MECHANISMS, ABSOLUTE MODELS

When the skin suffers from external attacks, medical treatments or cutaneous ageing, rather than treat it, BIODERMA designs biomimetic\* molecules and processes that boost its natural and biological mechanisms.

#### ACTIVE INGREDIENTS 100% APPROVED BY THE SKIN, 100% SAFE

BIODERMA's care products tend to avoid chemical substances foreign to the skin, with 100% biomimetic\*, pure and natural active ingredients that respect the skin's physiology. Used at appropriate doses for optimal efficacy, they are tolerated by even the most sensitive skin.

### A DERMO-PAEDIATRIC INNOVATION

FROM BIODERMA'S RESEARCH LABS

**ABCDerm, a range of baby products, enjoying an exclusive dermatological safety charter.**

**High safety** • Formulated without paraben\*\*\*, without phenoxyethanol, without artificial colouring or essential oils, without chlorphenesin, without MIT-MCIT, BHA or BHT, without chlorhexidine, without phthalate.

**Right efficacy** • The ABCDerm care products are made from **the purest dermatological active ingredients**, at optimal doses.

**Perfect tolerance** • **To limit risks**, the products contain only ingredients that are strictly necessary and whose roles are clearly defined.

**Total monitoring** • **A flawless traceability system** can find the origin of any ingredient, in any product, in any pharmacy.

ABCDerm, care products to restore the natural balance of babies' skin:

**daily hygiene products** for diaper changing and cleansing, **dermatological products** to protect baby's skin, **"pleasure cares"** products to experience exceptional daily moments.

ABCDerm is available in pharmacies and health and beauty stores. Discover it and benefit from previews of new products on [www.bioderma.com](http://www.bioderma.com)



\* Biomimeticism is a process that consists in reproducing or mimicking the essential properties of one or more biological systems. \*\* Except the wipes, which contain parabens.

SEGWI KULL AZZJONI  
€14.99 BISS-FIX-XAHAR

GO

mobile tv phone internet

GO SPORTS



FREEPHONE 8007 2121

MADE FOR YOU [www.go.com.mt](http://www.go.com.mt)

Din l-offerta tapplika biss fuq paketti speċifiċi tas-servizz. L-offerta hija valida sat-30 ta' Settembru 2012. Termini u kundizzjonijiet japplikaw.

# RESOURCE<sup>®</sup> Puré Instant<sup>®</sup>

Resource<sup>®</sup> Puré Instant<sup>®</sup> is a nutritionally balanced soup for patients with swallowing difficulties.

- RICH IN PROTEIN
- LOW IN SODIUM & CHOLESTEROL
- LACTOSE & GLUTEN FREE

**Indications:**

Dysphagia, chewing difficulty, geriatrics, neurological disorders, cancer, maxillofacial surgery and anorexia.



Available in all pharmacies.

NEW

RESOURCE<sup>®</sup>  
Puré Instant

Pasta con carciofini  
Frango con cenouras  
Pasta con carne

Rico en proteínas, vitaminas y minerales  
Para adultos  
Rico em proteínas, vitaminas e minerais  
Para adultos  
Ricco in proteine, vitamine e minerali  
Per adulti



## MUMN proposed EU project on early discharge (which can reduce the numbers of patients in corridors in Mater Dei Hospital) has been approved

After several meetings in Brussels at the beginning of this year, MUMN proposed to the Health Ministry a project which needed funding from the European and Structural Cohesion Funds (ESF). Such project can provide the necessary training and expertise to the nurses, midwives and other health care professionals so that the community services can develop so as to be able to address the various bed shortages in MDH, SVPR, MCH etc. In Europe such project is being spear headed by Mr. John Dalli- EU Commissioner for Health. MUMN discussed this opportunity with Mr. Dalli so that such a project can be also launched in Malta.

MUMN offered such project to the Health Division, the Health Ministry and also to the Office of the Prime Minister with all the necessary details. Later MUMN had also presented such a project to the Leader of the Opposition during his visit to MUMN premises on Workers' Day, earlier this year.

General objectives of this project are:

- Implementation of integrated care systems promoting continuity of care based on proactive, personalised and community/home-based care;
- Improving the health status and quality of life of the population of the regions targeted;
- Supporting the long-term sustainability and efficiency of the healthcare system in the regions targeted.

Specific objectives:

- Proactive management of individual's identified risk factors thus preventing deterioration;
- Reduction of unavoidable hospitalisations;
- Reduction of unplanned admissions and shorter lengths of stay;
- Reduction of hospital admissions for chronic conditions;
- Multi-morbidity case management (involving new models of care for a range of chronic conditions, including protocols and individualised care plans);
- Increased number of implemented programs for multiple chronic disease management;
- Development of guidelines, protocols, education and training programmes for health professionals on the management of chronic conditions and reorganizational pathways for integrated care.

