

# IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

No.73 - Dicembru 2016



Best wishes for a  
**Merry Christmas  
& A Prosperous  
New Year**



**BOV**

Bank of Valletta

the heartbeat of healthcare

[www.mumn.org](http://www.mumn.org)

Tel: 7714 1260

E-mail: [mumn@maltanet.net](mailto:mumn@maltanet.net)



# Go ahead with confidence.



The improved MoliMed® PREMIUM:  
Developed together with people affected.



Our bladder weakness pads,  
**now featuring new soft  
elastics in the crotch area\***,  
guarantee an ideal fit and  
pleasant feel.

**Exclusively available in  
pharmacies.**



\* applies to MoliMed® PREMIUM mini, midi and maxi

helps healing.

# contents

# IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL



- Editorial & President's message  
page 4-5



- From our diary  
page 20-21



- 69th World Health Assembly  
page 32-33

**Harga nru. 73**  
**Dicembru 2016**

### Group Committee Chairpersons and Secretaries MUMN - Mater Dei Hospital:

Charles Galea, Chairperson: 79592666;

Patrick Pace, Secretary: 79820762

**SVP:** Therese Decelis, Chairperson: 79809080;

Mario Galdes, Secretary: 79449324

**RHKG:** Graziella Buttigieg, Chairperson: 79275872;

Vincent Muscat, Secretary: 99455982

**Health Centres:** Roseanne Bajada, Chairperson:

79671910; Miriam Aquilina, Secretary: 99830893

**MCH:** Thekla Micallef, Chairperson: 79798204;

Angelo Abela, Secretary: 79594326

**SAMOC:** Ronnie Frendo, Chairperson: 77000919;

Dennis Darmanin, Secretary: 79826533

**GGH:** Joseph Camilleri: 79485693; Anthony Zammit:

79617531; Jennifer Vella: 79277030

**ECG Technicians:** Alex Genovese, Chairperson: 79860571;

Charmaine Caruana, Secretary: 99462992

**Physiotherapists:** Pauline Fenech, Chairperson:

79491366; Luciano Pace Parascandolo, Secretary:

79455083

**Midwives:** Catherine Bonnici, Chairperson: 99252438;

Abigail Plum, Secretary: 79592466

### MUMN Council Members

Maria Cutajar, MUMN President: 79730575

Colin Galea, General Secretary: 79425718

George Saliba, Financial Secretary: 79231283

Noel Camilleri, Vice President: 99883500

Antoinette Saliba: 77200262

Alexander Manche: 77678038

Joseph Aquilina: 99467687

Alexander Lautier: 99478982

Geoffrey Axiak: 99822288

Lora Pullicino: 79327602

MUMN Office: 21448542

### Editorial Board

Joseph Camilleri (Editor) CN M1 MDH

Christa Gauci (Member) SN SJ 6 SVPR

Norbert Debono (Member) EN



**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-ġurnal mhux  
neċessarjament jirriflettu l-fehma jew il-policy tal-MUMN.

L-MUMN ma tistax tinżamm responsabbli għal xi ħsara jew  
konsegwenzi oħra li jiġu kkwazati meta tintuża informazzjoni  
minn dan il-ġurnal.

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

Ċirkulazzjoni: 3,400 kopja.

Il-Musbieh jiġi ppubblikat 4 darbiet f'sena.

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

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

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

Ritratt tal-faċċata: Ix-xewqat mill-MUMN lill-qarrejja kollha.

Diżinn u stampar: Union Print Co. Ltd., Marsa



## Every Nurse should be a “political” Nurse

Is it acceptable to ignore politics? Because nurses are in such a caring profession, therefore important to society, we have to take our practice beyond the bedside, beyond the school, beyond our research, and set it in a larger way into community involvement, which means being an activist, being a volunteer, being an informed citizen. A nurse who shares his or her perspective helps formulate strategies that groups use in an effort to influence policy and make changes.

It is time for all nurses to get political. Nurses need to become active and engaged politically purely because of the nature of the highly regulated profession. Politics and policy affect every area of nursing, whether it is education, practice or research.

Nurses' roles, responsibilities and education should change significantly to meet the increased demand for care that will be created by healthcare reform and to advance improvements in Malta's increasingly complex health system. Although Nurses' and Midwives' voices form part of the largest healthcare profession, they are often silent or ignored.

Nursing apathy toward participation in the political process is pandemic. Our profession needs a strong united stand within the political arena. Political involvement encompasses being knowledgeable about issues, laws, and health policy. Barriers to political activism are thought to encompass several spectra including heavy workloads, feelings of powerlessness, time constraints, sex issues, and lack of understanding of a complex political process. As patient advocates, nurses cannot continue to be spectators in the political arena and what we do in the political arena potentially impacts all patients, those who need immediate attention and those who do not but may need it at another time. The word "politics" often evokes negative emotions based upon what may be happening on a state or national level. Partisanship divisions between political parties and even individual politicians can cause us to shy away from becoming

involved in the political arena

The insights of Nightingale continue to be amazingly applicable to today's health care issues. The past, present, and future of health care and nursing have several spheres of influence, including government, public policy, and workplace. Nurses can be involved and make a difference in the political process in a variety of ways. We can impact our profession by paying attention to legislation that is introduced and by contacting our elected representatives to voice our opinions.

All political parties are at present in semi-general election mode and by this time they have 'worked out' their manifestos of an improved Health Service which may be vote-winners. But how much have we influenced our politicians in issues such as A&E winter crisis, nurses' unsocial hours, early retirement schemes, pay rise, safe staffing, constant watches, paperless hospitals, social cases, excellent community-based services, higher quality patient-centric service, more nurse-led services, increased cancer screening and effective customer care systems? Have we convinced the politicians on the SVP staffing saga and the increase of the number of beds for the elderly in private residential centres? Most of the pledges are vote winners for the public - the stuff of stirring speeches and slick poster campaigns. But when it comes down to it, what we need is someone to care for and respect our health service the way nurses care for and respect their patients. Does any politician have that level of compassion?

Healthcare is 'political' and the old adage that there is strength in numbers is true in many cases. Those who make laws have power, but so do we. We have to decide whether we want to make our voices heard.



## President's message

Dear Colleagues,

As I sat down to write this issue's note, it immediately hit me that another year was over. Instantly I recalled the challenges and opportunities we as the MUMN experienced. What an amazing 12 months. When we began this year I together with the Council members and Group Committee members knew that this year will bring with it experiences that come with the job. But looking back at the visits we've made, the members we've met, the meetings we held at different levels, discussing sectoral and collective agreements, the accomplishments and celebrations we've been privileged to witness, I can say that this truly has been a year I will never forget. The 2016 has provided me with so many opportunities to remind others of the importance of health care – and of the difficult times we face. This year we celebrated the 20th Anniversary of the MUMN – and through the events organised throughout the year, members have joined together to mark our 20th year history of developing better care, better work conditions and leading the professions represented by the MUMN.

I recognise, however, that for many of you celebration is far from your minds. Along with their huge rewards, the professions the MUMN represent, bring pressures that can sometimes make it difficult to remember why we do the job. And at moments like that, the noble tradition of your union might seem immaterial. If you feel that way, I urge you to spend a few moments remembering all that's good about our respective profession. I invite you to look back through the years ... reflect from where we started ...

recognise what we achieved and consider all that unites us. I hope that doing so reminds you, as it did to me, of how strong we are together and how much we have to celebrate.

Yet again since we all work in a dynamic environment we need to keep abreast with all the transformations this environment brings with it. If there is anything we health care professionals understand, is change. This is because on a continuous basis we watch for changes in our patients, and change care plans accordingly. We work in systems that are continually changing. Team members change, leadership changes, and our professions change as we identify new and exciting roles. The MUMN is changing too, with a goal of constantly improving how we represent and serve our members. As a union, we're committed that issues needing attention will be worked upon. We're committed to safeguard our members working conditions, rights and professional development. As you were informed, we have recently launched the Institute of Health Care professionals. This institute will be led by the members of the former MUMN Educational Committee. The MUMN ethos is that the first step towards success and achievement starts with the right training and education for its members. Since its inception, the MUMN was a leader in providing continuous professional development opportunities to its members. Driven by a mission for our members to learn, grow and practice, this institute will continue to deliver the essential skills, insight and knowledge necessary for them to excel in their field of profession. This institute's mission and vision will be not only to teach but to instil compassion too.

On another note, we can all agree that globally, health and social care is facing extraordinary challenges due to changing patterns of disease, changing

expectations of patients, financial restrictions and an ever-increasing ageing population. The WHO Health Assembly (2016) have produced The Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life in which they set out two goals; to utilise 'five years of evidence-based action to maximize functional ability that reaches every person; and by 2020, establish evidence and partnership necessary to support a Decade of Healthy Ageing from 2020–2030'. This Assembly specified five key strategic objectives: (1) commitment to action on Healthy Ageing in every country; (2) developing age-friendly environments; (3) aligning health systems to the needs of older populations; (4) developing sustainable and equitable systems for providing long-term care; and (5) improving measurement, monitoring and research on Healthy Ageing. It is timely and fitting to state that this year the MUMN received the results of the study that was carried out at St. Vincent De Paule Long-term facility. The study indicates that most of the residents within this facility are frail (a distinctive state of health related to the ageing process where multiple bodily systems progressively lose their in-built capacity), thus making them more dependent. Hence, the increase in the demand of more resources to promote the development of nursing interventions to improve outcomes. The approach taken by the MUMN in commissioning this study clearly indicates the importance of high quality research to generate a more individualistic, cultural sensitive and evidence approach towards health care.

• continued on page 6



## Kelmtejn mis-Segretarju Ġenerali

Iż-żmien qed igerbebb ġmiel. Ftit tal-ġranet oħra niċċelebraw il-Milied u bidu ta' Sena Ġdida. Għaddiet sena oħra ta' ħidma mill-MUMN fl-interess tal-membri tagħha. Din is-sena kienet waħda speċjali għall-MUMN bħala organizzazzjoni għaliex iċċelebrat l-20 sena anniversarju mit-twaqqif tagħha.

Nixtieq nieħu l-opportunità biex nawgura kull suċċess u ħidma fejjieda lill-gradwati l-ġodda. Nifhem li fil-bidu se tħossukom f'it strambi għaliex ngħiduha kif inhi, hemm qabża kbira minn meta tkun student għal meta ssir tal-post u tibda taħdem fis-swali. Però dan m'għandux ikun hekk. L-Institute of Health Care għandu jipprepara lill-istudenti sew u b'tali manjiera li t-transizzjoni tkun waħda felici. Bin-nuqqas ta' nurses li hawn f'pajjiżna mhux l-ewwel darba li fil-bidu tal-ħidma tagħhom, dawn in-nurses il-ġodda jispicċaw waħidhom responsabbli tal-pazjenti u *s-supporting staff* prezenti fis-sala.

F'dawn il-ġranet ħarġu r-riżultati tal-*promotions*. Naturalment min ikklassifika f' postijiet 'il quddiem kien sodisfatt però dawk li ġew lura huma diżappuntati speċjalment uħud minnhom li ilhom jaqdu

r-responsabbiltà f'dan il-grad għal xhur u snin. Din id-darba ġiet addottata sistema fejn il-sejha tal-applikazzjoni ġiet maqsuma għal kull sptar flok ħarġet waħda inġenerali. Dan sar peress li kien hemm talba ġenerali li mhux sew li min japplika ma jkunx jaf f'liema sptar se jispicċa u jkun hemm sitwazzjonijiet li f'ċertu postijiet dak li jkun ma jkunx irid jaħdem bil-konsegwenza li jintalab trażferiment f'it xhur wara li jiġi allokati. L-MUMN se tipprova li ssir analiżi biex jiġi evalwat jekk din is-sistema tħadmitx jew le, jew hemm bżonn li tiġi irfinuta aktar.

Minn dan ix-xahar kellna tibdil fiċ-Chief Nursing & Midwifery Officer. Filwaqt li nawgura lil Vince Saliba fil-ħatra ġdida tiegħu, nixtieq nieħu din l-opportunità sabiex niringrazzja lil Jesmond Sharples għall-kontribut li ddedika għaž-żewġ professjonijiet matul il-perjodu twil li għamel fil-kariga. Filwaqt li jien konvint li Jesmond se jkompli jikkontribwixxi għaž-żewġ professjonijiet, min-naħa l-oħra persważ li r-relazzjoni ma' Vince se tkun waħda ta' fejda.

Qegħdin lejliet li jibdew id-diskussjonijiet dwar il-Ftehim Settorali tan-Nurses u l-Midwives. Nista' ngħid minn issa li dawn mhux se jkunu negoziati faċili peress li l-MUMN ressqet numru sostanzjali ta' talbiet għaliex dan il-Kunsill jemmen li dan huwa mezz wieħed

kif inaqqsu n-nuqqas. Tajjeb li tkunu ppreparati li s-sena d-dieħla se tkun waħda turbolenti minħabba dan il-Ftehim. Nistennu u naraw.

Il-Ftehim Settorali tal-ECG Technicians u s-Social Workers ġej bis-suluzzu. Nagħmlu pass importanti 'l quddiem imbagħad ma nisimgħu xejn aktar mill-awtoritajiet u jkollna kull darba nsabbtu saqajna biex inkomplu niddiskutu. F'dinja moderna ta' lllum dan m'għandux ikun.

