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HARGA Numru 1

Malta Union of Midwives and Nurses

Awiss 1998



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Qoxra : Ritratt :- David Attard

Editorjal . . .

SER NIBQGHU HEKK....!?

Meta wiehed jahseb f'it, jinduna li l-famuza kelma **vokazzjoni** dejjem tiġi marbuta max-xoghol taghna, u l-awtorità dejjem tidher li tiehu vantaġġ biha biex lilna n-nurses u l-midwives iġibuna dahrna mal-hajt.

Veru li fix-xoghol taghna l-pazjent jiġi l-ewwel, imma dan m'ghandux jibqa' jkun ghad-dannu taghna. M'ghandniex nibqghu nbatu, la fizikament u lanqas mentalment ghax wara kollox dan kollu se nirriflettuh fuq il-familji taghna. Jew dan hadd ma jinteressah minnu ?!

L-awtorità ilha tammetti publikament bil-problemi li ilhom jiffaċċjaw l-infermiera u l-midwives waqt id-dover ta' xogholhom. Ser nieqfu hemm?! Bil-paroli ilha tghid li qed tirranġa s-sitwazzjoni, iżda l-fatti juru mod iehor.

L-uniformijiet, wara sena ghadhom ma wasslux, l-iffullar tal-pazjenti fis-swali kien, ghadu u hekk jidher li ser jibqa' ! Anke n-nuqqas ta' riżorsi kemm materjali u dak uman. U xi nghidu dwar ir-riforma? Tafu li r-riforma skadiet b'sentejn u nofs ! Wasal iż-żmien li nghidu daqshekk u niehdu miżuri oħra.

Dan il-hela ta' żmien, ifisser telf ta' flus u kundizzjonijiet aħjar ghalina l-infermiera u l-midwives.

Fil-preżent l-union qed taħdem bis-shih biex tissalvagwardja d-drittijiet u l-interessi tal-membri kollha biex b'hekk ma jiġux abbużati mill-awtoritajiet.

Veru li parti minn xogholna hija l-vokazzjoni, iżda fiż-żgur mhux volontarjat ! Jekk l-awtorità trid tibza għal din il-**vokazzjoni** m'ghandiex tabbuza minnha !!!

GRAZZI

Il-Kumitat Ezekuttiv tal-MUMN jixtieq jirringrazza lil Tonio Pace tax-xoghol siewi li huwa għamel sakemm dam editur tal-magazine "**Il-Musbieh**", kif ukoll jawgura lill-Bord Editorjali l-ġdid fix-xoghol li huma diġà qed jagħmlu fuq dan l-istess magazine.

Grazzi u Awguri.

Messaġġ mill-President

Gheżiež membri,

Ma nistghax ma nibdiex il messaġġ tiegħi billi minn qalbi nirringrazzjakom ta' l-appoġġ li wrejtu lejn il-Union billi segwejtu d-direttivi maħruġa riċentiment. Dan juri ċar li l-Union hija tagħkom u li verament qed nifhmu lil xulxin. Kullhadd qed jifhem li hemm bżonn inkunu magħqudin sabiex fl-aħħar il Professjonijiet tan-Nursing u l-Midwifery jieħdu d-dimensjoni li verament tixirqilhom.

Wasal iż-żmien li ma nibqgħux iżjed nistennew u noħolmu bil-wegħdiet li niġu mwiegheda. Ma jistax ikun li l-Gvern Malti jintrabat li jsegwi r-rakkomandazzjonijiet tal- Konvenzjoni 149 tal -ILO billi jirratifika din il-konvenzjoni proprju tmien snin ilu u sa llum għadu ma bediex jimplimenta xejn minn dak li tirrakkomanda.

Dawn l-azzjonijiet li qed jittieħdu huma proprju sabiex ingibu konxju u nqajjmu mir- raqda li jinsab fiha d-Dipartiment tas-Saħħa. L-Uniformijiet huma biss waħda mill-hafna problemi li qed niffaċċjaw. Ilna sa minn Marzu tal-1997 li ġbidna l-attenzjoni tad-Dipartiment li dawn l-uniformijiet li għandna huma ta' hsara għas-Saħħa b'mod speċjali fix-xhur sħan tas-sajf. Għalhekk insostnu li d-Dipartiment kellu żmien biżżejjed sabiex jara li sa dan is-sajf kien ikun jista jfornina b'uniformijiet adegwati li fuq kollox sar qbil tal-għamla sa minn Ottubru 1997. Dan juri biċ-ċar li d-Dipartiment qed ikun apatetiku fil-konfront tagħna.

Barra minn hekk il-Ministru tas-Saħħa mhux qed jittratta lill-impjegati tiegħu b'mod ugwali u dan illum ngħidu b'konvinzjoni aktar u aktar meta l-Ministru tas-Saħħa nnifsu stqarr ma din il-Union li huwa kien tkellem ma settur ta' haddiema f'dan id-Dipartiment dwar il-*Manpower Plan* iżda naqas li jagħmel l-istess man-Nurses u l-Midwives.

Wieħed ma jistax jinsa li din il-Union għada qed tistenna proposti mid-Dipartiment dwar bdil fil-hinijiet tal-viżitaturi fl-Isptar San Luqa u proposti dwar bdil fil-hinijiet tal-*Ward Rounds* liema proposti suppost waslu għand din il-Union sa l-aħħar ta' Mejju li għadda.

Għalhekk hassejna li din is-sena ma nistghux nikkommemoraw l-Anniversarju tal-Konvenzjoni No:149 tal-ILO b'ġimgha ta' ċelebrazzjonijiet bħal ma għamilna s-sena l-oħra, żgur li m'hemm xejn x'tiċċelebra u b'hekk inħossu li għandna nghamlu pressjoni fuq id-Dipartiment biex jonora u jimplimenta dak li jintrabat li jwettaq.

Grazzi.

Rudolph Cini

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HIV/AIDS - a true pandemic where women are more vulnerable



The United Nations Joint Programme on AIDS [UNAIDS] estimates that since the beginning of this global pandemic, around 29.4 million people have been infected with HIV. Of these an estimated 5 million adults and 1.4 million children have died from HIV-related conditions.

Is this a true global pandemic? UNAIDS estimates that in Sub-Saharan Africa, there are 14 million living with HIV, i.e. more than 5.6% of the adult population are infected. More than half of these are women in their child-bearing years. In South and South-East Asia, 5.2 million are infected and more than 30% are women. This region includes India and Thailand. Brazil and Mexico account for more than 70% of infections in Latin America, where estimates indicate more than 1.3 million individuals living with the virus.

In Western Europe, North America, Australia and New Zealand, it is estimated that another 1.3 million are HIV positive. Both in Latin America and Western Europe the main mode of transmission has been through gay and bisexual men, however, the incidence of infection through heterosexual sex and injecting drug use is increasing. This is particularly so in Southern Europe. The Caribbean has the highest prevalence of infection after Sub-Saharan Africa with 1.7% of the total adult population infected. Heterosexual transmission has been the dominant form of transmission.

In North Africa and the

Middle East there are 200,000 living with the virus, while in East Asia and the Pacific there are 100,000 HIV+ve individuals. Eastern European and Central Asian statistics show 50,000 cases.