Such project is very essential especially to Mater Dei Hospital since the project is not only aimed to reduce the financial expenses within the Health Sector (which is the actual aim of the project) but could save patients from remaining on stretchers in various holding bays in MDH by making better use of the available beds in MDH, MCH and SVPR.

This is due since such a project ensures the continuity of care for the chronic patients that have been discharged from hospital to their homes. Early hospital discharge can therefore take place since the discharge patient will find all the care needed in his own home settings. Support services within the community will provide a holistic service for elderly care, palliative care, mental health and neurological rehabilitation. These are some examples which such a project can be developed to address.

EU is ready to fund Malta 1.2 million for such a project. Such a project has already been adopted by five European countries and MUMN is in contact with other European countries who like Malta, are applying to such a project. MUMN has already been contacted by Spain and Greece since they have shown interest to apply for such a project.

MUMN would like to thank all stake holders such as the Prime Minister Dr. Lawrence Gonzi, Health Division and Health Minister Dr. Joe Cassar so that such a vital project has been approved for the benefit of our patients. Dr. Joseph Muscat, Leader of the Opposition, had also shown interest in such a project. MUMN would like to thank the European Federation of Nurses (EFN) and Mr. John Dalli, EU Commissioner, for introducing such a project to MUMN. Special thanks go to the EFN General Secretary, Mr. Paul De Raeye, for providing all the necessary documentation and support on such a project.

MUMN would be a partner with the Maltese Government on such a project which will provide training and assistance to nurses and other health care professionals from the EU so as to improve our health services within the Primary Care. This clearly demonstrates that MUMN is more than just a union for nurses and midwives but it is also committed in improving the health services for the benefit of the Maltese population.

**Paul Pace, MUMN President**  
28/08/12

# Triad Communiqué 19 May, 2012

Government chief nursing and midwifery officers, representatives of national nursing and midwifery associations and nursing and midwifery regulatory bodies from 74 countries met in Geneva on 18-19 May 2012, together with the International Confederation of Midwives, the International Council of Nurses and the World Health Organization. The purpose of the meeting was to address issues critical to the development of the nursing and midwifery professions, the provision of safe, quality nursing and midwifery care, and the effective regulation of these professions.

The focus of the Triad meeting on this occasion was to highlight the contribution of nursing and midwifery to addressing the growing burden of non-communicable diseases (NCDs). Three aspects related to NCDs were examined: the evidence-based contribution of nurses and midwives to the prevention and control of NCDs; the need for competencies/ educational curriculum and scopes of practice to support the effective contributions of nurses and midwives; and the need for nursing and midwifery leadership to have access to and be fully engaged in policy formulation and health system strengthening.

The World Health Organization estimates that over 60 percent of all deaths in the world are caused by NCDs with the majority of premature deaths occurring in low and middle income countries. NCDs increase health system expenditures and public reliance on care. The political declaration of the High Level Meeting of the United Nations General Assembly on the prevention and control of NCDs held in September 2011 recognised that the global burden and threat of NCDs constitutes one of the major challenges for development in the 21st century. The declaration noted that NCDs affect people of all ages, gender, ethnicities and income levels and further that poor populations and those living in vulnerable situations, in particular in developing countries, bear a disproportionate burden. The declaration also recognised that NCDs can affect women and men differently and that NCDs and NCD risk factors are inextricably linked with maternal and child health.

## **Nurses and Midwives contribution to prevention and control of NCDs**

Nurses and midwives, as professionals and in collaboration with other health disciplines have expertise in building on people's and communities' strengths to achieve positive health outcomes. Nursing and midwifery leaders call on policy makers, governments and employers to recognise and take advantage of this expertise as it is pivotal in addressing the complexity of factors related to decreasing the global burden of NCDs such as poverty, lack of education, unaffordable housing and environmental contaminants.

Nursing and midwifery professionals are uniquely situated to promote health and assist in lowering the incidence and prevalence of NCDs across a variety of settings, ethnic groups, and socioeconomic strata. Given the risk factors of tobacco use, harmful use of alcohol, physical inactivity and unhealthy diets, nurses and midwives, who are often the first point of contact with the health system, can and must act to prevent NCDs and provide evidence-based treatment. There are evidence-based examples of value-added interventions to address the risk factors associated with NCDs as well as of the positive impact nurses and midwives can have in the care of people with one or more NCDs.