Dwar il-Ftehim Settorali tal-Physiotherapists bdew il-preparamenti biex nibdew ngħaqduh biex wara nkunu f'pożizzjoni li nipprezentawh lill-Gvern. Kif nagħmlu dejjem, għax huwa l-istil tal-MUMN, tlabna lill-membri biex jissottomettu l-proposti tagħhom. Issa mix-xahar id-dieħel se nkunu qed niltaqgħu mal-Group Committee responsabbli minn dawn il-professjonisti biex dan il-Ftehim jiġi fformulat.

Kif qed taraw ġej żmien kruċjali għalina lkoll. Sakemm nibqgħu magħqudin flimkien jiena nemmen li kolloxx hu possibli biex nilhqu t-tragwardi tagħna kif għamilna s'issa matul is-snin.

Nixtieq nieħu din l-opportunità biex nawgura lilek u l-maħbubin tiegħek Milied hieni u Sena Ġdida mimlija saħħa.

**Colin Galea,  
Segretarju Ġenerali**

## President's message • continued from page 5

The findings of the study present strongly articulated arguments for effective assessment and management of issues related to nursing care for older people, which by design or default fit the five strategic objectives of the WHO strategy.

Before I close, I want to take a moment to thank all members of the MUMN council, group committee members and all of you, members of the MUMN, for the service, support, collaboration and feedback during this year. We had a busy year laying the foundation for the changes we are seeing. Without the efforts from all of us – and that includes you – we would not be where we are. Next year like the preceding years will bring with it new challenges – but your union will continue to support and look after the

interests of all professions it represent. The work of any organization occurs at the grass roots, and with all of you, I believe that together we can embrace our many changes and make MUMN a strong organization well into the future.

During the festive season, more than ever, my thoughts turn gratefully to those who have made our progress possible. And in this spirit, simply but sincerely I take the opportunity to thank all of you. May this Christmas be merry and bright. May the New Year be blessed with peace, health, love and joy. Sending my heartfelt season wishes to all of you and your families.

Until next time,

**Maria Cutajar - MUMN President**

# Rehabilitation Psychiatry in hospital settings

The term rehabilitation is becoming less fashionable within mental health services as the focus seems to be mainly towards short admissions with integrative community services. This process had its first footsteps 50 years ago when most of the Western countries undertook the task of 'de-institutionalisation' of psychiatric hospitals.

The process of de-institutionalisation is successful with patients being able to manage transition from long term hospitalisation to the community without requiring re-admission. There are patients with complex needs whom the transition to community care is lengthy and therefore it would be over optimistic to perceive that in-patient rehabilitation does not have a place in modern Mental Health services. In fact, the Royal Collage of Psychiatrists in 2009 stated that In-patient rehabilitation is still an essential component of comprehensive psychiatric service system.

Rehabilitation services are described as a "whole system approach to recovery from mental ill health which maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give new hope for the future and which leads to successful community living through appropriate support"

(Killaspy et al, 2005: p. 163)

Craig et al (2004) suggest that approximately 10% of people who access mental health services have particular complex needs that require rehabilitation and intensive support over many years. Most of them will have psychosis with prominent 'negative symptoms' that impair motivation, organisational skills to manage everyday activities and are placed in a position to suffer self-neglect. Many also have co-existing problems that makes the process of recovery even more difficult. These include other mental health issues (e.g. depression and anxiety), long term physical conditions, intellectual disability, developmental disorders (such as Autistic spectrum) and substance misuse. All these can lead to long hospital stays. Also, a survey by Killaspy and his colleagues in 2013 showed that some patients who are admitted to acute in-patient hospitals, would have experienced mental health problems for an average of 13 years before being admitted. By this time the patient and his family would have low expectations of recovery or even worse, lost hope altogether. When taking the Maltese context into consideration, such client group will struggle in the current community based services and would benefit from in-patient rehabilitation programmes. Such rehabilitation services should

adopt a recovery approach that values patients as partners in a collaborative relationship with the multidisciplinary team to identify and work towards personalised goals. Rehabilitative care might carry a stereotype of hopelessness among mental health professionals, surprisingly however, rehabilitation care can offer a certain degree of professional success if the service provide (1) a culture of healing and hope, (2) provide interventions that limit disability and (3) adjust the environment to ease the burden of the illness.

People working in rehabilitation services require a wide range of skills and expertise to meet the diverse needs of their clients for treatment and other interventions. Team members will need to share relationship, clinical, liaison and advocacy skills (Lieberman et al, 2001) as well as possess specialist skills in particular areas. These skills are built on core competencies such as the 'ten essential shared capabilities' needed by all mental health workers (Department of Health, 2004a).

Relationship skills should be the essence of professionals working in rehabilitative care. These include the ability to: work collaboratively so as to empower people, using recovery and person centred approaches, use creative and flexible approaches to motivating people who have negative symptoms and cognitive problems, promote hope and maintain enthusiasm and therapeutic optimism, even when progress is slow. Needless to say that like any other specialisation, rehabilitative care requires a series of clinical skills. Essentially such skills focus on working with individuals and carers to assess strengths, functional impairments, disabilities and barriers as part of a comprehensive assessment. The

• continued on page 16

# The hospital chaplain as a sacramental presence of Divine Mercy

In this year 2016 the Church is celebrating the extraordinary jubilee of mercy. It was Pope Francis himself who announced the celebration of this extraordinary Holy Year that is dedicated to Mercy. In his view it is important that "the whole Church [could] rediscover and make fruitful the mercy of God, with which we are all called to give consolation to each man and each woman of our time...". For the Holy Father it is the Church's "mission of bringing the Gospel of mercy to each person". Reflecting on these powerful words of the Pope I thought it would be beneficial if I pause a bit and deeply ponder on the pastoral-clinical reality of the chaplain as being a sacramental presence of Divine Mercy.

In the bull of indiction for this great jubilee, *Misericordiae Vultus*, the Argentinian Pope wrote that "Jesus Christ is the face of the Father's mercy". The Gospel strongly shows this overpowering reality. Take, for instance, the long list of miracles Jesus performed. The list is really remarkable: changing water into wine (John 2:1-11); healing of the royal official's son (John 4:46-54); healing of a man possessed by a demon in Capernaum (Mark 1:21-28, Luke 4:33-37); healing of Peter's mother-in-law (Matt 8:14-15, Mark 1:29-31, Luke 4:38-39); healing of the sick during the evening (Matt 8:16, Mark 1:32, Luke 4:40); catching a large number of fish (Luke 5:3-10); healing a leper (Matt 8:1-4; Mark 1:40-45; Luke 5:12-15); healing a centurion's servant (Matt 8:5-13, Luke 7:1-10); healing a paralyzed man (Matt 9:1-8, Mark 2:1-12, Luke 5:18-26); healing a withered hand (Matt 12:9-14, Mark 3:1-6, Luke 6:6-10); raising a widow's son (Luke 7:11-17); calming the

storm (Matt 8:23-27, Mark 4:35-41, Luke 8:22-25); healing the Gerasene man possessed by demons (Matt 8:28-32, Mark 5:1-13, Luke 8:26-33); healing a woman with internal bleeding (Matt 9:20-22, Mark 5:25-34, Luke 8:43-48); raising Jairus' daughter (Matt 9:18-19, 23-25; Mark 5:22-24, 35-43; Luke 8:41-42, 49-56); healing two blind men (Matt 9:27-31); healing a mute demon-possessed man (Matt 9:32-33); healing a man who was crippled for 38 years (John 5:1-17); feeding 5000 men and their families (Matt 14:16-21, Mark 6:35-44, Luke 9:12-17, John 6:5-14); miraculous healing of many in Gennesaret (Matt 14:34-36; Mark 6:53-56); healing a demon-possessed girl (Matt 15:21-28, Mark 7:24-30); healing a deaf man with a speech impediment (Mark 7:31-37); feeding the 4,000 men and their families (Matt 15:29-39, Mark 8:1-10); healing a blind man in Bethsaida (Mark 8:22-26); healing a man born blind (John 9:1-41); healing a boy possessed by a demon (Matt 17:14-20, Mark 9:17-29, Luke 9:37-43); healing a blind and mute man who was possessed by a demon (Matt 12:22-23, Luke 11:14); healing a woman with an 18 year infirmity (Luke 13:10-13); healing a man with dropsy (Luke 14:1-6); healing 10 men suffering from leprosy (Luke 17:11-19); bringing Lazarus back to life (John 11:1-44); healing Bartimaeus of blindness (Matt 20:29-34, Mark 10:46-52, Luke 18:35-43); restoring a severed ear (Luke 22:45-54); and the catching of the 153 fish (John 21:4-11).

In his interesting book *12 Miracles of Spiritual Healing a Path of Healing from the Gospels* E. Kent Rogers enlists 12 miracles of spiritual healing performed by Jesus and spends

an entire chapter on each and every one of them. These miracles portray healing from feelings of unworthiness (Matt 15:21-28); healing from lack of forgiveness (Mark 2:1-12); healing from spiritual slavery (Mark 5:1-20); healing from inner warfare (Mark 5:21-43); healing from lost innocence (Mark 5:35-43); healing from doubt (Mark 9:14-29); healing from faith-arrogance (Luke 7:1-10); healing from lack of joy (Luke 17:11-19); healing from fear (Matt 26:51-54; Mark 14:46-52; Luke 22:49-51; John 18:10-11); healing from spiritual apathy (John 5:1-14); healing from blame-blindness (John 9:1-41) and resurrection from spiritual death (John 11:1-44). These miracles confirm that Jesus did not just heal the physical body. He healed the human spirit too!

But who is precisely Jesus Christ? In his homily at Casa Santa Marta of January 8 2015 Pope Francis said that "[It was God] who loved us and sent his Son as a victim of expiation for our sins. In the person of Jesus, we can contemplate the love of God," he explained. Following Christ's example, Pope Francis added, "we arrive - step by step - to the love of God, to the knowledge of God who is love." But, as the Holy Father rightly pointed out, loving God means, like Jesus, serving others. "But how can I love someone I don't know? Love the one close to you. And this is the doctrine of the two Commandments: The most important is to love God, because He is love. The second is to love your neighbor, but to arrive at the first we must climb the steps of the second. That is, through love of neighbor we come to know God, who is love."

In a letter sent to priests by Archbishop Zygmunt Zimowski, president of the



Pontifical Council for Health Care Ministry on the occasion of the Year for Priests, on October 1 2009, we find an excellent explanation of how the priest, as a chaplain in the hospital, can represent Christ in a sublime way.

"A priest at the bedside of a sick person represents Christ himself, the Divine Physician, who is not indifferent to the fate of those who suffer. Indeed, through the sacraments of the Church, administered by a priest, Jesus Christ offers to a sick person healing through reconciliation and the forgiveness of sins, through anointing with holy oil and lastly in the Eucharist, in the viaticum in which Christ himself becomes, as Giovanni Leonardi used to say, 'the medicine of immortality' by which 'we are comforted, nourished, transformed into God, and participants in the divine nature (cf. 2Pt 1:4)'. In the person of the priest is thus present at the side of the sick person Christ himself who forgives, heals, comforts, takes that person by the hand and says: 'I am the resurrection and the life; who believes in me, even though he dies, will live; whoever lives and believes in me will never die' (Jn 11:25)".

Obviously such a life-changing sacramental presence can easily be transmitted to our patients if the chaplain is heavily intoxicated with Christ's transforming Spirit! Personally I find the following passage from the letter to the Colossians extremely resourceful in my pastoral ministry with the sick. It serves as my vision, working tool and constant encouragement. "Put on then, as God's chosen ones, holy and beloved, compassion, kindness, lowliness, meekness, and patience, forbearing one another and, if one has a complaint against another, forgiving each other; as the Lord has forgiven you, so you also must forgive. And above

all these put on love, which binds everything together in perfect harmony" (Col 3:12-14).

In his commentary on the Solemnity of Pentecost, the great Franciscan Doctor of the Church, Saint Anthony of Padua, wrote: "The man who is filled with the Holy Spirit speaks in different languages. These different languages are different ways of witnessing to Christ, such as humility, poverty, patience and obedience; we speak in those languages when we reveal in ourselves these virtues to others. Actions speak louder than words; let your words teach and your actions speak".

As the man filled with the Holy Spirit, the Spirit of consecration, the chaplain is God's sacramental presence amongst the patients he serves. He is the agent of the Spirit, the perfect Comforter, who comforts through him our brothers and sisters who are sick. The Spirit not merely infuses in the chaplain his humility, availability, patience and listening, but also integrates and seals them into that outstanding virtue of Christ's mercy. Through the chaplain the Spirit ministers to the vulnerable not just professionally but, most of all, lovingly and gratuitously! It is here that chaplaincy stands unique. It incarnates God who wants to become one with the suffering ones to heal them. The invitation he makes to them through the chaplain is clear: "Behold, I stand at the door and knock; if any one hears my voice and opens the door, I will come in to him and eat with him, and he with me" (Rev 3:20).

The ball is at the patient's court to accept or reject this loving invitation. But we, as chaplains, may our words and actions teach and facilitate such an invitation to be taken on board!

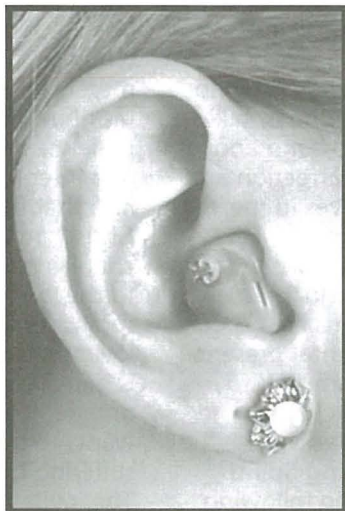
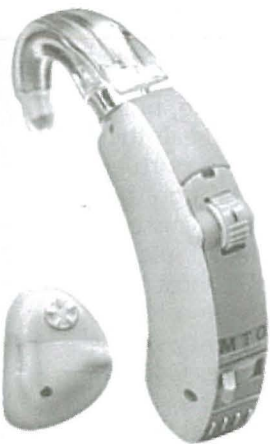
Fr Mario Attard OFM Cap



Grace Debono S.N.