UNAIDS estimates the cumulative number of AIDS cases to be more than 8.4 million. Following the publication of these statistics, UNAIDS stated that these figures are rather conservative and the real numbers are much bigger than this!

Approximately, 42% of the adults currently living with HIV are women and this proportion is growing. This information complicates the picture even further. It is also estimated that there are 8500 new infections daily; of these 1,000 are children and the rest are adults. More than half of the new

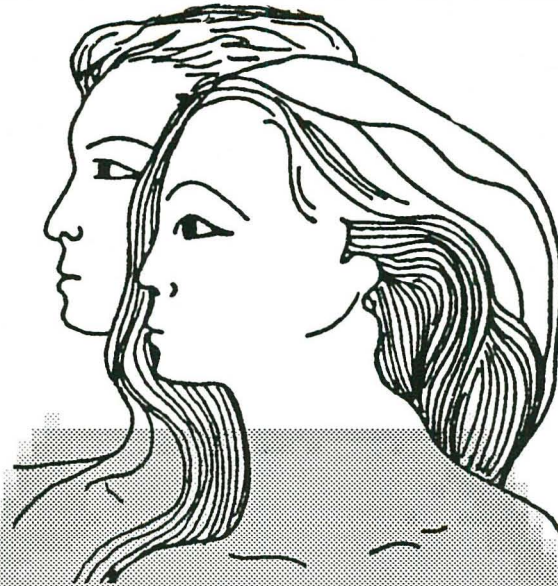
infections in adults are women of child-bearing age. The route of transmission to women worldwide is overwhelmingly heterosexual intercourse. By the year 2000, more than 13 million women will have been infected and about 4 million of them will have died.

In industrialised countries, where homosexual contact and needle-sharing used to account for the majority of infections, there is an ominous rise in heterosexual transmission. The result is a growing AIDS burden in women. As infections in women rise, so do infections to infants born to them. On average world wide, about one-third of babies born to



HIV-infected mothers are themselves infected.

Why is HIV infection in women growing worldwide? There are various reasons. First, women are biologically more vulnerable due to larger mucosal surface exposed during sexual intercourse and semen contains a far higher concentration of HIV than vaginal fluid. Women are therefore at greater risk of HIV infection than men because of the higher efficiency of sexual transmission from men to women. It is estimated that the



rate of infection between women and men is 4 times higher in women than in men. Secondly, women are epidemiological vulnerable. They tend to have sex with older men [not necessarily out of choice] who are further along in their sex lives and hence more likely to have become infected. This is becoming a true nightmare in countries like Thailand where Western men are willing to pay much higher prices for sexual favours of very young girls who have not had sexual partners yet. The third reason is that women are socially vulnerable. Traditional norms, in various ways, result in sexual subordination, and thus difficulty in protecting themselves from sexual transmission, whether through mutual fidelity or condom use. This last point highlights even further the empowerment factor that is included in many a discussion on equality. Used in this sense, empowering of women is safeguarding society as a whole.

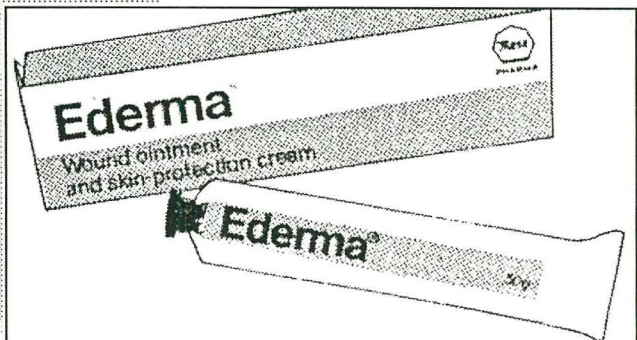
Women also do not get proper care for conventional STD's [sexually transmitted diseases], and when these are left untreated, facilitate HIV transmission. Half of all the women with an STD are unaware of the presence of disease - because they do not recognise their symptoms. This lack is due to the fact that symptoms are either looked upon as normal state of affairs or considered as a price one pays for having a sexual partner. Those who do recognise their symptoms do not seek medical help because of fear of ridicule and therefore do not receive any treatment. However, the worst reason of all is the fact that women generally neglect their own health needs. Research has indicated this lack especially in women of a lower socio-economic standing. Another issue that might need delving into is the fact that the heterosexual world refused to accept that HIV/AIDS is not a gay disease but is one

related to any sexual activity where there are multiple partners or drug injecting behaviours. It could also be that the message put forth was not clear!

Education still remains the only possible way forward. Persuasive information necessary to change risky behaviour is the only way we have to stop the spread of HIV in the foreseeable future. Women deserve the right to protect themselves from harm. A healthy future should be a basic human right. No one

should be denied the chance to learn about it. Women and girls with limited access to education are less able or likely to respond to information about the disease and take preventive measures. The emphasis again lies with education - educational efforts that promote knowledge and choice.

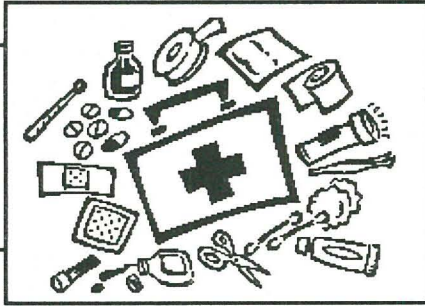
Sina Bugeja MSc (Wales)
Principal Health Promotion Officer
Health Promotion Department



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Il-Kuntatt

- ❑ Tmien xhur ilu wegħduna li ser jirrangaw il-problema tat-traffiku speċifikament inti u hiereg minn sptar Monte Carmeli . S'issa għadu ma sar xejn hlief li kibret il-lista tal-vittmi fosthom żewġ pazjenti. Meta l-awtorità ser tiġiha d-diċenza u jgħidu daqshekk għal dawn l-inċidenti?.
- ❑ In-nuqqas ta' infermiera nisa fir-residenza f'San Vincenz kompli jżded... Donnu d-dipartiment għandu mod professjonali tiegħu ta' kif issolvi dawn il-problemi. Tgħid b'dan il-mod għad jasal iż-żmien li dawn il-povri nfermiera jieħdu il- "leave" ta' sentejn ilu?.
- ❑ Napprezzaw li qed ssir "Dinning Room" ufficjali għall-impjegati kollha tar-residenza f'San Vincenz. Nawguraw li dan il-post isir mill-aktar fis possibli u nheggu li jkun diċenti biżżejjed , għaliex iż-żewġ gabubi li qed jintużaw bħalissa huma żgħar u joffru sħana tremenda. Ta' min jirrimarka wkoll li dan il-post għandu jkun għall-impjegati **kollha** u b'aktar varjetà ta' ikel.
- ❑ Ta' min jgħid li għewwa l-Mtarfa Home, il- pazjenti irduppjaw, però n-numru ta' l-infermiera baqa' l-istess.
- ❑ Tmien xhur wara li għidna l-attenzjoni li wasal iż-żmien li jiġu riveduti il-hinijiet tal- vizitaturi għewwa l-isptar San Luqa, il- ministru l' Onor. Michael Farrugia hareg bl-idea li jsir kwestjonarju. Forsi tmien xhur oħra nippublikaw x'ser jsir !!!!
- ❑ Il- "parking permits" ilhom hafna li għew imwegħda, imma donnha li din il-wegħda ntilfet. S'issa l-istaff tal-isptar San Luqa, għadu ma jstax isib post fejn jiparkja bil-lejl. Meta ser jiġu mqassma dawn il-permessi lin-nurses u l-midwives meta l-karta tisfar u l-linka tiċċara.
- ❑ In-numru tas-"Security Guards" naqas minħabba t-tibdil fil-hinijiet ta' xogħolhom. Din il-mizura halqet inkonvinjent żejjed għall-infermiera u l-midwives b'detriment għas-serhan tal- pazjent.