## **Nursing and Midwifery competencies/educational curriculum and scopes of practice to effectively address NCDs**

Ensuring nurses and midwives have the necessary knowledge, skills and competencies and a scope of practice that allows them to effectively address NCDs is critical. Nursing and midwifery leaders call on governments, educators and employers to collaborate with us to remove barriers (e.g. legislative, educational, and employment based) that prevent nurses and midwives from working to their full scope of practice. Most health systems currently focus on acute and episodic care and professionals in many countries may not be adequately prepared to tackle the growing burden of NCDs. Although there are many demands on curricula, it is essential that nurses and midwives be sufficiently prepared to address the leading causes of premature illness, disability and death. There is an urgent need to develop and implement policies that will ensure that all health care professionals are provided with the level of knowledge and skills needed to address the risk factors for major NCDs, and integrate such skills in their daily clinical practice. It is essential that all nursing and midwifery curricula include NCD-specific information about health promotion, prevention, health effects, interventions, treatment and rehabilitation in levels that are proportionate to the scientific evidence about NCDs' burden in society and that there is both theoretical and clinical practice content. It is also important that countries produce indicators that document and measure nursing care. Implementing widespread disease prevention initiatives, supporting self-care and empowering people with NCDs are key interventions in improving health and well-being of our populations, which lie within the scope of practice of nurses and midwives.

## **Nursing and Midwifery leadership in policy formulation and health system strengthening**

To address the enormous burden, nursing and midwifery



leaders need to be active and influential in the movement to address NCDs. Therefore nursing and midwifery leaders call on governments and policy makers to ensure nursing and midwifery experts in NCDs are included in all committees and similar policy bodies at the local, national, regional and global level that will develop and implement strategies to address NCDs. Countries need to establish new or strengthen existing plans and initiatives for the prevention and control of NCDs as an integral part of their national health policy and broader development frameworks. In the face of reform of health care systems globally, nurses and midwives must play a leading role in the ongoing planning, development and evaluation of policy and services including the reorientation of reward and career structures to retain expert nurses and midwives in clinical practice. Nursing and midwifery leadership is imperative in supporting efforts to expand the capacity for nurses and midwives working across sectors to effectively contribute to addressing NCDs.

The **International Council of Nurses (ICN)** is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.

3, Place Jean Marteau -1201 Geneva – Switzerland  
Tel: +41 22 908 01 00 -Fax: + 41 22 908 01 01 E-mail:  
[icn@icn.ch](mailto:icn@icn.ch) Web: [www.icn.ch](http://www.icn.ch)

The **International Confederation of Midwives (ICM)** represents 108 associations of midwives throughout the world. The confederation aims to support and strengthen the midwifery profession as a means of improving maternal and newborn health globally.

Laan van Meerdervoort 70 -2517 AN -The Hague -The Netherlands  
Tel: +31 70 30 60 520 -Fax: + 31 70 35 55 651 Email: [info@internationalmidwives.org](mailto:info@internationalmidwives.org) Web: [www.internationalmidwives.org](http://www.internationalmidwives.org)

The **World Health Organization** is the United Nations specialized agency for health. It was established on 7 April 1948. WHO's objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health.

20 Avenue Appia, 1211 Geneva 27 -Switzerland  
Tel: +41 22 791 43 14 -Fax: +41 22 791 47 47 Email:  
[info@who.int](mailto:info@who.int) Web: [http://www.who.int/hrh/nursing\\_midwifery/en/](http://www.who.int/hrh/nursing_midwifery/en/)

Press Information.  
Communiqué de presse.  
Comunicado de prensa

## ICN stresses critical need for evidence-based approach to nursing services

**Geneva, Switzerland, 11 May 2012** –On the occasion of International Nurses Day 2012, the International Council of Nurses calls for an increase in evidence-informed decision making and practice. Nurses are often best placed to supply important information not only about care but also about context, population health and the role of key policy and social factors. This understanding is vital to local service innovation and the development of new ways of working.

“The use of an evidence-based approach enables us to challenge and be challenged on how we practice and therefore hold ourselves accountable,” declared David Benton, ICN Chief Executive Officer. “It allows us to constantly review the way we work and to seek new and more effective and efficient ways of doing things. This allows us to play our full part in increasing access to effective services. And, during these times of financial challenge, it enables us to use those precious resources more efficiently.”

Half of the world's deaths could be prevented with simple cost effective interventions but not enough is known about how to make these more widely available to the people who need them. Stronger emphasis needs to be placed not just on the discovery of new products, drugs and diagnostics but on how we put knowledge into use, on *how we close the gap between evidence and action*.

To this end, ICN has published a tool kit for nurses specifically designed to present an overview of the key aspects of this incredibly important area of development need. An important tool for nurses to improve health system performance through evidence-based care, it empowers nurses to identify what evidence to use, how to interpret it, and whether the anticipated outcomes are sufficiently important to warrant practice change.