## Hear more out of life!



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



# DRUGSALES

L I M I T E D

Russell Buildings, Naxxar Road, Lija.

Tel. 21 419070/1/2

Grace minn ċkunita dejjem uriet ix-xewqa għi tgħin lill haddieħor u għalhekk fl-1961 bdiet il-kors ta' "Staff Nurse" fl-Iskola tal-Infermiera ta' San Luqa, taħt it-tmexxija għaqlija ta' Sr. Aldegonda u Sr. Federika.

Fl-1964 wara tliet snin ta' taħrig giet appuntata infermiera fejn bdiet taħdem fis-sala M.S. 1 taħt Sr. Stephanina. Il-Hidma tagħha tant kienet apprezzata li f'Novembru tal-1965 giet ipprezentata bl-ewwel midalja tad-deheb bħala l-aqwa infermiera tas-sena. Iċ-ċerimonja saret fl-20 ta' Novembru 1965 u l-prezentazzjoni saret mis-Sinjura Borg Olivier, mart il-ministru tas-Saħha Paul Borg Olivier.

Fl-1979 Grace bdiet hidma ġdida bħala għalliema tal-istudenti infermieri ġewwa Għawdex minn fejn ħargu numru sabiħ ta' Infermiera li għadhom jaħdmu sal-lum.

Is-Sinjura Debono spicċat il-karriera tagħha fl-Isptar ta' Għawdex bħala "Deputy Nursing Officer" fis-sala tal-Maternità.

Illum Grace hija rtirata u tiffirma parti mill-grupp pensjonanti fi hdan l-MUMN. Nawguraw lil Grace ħafna snin ta' mistrieħ u nirringrazzjawha tal-hidma siewja tagħha għall-ġid tal-professjoni u tal-marid.

# SOCKS *for* DIABETICS

- Perfect fit
- Fixed high heel for increased protection
- Antibacterial and anti-odour
- Hand-linked toe without pressure points
- Absorbs shocks to help protect the foot
- Soft cuff without binding elastic
- Can be worn by people who suffer from arthritis



AVAILABLE IN WHITE, BEIGE AND BLACK  
SIZES 35-48

Available from all Scholl Foothealth Centres at Level -2, The Point (Sliema), Valletta, Mosta and Fgura, Suffolk (Valletta), and Abela's Health & Beauty Centre in Gozo.

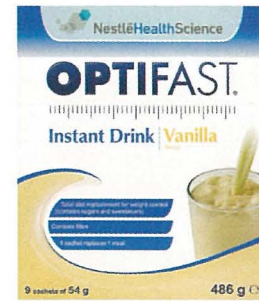
**PROTECT it**



NestléHealthScience

# OPTIFAST®

The serious solution for weight loss™

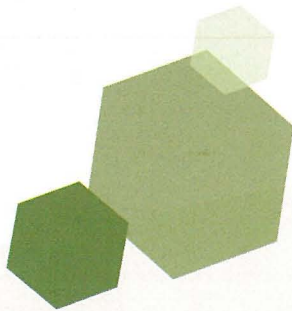


Total diet replacement for weight control  
(contains sugars and sweeteners)

Contains fibre

1 sachet replaces 1 meal

Available in 3 flavours: Vanilla, Chocolate & Strawberry.  
Available from all leading pharmacies.



# Opti'Fibre®

SUPPORTS GUT TRANSIT FUNCTION



PLANT BASED

Formerly known as  
Resource®  
OptiFibre®



NestléHealthScience

Available from all leading pharmacies.



NestléHealthScience

# RESOURCE<sup>®</sup> Cereal Instant

Cream Cereal rich in iron,  
zinc and Vitamin D

Excellent source of protein, calcium,  
phosphorus and vitamin B2

Low sodium content & low fat

Can be mixed with milk, juice or  
water for a quick and easy preparation



Resource Cereal Instant is a food for special medical purposes for patients with loss of appetite, swallowing and chewing difficulties. Available from all leading pharmacies.



NestléHealthScience

# RESOURCE<sup>®</sup> Diabet Plus

Nutritionally complete high protein food for  
special medical purposes, with fibres.

High Protein 18g\*

High Energy 1.6 kcal/ml (320 kcal\*)

Low Glycemic Index

\*/200ml.



Available in Vanilla & Strawberry flavours from all leading pharmacies.

# OptiFibre®

Formerly known as Resource® OptiFibre®

OptiFibre® is a soluble dietary fibre that helps maintain normal bowel function. The difference between insoluble and soluble fibre is that insoluble fibre is completely insoluble in water and minimally fermented in the colon, thus serving primarily as bulking agents; in contrast, soluble fibre dissolves in water and may be fermented by intestinal microflora. Additional beneficial effects of fibre are associated with their fermentability. Partially hydrolysed guar gum (PHGG), the active component of OptiFibre® is fermented by colonic bacteria liberating short chain fatty acids (SCFA's) which accelerate colonic absorption of salt and water. SCFA's are used as an energy source by the intestinal mucosa and are absorbed through the colonic wall, where they are metabolized to produce energy or transported into the general circulation. SCFA's also promote a healthy gut environment by stimulating the growth of beneficial bacteria such as bifidobacteria and lactobacilli, and inhibit the growth of harmful bacterial strains. Beneficial bacteria

promote intestinal health by stimulating a positive immune response and out-competing the growth of harmful bacteria.

OptiFibre® helps maintain normal bowel functions in patients suffering from constipation, diarrhoea and irritable bowel syndrome. Besides a regulatory effect on gastrointestinal function, Optifibre® has shown positive effects on lipid metabolism and mineral absorption. The main clinical benefits of Optifibre® are listed below:

- Prevents constipation and increases transit time.
- Increases Calcium and Iron absorption.
- Prevents and treats acute diarrhoea.
- Improves glucose and insulin response.
- Helps in preventing hyperlipidemia.

OptiFibre® has the advantage of improving patient compliance, given that it does not alter taste, texture or colour when added to food. Unlike other dietary fibres, OptiFibre® mixes easily into hot and cold meals and beverages without impacting texture or flavour, thus assuring maximum acceptance by patients. Consequently, OptiFibre® may be added to both hot and



cold meals such as soups, pasta and other hot dishes or to liquids such as tea, coffee or juices. OptiFibre® is non gelling, making the product also suitable for patients that use a PEG tube and require a fibre rich diet. This product may be recommended for both short and long term use.

Optifibre® should be introduced gradually by simply adding 1 scoop (equivalent to 1 sachet) to foods or liquids for the first 3 days. This dose may be gradually increased by adding another scoop every 3 day interval until the desired effect is achieved. The maximum amount administered should not exceed 8 sachets equivalent to 8 scoops per day.

## Reference:

Slavin, J., N. A. Greenberg. (2003). Partially Hydrolyzed Guar Gum: Clinical Nutrition Uses.

## Discover KerraPro

**KerraPro Pressure Reducing Pads help protect the skin in at-risk patients as part of a pressure ulcer prevention programme.**

KerraPro shaped pads are made from silicone, which is flexible, hardwearing and has the ability to redistribute pressure to protect the skin on bony prominences such as the heel or sacrum. These pads are comfortable, yet hardwearing, shown to withstand autoclave temperatures of 121°C without losing their properties. However, we simply recommend that you wash KerraPro with soap and water – enabling them to be re-used on the same patient and helping to reduce the cost of pressure ulcer prevention even further.

### **A common problem**

A pressure ulcer can occur at the point where the skin is in constant contact with a



surface (such as a patient's bed or chair), or with another part of the body (for example where the knees or ankles rest together). The high pressure that builds up can disrupt the flow of blood and oxygen, causing the skin to break down.

### **An easy & effective solution**

KerraPro effectively redistributes this pressure, dissipating it over the pad to protect the skin from pressure ulcers.

*KerraPro is available from leading pharmacies*

# The Importance of Scientific Paper Publication

We constantly urge all academics to write up their research as academic papers in scholarly journals. Why? There are several reasons; all important, but directly analysing motivations might provide helpful clues. It has been shown that authors' motivations for publishing in the sciences are:

- Dissemination of one's work (54%)
- Furthering one's career prospects (20%)
- Improving funding opportunities (13%)
- Ego (9%)
- Patent protection (4%)
- Other (5%) (Coles)

It should also be mentioned the furthering of knowledge is what one would have expected to see in this study - but this did not feature prominently. This is because there are clearly huge personal motivations to publish, and indeed, it is essential for career prospects to publish, but our collective experience demonstrates that it is not easy to do so. And publishing is truly crucial. There is ever-increasing competition for job opportunities due to globalisation, which results in more free movement of all workers, including professionals, who exacerbate already saturated markets worldwide.

Colleagues find that the struggle may result in simply trying to find a job opening, let alone climbing up the career ladder. Thus, publish or perish takes on a more threatening and terrifying overtone as this is now literal and no longer a metaphor. And if research is done without being written up as a paper and accepted in a reputable journal, then it is as if it has simply not been done, a mantra that I constantly impel on my students: do it, write it, and publish it – in a good journal.

However, even if one has a worthwhile research project to investigate and write up, there are many intervening steps that must be negotiated before a paper can be completed. These include a proposal for ethics and data protection, opting co-authors, a literature search, designing the study, calculating numbers needed, acquiring funding, data analysis, paper writing, presenting at conferences, considerations for thesis writing, finding out which journals

to target, dealing with rejections, editors and resubmissions – to name just a few.

All of these steps have been incorporated in a three day intensive course with formal lectures & interactive sessions. Write a Scientific Paper (WASP) is an international and unique course that has been successfully held in Malta in 2010, 2011, 2012, 2013 and 2016. Each iteration has led to fine tuning of the contents via feedback from successive attendees.

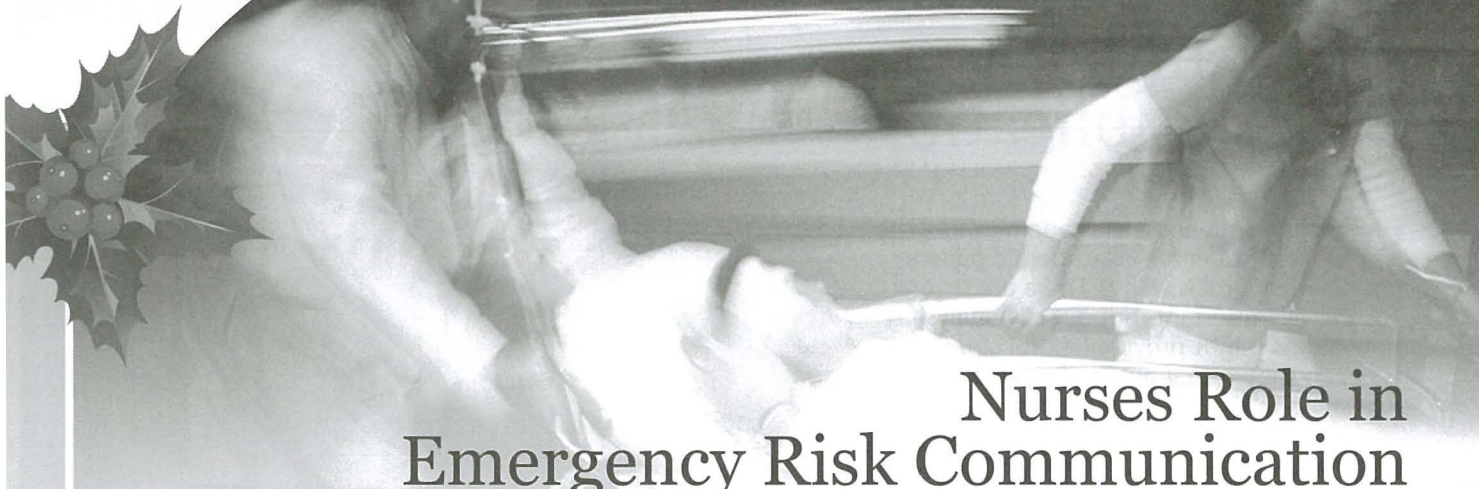
The course is now being held for the first time in London at the Royal College of Paediatrics & Child Health, and is delivered by highly experienced researchers and lecturers through formal lectures and interactive sessions. The event has been awarded 18 ACCME points and is officially endorsed by the Royal College. The purpose is to impart the lecturers' collective experience to the delegates in this crucial aspect of career progress.

**Mariella Scerri**

**JINGLE BELLS**  
♥ Fabulous RN

**(Nurses style)**

- Dash-ing through the ward
- No help on the way
- In ste-rile fields we go
- Char-ting all the day
- Pa-tients call bells ring
- Makes me want to cry
- Oh what fun, pass-ing out
- Meds to them all night
- Jin-gle bells, pa-tient smells
- Ad-mits on the way
- Oh what fun it is to work
- E-very hol-i-day



## Nurses Role in Emergency Risk Communication

Nurses are the largest Occupational group in the health sector, providing frontline care, 24/24 hours, 7/7 days in a row, 365 days a year. Therefore, when designing effective preparedness strategies and to communicate with the public, nurses are ideally placed, due to the nature of their profession, to implement these strategies into the community.