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Nghiduha Kif Inhi.

Nicky Sammit

Fl-ahhar artiklu ktibt li fid-dinja ma hemm xejn ghezeż mill- hajja - u hekk hu!

Jekk inhu l-fatt li l-poplu in-generalu jaghti hafna importanza lil dan l-element hekk importanti, daqshekk iehor irridu naghimlu ahna , kemm ghax ahna parti mis-soċjeta u kemm bhala haddiema fil-qasam tas-sahha bil- lejaltajiet li ghandu jkollna lejn is-soċjeta, lejn familtna u lejna nfusna.

Illum ejjew naghtu titwila lejna nfusna.

Hbieb kunu ghafu li l-professjoni taghna hija fost il-professjonijiet l-aktar li tikkawza "Stress" fuq l-individwu. Maslach u Jackson, fl-1979 jghidulna illi s-soċjeta titfa' r-responsabilta' fuqna ghal xoghol li " by normal everyday standards is considered mundane and distasteful. " Minkejja li ahna umani bhal haddiehor ma nistghux ahna nitqazzu mill-hmieg tal-pazjenti, nibzghu mid-demmi , nistkerrhu l-mejtin.....

Ahna ma nistghu bl-ebda mod inkunu 'indifferenti ghax inkella mill-ewwel jippuntaw subajhom lejna li m 'ahniex naghmlu xogholna sew - **Dan Johloq Stress.**

Il-fatt li ahna kontinwament nahdmu fil-mard fiziku u dak psikologiku- **Dan Jista Johloq Mhux Biss Stress Mentali Imma Wkoll Jesponina Ghal Hafna Mard.**

Il-fatt li d-decizjonijiet taghna jissarf u f'hajja jew mewt, meta qieghdin nahdmu f'ambjent ta' " Overwork" u "understaffing " - **Dan Johloq Stress Qawwi.**

Is-sighat twal ta' xoghol li nahdmu, hafna drabi minghajr ma niehdu "breaks" adegwati - **dan Johloq Stress.**

U x 'tghiduli ghall- fatt li anke l-istess familja taghna titfa hafna responsabilta' fuqna f'dak li ghandu x'jaqsam mard , kemm ghal semplicita Rih u ghall-affarijiet hafna aktar gravi - **Dan**

Johloq Stress.

U xi tghiduli ghall-ugiegh fiziku, b'mod speċjali l-ugiegh fid-dahar sforz tat-tqandil ta' pazjenti w oggeti ohra tqal - **Dan Mhux Stress?.**

D a w n huma ftit eżempji minn lista ferm itwal

ta' sitwazzjonijiet li jistghu jtaqqlulna hsibijietna u ghemilna b'tali mod li l-atteggjament taghna fuq il-post tax-xoghol u fil-familja jibda jinbidel. Ejjew flimkien naghrfu ftit is-sintomi ta' "Stress", li jekk ma niehdux kontroll fuqu jista' jwassal ghal "Burn Out" (deskritta minn Shapiro u Clawson 1988 bhala- "Burn-ing some form of fuel,while being out of fuel" .)





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SINTOMI TA' STRESS

- Gheja fizika u mentali.
- Ugiegh ta' ras u fil-kumplament tal-gisem.
- Nervi li tikkontrollhom f' mument.
- Izzid jew tnaqqas fl-ikel.
- Izzid il-konsum ta' l-alcohol u t-tipjip.
- L-irqad bil-lejl jibda jsir aktar hafif u nkwetanti.
- Kollox jibda jdejqek u jirritak.
- Tibda taqta' qalbek li s-sitwazzjoni tista' titrangja
- Jizzied l-assenteizmu mix-xoghol.

SINTOMI TA' BURN OUT

- Nuqqas ta' koncentrazzjoni li twassal ghal aktar zbalji fuq il-post tax-xoghol.
- Incidenza ta' ulceri fl-istonku, mard tal-qalb, Pressjoni gholja.
- Nervi li jirkbuk u ma jhallukx tirraguna.
- Stat ta' debilita' kawzata minn ikel zezjed jew nieqesli l-gisem ma jiddigerix tajjeb.
- Dardir u regettar kmieni fil-ghodu.
- Il-konsum ta' l-alcohol u t-tipjip isir dipendenza.
- L-irqad bil-lejl jibda jitbieghed, il-hsieb kontinwament jittantak u tqum fil-ghodu izjed ghajjen.
- Tibda ssir suspettuż f'kollox u f'kulhadd.
- Taqta' qalbek ghal kollox li tista b'xi mod tirrangja s-sitwazzjoni. Jidhol element qawwi ta' "Hopelessness u helplessness".
- Jibda jirkbek il-hsieb li tirrizenja.

Dawn huma ftit mis- sintomi ta' " Stress u burn out ." Huma importanti hafna ilil ahna bhala professjonisti bir-responsabilita li nkattru s-sahha, ngħarfu x'jista jxekkel is-sahha . "Charity begins at home " Għalhekk huwa vitali li l-ewwel irridu ngħarfu s-sintomi ta' Stress fina n-fusna biex inkunu nistghu narawhom f' Haddiehor.

Fl- artiklu li jmiss naraw x'nistghu nagħmlu biex ngħelbu u ntaffu dawn l-elementi ili huma l-frott tal-hajja kumplessa ta' illum , b'riferenza aktar diretti għalina n-nurses .

**AVVIZ**

Dawk il-membri li qeghdin lura fil-hlas tal-membership, huma mitluba biex ihallsu l-mizata tagħhom, u jagħmlu dan, billi javvicinaw lill xi membri tas-sotto kumitat ta' fejn huma jahdmu, jew javvicinaw l-ufficini tal-MUMN fil-Fgura.

GRAZZI



Rapport mis-Segretarju Generali

Colin Galea

Irrid nibda billi nghid Grazzi u Prosit lill-membri kollha u anke lil dawk li mhumiex membri talli wrejtu fiducja fl-MUMN u mxejtu skond id-direttivi li l-Union harget dan is-sajf. B'responsabilita kbira, u b'impenn, l-Ezekuttiv ta' l-Union ha decizzjonijiet f'waqthom. Wara kollox din kienet wegħda mall-membri ta' l-Union li ma konniex ser inhallu sajf iehor ta' hidma b'dawn l-uniformijiet "xkejjer", li għandna. Kieku s-swali tagħna attrezzati bis-sistema ta' l-Air Condition, kif intqal kieku minn hawn jew minn hemm tghaddiha, iżda ahna lanqas dan m'għandna.