International Nurses Day is celebrated around the world on 12 May, the birthday of Florence Nightingale. The ICN International Nurses Day toolkit can be accessed on the ICN website: [www.icn.ch](http://www.icn.ch).

For further information contact: [media@icn.ch](mailto:media@icn.ch)  
Tel: +41 22 908 0100; Fax: +41 22 908 0101  
[www.icn.ch](http://www.icn.ch)

## Revision of Staffing Levels at Mt. Carmel Hospital

**Dr. Natasha Azzopardi Muscat**  
Chief Medical Officer  
Health Division

Dear Dr. Azzopardi Muscat,

The last revision of staffing levels at Mt. Carmel Hospital dates back to the year 2000. In the last twelve years, Mt. Carmel Hospital experienced numerous changes in both the type of patients being admitted and in the increase of patients. Today even the chronic long stay wards in MCH are experiencing an increase in admissions while acutely ill patients are being admitted in these chronic wards due to shortage of beds space in the acute wards.

There are also great challenges due to the huge turn over (and problematic patients) in the acute wards with such minimal staff. Therefore MUMN is requesting your authorization to initiate talks with the MCH Nursing Management on the proposed staffing levels which MUMN would like to propose for the wards at Mt. Carmel Hospital. Such meetings should start at the earliest possible so that Mt. Carmel Hospital would have the proper staffing level ratios according to the patients being on each ward.

Therefore MUMN is requesting the set up of a committee which should include all the nursing management stake holders and MUMN officials so as to agree on such staffing levels in MCH.

Regards,

**Paul Pace, MUMN President**  
01/08/12

**Dr. Natasha Azzopardi Muscat**  
Chief Medical Officer  
Health Division

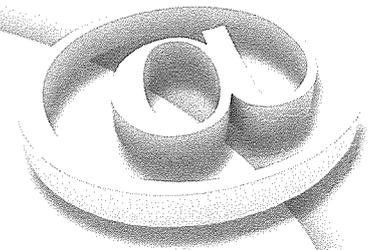
Dear Dr. Azzopardi Muscat,

MUMN has an agreement with the Health Division, which was reached when Mr. Dalli was Minister of Health, regarding the insurance for the nurses and midwives when boarding helicopters. Such an agreement was achieved after three months of industrial actions where nurses and midwives refused to board helicopters during their line of duty.

MUMN is requesting the details of the insurance company chosen by the Health Division as to compensate these professionals. I would also like to ask if this policy is being renewed yearly? When was it last renewed? Mr. Dalli, four years ago when such an agreement was reached, had provided MUMN with the compensation rates for various liabilities. Have these been updated? MUMN is requesting the updated compensation sheet which nurses and midwives who board the helicopter are to receive if any ailment occurs. Such comprehension by MUMN and all nurses and midwives concerned are the latest remarks made by the Health Minister on the Times of Malta that it is the Government who acts as an insurance in such cases. This could indicate that since such an agreement was reached with Dr. Cassar's predecessor, Dr. Cassar is not aware of the helicopter agreement and therefore the renewal was not approved by his office.

Such a request is very important for MUMN since it concerns the nurses' and midwives' insurance policy. The nurses/midwives and their families are all requesting such updated compensation sheets. Failure to respond to MUMN's request by the 25th August MUMN will consider that such an agreement, which MUMN signed with Mr. Dalli, is being breached by the current Health Minister and will result with further industrial actions without any other prior notice.

**Paul Pace**  
MUMN President



## MUMN urges the Health Division to persist in providing the chemotherapy at Gozo General Hospital

MUMN is always proactive in providing better service to the patients.

MUMN is against any unnecessary suffering to the patients due to lack of service.

MUMN believes that all services should be easily accessible for the Maltese and Gozitan patients.

MUMN always advises Governments in improving services given by nurses and midwives for the benefit of the patients.

With these concepts being MUMN's objectives, MUMN was the driving force for chemotherapy to be administered in Gozo. The sufferings of the Gozitan patients to travel back home after chemotherapy is immense. MUMN is saddened to hear from the Times of Malta that Profs. Brincat stated that "The oncology department has never been in favour of this as it would have meant offering a poorer quality service in Gozo due to a lack of trained and experienced staff".

MUMN had to wage a three year campaign since the oncology department was not in favour but then such an oncology department did not provide any alternative to the Government regarding the chemotherapy for Gozitan patients. In the meantime patients' suffering continued and MUMN had to voice sternly that such suffering can't be allowed to prevail.