Today, the EFN participated at the ECDC headquarters in Stockholm, Sweden, discussing the challenges of incorporating Emergency Risk Communication (ERC) in all aspects of public

health emergency preparedness planning. The meeting brought together experts from ministries of health, public health centres, professors, epidemiologists and health professionals, highlighted the key challenges: difficulties in reaching the politicians, having the right information passing at the right time with stakeholders, health professionals, media, etc. And sometimes even if the Emergency Risk Communicators foresee what to do for a specific issue, media and authorities still find their own way around the guidelines. Therefore, the debate mainly focused on strengthening the link between

ERC and public health emergency preparedness planning, in which nurses play a crucial role.

Emergency Risk Communication need to get implemented appropriately and coherently. For that it is crucial to integrate ERC into the preparedness plans, next to building and maintaining trust, and making sure that key stakeholders, frontline, get engaged in the design and support throughout the implementation. We encourage the European Commission and the WHO to substantially support nurses further in this process.

## Rehabilitation Psychiatry in hospital settings

• continued from page 7

person working in rehabilitation should possess the ability to work with individuals to identify their personal recovery goals and to agree an approach to attaining them and help individuals develop or regain skills, often through a series of small steps. These can be provided by applying psychoeducation and relapse prevention approaches, cognitive-behavioural therapy techniques (adapted where necessary for people who have cognitive impairment), use individually tailored behavioural approaches, monitor medication (with special consideration to treatment-resistant clients) and monitor physical health

and advise on how to stay healthy.

The professional specialised in rehabilitation should also have liaison and advisory skills, which include abilities to give advice and support to carers and other members of the multi-disciplinary team. Such advice should be related on modifying environments or support to enable clients to access social, vocational and educational roles. All this can be achieved by working in partnership with other agencies and support networks usually identified by the client.

In the light of plans to invest in a new Psychiatric Hospital which will surely bring about the restructuring of all current Mental Health services, one has to seriously consider rehabilitation services

for clients with complex mental illnesses. Rehabilitation from mental illness is not one specific complex intervention and does not take place in one particular ward. It is a long term process that needs to be tailored to each individual's particular and changing needs.

Kevin Gafa' is a Psychiatric Nurse presently forms part of the Practice Development Unit team at Mount Carmel Hospital. Council member of the Maltese Association of Psychiatric Nurses (MAPN) and chairperson of the organisational committee of the 4th HORATIO European Festival of Psychiatric Nursing which will be held in Malta between Thursday 11th and Sunday 14th May 2017. kevingafa@gmail.com

# clinell®

www.clinell.com

## Universal Foaming Hand Disinfectant



Moisturising, dermatologically tested, alcohol free disinfectant, which kills 99.999% of germs. Ideal for frequent use.

**Proven to be bactericidal, fungicidal, virucidal and tuberculocidal**

The most effective universal formula on the market - a mix of biocides with different mechanisms of action prevents bacterial resistance and superbug formation.

**Patented formula which is effective from 10 seconds**

Developed to provide the best protection from germs, proven to kill 99.999% of germs.

**User comfort**

A simple, effective formula with no unnecessary ingredients making it gentle on hands.

**Foaming head option**

Clinell Universal Hand Disinfectant is available in two formats: a tap head and a foam head. The foaming head dispenses a luxurious disinfectant foam which is easy to handle, causing less spillages.

**No sticky residue**

The formula is free from glycol, which can leave a sticky residue on your hands.

**Skin friendly and dermatologically tested**

No sore or dry hands with frequent use. Contains aloe vera to moisturise and leave your hands feeling fresh and soft.

Solely distributed in pharmacies by **prohealth**

**Address:** Mdina Road, Zebbug, ZBG 9019, Malta  
**Tel:** (+356) 21461851, (+356) 21460194  
**E-mail:** clinell@prohealth.com.mt  
**Web:** prohealth.com.mt

# Discover the super powers of silicone



NEW KerraPro™ Pressure Reducing Pads are made from 100% super silicone. The KerraPro™ Range helps protect the skin in at-risk patients as part of a pressure ulcer prevention programme.

Available from leading pharmacies



**Dissipates 97% of pressure!**

KerraPro reduces pressure over bony prominences.



**Clinically proven to improve at-risk skin\***



**Incredibly hardwearing & odourless**

KerraPro is stable and robust! Proven to withstand autoclave temperatures of 121°C without losing its properties.



**Outstanding flexibility**

Use KerraPro folded, flat or as a wrap, or simply cut to the required shape or size.



Sheets

Heel

Sacrum/Ankle

Strips

**KerraPro™**  
Pressure Reducing Pads  
Protection through prevention

To request samples, email [KerraPro@crawfordpharma.com](mailto:KerraPro@crawfordpharma.com) or visit [crawfordhealthcare.com](http://crawfordhealthcare.com)



Tel: +44 (0)1565 654920 | Email: [KerraPro@crawfordpharma.com](mailto:KerraPro@crawfordpharma.com)

KerraPro™ is a trade mark of Crawford Woundcare Ltd. | © Copyright Crawford Healthcare Ltd, 2013.

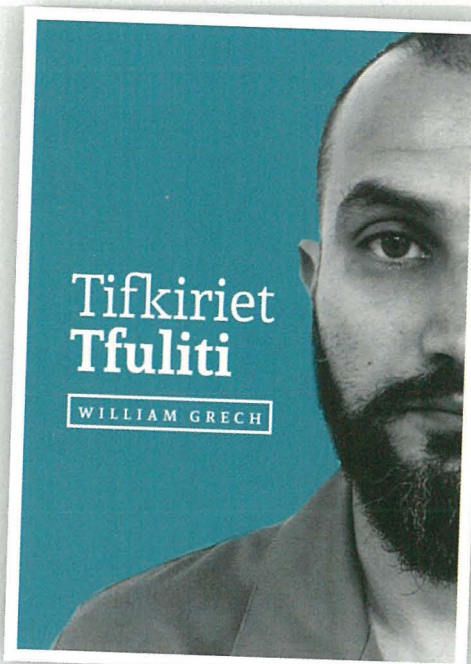
© Crawford Healthcare Ltd. All rights reserved. 2013



# Tifkiriet Tfuliti

## Siltiet mill-ktieb

**I**l-kittieb, William Grech, li għandu 35 sena, huwa mirraħal ta' Ħal Safi. Huwa studja għal infermier fl-Università ta' Malta, gradwa u jaħdem fl-isptar ġenerali ta' Malta, Mater Dei, f'sala tal-medicina. Il-kittieb jista' jgħid li kellu tfulija eċċellenti, eċitanti u mimlija b'ħafna memorji sbieħ ta' meta kien id-dar, l-iskola u l-mużew, fost postijiet oħra. Dawn l-istejjer inkitbu biex jibqgħu miġburin fi ktieb u biex jitgawdew minn kull min jithajjar jaqrahom. Barra minn hekk, il-kitba ta' dawn l-istejjer għenet lill-awtur jerga' jitwieled mil-ġdid u jerga' jibda jħares lejn il-ħajja b'mod pozzitiv!



"Tifkiriet Tfuliti" huwa ħolma li saret realtà. Kont ilni snin naħseb fuq din l-idea. Kull meta tiltaqa' l-familja tagħna: ommi, missieri, oħti, zijiet, kuġini u ħbieb, għid li d-diskors f'xi mument ser jaqa' fuq il-passat. Dejjem nirrakkuntaw l-istejjer u dawk l-esperjenzi li baqgħu ttimbrati f'moħħna! Ovvjament kulhadd jirakkuntahom mil-lenti tiegħu. Jien mhux inqas, u bħal ħafna nies għandi ħafna stejjer x'nirrakkonta! Għalhekk, iddeċidejt li niġbor fi ktieb xi stejjer mill-iktar favoriti u li magħhom kien hemm marbuta xi praspura. Kont insib ftit tal-ħin 'l hemm u 'l hawn biex noqgħod għall-kwiet naħseb u nikteb.

"Tifkiriet Tfuliti" jiġbor fih diversi rakkonti u praspur li għaddejt minnhom minn meta kont daqsxejn ta' tfajjel ckejken saż-żgħożija, safejn twassal il-memorja! U ngħiduha kif inhi, issa li ż-żmien beda għaddej, il-memorja bdiel tnaqqas xi ftit, u għalhekk f'ċertu stejjer kellu bżonn ftit l-għajnuna t'ommi, ta' missieri, t'oħti u ta' xi ħbieb u familjari oħra. Għalkemm ir-rakkonti ta' żmien it-tfulija ma johduniex lura xi sekli shah, iżda biss għexieren ta' snin, jipprezentawlna ambjent ferm differenti minn dak li jgħixu fih it-tfal tal-lum, fosthom loġhob

u ġiri barra t-triq, u b'hekk joholqu ċertu nostalgija. Dawn l-istejjer mhux biss jiġbru ċertu informazzjoni fuq aspetti mill-ħajja tal-passat, iżda joholqu wkoll tbissima fuq wiċċ dawk li jaqraw dan il-ktieb! Ir-rakkonti ta' żmien iż-żgħożija jittrattaw esperjenzi, esperimenti u anke xi praspur, li wkoll ser idaħħku lill-qarrej. L-istejjer jinkludu episodji li għaddejt minnhom mal-ġenituri tiegħi, m'oħti, mal-familja estiża speċjalment maz-zijiet u mal-kuġini, il-mużew, l-iskola, mal-kappillan u anke ma' xi ħbieb! Nista' ngħid b'wiċċ minn quddiem li kelli tfulija sabiħa, mimlija ħajja, praspur u avventuri!

Dan il-ktieb huwa ddedikat lil ommi, lil missieri u lil oħti, kif ukoll lill-familja u lill-ħbieb kollha tiegħi. Minn qalbi nixtieq nirringrazzja lil oħti, lil Tania Abela, lil Juliette Lopez, lill-kuġin Paul Abdilla, lill-ħabib tiegħi Kevin Tanti, lil Tristan Fenech tar-ritratt, lil Publius Abdilla, Alan Friggieri u lil dawk kollha li b'xi mod kienu involuti fi tfuliti! Grazi wkoll lill-MUMN ta' dan l-ispażju!

Għal iktar informazzjoni wieħed jista' jikkuntattjani fuq wilgre181@gmail.com jew issibni fuq Facebook.

Grazi

*"...Bqajt niċċassa lejhom għal ħin twil. Dawk il-kreaturi jiġru wara sorm xulxin u jistkennu taħt dik il-bozza tal-ħamsa u għoxrin saħħruni u affaxxinawni. Kienu qed ibighuom ukoll imsieken ħalli jitrabbew, imbagħad wara li jilħqu l-pubertà u jsiru adulti, jispiċċaw mal-brodu ġo xi borma tipika Maltija għall-ikel. ..."*

*"... 'Ħarsu u araw', għeditilhom, u hassejt xi ħaġa ġewwa fija tgħidli li ser inwassalha ħafna. Ikkoncentrajt u hassejtni qisni Grieg għeri f'nofs l-Olimpjadi. Ħarist 'il fuq u ddedikajt it-twaddiba lil alla falz Zeus. Telqet iċ-ċaġħka u veru waslet 'il-bogħod. Waqqaft record ġdid għax irnexxieli naqbeż lill-kuġini u wassaltha iżjed. ... Eżatt! Jackpot! Fuq il-qargħa tar-ragel ġiet. ..."*

*"... Kif ġie fuq il-ġenb, il-vann baqa' jdur dawra tonda qisu xi dawra durella. Ajma hej x'tidwira dik. Sa dak il-ħin jien kont għadni taħt, bit-tarmak ma' wiċċi u bil-kuġin Jesmond, li dak iż-żmien kien fih daqs xi tliet min-nies f'daqqa, fuq spallejja. Bdejt ngħajjat 'l ommi u nokrob bl-uġiġħ filwaqt li rajt ħajti kollha għaddejja minn quddiem għajnejja. ..."*

*"... Ahna t-tfal subien, li f'ħajitna qatt ma konna għadna rajna xejn, ġibna għajnejna wara widnejna b'dik ix-xena. U iktar u iktar xhin dawn bdew jidilku lil xulxin u b'kollox jaqbeż 'l hemm u 'l hawn. Konna qisna qed naħdmu f'Baywatch jew Bellezza al Bagno. Prosit hej..."*