L-istess fl-Imtarfa Home. Għal min ma jafx f'din ir-residenza l-pazjenti irduppraw minn 60 għal madwar 115, iżda l-istaff baqa' l-istess. Flok ma l-ewwel sibna l-istaff imbagħad ingiebu l-pazjenti, le, kollox bil-kontra. Nirdoppja l-pazjenti u l-istaff inhallih l-istess. Bil-lejl ikunu 2 jew l-aktar 3 u kwart tal-pazjenti huma "bed ridden". Dan mhux managment serju. F'dan il-pajjiż irridu ndaħħluha f'moħħna, li jekk ir-riżorsi finanzjarji u dawk umani ser jonqsu, bilfors ser jonqsu s-servizzi. Ma jistax ikun li jonqsu l-flus u jonqsu n-nies u s-servizz jibqa' l-istess. Kemm kemm ma riedux jgħidu li b'dawn il-kundizzjonijiet is-servizzi għandhom jitjiebu!!.

Fit-taħditiet tar-Riforma ikolli nistqarr li jien flimkien ma' l-Eżekkuttiv ninsabu diżżapuntati li l-maġġoranza tat-talbiet tagħna ma ntlagħhux, u dawk il-ftit li ntlagħhu, ma ġewx milqgħuha kif ridnihom ahna. Il-Union ipprezentat pakkett mimli u sabih iżda jekk ma jgħix aċċettat, ma jkollna xejn f'idejna. Kunu lesti għad-direttivi li tagħti l-Union. Nahseb li biex nakkwistaw dak li hu tagħna bi dritt ser ikollna niġġieldu.

Ahna xejn ma jaqtgħalna qalbna, għaliex issa għandna l-provi li intom il-koll warajna. Għalissa ma rridx norbot rasi qabel naqsamha, iżda kollox

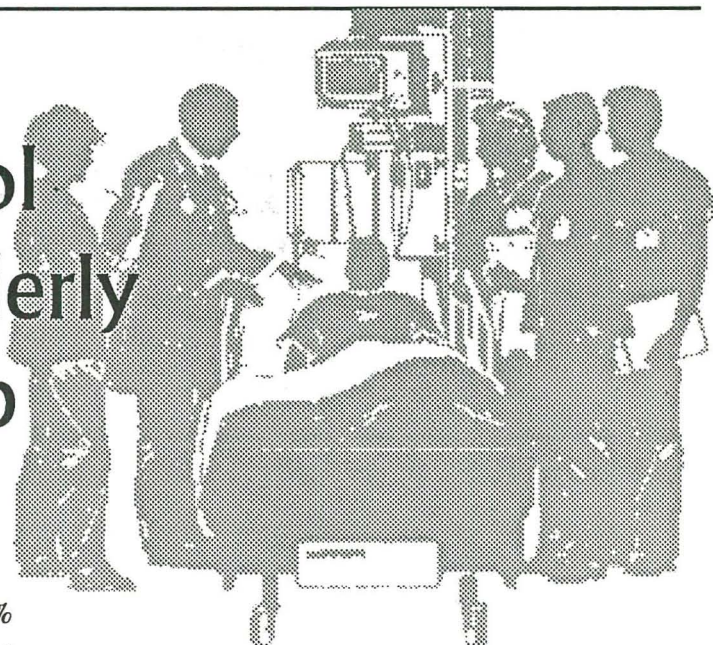
qieghed juri li mixjien għal dak li qed nghid jien. Nistennew u naraw.

Irrid nappella lil xi whud biex kif il-membership tiskadi, ma joqghodux jistennew lil xi hadd mis-sotto kumitati javvicinathom, imma jkunu huma li jersqu l-quddiem. Nonfqu hafna flus f'affarijiet ohra, iżda li tonfoq xi haga żgħira biex haddiehor iharisslek id-drittijiet u l-kundizzjonijiet tiegħek hija wahda mill-affarijiet l-aktar importanti. Jekk issibu xi problema fuq il-membership, ċemplu 802862 u s-Sur Joe Zammit jirrangalkom kollox. Ftakru li l-mizati huma s-Sahha tal-Union u l-Union hija s-Sahha tagħna lkoll flimkien. Tittraskurawx.

F'dawn l-aħħar xhur l-Union kisbet is-"Sole Recognition", tan-Nurses u l-Midwives fl-Isptar St. Phillip. Dan huwa unur kemm għall-istaff li jaħdem f'dan l-isptar kif ukoll għall-Union innifisha. Prosit u Grazzi tal-fiducja. Din kienet wegħda ohra li l-Union wettqet magħkom.. Issa jmiss l-Isptar Capua Palace biex b'hekk l-MUMN ikollha l-kontroll assolut fuq in-Nurses u l-Midwives madwar il-pajjiż kollu. Dan ikompli aktar isahħaħ lil kull membru fl-MUMN. Ftakkru li din l-Union f'Settembru tghalaq Sentejn BISS !!

Ma nistax ngħalaq dan l-artiklu u ma niringrazzjax, l-ewwel lil shabi ta' l-Eżekkuttiv li kollha flimkien naħdmu biex dejjem intejbu l-operat ta' l-Union. Ma dawn niringrazzja wkoll lis-sotto kumitati tal-kuntatt dirett li huma għandhom mal-membri u x-xogħol fejjiedi tagħhom bil-lejl u bi nhar. Fl-aħħar iżda mhux lanqas irrid niringrazzja liz-zewġ konsulenti u l-Avukat tal-Union li dejjem insibuhom lesti biex jagħtuna l-pariri siewja tagħhom. Grazzi wkoll lis-Sur Joe Zammit l-Office Administrator tal-Union li jaħdem bil-qalb biex iżomm l-Union organizzata kif inhi illum. Grazzi u Prosit.

The Role of the Infection Control Nurse in the Elderly at Zammit Clapp Hospital



During a hospital stay approximately 5% to 10% of patients acquire an infection. This is not surprising as patients with an infection and susceptible patients share the same environment and are in close contact throughout day and night (Ayliffe et al 1987).

The incidence of Hospital Acquired Infections will have both managerial and financial implications for health authorities and the community. In addition there is detriment to the patients, who often experience extra pain, physical discomfort, inconvenience, anxiety, and stress. Zammit Clapp Hospital (ZCH) has always given priority to effective Infection Control

Measures. Since the opening of the hospital an Infection Control Nurse (ICN) was employed on part time basis and two years later it was felt that the ICN should be employed on a full time basis. Together with the ICN a microbiologist forms the Infection Control Team.

In addition an Infection Control Committee made up of medical, nursing, managerial and pharmacy representatives, as well as the members of the Infection Control Team, meets on a regular basis.

□ ELDERLY CARE

Elderly care poses a special challenge to the infection control team. The risk of patients developing a hospital acquired infection and the potential for cross infection increases with age and length of stay. The patients are in a closed environment and encouraged to take part in group activities, therefore contact with potentially pathogenic organisms is frequent. They are often cared for by health care staff like occupational therapists and physiotherapists who have limited training on infection control principles. (Gould 1995)

A network of factors, such as degenerative changes and declining immune response, appear to interact to increase susceptibility to infection. Because of underlying debilitating influences such as diabetes mellitus, immobility, dehydration, impaired mental status, malnutrition, invasive procedures such as urinary catheterisation, and the use of therapies, the older person becomes more susceptible to an infection.