"Poorer quality service in Gozo due to a lack of trained and experienced staff" – this is an insult to the health professional in Gozo, both nurses and doctors, who are capable of training and obtaining the necessary experience as their Maltese counterparts. Everyone needs training and experience including the Maltese doctors and nurses, so why did the oncology department not advise the issue of training and experience? Why three years had to be lost so that the oncology department starts collaborating with the Government on such an issue? MUMN could not understand that once training is provided to the Gozitan nurses (as it going to be provided), the level of standards of safety and competences would be the same as the Maltese nurses at Boffa Hospital and MDH. MUMN believes that Gozitan nurses are equally capable as the Maltese nurses in any delivery of nursing care. Gaining experience is the least problem since the criteria being used for Maltese nurses (at time intervals) to gain experience will be also used in Gozo. The solutions were so easy and obvious... but MUMN had to take three years to convince the Government that after all the advice of the oncology department given to the Government on the chemotherapy was not right. The irony is that the oncology department failed to recognize that the Gozo General Hospital has actual better

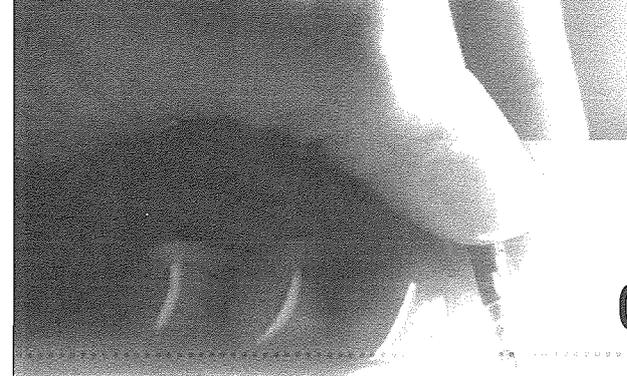


facilities (since it possess even an ITU and operating theatres) than Boffa Hospital whilst the health professionals in Gozo can perform as equally as their Maltese colleagues.

Also there are several Gozitan nurses and doctors who are in favour of going to Gozo to provide such a service. MUMN today understands the courage of the Health Ministry and the Office of the Prime Minister to go against the advice of the oncology department and decide to provide such an important service for the Gozo patients at their hospital.

Chemotherapy in Gozo is a blessing for the Gozitan patients afflicted by cancer. MUMN has one clear message to all politicians -when decisions are taken for the good of the patients by any present or future Governments, MUMN will be a shoulder to shoulder to that Government, whatever the political party may be. Gozo patients have to be grateful that finally such service will be provided in Gozo and the appeal to the Government is to keep focused so that such service will be finally provided at the Gozo General Hospital. There should be no setbacks by any resignations since patient's suffering comes first and foremost.

**Paul Pace, MUMN President**  
31/08/12



## Open Letter

**Dr. Kenneth Grech**  
**Permanent Secretary**  
**Health Division**

Dear Dr. Grech,

After MUMN investigated certain practices in Mt. Carmel Hospital it has been found that ward rounds by most Consultants in MCH have literally disappeared. Most Consultants are not even doing their basic tasks of seeing patients in the wards with the result that the Departmental Nursing Managers are phoning various consultants to inform them about the patients on the perception of the Nursing Officer since such Consultants are NOT SEEING PATIENTS IN THEIR WARDS.

MUMN cannot understand how on a daily basis the Departmental Nursing Managers at Mt. Carmel Hospital are being ordered to request the Nursing Officers, especially at the acute admission wards which patients feel should be transferred or discharged. How low can you get from there? In fact not even their Senior Registrar doctor bothers to phone their Consultants since quite rightly is neither their job.

We have rendered literally a clinical examination through a phone call with perceptions being made and decisions being taken, on the patients' welfare, over the phone. And what I find insulting is that the nursing management have become the telephone operator and the link to a whole illegal practice.

The irony is that while a nurse who just turns up late for work by just 10 minutes, as has recently happened in MDH, had to compensate by his time of in lieu and then within the Health Division, Consultants get away with everything by even not turning up for work in Mt. Carmel Hospital.

Then MUMN is conveniently interpreted that 'MUMN is against doctors and all this trouble is only being caused by MUMN.' Of course it has to be MUMN to speak out since the Health Division approves such bad practices, covers up and is in the pocket of the Consultants. Also the new CEO, Ms. M. Caruana is basically good for nothing since there is literally no sense of management.

MUMN is not against Consultants but against the Health Division, Health Ministry and the management of Mt. Carmel Hospital of allowing such bad practices to happen at the detriment of the patients and the nurses. Who will be ordering Consultants to start doing ward rounds and start seeing patients in their ward on a regular basis again?

MUMN cannot understand how certain Consultants flagrantly denies his patients the right to have an

examination and instead of disciplinary actions, the nursing management are forced to do phone calls to try to give a clinical picture through the phone. A clinical picture over a phone call is illegal and should be taken to Medical Council.