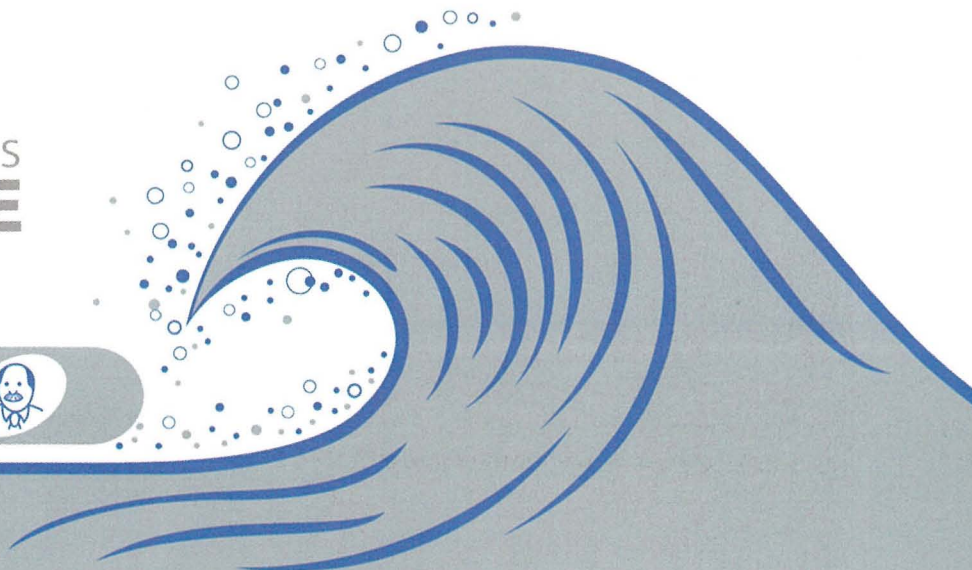
# STÉRIMAR®



## Blocked Nose? Cold?

*Your nose can  
breathe again!*

 LABORATOIRES  
FUMOUCHE



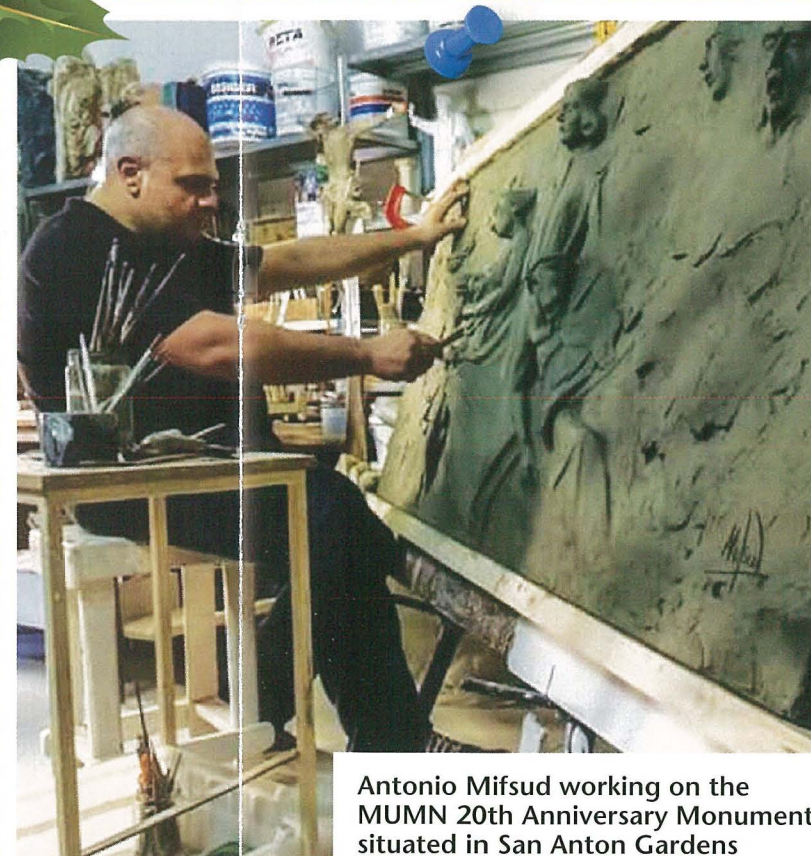
from our  
diary



These two photos are part of the Marketing Campaign that MUMN drives to attract youths to the nursing professions



These are two of the many courses MUMN organise at its office where members attend on regular basis



Antonio Mifsud working on the MUMN 20th Anniversary Monument situated in San Anton Gardens



## Fl-okkażjoni tal-kxif tal-monument f'Gheluq l-20 Sena Anniversarju tal-MUMN

**Sant Anton, Hal Balzan - 19 ta' Settembru 2016**

Din il-poeżija nqrat fl-okkażjoni tal-kxif tal-monument f'Gheluq l-20 Sena Anniversarju tal-MUMN u tirrifletti dak li hemm imnaqqax fil-monument. L-iskultur, Antonio Mifsud, permezz tax-xogħol tiegħu nebbahni miċ-ċirku tal-ħajja tal-bniedem, iġifieri: la bidu u l-anqas tmiem. Il-monument ma jigglorifikax lill-*Health Care Professional* per se, imma jfakkarna f'xogħlhom: xogħol denju direttament mal-marid li minħabba l-progress hemm dejjem il-possibiltà li din l-arti tintlefi. L-artist jiskolpi l-ħsieb ġenwin f'dan il-monument allegoriku fejn jinsisti li m'għandniex ninsew minn fejn bdejna fix-xogħol tagħna u għalhekk dan huwa personifikazzjoni tal-imħabba tax-xogħol tagħna. Ix-xogħol tagħna huwa wkoll talba u anke dan il-monument ispirani biex nikteb poeżija forma ta' talba.

## Noffri lili nnifsi

Noffri lili nnifsi lilek,  
O Mulejja, Alla tiegħi, b'dan xogħli stess  
Infahhar ismek.

Waqt li nkun hemm mas-sofferenzi, jiena xhud  
tal-ħniena tiegħek,  
xrar ta' mħabba li jbaqbaq, miegħek.

Ħu, mbagħad, dawn ħbub għajnejja, u għallimhom jgħadru  
lil kull marid midrub.  
Iggwida lil dawn idejja, li bihom inħoss, li bihom inħobb.  
Bierek lil dawn saqajja, li waqt li jlebbtu bla waqfien, jaslu sas-  
sodda tal-batut, b'dik n-nitfa tbissima.  
Missli xofftejja, ggwidali dan ilsieni u xerred hlewwa biss  
minnu.

Waqt li noffri dan xogħli bħala talba,  
Għallimni l-pacenzja, saħħahni ma' kull karba,  
ppremjali t-tama u l-imħabba, biex waqt li nersaq wiċċ imb'  
wiċċ mal-aħħar tharhira tal-mewt,  
noffri l-kuraġġ kull darba.

Mexxini f'kull ġurnata iebsa,  
Ibqa' miegħi fix-xift ta' bil-lejl,  
Tini saħħa biex nitlob lilek ta' kull jum,  
Aħdem miegħi, permezz tiegħi, Mulejja, illum.

*Joe Camilleri*



# ARDO

Hospital Recommended

## CALYPSO DOUBLE PLUS ELECTRIC BREASTFEEDING PUMPS

- Quietest breastpump on the market\*
- Mumsnet Best Awarded for last 4 years
- Individually adjustable settings for speed and suction
- Vacuum Seal technology gives 100% protection and prevents contamination of pump or milk
- Double or single express as desired.  
Double reduces time drastically while still comfortable

\* studies available on request

SWISS QUALITY 



Distributed by ATG - St. Julians Road, Birkirkara  
Tel: 2124 2017 Email: [info@atg.com.mt](mailto:info@atg.com.mt)  
[www.atg.com.mt](http://www.atg.com.mt)





## free life cover on all personal loans

We all have dreams and wishes in our lives - to refurbish our home, buy a new car, or enjoy being at sea on a new boat we have always wanted. Make your dreams a reality with a BOV Personal Loan.

*your success is our goal*

### BOV PERSONAL LOANS

All personal loans are subject to normal bank lending criteria and final approval from your BOV branch. Benefit of free life cover applies to a maximum of €25,000 per loan, until age 69 or until loan account is closed whichever is the earlier. Terms and conditions apply.

2131 2020 | [bov.com](http://bov.com)

Issued by Bank of Valletta p.l.c., 58, Triq San Żakkarija, il-Belt Valletta VLT 1130

**BOV**  
Bank of Valletta



# Check out our new Fibre Internet Plans

Discover speed. Experience reliability.

Terms and conditions apply.

 [go.com.mt/fibre](https://go.com.mt/fibre)

**GO**



# Learning by doing

ABRAHAM AZZOPARDI, Staff Nurse MDH



At some point or another in life many of us have asked "What are the benefits for us in the European Union?", "Do we really get something back from this membership?" Way back in 2013, I also had these questions in mind, until I attended one of the projects funded by the European Union. The European Union has a lot of different funds that it makes use of them, to invest in its citizens. One of these funds is called the Erasmus+. This is a 14.4 billion fund that the European Union uses to educate people of various ages in a way that it's not boring; a method better known as non-formal and informal education.

The Erasmus+ works to reach these aims through various ways. There is literally something for everyone. There are youth exchanges and also training courses were the main aim is learning through various workshops, usually done in the span of a week. The topics that are covered vary from sports and healthy lifestyles to having better communication and improved leadership skills. The Erasmus+ also offers opportunities for people to do voluntary work for up to 1 year in another country or even to go to work in other

places in the form of internships. The good news is that these opportunities offered are practically offered for free, with travelling and accommodation costs covered by Erasmus+.

In 3 years and a half I have attended a large number of these opportunities and I can say that I have benefitted a lot in professional and self-development. Some people may ask, but how does this benefit you? Although the aims of the Erasmus+ are not directly linked with our nursing profession, there is a lot of benefits that I gained from these experiences that I have used in my work in hospital. Some of the learnings that I have got are the following:

**Better public speaker and better equipped to make a presentation:** Sometimes we as health care professionals have to make a presentation on various topics (like why to quit smoking, how to lead a healthy life etc.) to people. These projects that I attended helped me to become a better speaker and being capable to present better. This was thanks to the fact that during some of the workshops, we had to make presentations and talk in front of others.

**Increasing our capability to live in a multicultural society:** Due to the fact that in these projects, we are people from at least 5 different countries, we are getting more exposed to various cultures, making us aware of other cultures and also being better equipped to deal with people from different countries. In our hospitals today, we have to work with people from various countries, including countries out of Europe. I believe that these projects helped me to face this situation better.

**Being able to work in a team:** Some of the activities done during such experiences involve work done in a team. This showed me the importance and benefits of teamwork and how work is done better once it's divided equally between team members. During our work it is also the same; we also need to work as a team.

**Learning by self reflecting:** One important aspect of learning during these projects is to learn by reflecting. After each day participants are asked on their daily learning to see what they

• continued on page 26



# Nurse who suffered abusive transfer granted €16,000 in compensation

A qualified nurse who in August 2011 was transferred from a highly specialised ward at Mater Dei hospital to St Vincent de Paule was awarded €16,270 in compensation today.

Rita Vella had been employed as a registered nurse with the state hospital since 1997, a court was told. Following an application in 2000, she obtained a placement at the Cardiac Catheterisation Suite, where she was promoted to staff nurse in 2005.

The court was told that after Ms Vella had taken part at a conference in Cyprus, she noted a changed attitude in her regard by some of her colleagues. Matters grew worse following an incident in May 2011 involving a pager used by nurses in case of an emergency.

Although Ms Vella filed a violence/harassment report, her claims were ignored. However, a report filed by the other party, fellow nurse Denise Tabone, ended up with Ms Vella having to face a disciplinary board.

The court heard how, in August

2011, the applicant was given a 48-hour notice to report for duty at St Vincent de Paule. Her husband, who also performed nursing duties in the same ward, was also served with a notice of transfer.

The court, presided by Mr Justice Joseph R Micallef, observed that the applicant had not been given the right of a fair reply before the disciplinary board. Her own report against her colleague had apparently fallen on deaf ears.

Moreover, it was observed that the departure of Ms Vella from the Cardiac Catheterisation suite had caused negative repercussions. Robert Xuereb, a doctor, had testified on oath that Ms Vella was a professional who did her work well and who had given "a valid contribution to the proper management of that specialised ward."

It was noted that the applicant was transferred when the proceedings before the disciplinary board had not yet been finalised. The court in fact observed that all charges against Ms Vella had been

dropped and the board had simply issued a warning.

The court, after declaring the Foundation for Medical Services to have been non-suited, concluded that the Chief Medical Officer had indeed acted beyond the powers granted to him by law when he ordered the transfer of Ms Vella. This amounted to an abusive administrative action which went against the principles of natural justice and so called for an effective remedy.

Referring to juridical sources, the court declared that "the remedy of damages...an essential element in the protection of the citizen against public authorities is ... a means of ensuring that powers are exercised responsibly in good faith and with due care."

The court, after declaring the transfer to have been abusive, ordered the reinstatement of the applicant. It condemned the Chief Medical Officer to pay Ms Vella the sum of €16,270 by way of compensation.

Lawyer Michael Tanti-Dougall was counsel to the applicant.

## Learning by doing

• continued from page 25

managed to learn. In our job as nurses, sometimes we also do things we wish we never did. In these circumstances it is important to reflect what was done wrong and how to do it better next time.

### Being innovative and coming up with fresh ideas.

These are just 3 of the benefits that I got from such experiences. I gained much more out of these trainings and the benefits that I got I am using not just in my working life but also in my personal life. It's important to mention that the European Union has also created a formal way to credit these learning that take place

during such projects. After each project an official certificate called European YouthPass, is given. This formally shows that the holder has attended one of these projects and gained knowledge on certain issues mentioned in the certificate itself.

I imagine that you are wondering: "But how do you manage to get to know about these opportunities?" There are various organisations in Malta that are partners in such projects. One such organisation that I am a member of is called Prisms. We offer various opportunities for such trainings both in Malta and abroad. It is important to note that we support every participant that we send from the beginning till

the end of the experience. To keep updated on such opportunities one can visit our website on <http://www.prismsmalta.com/>, find us on facebook by searching for Prisms Malta or send us an email on [prisms.malta@gmail.com](mailto:prisms.malta@gmail.com) and we would be very keen to answer any question that you might have.

These European Union projects are a great opportunity for all of us to continue our development both in the nursing profession and also to educate ourselves in other aspects. We have to keep in mind that if we do not take these opportunities, others will take them instead of us. Thus go ask, see what interests you and start benefiting today, from these opportunities.



## every expert was once a beginner

The BOV Asset Management Monthly Investment Plan provides you with an excellent way to start planning for your future. Do you want to develop a savings habit for yourself or your loved ones? Are you looking for a convenient introduction to the investment world? Do you wish to expand your current investment portfolio?