Many of these patients have lost their understanding of the principles of personal hygiene and of carrying out normal hygienic procedures. Some may be incontinent of urine and faeces.

Gastrointestinal infections are therefore likely to spread rapidly in these units.

□ QUALITY ASSURANCE

Quality Assurance is rapidly becoming a part of the vocabulary of those who manage health services. As services become more and more expensive and sophisticated, and patients or clients become increasingly involved in their own health, it is right that attention should be focused on attempts to set acceptable standards of quality.

Maintenance of quality and standards is everyone's business and must be strived for constantly. The daily performance of all health carers cannot escape the attention of the public or other members of the nursing and medical professions. Setting standards and devising tools and programmes to measure quality is legitimately the role of nurses who are involved in the daily delivery of nursing care, and it has been suggested by several authorities in infection control in hospitals, that infection control is an appealing starting point for quality assurance.

□ INFECTION CONTROL ASSESSMENT

The Nurse's duty is to make a detailed assessment of the general condition of the patient. The Infection Control Nurse goes a step further by considering the risk status of the patient, the causative organism and the susceptibility of other patients (Ayliffe 1992).

From the point of view of quality assurance, on admission to Zammit Clapp Hospital the patient is assessed regarding the infection risk. This suggestion has been promoted and developed by *Bowell (1992)*. It was adapted to suite the older patients by the ICN of ZCH.

Some of the factors which make the patients predisposed to infection are the following:

- i) Extreme age
- ii) Invasive procedures
- iii) Signs and symptoms of dehydration
- iv) Low Haemoglobin
- v) Infected Wounds
- vi) Emaciation
- vii) Smoking
- ix) Immobility.

All elderly patients are considered to be at a greater risk of acquiring an infection than other patients, because of the physiological changes due to aging. Advancing age may blunt the ability of an individual to overcome a febrile response to an infection, thus making assessment difficult.

The elderly are exposed to other diseases in wards or clinics, such as those that increase the susceptibility to infection and reduce efficiency of the body's defense mechanisms.

The method adopted to assess the patient for the susceptibility of infection is based on a scoring system . If a patient acquires a total score of more than 35, he is considered to be a high risk patient. A yellow sticker is placed at the bedside of these high risk patients together with the nursing notes.

The practical implications of this system are that

- i) It serves to alert the Infection Control Nurse of the presence of high risk patients, particularly the newly admitted ones.
- ii) It increases the awareness of the nurses and the multi-disciplinary team so that additional caution is exercised to

ensure infection control techniques are being adopted correctly.

In conclusion infection control has nowadays become a fundamental issue in the care of the elderly patients. A multi-disciplinary approach is essential both through the activities of the Infection Control Team and committee as well as the active participation of all hospital carers, in order to ensure that hospital infections are kept at the minimum level possible.

□ THE ROLE OF THE INFECTION CONTROL NURSE

Infection control nursing aims to ensure that every patient is protected from cross-infection on a daily basis. Every infection control nurse has this goal clearly in mind. The main methods of safeguarding patients from cross infection include:

- a) Education
- b) Policy making
- c) Acting as a resource
- d) Problem solving
- e) Auditing of care
- f) Surveillance

Sometimes one comes across attitudes of colleagues that the Infection Control nurse is the only person responsible to control infections in the hospital. In an article by *Margaret A. Worsley (1989)* entitled "The Role Of The Infection Control Nurse", as far back as 1859, *Florence Nightingale* believed that the nurse is responsible for the proper use of fresh air, light, warmth, cleanliness, quiet and the proper selection of diet. With this statement *Florence Nightingale* is expressing that the nurse has the full

responsibility to prevent the patient from acquiring a nosocomial infection. *Worsley* continues to quote "This seems to be an excellent framework for the art of surgical nursing more than one hundred years later". One should keep in mind that in the time of *Florence Nightingale* the infection risk was particularly high due to the cramped conditions of hospital wards.

Nurses play an important role in the prevention of infection. They are the key people who spend the most time with patients, and as the patient's advocate, they have a role to play when together with their patients they interact with other staff groups and patients. (*Gould 1994*)



Similarly each member of the multi-disciplinary team has the duty to combat infection in the hospital. Henderson (1981) talks about the involvement of the multi-disciplinary team: "One profession cannot successfully isolate and combat infection. Only by the co-operation and commitment of all hospital personnel, can an infection control programme be successful."

□ EDUCATION

Education is one of the main tools in the implementation of infection control principles. The Infection Control Nurse should take up education as one of the principal tasks to achieve a change in the behaviour pattern. A change of behaviour is said to happen when there has been a change in human disposition or capability which can be retained, and which is not simply attributed to the process of growth. (Gagne 1970)

Clinical nurses need to have a sound understanding of basic micro biological principles in order to protect the patient, the visitors, staff and the hospital environment from infection. In recent years, microbiology and infection control in hospitals have made their appearance in pre- and post-registration nursing curricula. Few would dispute their value.

□ WHAT ARE THE BARRIERS TO EDUCATION?

Researches on what clinical nurses need to know have shown that microbiology is the most difficult of the life sciences for students to appreciate, and for the tutors to make relevant (Gould 1994). Even more worrying researches continue to reveal that there is evidence that qualified nurses still lack confidence when performing routine procedures, from aseptic technique to isolation precautions.

Matthew (1991) carried out a study which showed that during a ward-based teaching programme, nurses lacked basic information and benefited from regular updating.

□ PATIENT EDUCATION

Patient education is increasingly being recognized as an important part of nursing practice. "It is part of the nurses' role to improve the patients' level of understanding and thus promote their health" wrote Henderson (1966). This statement implies that a two way process occurs - that of teaching by the nurse and learning by the patient, with the purpose of achieving a specific goal, that of optimum health.

□ EDUCATING A PATIENT WITH AN INFECTION

The patient who has developed an infection has a right to know how this will affect the progress, and the restrictions that may be placed on him / her during the stay in hospital. Reactions to stress, and the coping mechanisms to deal with it, are highly individual. Much depends upon individual perception. The quality of reassurance and practical help that can be given by health professionals is of utmost importance.

Any illness, whether an infection or not, is stressful. (Wilson-Barnett 1980) Those who work in a hospital become socialized into accepting the discomforts and pain associated with illness, but to the patient the illness is unique.

From numerous research studies, Wilson-Barnett has concluded that people in hospital need a good deal of adaptation to cope with the following stress agents:

- unexpected events
- unpleasant symptoms
- loss of function
- loneliness
- unfamiliar surroundings and relationships
- altered status and role.

Patient education should be planned, intentional, systemic and tailored for the patient, considering the cultural background of the client. The information should be straight forward and clear in every day language e.g. saying bugs or germs instead of bacteria would be more appropriate. Using words that they do not understand will not help them accept the information.