Now this email will be used by the Health Division that MUMN is causing trouble and that MUMN 'reported' the Consultants so that the Health Minister and the Health Division will always look nice to such Consultants at Mt. Carmel Hospital.

MUMN is issuing directives to the Manager Nursing Service (MNS), to the Departmental Nurse Managers (DNM) that as from the 18th July 2012 the following directives shall come into effect:

- 1) DNM and MNS are not to sign any methadone prescriptions and should be directed to doctors. This is not a nursing remit;
- 2) No phone calls to any Consultants including the Chairman of Psychiatry regarding the clinical and management of patients. Nurses are professionals and NOT TELEPHONE OPERATORS.
- 3) The form of the belongings which requires after all the signature of the doctor should not be signed by the DNM or by nurses.

To all Nursing Officers:

Any phone calls from Consultants regarding the management or the clinical condition of their patients should be refused. Inform such Consultants on his obligation to attend to his patients on their wards and not to bypass the whole procedure through a simple convenient phone call.

To all Nurses:

MUMN is expecting that if the Health Division and the Health Ministry allow such practices to continue, the wards in MCH would become overcrowded. MUMN is aware from its meeting with the staff that such a situation is very dangerous to the nurses working in the wards. Therefore as agreed, MUMN would order that nursing staff should report to the SNO's office if overcrowding occurs. Consultants should be there and do the necessary discharges and transfer in person.

Also MUMN would be issuing a press conference on this issue if it persists. After all, the stigma on MCH exists and this stigma would continue to exist by how MCH is being managed.

**Paul Pace, MUMN President**  
**24/07/12**



## **MUMN welcomes the Electoral Law Reforms approved by Parliament**

**M**UMN had to resort to three episodes of industrial actions when elections were in progress in the country. Patients to exert their right to vote had to be escorted by nurses from Mater Dei Hospital, Gozo General Hospital, Karen Grech Hospital and Mt. Carmel Hospital to polling stations in the most adverse of weather and clinical conditions. This was totally inhuman and we as nurses who escorted such patients could see and feel the hardship and the dangers which had to be endured by such patients.

It was in this light that MUMN issued industrial actions during the last Parliamentary Elections, during the referendum for the introduction of the Divorce Bill and in the last local Council Elections. Then MUMN took the initiative to request meetings with the Labour Party and the Nationalist Party so that common ground can be sought and to increase awareness on such an issue. As a result of such meetings, MUMN provided a document to both politically parties recommending various proposals which MUMN felt should be included in the reform of the Electoral Law.

It is with great satisfaction that both parties have

agreed to all the proposals which MUMN submitted in its document regarding the amendments in the reforms to the Electoral Law. With the amendments approved yesterday in Parliament, finally patients in Mater Dei Hospital, Boffa Hospital, Karen Grech Hospital and Mt. Carmel Hospital would be voting in their respective hospital.

MUMN has just one message to convey to the Nationalist Party and to the Labour party - In the name of the Maltese and Gozitan patients...THANK YOU.

Thank you since both parties wavered all political differences and the patient safety came first and foremost.

Thank you since both parties agreed that patients should not suffer to vote and finally a thank you from MUMN since both political parties kept their word with MUMN and amended the electoral law in the interest of the patients.

Looking back, a saga of more than ten years has finally come to an end.

**Paul Pace, President**  
11th July 2012

## **Directives to all Nursing Officers, Deputy Nursing Officers and Nurses working at the Primary Health Care**

**M**UMN has always stressed that Nursing Officers and Nursing Deputy officers are not couriers to go on errands such as the stores to supply their respective health center. In fact such duties are not even listed in the job description of the nurses let alone the Nursing Officers.

On this regard, MUMN is issuing a strict directive that Nursing Officers, Deputy Nursing Officers or Nurses in any health centre, are not to go to any stores or other errands. When items are out of stock the NO or the DNO are to inform the nursing management to arrange for a courier. If the courier service is not up to standard that is not the Nursing Officer's problem. Signing of goods does not mean that the Nursing Officer has to attend to the stores but implies that paper work have to be brought to the health center.

MUMN is making it crystal clear. Those Nursing Officers, Deputy Nursing Officers or Nurses who abandon their ward to attend errands, such as medical supplies, will be held accountable to any event which might arise in their health center. Nurses left in the health centre will not to be held accountable to the Nursing Officers'/ Deputy Nursing

Officers' duties and MUMN will only defend the Nurses left in the health center. MUMN will make it clear that the responsibilities of the nursing officer will not be transferred to the nursing staff during any particular incident who are left working in the health centre. The captain of a ship who in our case is the Nursing Officer or the Deputy Nursing Officer is not to assume duties of a low grade such as of a courier and should always be present in the health centre in case problems arise.