There is a Monthly Investment Plan that fits your lifestyle. Through BOV Asset Management's Monthly Investment Plan you can participate in the world's capital market from as little as €50, US\$50 or £30 per month.

### MONTHLY INVESTMENT PLAN

#### MONTHLY INVESTMENT PLAN

80072344  
[bovassetmanagement.com](http://bovassetmanagement.com)

BOV Branches/Investment Centres &  
Licensed Financial Intermediaries

**BOV** | ASSET  
MANAGEMENT  
A MEMBER OF THE BOV GROUP

Past performance is not a guarantee to future performance. The value of the investment can go down as well as up and any initial charges may lower the amount invested and the amount received upon redemptions. Investments should be based on the full details of the Prospectus, Offering Supplement and the KIID which may be obtained from BOV Asset Management, Bank of Valletta p.l.c. Branches/Investment Centres and other licensed financial intermediaries. BOV Asset Management is licensed to provide Investment Services in Malta by the MFSA. The Vilhena Funds SICAV p.l.c. is licensed by the MFSA and qualifies as a UCITS. Issued by BOV Asset Management, TG Complex, Suite 2, 3rd Floor, Brewery Street, Mriehel BKR 3000, Malta. Tel: 21227311, Fax: 22755661, Email: [infoassetmanagement@bov.com](mailto:infoassetmanagement@bov.com), Website: [www.bovassetmanagement.com](http://www.bovassetmanagement.com) Source: BOV Asset Management



Natural  
choice for  
cholesterol  
reduction

Easy-to-carry

Great for use  
on-the-go

Long shelf life



OVER **50%**

OF ADULTS  
GLOBALLY HAVE  
RAISED TOTAL  
CHOLESTEROL

**4 OUT OF 5**



OF MILDLY HYPERCHOLESTEROLAEMIC  
INDIVIDUALS ACHIEVED THE  
CHOLESTEROL TARGET LEVEL BY  
USING BENECOL® PRODUCTS

Benecol® products, containing the unique natural ingredient plant stanol ester, have been clinically proven to lower cholesterol levels by reducing the absorption of cholesterol in the intestine by 10% in 3 weeks. The efficacy of plant stanol ester has been proven in more than 70 published clinical studies.

Benecol provides fast results and keeps cholesterol at a lower level, naturally.

If your patients suffer from elevated cholesterol, recommend that they take Benecol products daily. Benecol is an easy way to start lowering cholesterol, allowing your patients to have more time to make other changes in their lifestyles.

**Now available in pharmacies**



UNICARE LTD.

*“Improving  
People’s Lives...”*

## Kneeling chair

Designed to be used while working at a desk, our Memory foam Posture Chairs are the answer for good posture and correctly aligning your spine for fatigue-free sitting.

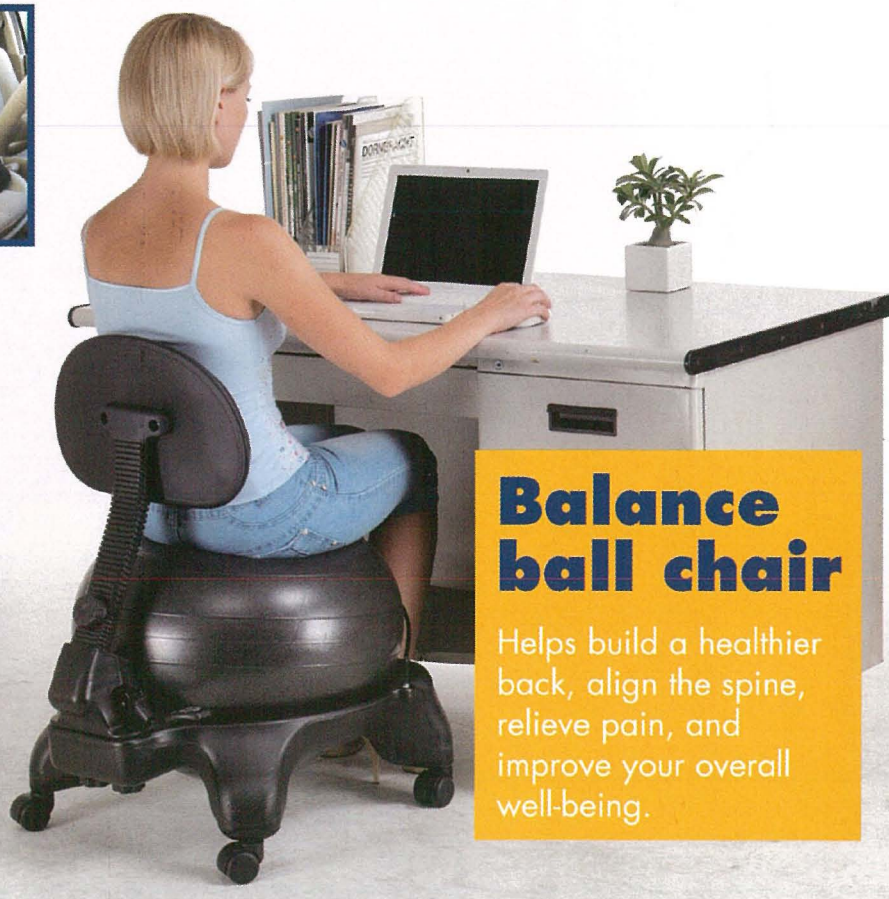


## Backfriend®

Portable Lumbar Support

Ideal for cars, planes, buses, trains or even sofa, the Backfriend® offers great lumbar support, and extra comfort while sitting.

27, St Luke’s Road,  
Guardamangia, PTA 1156, Malta  
Tel: (+356) 21 222044 | Fax: (+356) 21 240144  
Email: info@unicare.com.mt



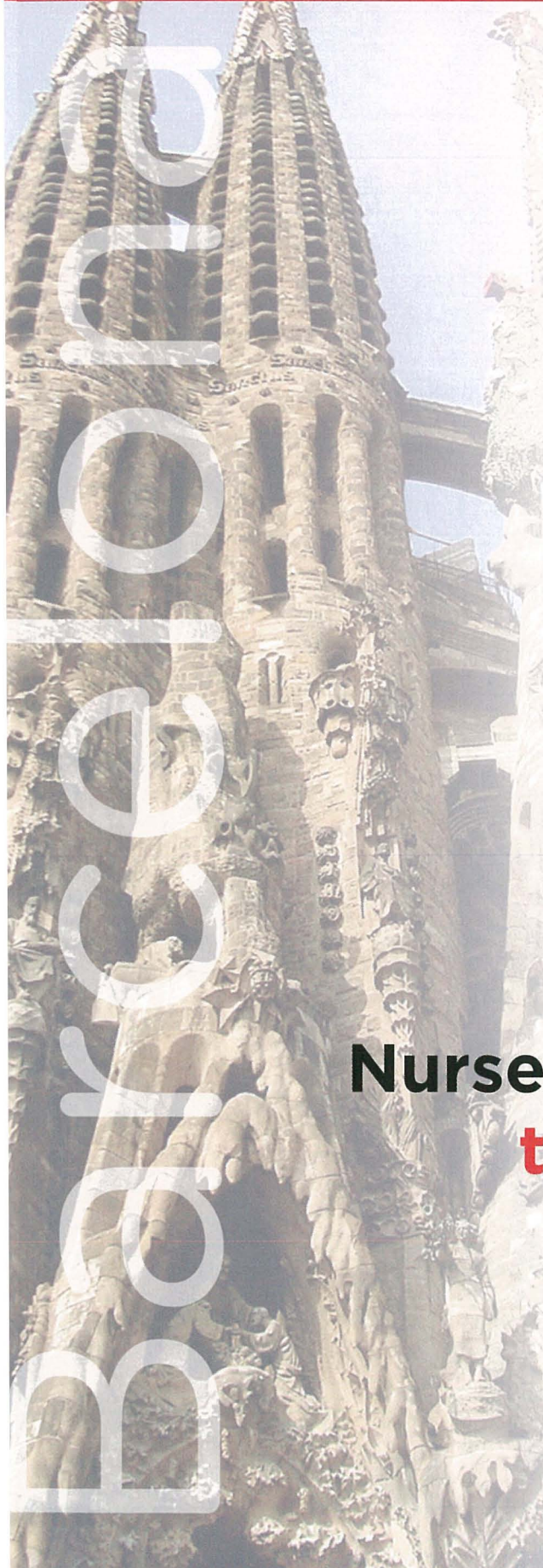
## Balance ball chair

Helps build a healthier back, align the spine, relieve pain, and improve your overall well-being.

Find us on Facebook

www.unicare.com.mt

INTERNATIONAL COUNCIL OF NURSES  
The global voice of nursing



# Barcelona

CONGRESS, SPAIN  
27 May-1 June

ICN  
2017

**Nurses at the forefront**  
**transforming care**

[www.icncongress.com](http://www.icncongress.com)

@ICNurses

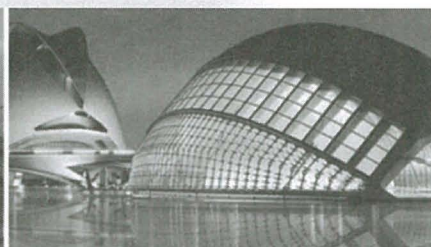




Register now for the ICN international nursing congress

## “Nurses at the forefront transforming care”!

Barcelona  
ICN Congress 2017  
27 May-1 June, Barcelona, Spain



**Geneva, Switzerland, 10 October 2016** - Registration opens today for the International Council of Nurses' (ICN) Congress “Nurses at the forefront transforming care” to be held 27 May - 1 June 2017 at in Barcelona, Spain. Members of nursing associations, other health professionals, and members of the public may register online at the ICN Congress website: [www.icncongress.com](http://www.icncongress.com).

The Congress will be headlined by top international speakers including:

- Linda Aiken, Director of the Center for Health Outcomes and Policy Research and The Claire M. Fagin Leadership Professor of Nursing and Professor of Sociology at the University of Pennsylvania, Philadelphia
- Rowaida Al Maaitah, Faculty of Nursing at Jordan University of Science and Technology, consultant for HRH Princess Muna El Hussein for health and social development and Vice president of the National Council For Women's Health
- Katja Iversen, President and CEO of Women Deliver
- Leslie Mancuso, President and CEO of Jhpiego and American Academy of Nursing Fellow
- Sandra Ryan, Vice President at Walmart Care Clinics

- Mary Wakefield, Administrator of the Health Resources and Services Administration, US Department of Health and Human Services
- Jean White, Chief Nursing Officer (Wales) and Nurse Director at NHS Wales
- Aiko Yamamoto, President, Japanese Society of Disaster Nursing
- Li-Mong You, Professor, Yat Sen University School of Nursing, China

Participants can also register for the spectacular opening ceremony, the popular biennial fundraising luncheon for the Florence Nightingale International Foundation, a wide range of concurrent sessions including dynamic papers accepted through a highly competitive abstract selection process; and a host of professional visits to learn about nursing practice and health care in Spain. The early-bird discount price for registration closes on 17 February 2017.

This international gathering of thousands of nurses will explore the importance and possibilities of being active agents of change in the current health care reforms. The ICN Congress will provide opportunities for nurses to build relationships and to disseminate nursing knowledge

across specialties, cultures and countries.

Based around the congress theme, “Nurses at the forefront transforming care”, the inspiring plenary sessions will look closely at the future of health care systems and how nurses can be involved in the ongoing reforms. Featured main sessions will offer the most recent expertise on topics such as achieving the SDGs, workplace safety and staffing strategies, and disaster preparedness and nursing in conflict. Concurrent sessions, symposia and posters will address these issues and many more.

The Council of National Representatives (CNR) meeting will run prior to the congress from 25-27 May. The CNR is the governing body of the International Council of Nurses and meets every two years in conjunction with ICN's congresses.

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

Visit [www.icncongress.com](http://www.icncongress.com) to view the full programme and list of confirmed speakers.



# 69th World Health Assembly (WHA)

## HIV, viral hepatitis and sexually transmitted infections

The WHA has adopted three global health sector strategies on HIV, viral hepatitis and sexually transmitted infections (STIs) for the period 2016-2021. The integrated strategies highlight the critical role of Universal Health Coverage. Their targets are aligned with those laid out in the SDGs. The strategies outline actions to be taken by countries and by the WHO secretariat. Each aims to accelerate and intensify the health sector response to further progress towards ending all three epidemics.

The HIV strategy aims to further accelerate the expansion of access to antiretroviral therapy to all people living with HIV as well as the further scale-up of prevention and testing to reach interim targets. Since 2000, it has been estimated that as many as 7.8 million HIV-related deaths and 30 million new HIV infections have been averted. By 2020, the strategy aims to reduce global HIV-related deaths to below 500 000, to reduce new HIV infections to below 500 000 and to ensure zero new infections among infants.

The hepatitis strategy – the first of its kind - introduces the first-ever global targets for viral hepatitis. These include a 30% reduction in new cases of hepatitis B and C by 2020 and a 10% reduction in mortality. Key approaches will be to expand vaccination programmes for hepatitis A, B, and E; focus on preventing mother-to-child transmission of hepatitis B; improve injection, blood and surgical safety; “harm reduction” for people who inject drugs; and increase access to treatment for hepatitis B and C.