Research confirms that the patient's ability to remember information is impaired by high levels of anxiety. (Ley and Spelmon, 1967) The order in which information is delivered also effects what is remembered. Therefore the information should be given in a logical sequence.

Godfrey Cutajar
Clinical Nurse Specialist
Infection Control



SOTTO KUMITATI

□ SVPR

Wara nuqqas ta' ftehiem, bejn I-MUMN u I-Managment tar-residenza San Vincenz, I-Union harget direttivi lill-membri tagħha ġewwa din ir-residenza, u hawn nixtieq ngħid li dawn id-direttivi ġew osservati mija fil-mija. Ġimgħa wara intalbet laqgħa, li għaliha kien hemm prezenti is-Segretarju Parlamentari, il-Prof. Louis Buhagiar. F'din il-laqgħa ntlahaq ftehiem fuq diversi punti fosthom :

1. Issir talba biex jingiebu nurses nisa biex tittaffa il-problema ta' nuqqas ta' staff fis-swali tan-nisa.
2. Titneħha I-Quota tal-Overtime.
3. Il-penalita tas-sick leave biex wiehed jahdem overtime niżlet min għaxra għal sebghat ijiem.
4. Meta toħroġ sick leave min fuq ix-xogħol ma tibqax iżjed ta' penalità.
5. Tiżdied is-somma ta' flus dovuta għall-overtime.

Wara din il-laqgħa I-Union ittirat id-direttivi u rringrazzjat lil partijiet kollha konċernati.

George Mallia
Chairman SVPR

□ ĊENTRI TAS-SAĦĦA

Saret laqgħa bejn id-dipartiment tas-saħħa u rappreżentanti ta' MUMN, fosthom Colin Galea u Doris Debono chairperson sotto kumitat taċ-ċentri tas-saħħa , dwar l-uniformijiet għan-nurses ġewwa iċ-ċentri tas-saħħa.

Ntlahaq ftehim li dawn l-uniformijiet għandhom ikunu dublett jew qalziet (aħdar jew blu) għall - Enrolled / staff nurses rispettivament. Blouse jew qmis bajda b'rigi hodur jew blu , cardigan u blazer ta' kulur skond il-grad għax-xitwa. Nursing officers u Deputy nursing officers ser ikollhom uniformi bi qmis jew blouse abjad u qalziet jew dublett blu , kif ukoll blazer għax-xitwa.

Kopja ta' dan il-ftehim ser tkun imwahnha mal-"notice board" ġewwa dawn iċ-ċentri.

Doris Debono
Chairperson Centri tas-Saħħa

□ SPTAR SAN FILIPPU

1. Waqt laqgħa mall-management fit-22 ta' April, 1998, li fiha kien prezenti Rudolph Cini, Colin Galea u Josianne Bason għan-naħa ta' Union , MUMN ġiet mogħtija s-"Sole Recognition".

Wara saret laqgħa man-nurses u I-midwives fl-4 ta' Ġunju fejn il-president ta' union Rudolph Cini spjega xi t'fisser is-Sole Recognition u r-rwol ta' union. Huwa heġġeġ lill lis-staff biex ma jibzax u jikkopera ma' I-union, sabiex I-MUMN tghinjom

jakkwistaw id-drittijiet tagħhom.

2. Inghatat direttiva biex n-nurses u I-midwives ma jiffirmawx l-emendi tal-kuntratt, liema direttiva kienet suċċess. Dan sar minhabba l-fatt li ma kienx hemm konsultazzjoni ma' I-union.

3. F'laqgħa li saret mad-direttur fl-1 ta' Lulju, ġie deciż li n-nurses u I-midwives jinghataw hmistax il-minuta "lee way "meta jużaw l' "swipe clock" fil-bidu tad-duty tagħhom, peress li dan tneħha mill-post fejn kien faċilment milhuq min-nurses u I-midwives u tpoġġa f'post inqas konvenjenti għalihom. Dan il-ftehim għadu ma ġiex finalizzat.

Josianne Bason
Chairperson Sptar San Fillippu

□ SPTAR SAN LUQA

1. Proposta tal-MUMN dwar impjegati li jieħdu hsieb il-ġbir tas- "samples" tad-demmm. Dan is-servizz kien ippovdut qabel. Paroli sar hafna imma fatti xejn.

2. L-iffullar tas-swali tal-mediċini w anke tal-kirurgija issa tant indara li sala "full up" b'31 pazjent saret għall-erwieh.

3. L-ingwanti u affarijiet materjali ohra mhux bil-miljuni fuq xi karta ta' xi "stores" irriduħom ikun imma bil-kwota stabililita fis-swali fejn jintużaw.

Tommy Dimech
Chairman Sptar San Luqa

□ MCH

Is-Sotto kumitat fl-MCH, qiegħed jieħu sehem attiv fit-tahdidiet mad-dipartiment tas-saħħa, rigward id-Deployment tan-Nurses fl-MCH. Irridu nfakkru li I-MUMN mhux se tieħu l-ebda deciżżjoni qabel ma tikkonsulta man-nurses konċernati.

Ġie maħtur is-sotto kumitat il-ġdid għas-sena 98-99 :

Paul Bezzina	Chairman.
Raymond Galea	Vici-Chairman.
Andrew Sciberras	Segretarju.
Ronald Pavia	Kaxxier.
Nicholas Cassar	Membru.
Mary Grace Micallef	Membru.
Claire Attard	Membru.

Paul Bezzina
Chairman MCH



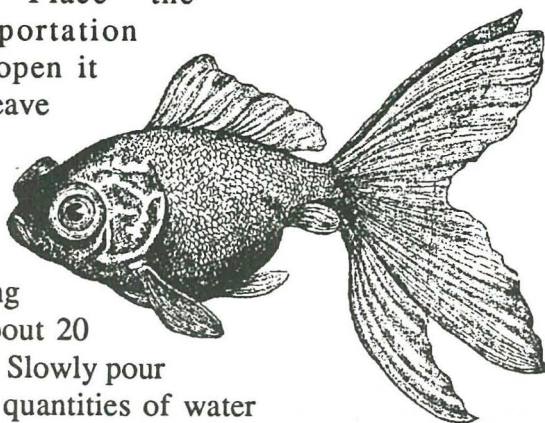
Setting up your Aquarium (2)

Step by step procedure:

- After placing the aquarium in a recommended area, that is not in cold draft or in excessively warm areas, it is time to set up your aquarium.
- Fix a background scene to the rear glass with adhesive tape, and place the aquarium on its stand or furniture which is capable of supporting its weight.
- It is now the time to place the recommended amount of gravel inside the aquarium and fill half the volume with water. Decorate with rocks and plants and fill the aquarium with water.
- Connect the heater and filter, and switch on. Do not introduce any fish, for about three weeks, for the fact that organic life needs some time to stabilize. The filter, heater and lighting should be operating during this period.
- Before introducing the fish, check the pH and hardness, using test kits and adjust with buffers in liquid or powder form by adding to the water according to the instructions. Around 500 different kind of decorative fish are being offered in aquarium shops ... making it hard to select the appropriate ones. The best way is to accept advice and be well informed by reading and inquiring information from experienced individuals. When fish is bought, and preparations have initiated for the introduction of fish into the aquarium, the following should be adhered:

- Place the transportation bag, open it and leave it

floating for about 20 mins. Slowly pour small quantities of water



from the aquarium to the bag, then after 10 mins, gently allow the fish to swim out of the bag.