It is up to the top management of primary care such as the CEO that are ultimately responsible if the procurement system in the Primary Health Care is totally defective and we as Nurses should not cover to their mismanagement.

Remember to adhere to MUMN's directives since when problems arise, it is only MUMN who will be there for you. Doctors and other senior management will be searching for disciplinary actions. So MUMN will not accept excuses when the situation arises.

**Paul Pace, President**  
30/06/12

## Notice to all Nurses working at SVPR

MUMN has embarked on an exercise to harmonize the staffing levels in all wards at SVPR. As you are all aware in SVPR, wards have different amount of residents with different staffing levels. MUMN had already a number of meetings with the Nursing Management on this regard and an agreement was reached on the ratio of staffing levels for the whole day. Different staffing levels had been agreed for the morning, afternoon and night shifts. All wards will have the same staffing levels according to the number of patients. There will only be some small exceptions in certain wards were due to the nature of residents, the present staffing levels will be maintained.

Other meetings are still expected so as to implement such agreed staffing levels in the wards. Those wards which have staffing levels below that of the normal standards will benefit from such an agreement with the Management of SVPR by adding care workers on their wards.

MUMN is also following the tendering process for the procurement of uniforms very closely. Finally such tender had been awarded to a contractor and uniforms for the small, medium and large sizes had been ordered. MUMN is insisting that once such uniforms arrive, the process of tailoring initiates immediately for those nurses who need extra sizes uniforms.

**Paul Pace**  
MUMN President

## Directives to all Midwives at the Labour Suite in MDH

MUMN has been informed that the agreement of three cesareans per day and four inductions is not being adhered to by the medical profession. Such agreement today has been broken by the Director of Obstetrics who is suppose to be the guardian of such an agreement.

Therefore MUMN is issuing a directive that with immediate effect all midwives are to leave the Labour Suite and go to Administration Office if such agreement of three cesareans is not kept by the medical profession. Doctors such as Profs Brincat being the Chairperson of Obstetrics should work as a team and not book mothers according to their work schedule and to their convenience without even considering the midwives' compliment at the Labour Suite and in other obstetric wards.

Mater Dei Hospital is suppose to be a University Hospital and not an BULLYING hospital where the the rule of the jungle is the rule of the day.

**Paul Pace, President**  
14/08/12

EFN PRESS RELEASE  
21 June 2012

### “Women in Research”

## The EFN welcomes DG RESEARCH CAMPAIGN

The EFN welcomes the Commission's launch of the Women in Innovation and Research Campaign. The fact that women remain largely under-represented in the science, technology and research fields demonstrates that it is time to move things forward.

Research and development itself is not gender neutral, as advancements in science and technology affect different groups in different ways. It is therefore essential, in order to support policies and developments on equity, that women's rights are represented in research and development. Women's participation reflects gender-specific interests and a unique approach and will be an invaluable contribution to finding concrete solutions to our major challenges.

In the health care field, nurses are the largest group of health professionals and over 90% of the entire nursing workforce are women. Thus, women are in the driving seat when it comes to delivering healthcare and tackling societal challenges. However, their participation and access to research opportunities at the highest level remains limited. The EFN will change this, not least through the EU's Horizon 2020 programme, where the empowerment of women in research is a key component!

Please contact Mr Paul De Raeve, General Secretary of the European Federation of Nurses Associations, for more information.

Email: [efn@efn.be](mailto:efn@efn.be) - Tel: +32 2 512 74 19 - Web: [www.efnweb.eu](http://www.efnweb.eu)



## An investment plan offering YOU

- Access to capital markets from as little as €50, US\$50 or £30 per month
- Diversification opportunities
- Liquidity at short notice
- Professional Investment Expertise

a flexible plan to meet your needs

### MONTHLY INVESTMENT PLANS



8007 2344 | [vfm.com.mt](http://vfm.com.mt)  
BOV Branches in Malta and Gozo  
& Licensed Financial Intermediaries