The STI strategy specifically emphasizes the need to scale up prevention, screening and surveillance, in particular for adolescents and other at-risk populations, as well as the need to control the spread and impact of drug resistance. Although diagnostic tests for STIs are widely used in high-income countries, in low- and middle-income countries, diagnostic tests are largely unavailable. Resistance of STIs – in particular gonorrhoea – to antibiotics has increased rapidly in recent years and has reduced treatment options. More than 1 million sexually transmitted infections (STIs) are acquired every day worldwide. Each year, there are an estimated 357 million new infections with 1 of 4 STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis.

## Integrated health services

The WHA adopted the WHO Framework on Integrated, People-Centred Health Services, which calls for a fundamental shift in the way health services are funded, managed and delivered.

Longer lifespans and the growing burden of long-term chronic conditions requiring complex interventions over many years are putting increasing pressure on health systems globally. Unless they are transformed, health systems will become increasingly fragmented, inefficient and unsustainable.

Integrated people-centred care means putting people and communities, not diseases, at the centre of health systems, and empowering people to take charge of their own health rather than being passive recipients of services. Evidence shows that health systems oriented around the needs of people and communities become more

effective, cost less, improve health literacy and patient engagement, and are better prepared to respond to health crises.

Delegates requested WHO to develop indicators to track progress toward integrated people-centred health services.

## Health workforce

Delegates agreed to adopt the “Global Strategy on Human Resources for Health: Workforce 2030”, which aims to accelerate progress towards universal health coverage and the achievement of the SDGs by ensuring equitable access to health workers in every country. The resolution calls on countries to take steps to strengthen their health workforces, including actively forecasting gaps between need for and supply of health workers, collecting and reporting better data, and ensuring adequate funding for the health workforce.

Population growth, ageing societies, and changing disease patterns are expected to drive greater demand for well-trained health workers in the next 15 years. The global economy is projected to create around 40 million new health sector jobs by 2030, mostly in middle- and high-income countries. But despite that anticipated growth, there will be a projected shortage of 18 million health workers needed to achieve the SDGs in low- and lower-middle-income countries, fuelled in part by labour mobility, both within and between nations. (ICN intervention attached)

## Ending Childhood Obesity

Delegates considered the report of the Commission on Ending Childhood Obesity which sets out the approaches and combinations of interventions that are likely to be most effective in tackling childhood and adolescent obesity in different contexts around the world. In 2014, an estimated 41 million children under 5 years of age were affected by overweight or obesity, 48% of whom lived in Asia and 25% in Africa. Undernutrition in early childhood places children

at an especially high risk of developing obesity later in life when food and physical activity patterns change.

Member States welcomed the six recommendations detailed in the Commission's report. These include strategies to tackle environmental norms that foster obesity, reduce the risk of obesity through the life-course and treat children who are already obese to improve their current and future health. The Health Assembly calls on the WHO Secretariat to develop an implementation plan to guide further action, in consultation with Member States, and invited stakeholders to work towards implementation of the actions. The Assembly also recommended Member States develop national responses to end childhood and adolescent obesity, in-line with the report's recommendations.

### **Global plan of action on violence**

Delegates agreed a resolution on the WHO global plan of action on violence. Non-fatal acts of violence take a particular toll on women and children. Globally, one in four children has been physically abused; one in five girls has been sexually abused; and one in three women has experienced physical and/or sexual intimate partner violence at some point in her lifetime.

The plan is designed to help countries strengthen action to address interpersonal violence, in particular violence against women and girls, and children. The resolution encourages countries to strengthen the role of the health system in responding to violence. It invites partners to take steps to accomplish the plan's four strategic directions: strengthen health system leadership and governance; enhance health service delivery and the capacity of health workers and providers to respond to the needs of people who have experienced violence; boost programming to

prevent interpersonal violence; and improve information and evidence. (ICN intervention attached)

### **Prevention and control of noncommunicable diseases**

Member States reviewed the progress made by countries in addressing noncommunicable diseases (NCDs), including heart and lung diseases, cancers, and diabetes, since the first UN High-level Meeting on NCDs in 2011.

There has been a significant increase in the number of countries with a national multisectoral NCD action plan (from 18% of countries in 2010 to 37% in 2015) and a NCD department within national ministries of health (from 53% to 66% in the same timeframe).

In preparation for the third UN High-level Meeting on NCDs in 2018, Member States requested WHO update a set of very cost-effective and affordable NCD interventions that can be implemented by all Member States, as well as to develop an approach to register and publish contributions of the private sector to achieving global NCD targets.

### **Global Strategy for Women's, Children's and Adolescents' Health**

Delegates committed to take forward the implementation of Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

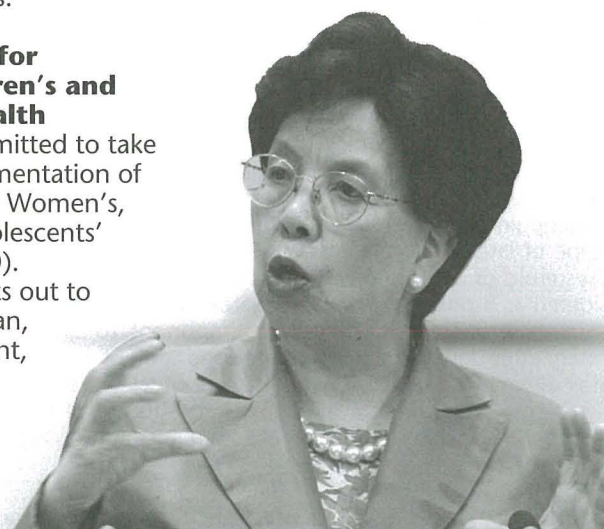
The strategy sets out to ensure every woman, child and adolescent, in any setting, anywhere in the world, is able to both survive and

thrive by 2030.

The strategy and the new operational framework place a strong emphasis on country leadership. They highlight the need to strengthen accountability at all levels through monitoring national progress and increasing capacity to collect and analyse data. They underscore the importance of developing a sustainable evidence-informed health financing strategy, as well as strengthening health systems and building partnerships with a wide range of actors across different sectors.

The resolution calls on the WHO Secretariat to provide technical support to Member States in updating and implementing their national plans and to report regularly to the WHA on progress towards women's, children's and adolescents' health. It also requests the Secretariat to continue to collaborate with other UN agencies and partners to advocate and leverage assistance so that national plans can be implemented.

• continued in next issue



World Health  
Organization

# Latex Allergy

## A Potential Health Risk in the Medical Field

### Part 2 - Importance of Effective Prevention Strategies

**Latex allergies** affect 5—10% of the general population<sup>6</sup>. In the healthcare scenario, the incidence of latex allergies is much greater. This is possibly due to a greater exposure to the allergen, since 50% of medical devices contain latex<sup>1</sup>; and frequent and prolonged exposure to latex is associated with an increased risk of acquiring this type of allergy<sup>1, 2</sup>. Latex allergies can range from skin rash to involvement of multiple organ systems, leading to fatal anaphylaxis<sup>8</sup>. In 1989, the Food & Drug Administration Authority received an alarming number of cases of latex allergies including 15 deaths<sup>2</sup>. This issue poses a great challenge for patients, healthcare workers and institutions and can threaten both health status and sustainability of livelihood<sup>2</sup>. It is of utmost importance that healthcare providers are aware of the issue and its management<sup>3</sup>.

**Patients** who undergo frequent medical and surgical procedures have the highest risk of developing a latex allergy<sup>2, 3</sup>. Children with Spina Bifida, have a prevalence rate of up to 65%. The risk of intra-operative anaphylaxis in this group amounts to 80% of all cases in children. Many healthcare authorities recommend avoidance of exposure to latex from birth, in this group of patients. Manifestations indicative of latex anaphylaxis during surgery range from flushing to cardiopulmonary arrest. Anaphylaxis may occur with any type of latex exposure and can mimic a drug reaction. Any systemic or allergic reaction during surgery should be considered as a possible reaction to latex<sup>2</sup>. In order to avoid peri-operative anaphylaxis, it is very important to give all necessary attention to the possible predisposition of a patient to latex allergy. If medical staff is unaware of the severity of the issue, pre-anaesthetic evaluation of the history of latex allergy in patients due for surgery, does not ensure the safety of such patients<sup>1</sup>.

**In healthcare workers**, the prevalence of latex allergy is 9—12%<sup>6</sup>. In medical occupations, latex allergy, as occupational dermatoses, is very common<sup>5</sup>. In 1998, the United States National Institute for Occupational Safety and Health issued an alert, warning workers with on-going exposure to latex products, of the risk of developing allergic reactions<sup>7</sup>. The Washington State Department of Labour and Industries warns that a skin rash may be indicative that a worker has developed an allergy to latex and that further exposure may result in a more serious allergic reaction<sup>8</sup>.

A case study of a 51 year old nurse with latex induced anaphylaxis, exposed several implications. Workers tend to ignore skin problems related to wearing latex gloves for fear of loosing their job. Insufficient awareness, of the serious risks, might lead workers to omit seeking medical help with initial symptoms. This is very dangerous, since it might lead to worsening of hypersensitivity and failure to prevent life-threatening anaphylaxis. Timely diagnosis of latex allergy should be encouraged<sup>6</sup>. Nursing students are also at risk. However, prevention policies may ensure the safety of students whilst also reduce risks of legal liabilities for nursing schools<sup>9</sup>.

**Latex gloves** have been used, in healthcare, for the prevention of transmission of disease<sup>4, 5</sup>. This might have been the main source of exposure to trigger an "epidemic" of latex allergies in the medical field<sup>2</sup>. It is estimated that 350,000 tons of latex are used annually for the production of gloves<sup>5</sup>. In the United States, 9 billion latex gloves are sold annually<sup>2</sup> and in Germany, 60 million surgical gloves and 600 million examination gloves were used in 1993<sup>5</sup>.

**Preventive strategies** should reduce risks of workers from developing latex allergy and ensure safe employment of latex sensitive individuals. Such measures should reduce the risks of anaphylactic reactions among the healthcare population<sup>6</sup>. Persons with latex allergy should avoid contact with the allergen<sup>1, 5</sup>.



Poor glove quality is associated with an increased risk of glove-related disease. Hence, purchasers should demand and verify the reliability of information supplied by manufacturers<sup>11</sup>. Prevention strategies in Europe, led to the issuance of the glove standardization document EN455:3<sup>12</sup>. When powdered latex gloves are used, more latex protein reaches the skin, and during glove changes, airborne powder carrying latex particles may be inhaled and cause serious allergic reactions<sup>5,8</sup>. If latex gloves have to be used, powder-free gloves, possibly with an inner polymer coating, and with a low protein content should be chosen<sup>5,7,8,11</sup>. Eliminating powdered gloves from the work-place drastically reduced the presence of airborne latex particles and prevented the emergence of further cases of sensitised persons<sup>2,5</sup>. In Germany, since 1997, inhalation latex allergy has been prevented through observance of the technical regulations for hazardous substances (TRHS 540). These prohibit the use of powdered gloves whilst stipulating the use of powder-free and low-allergen gloves<sup>5</sup>. As a result, a decrease of latex allergy notifications was observed since 1999<sup>5</sup>. This was confirmed in a consensus document issued by an Italian working group, which also stated that latex powdered gloves should no longer be commercially available<sup>11</sup>.

**Latex-free care of patients** at high risk is recommended in order to avoid sensitization. Latex-free areas in hospitals can be created, where all medical devices containing latex, including gloves, urinary catheters, bandages, self-adhesive dressings<sup>1,2,5,10</sup>, are replaced by latex-free alternatives. Many institutions avoid the uncertainty of potential sources of latex in latex-free designated areas, by forming a multi-disciplinary advisory committee to develop protocols for such units<sup>2</sup>. Whenever, a patient's medical history indicates the possibility of latex allergy, the entire surgical procedure should be done in a latex free environment. Rescheduling such surgery to the first case of the day, ensures that the level, of airborne latex particles, is at its lowest possible<sup>1,2</sup>.

**Healthcare workers**, who are allergic to latex, should also avoid exposure. Those, having a severe, life-threatening allergy, may require a totally latex-free environment<sup>2</sup>.

Occupational preventive strategies include:

- Establishing awareness through the delivery of a standard educational programme for workers
- Provision of a standard questionnaire to help workers assess personal risk of latex allergy
- Encouragement of healthcare workers to report any symptom of a possible latex allergy
- Education of workers to protect themselves from exposure to latex at the workplace
- Consideration of limitation of the use of latex, as a long term prevention strategy<sup>6</sup>

**The problem of latex allergy** in the healthcare setting has medical, vocational and medico-legal implications. Fortunately, the problem is becoming quite manageable since there is increased awareness and a variety of latex-free devices available<sup>2</sup>. Healthcare services should highlight the advantages of workers and patients in minimizing the use of latex devices in order to lower chances of exposure. The use of synthetic rubber gloves should be encouraged since these have similar physical and protective properties to latex and good biocompatibility<sup>11</sup>.

An evidence based practice approach ensures delivery of care, based on latest scientific knowledge, to enhance better quality of care and cost effectiveness<sup>1</sup>. In the German healthcare system, primary prevention of latex allergy through education and intervention, were effective in reducing the incidence rate of such occupational problems. Prevention of occupational latex allergy is achievable; if clear and practical interventions are undertaken and maintained<sup>13</sup>.