- Do not over populate the aquarium. Allow at least 1 liter of water per cm in length of a grown up fish. After a couple of months, when the water is proofed to be biological mature, insert a few more fish.
- Make sure that you are always informed about the types and species of fish, their habits and compatibility especially if you have in mind a community aquarium, to avoid quarrels and even deaths. Some species are better kept as a shoal, couple or single.
- Feeding - Feed your fish twice to three times daily in small amounts. Give as much as your fish can eat, within 5 mins. This way, leftovers are minimized. Many kinds of food is available, e.g. flakes, floating sticks, sinking tablets and others. One must ask advice, before buying such food.
- Maintenance - To keep a healthy environment, maintenance is needed.

Daily Routine:

Check temperature and adjust if needed.
 Check condition of both fish and plants.
 Remove dead leaves and plants.
 Check the function of the equipment.
 Feeding.

Monthly Routine:

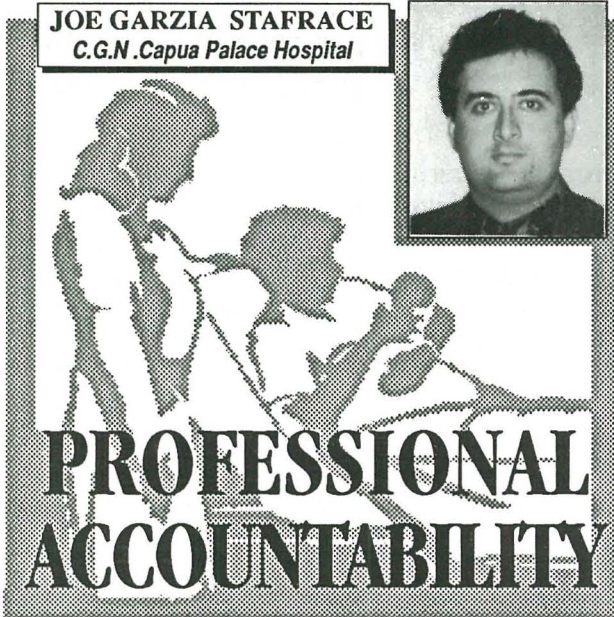
Check water values, (pH, hardness, nitrate, nitrite, etc.) adjust when need.
 Partial water change. (Change only 1/3 of water from the aquarium).
 Check filter and clean when necessary.

- Follow these instructions carefully, and seek for advice from well experienced individuals, and you will achieve great satisfaction from this wonderful hobby.



Charles Cocker.

JOE GARZIA STAFRACE
C.G.N. Capua Palace Hospital



The topic of "Professional Accountability" poses two questions. First, are we a profession?. And second if so, what is meant by the term "Accountability" in this contest. The argument over whether nursing is a profession or an occupation is not a new one and is one which has never really been resolved although we would all like to think we belong to the former. There is no generally accepted definition of a "profession" although there is some agreement over the "core attributes" essential to professionalism:- extensive training, unique body of knowledge, provision of important service to society, system of credentials or licenses to control admission, organization of its members and autonomy of practice. However, different authors place different emphasis on these attributes. Etzioni (1996) feels a professional needs a minimum of five years training [otherwise semi-professional] whereas Friedson (1997) suggests an occupation only becomes a profession when it assumes a dominant position in the labour market so that it controls the determination of its own work becoming autonomous and self-directing. He suggests what most self-conscious occupation falls into the trap of calling himself or herself "a professional" in an attempt to either flatter themselves or persuade others of their importance.

So is nursing a profession? Are we flattering ourselves?, or are we as professor Clegg stated in his report on nursing , an "occupation based on mainly practical skills learnt by on-the- job training". Sleicher (1981) suggests that we are not a true profession as we are not fully autonomous, lack extensive specialist knowledge and rely heavily on the medical profession for direction. Whilst accepting some of the argument I believe we are a profession in that we are increasingly becoming autonomous in our practice, because of specialization we do need extensive specialist knowledge, we are licensed by statute and provide an increasingly important service to society.

If we are to accept that we are a profession then we now need to address the concept of Accountability and

what this means to the registered nurse in the contest of their work. The term "Accountability" is defined as "to be responsible for , answerable for , liable". The nurse must not only acknowledge accountability for his/her actions [or omissions] but must also be able to recognize the limitations of their practice[knowledge and skills] and not undertake responsibilities for which they are neither experienced nor trained. What does the future hold?, were is the nursing role turning at ?, which boundaries and limitations are going to be altered?. it will be interesting to see how far things change before one or other side [medical vs. nursing] start to feel their autonomy and ability to determine their own work threatened. It will also become increasingly important to ensure that if these skills are accepted and learnt then they must be applied in the contest of A NURSING ROLE not that of a underpaid doctor or physicians assistance.

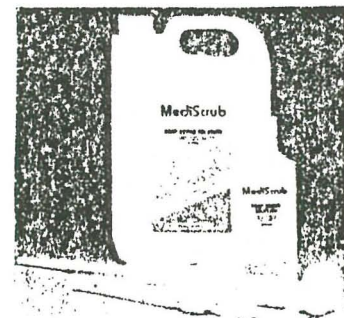
Undoubtedly a topic worth further detailed consideration and evaluation. To ' wait and see' is something of the past, since the future is the action of the present.

Etzioni A. (1969) The semi professionals & Their Organisation. The Free Press, New York.
Friedson E. (1970) The Profession of medicine. dodd, Mead, New York.
Sleicher M.N (1981) nursing is not a profession. Nursing & Health care, April, 186-191 218
Dimond B. (1990) Legal Aspects of Nursing. Prentice Hall , New York.

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ID-DIXXIPLINA FIS-SERVIZZ PUBBLIKU

IL-KUMMISSJONI DWAR IS-SERVIZZ PUBBLIKU (PSC)

Id-dixxiplina għall- haddiema tal-gvern hija suppost taht is-superviżżjoni tal-Kummissjoni dwar is-Sevizz Pubbliku u dan skond il-kostituzzjoni ta' Malta. IL-proċeduri tad-dixxiplina ilhom eżistenti għal madwar għoxrin sena u fil-preżent il-unions tal-haddiema tal-Gvern qeghdin f'diskussjonijiet mal-Gvern sabiex dawn jiġu emendati. L-MUMN hadet interess f'dawn l-emendi billi mhux biss iddiskutit imma wkoll baghtet emendi bil-miktub lill-Uffiċju tal-Prim Ministru.