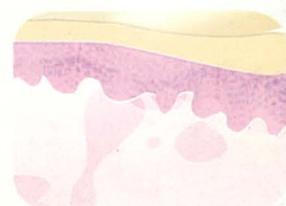
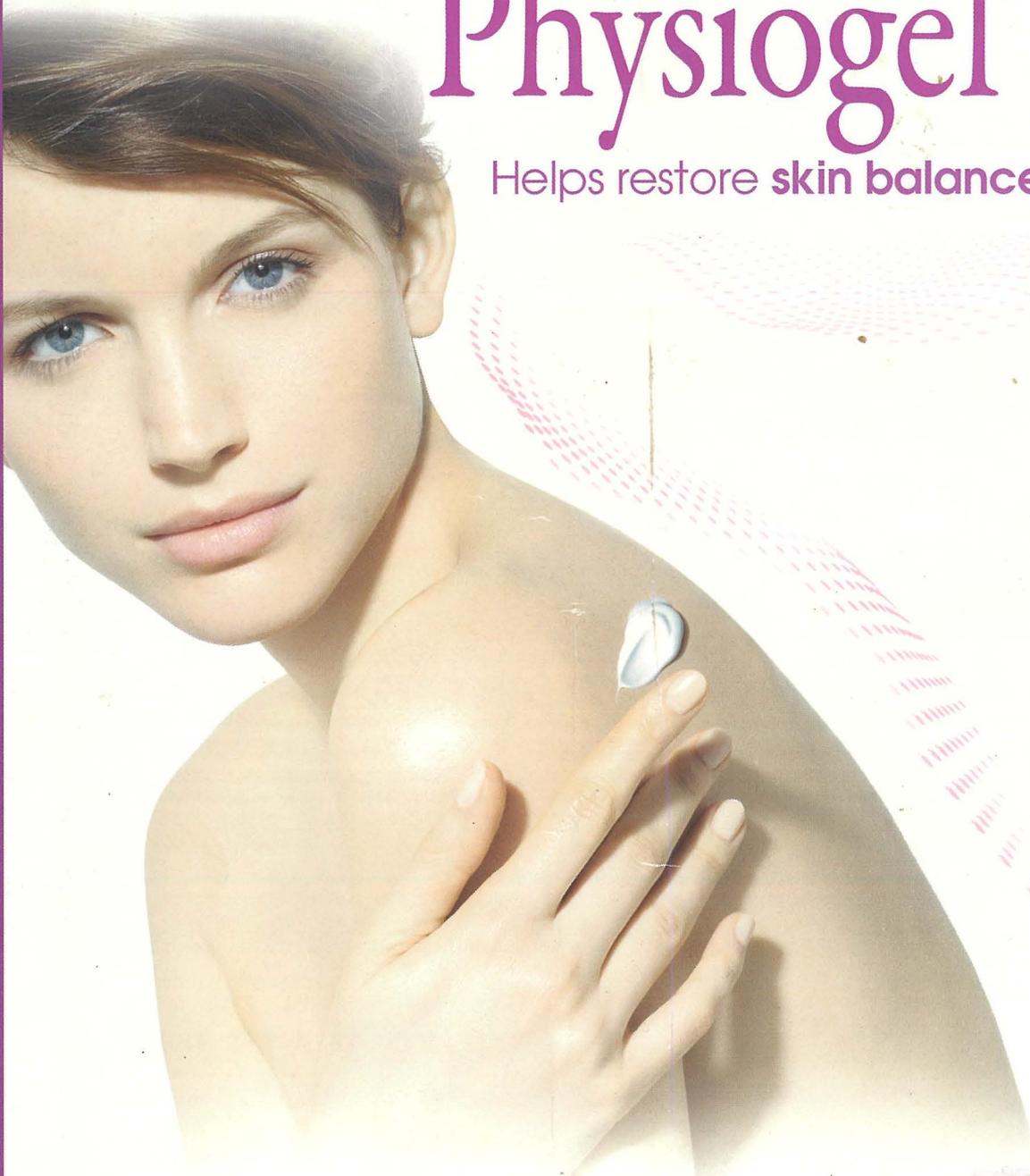
The value of the investment may fall as well as rise and any initial and/or exit fees may lower the amount invested and the amount received upon redemptions. Investments should be based on the full details and terms stipulated in the Prospectus, which may be obtained from Valletta Fund Management Limited ("VFM"), Bank of Valletta p.l.c. ("BOV") Branches and licensed financial intermediaries. VFM is licensed to provide Investment Services in Malta by the MFSA. Issued by VFM, TG Complex, Suite 2, Level 3, Brewery Street, Mriehel BKR 3000. Source: VFM

CLINICALLY  
TESTED

DAILY CARE FOR DRY, AND SENSITIVE SKIN

# Physiogel®

Helps restore skin balance & well-being



Dermatological expertise



DMS\*\* technology mimics  
the skin structure



**Respects**  
the skin due to  
its hypoallergenic  
formulation



**Protects**  
by bringing essential  
lipids that the skin  
naturally needs



**Strengthens**  
and soothes dry  
and sensitive skin

\* Derma Membrane Structure

GlaxoSmithKline (Malta) Limited,  
1, First Floor, De La Cruz Avenue, Qormi QRM2458, Malta.

Date of preparation: April 2012



**Stiefel**  
a GSK company