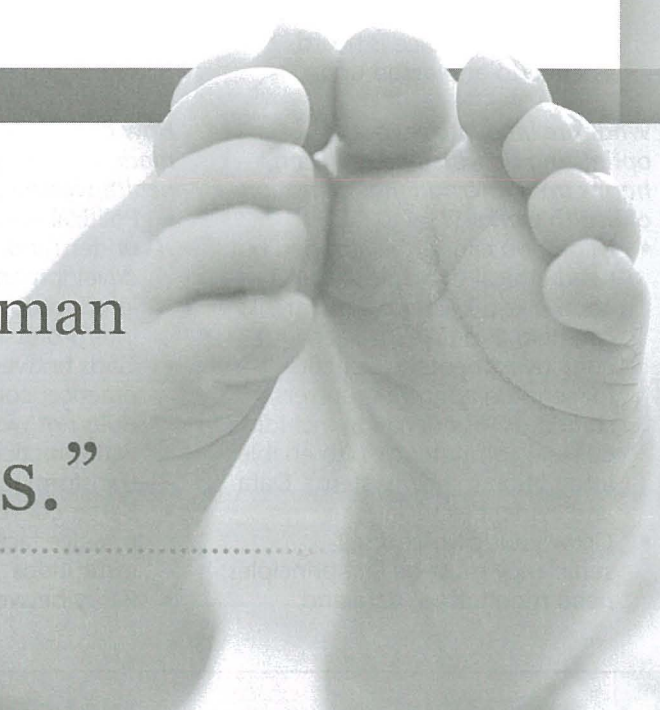
*"Despite the demand of low priced dressing materials, which, it must be said, are rarely dependable or of high quality, I refuse to abandon my principle of delivering the best there is to offer, time after time."*

*Paul Hartmann, 1885*

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

“  
... my life as a midwife  
is about being an ordinary woman  
who witnesses  
everyday miracles.”

- Mary Sommers, CPM  
More Than a Midwife





# NNA consultation, UN High Level Commission on Health Employment and Economic Growth

18 May 2016 - Part 2

*What are the risks and impacts of imbalances and inequitable distribution of health workers? How can these be addressed?*

- Nursing shortage affects quality of care and patient outcomes as well as leading to burnout of staff and early retirement
- Low pay and inequalities in pay all need to be addressed along with improved working conditions, better equipment and supplies including technology
- Migration creates issues for patients, staff, host and receiving countries all need to be considered and addressed.
- Issues of distribution not just rural and urban but also public and private, physical and mental health, hospital and community
- Mental health, poor integration, morale and burnout; retention is as important as recruitment,
- Adaptation programmes to support clinical, social and cultural integration
- Better workforce data and consistency
- To support staff working longer and feeling valued, opportunities for career development and advancement, better involvement of staff in decision making and feel that their voice is heard, listened to and acted upon.

*What are innovative ways of optimizing benefits and reducing harms from international migration of health workers?*

- Migration cannot be stopped but need ethical principles - WHO code is key, bilateral agreements can help and take into account core investments so benefits for sending countries, universal standards for education including cultural competencies (to enable integration in new system). Data and evidence crucial
- Grow your own and self-sufficiency must be first principles; need monitoring, data and

metrics to ensure accountability, bridging programs, improve working conditions, pay and equity, staffing levels, retention

- Political action required all govt departments not just health ministries
- Big role for nursing association in policy design to keep check on reality on the ground, ethical framework for recruitment must consider needs of sending and receiving countries as well as the individual nurse, safe staffing levels crucial to both patient safety and staff safety.

*How can education and training models be transformed to build a health workforce that meets needs?*

- Political awareness and understanding of policy development processes in education and more interprofessional education
- Gaps between education and practice; concerns that education does not work closely enough with practice, requires more transformative leadership
- Better collaboration between practice facilities and education institutions
- Parity between clinical teaching

and theoretical input, more investment in continuing professional education and development

- More clinically based teaches and sufficient number of mentors for students,
- Lack of regulation at university and apprenticeship level, regulation vital to ensure consistent standards and public protection

*What are the potential impacts and implications of advancements in technology on the health workforce by 2030?*

- Human touch and quality important in context of technology, higher technology require more competencies
- Increased training for new and existing staff, provision of equipment (laptops, handout devises), technology can support more nurse led services and spend more time with patients, can also reduce travel time between patients,
- Leadership often weak and not visible
- Missing opportunities for more e-learning and self-learning, technology to support sharing of

## NNA consultation ...

- information will lead to safer patient care
- Confidentiality must be protected
  - Investment in technology will save costs in the medium and long term
  - Internet is important, effective use of technology in data transfer, technology may affect quality of care

### *How can we ensure gender sensitive policies that provide opportunities for women and girls to enter the health and social sector workforce? How do we ensure women are engaged to address work-place inequalities?*

- Gender mainstreaming, high level of positions for women, support groups for women to promote leadership opportunities. Effective monitoring and reporting mechanisms.
- Campaigns and success stories can be positive way forward, family friendly conditions, flexible hours. NZ & equal pay; first court case since policy was established in 1972 sets a precedent.
- Recognize nurses and enable them to have access to governance, empower them to modify and standardize programmes
- Big role for nursing associations in monitoring, reporting and working with frontline staff

### *What multi-sectoral actions/policies can be taken to enhance commitment for coherent workforce planning, development, employment, protection and security?*

- Many sectors, multi ministries, other stakeholders including tripartite agreements with employers and unions, need to investment and not cut
- L/T approach required (often undermined by S/T political expediency), all party agreements important and

- integrated approaches
- Data and evidence can help break silos and educate

### *How can political commitment from governments and key partners be generated to support implementation of the Commission's recommendations?*

- Nurses must be at the table where decisions are taken, nurses should be in important position in govt and talking to other departments like finance
- Need to work with other professions to reach politicians
- Nurses can take a lead role in coordinating multi-disciplinary working and communication
- Insufficient staff and resources in the community to deliver care close to people's homes,
- Redistribution of funding required across health systems based on population health needs not organisations
- Politicians must be braver to deal with immediate challenges and prioritise investment in health

### *What reforms in institutions/organizations are needed to strengthen governance for the health and social sector workforce?*

- Nursing is not a cost but an investment and need to promote this idea
- Need a shift from focusing on organisations to the person, community and population and shift from individual healthcare workers to the team
- Greater involvement of nurses in policy design and decision making
- Investment in specialist and advanced nurses and clear career pathways
- Need for both qualitative and quantitative indicators
- More evidence on cost benefits and the economic case for nursing
- Big role for national nurses associations to communicate message upwards from the

frontline and also help monitor the effectiveness of delivery

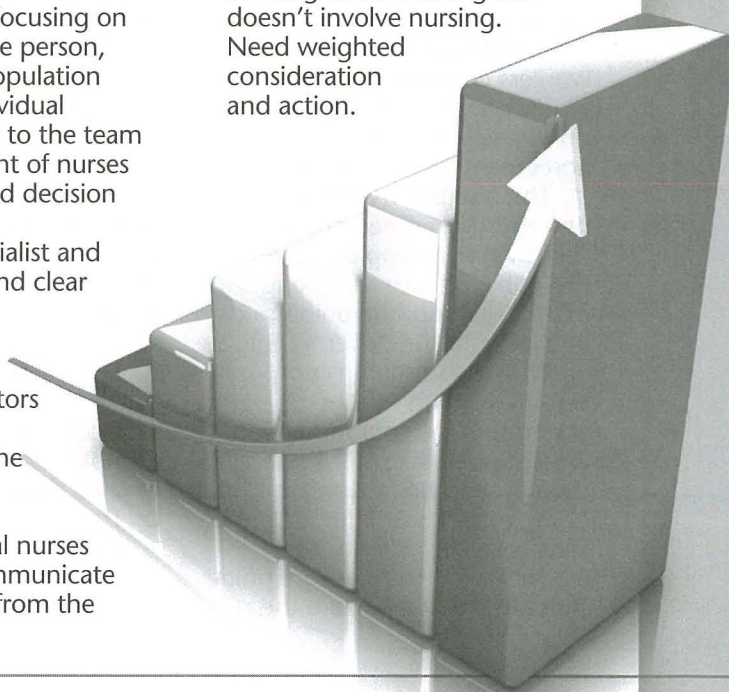
- Often an absence of regulatory mechanisms; mustn't be burdensome but provide assurance of safety and quality,
- Focus on populations and communities not just hospitals

### *What should be included in a monitoring and accountability framework for the implementation of the Commission's recommendations?*

- Need standards and regulation for education, working environment and health outcomes incl quality and quantity.
- Need regular reports on progress and how achieved, ICN/ WHO should work together and monitor/evaluate global framework with reports on progress including clear system of indicators that are meaningful and comparable

### *Frances - closing remarks*

- Partnership with WHO has been important. Know what nurses need, the evidence and what makes a difference. Tomorrow is about how to get greater impact, how to build membership. There should be nothing about nursing that doesn't involve nursing. Need weighted consideration and action.





## MUMN sole representatives of physiotherapists in public service

The Malta Union of Midwives & Nurses attains sole recognition of physiotherapists within public service

The Malta Union of Midwives & Nurses (MUMN) has attained the sole recognition of physiotherapists employed within the public service, the union said.

"The absolute majority of the physiotherapists have joined MUMN during the last months expressing their full confidence in MUMN," the union said in a statement issued on Wednesday.

It said this achievement consolidates the union's presence in the health sector especially in the year it celebrates its 20th anniversary.



"MUMN is committed to work towards furthering the standards and working conditions of this profession. Furthermore, it will strive to establish more confidence among these professionals as the physiotherapy profession is one of the leading professions

within the multidisciplinary team taking care of our patients."

MUMN added that it will be holding meetings with all relevant authorities to discuss its objectives and the way forward to better the working conditions and salary of its members.

Malta Independent - Thursday, 13 October 2016

## MUMN issues industrial directives to all social workers employed in public sector

The Malta Union of Midwives and Nurses has issued industrial directives to all social workers employed in the public sector after negotiations on a renewal of a collective agreement were delayed.

The discussions to sign a new sectoral agreement for the social workers employed within the public service are taking extremely long, the union said in a letter to the government.

The Government is not sensitive enough to the continuous deteriorating working conditions of these employees who in turn are doing miracles to offer a decent service to their clients, the MUMN said. Another sore point is the fact that these are the

only professionals in the Health and Elderly Departments that are not entitled for the funds to continue developing their profession.

MUMN said it cannot tolerate anymore this situation all the social workers employed within the public service have been instructed to take industrial action. The directives are as follows:

- a. Do not cover medical firms who do not have a social worker assigned to them. Do not even see to telephone calls related to these firms;
- b. Do not take any new referrals;
- c. Do not do any mental welfare officer duties;
- d. Do not follow up on patients who fail to attend for their visits;
- e. Do not do any tasks assigned to care worker or other supporting staff;
- f. Do not accept to take students from next semester;
- g. Do not do extra clinics apart from the usual clinics.



FOR HEALTHCARE PROFESSIONALS ONLY  
BREASTFEEDING IS BEST FOR BABIES

# Three good reasons to choose our new SMA<sup>®</sup> PRO First Infant Milk\*



Clinically proven<sup>1</sup>



Made with SMA<sup>®</sup> Nutrition's exclusive protein process



Contains Omega 3 & 6 LCPs and GOS/FOS\*\*

We've responded to expert opinion about proteins in SMA<sup>®</sup> PRO First Infant Milk

*"Protein intakes of infants are generally well above the requirements, so protein content of Infant Formula and Follow-on Formula could be decreased"*

European Food Safety Authority 2014



SMA PRO First Infant Milk has the lowest protein content, 1.25g\*/100ml (1.87g\*/100kcal)<sup>3</sup>

\*Powder only, liquids will vary

*"The breast milk content of amino acids as the best estimate of amino acid requirements for this age group"*

WHO/FAO/UNU 2017



SMA PRO First Infant Milk has an essential amino acid profile closer to that of breast milk<sup>5</sup>

*"Of the essential amino acids, branched chain aminoacids have been shown, when supplied in excess, to be more associated with increased release of insulin. This may trigger a cascade of reactions in the body which may result in faster growth"*

European Childhood Obesity Trial Study Group 2015<sup>6</sup>



SMA PRO First Infant Milk has an improved amino acids profile for healthy growth and weight gain <sup>7</sup>



29, Sanitas Building, Tower Street, Msida MSD 1824  
Tel: 2258 8600 • Email: info@viviancorp.com

Learn more about SMA<sup>®</sup> PRO range at  
[www.smahcp.co.uk](http://www.smahcp.co.uk) • [www.viviancorp.com](http://www.viviancorp.com)

**IMPORTANT NOTICE:** Breast milk is best for babies and breastfeeding should continue for as long as possible. Infant milks should only be used on the advice of a doctor, midwife, health visitor, public health nurse, dietitian or pharmacist, or other professionals responsible for maternal and child care.

1. Grathwohl DJ *et al.* Abstract at EAPS congress, 2010. 2. EFSA. Scientific Opinion on the essential composition of infant and follow-on formulae. EFSA Journal 2014; 12(7): 3760. 3. SMA<sup>®</sup> PRO First Infant Milk Datacard 4. Protein and Amino Acid Requirements in Human Nutrition. Report of a Joint WHO/FAO/UNU Expert Consensus 2007 5. Nestle data on file, 2014. 6. Kirchberg FF *et al.* J Clin Endocrinol Metab 2015, 100(1): 149-58. 7 Yan J *et al.* Abstract at the Europediatrics Congress, Florence 2015"

\*When bottle feeding is considered.

\*\*In powder formulation only, GOS/FOS = Galacto-oligosaccharides/Fructo-oligosaccharides.

<sup>®</sup>Registered trademark

**sma**  
nutrition

Supporting you  
to support parents

# When pain is gone, life takes its place.



**THE CHOICE  
FOR STRONG PAIN**



**ACTS FASTER!**  
STARTS DISSOLVING FROM  
THE FIRST 5 MINUTES.



**COLD & FLU RELIEF**