Id-dixxiplina mal-Gvern tohloq hafna problemi u dan minhabba diversi ċirkostanzi u għalhekk wiehed ma jistenniex li jkun hawn ġustizzja vera u serja ma kull haddiem. Li wiehed jistenna huwa li jsir dak kollu possibli sabiex bil-proċeduri ġodda kemm jista' jkun, ikun jidher li hemm impenn shih li ssir ġustizzja vera u serja. In-numru kbir ta' ftiit anqas minn 30,000 elf haddiema jagħmilha diffiċli biex wiehed iżomm "record" tajjeb ta' minn ikun qiegħed jobdi jew jikser ir-regolamenti. Il-gvern huwa maqsum fi kwantita' kbira ta' dipartimenti u għalhekk għandek numru kbir ta' Diretturi li bla ma jridu kull wiehed minnhom iħares lejn ir-regolamenti differenti għaliex jidhol l-att uman ta' interpretazzjoni u suġġetiv kif wiehed iħares lejn il-gravita tal-każ. Biex l-affarijiet aktar jikkumplikaw ruħhom id-dipartimenti tal-gvern jagħtu mijiet ta' servizzi differenti u għalhekk ikun dsiffiċli li r-regolamenti jigu interpretati xorta għal kull servizz divers. Ma' dan trid iżżid ukoll li l-haddiema tal-Gvern huma mqassmin fi kwantita kbira ta' gradi. Dan johloq problemi biex wiehed jaddatta kejl ekwu ta' htija għal kulhadd. Eżempju hafif huwa li għalkemm jeżisti hin għal "break" jekk haddiem fi grad żgħir jiehu xi haġa x'jiekol jew jixrob mhux waqt il-"break" suppost li jiġi ddixiplinat imma jekk ikun haddiem fi grad għoli u jgħamel l-istess haġa mhux talli ma jigix iddixiplinat imma talli l-Gvern iħallaslu dak li jixrob jew jiekol u jgħatih id-dritt li jwaqqaf haddiem iehor mix-xogħol biex isservih. Hekk naraw li għalkemm għandu jkun hemm regolamenti kull regolament irid jittiehed skond ic-ċirkostanzi partikulari tal-każ.

ANOMALIJI

Il-proċeduri eżistenzi tad-dixxiplina preżenti fihom hafna anomaliji li hemm bżonn li jiġu rranġati. Minhabba l-ispazju mhux possibli li jigu elenkati kollha u spjegati fit-tul. Wahda mill-anomalija li tispikka hafna hija r-regola li fi ftiit kliem tgħid li jekk l-awtorita ma timxix skond ir-regolamenti l-proċeduri ma jitqiesux li huma nvalidi. Jew aħjar jekk minn jagħmel l-att ta' l-akkuża jew jekk minn sejjer

jiġuddika ma jimxix skond ir-regolamenti l-PSC tista : tqies li kollox mexxa tajjeb skond l-istess : regolamenti. Anomalija kerha ohra hija li fil-waqt li : minn jiġi 'akkużat irid iżomm mal-proċeduri, : speċjalment f'dak li jirrigwarda żmien, ma jkun ġara : xejn jekk l-awtorita' li qegħda takkuża jew tiġġudika : ma żzommx maż-żmien preskritt. Eżempju ta' dan : huwa li l-proċeduri jridu jittieħdu fi żmien tlett xhur u : biex jitwalu hemm bżonn il-permess mill-Bord tal- : PSC. Imma f'hafna każi dan ġie injorat. Hekk : naraw li każ żgħir ta' dixxiplina d-dipartiment tas- : saħha jkun dam mhux tlett xhur imma aktar minn : sena jew sena u nofs. Wiehed japprezza li fuq każ : żgħir "misdemeanor" sew l-akkużat u min jakkuża : u x-xhieda jinsew u jitfixxlu d-dettalji tal-każ.

L-għar anomalija għaliha hija li minn huwa fi grad : għoli jista' jiehu passi ta' dixxiplina kontra iehor fi : grad anqas. Imma ż-żgħir ma għandux mezz biex : jara li minn jiżbalja fi grad għola minnu jekk jiżbalja : jiehu dak li haqqu. Issa aħna nafu li l- : konsegwenza ta' żball ta' wiehed fi grad għola huwa : aktar gravi minn l-istess żball ta' wiehed fi grad żgħir. : Anomaliji ohra hija li meta tnejn jkun għamlu l- : istess żball wiehed jiehu "charge" u l-iehor le. Il- : bord tad-dixxiplina jinjora dan il-fatt meta jsir jaf bih : taht l-iskuża li l-iehor mhux "on charge". Hemm : hafna aktar anomaliji imma mhux possibli li : nsemmijhom kollha. Haġa kerha hafna hija li għall- : istess żball ma' jigiex mogħti l-istess kastig.

PROĊEDURI ĠODDA

L-MUMN għalkemm hija union żgħażuġha naf li : hadet hafna interess sabiex tara li ir-regolamenti l- : ġodda jnaqqsu kemm huwa possibli l-anomaliji : eżistenti rigward kif qegħda tiġi amministrata s- : sistema ta' dixxiplina mal-Gvern. Ikun jaqbel għall- : Gvern u għall-haddiema kollha jekk l-uffiċju tal-Prim : Ministru jagħti widen għal pariri ta'din il-union. Il- : proċeduri ġodda għandhom jaraw li jitnaqqas b'mod : raġenovoli ż-żmien li jrid jgħaddi minn meta jsir il- : każ sa meta jiġi mogħti l-kastig jew le skond jekk il- : każ jintilef jew jintrebaħ. Il-proċeduri ġodda jrid ikun : fihom element li ma jhallux diskrimminazzjoni u kull : minn jiżbalja jiehu dak li haqqu mingħajr ma nharsu : lejn l-uċuħ jew grad. Mill-informazzjoni li għandi jien : jidher li s-sistema ġdida ta' : dixxiplina hija aħjar mis- : sistema preżenti imma bi ftiit : aktar hsieb tista tiġi mtejba. : Nawgura li s-sistema ġdida : ma tiehux fit-tul biex tibda : taħdem.

Alfred Vella



EJJEW NIEQFU FTIT. . . .

Ċajt

SURMAST: Peter, liema hija l-aktar parti mehtiega fil-gisem ?

TIFEL : Is-saqajn, sir.

SURMAST: Ghidli ghaliex?

TIFEL : Ghax missieri Skarpan .

~ ~ ~

OMM: Tony, dak il-kliem hazin li qed jghid il-pappagall jaqaw int ghallimthomlu ?

TIFEL: Le , ma . Jien ghidtlu biss dawk il-kliem li m'ghandux ighid.

~ ~ ~

JOSEPH : kien qed jaqra il- gazzetta x'hin martu kienet qed tinhasel.

MARA: Isa Joseph, hemm xi hadd qiegħed jiftah it-tieqa tal- banju.

JOSEPH : Hallih, ghax jien ma stajtx niftahha.

~ ~ ~

X' qalu l-gellettini lill-gelat ?

Int naqra wahda kiesah, xbin !

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Declaration, 1979
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*Lill-Editur, c/o Malta Union of Midwives and Nurses
Vjal il-Kottoner, Fgura.*

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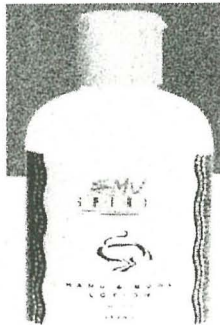
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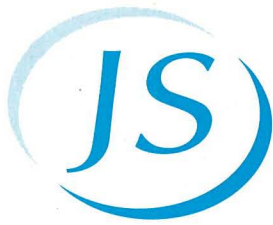
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