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MALTA UNION OF MIDWIVES AND NURSES

Harġa Nru. 18 • Dicembru 2002

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Editorjal

Hidma minghajr Diskriminazzjoni

Ta' sikwit fil-hidma tagħna niltaqghu ma pazjenti barranin. Fost dawn ikollna refuġjati, klandestini, immigranti bla dokumenti u oħrajn.

Il-kodiċi ta' Etika tan-Nurses tagħmilha ċara li fil-hidma tagħna ma nistgħux nagħmlu diskriminazzjoni bejn razez, kulturi u reliġjon u li kull persuna tkun rispettata d-dinjità tagħha. Sfortunament, bhala Nurses u Midwives hafna drabi ingorru fil-hidma



tagħna idejat, attitudnijiet jew biżgħat li nisimgħu jew li jkunu għaddejn fis-soċjetà ta' madwarna.

Fit-twertieq ta' dmirijietna bhala Nurses u Midwives iżjed minn kull haddiem iehor għandna r-responsabilità u d-dover li nkunu il-lehen, l-idejn jew kultant anke għajnejn il-klijenti tagħna. Minn jiltaqgħa ma' dawn il-persuni jista' jinduna kemm huma vulnerabli għalhekk jistgħu jiġu żvantaġġati.

Din id-diskriminazzjoni minghajr ma nafu tista' tintuża ma kollegi shabna bhal minn għandhom grad differenti minn tagħna, li huma ta' nazzjonalità jew kultura oħra. Dak li l-kodiċi ta' etika jgħodd għall-pazjenti fil-kura tagħna, irridu napplikawh ukoll mal-kollegi tagħna.

Li wiehed jakkwista iżjed gherf huwa dmir ta' kull Nurse u Midwife, però dan kollu jrid jintuża biex jgħin fit-titjib tal-kura u l-bżonnijiet varji tal-pazjent. X'jiswa li wara ismi jkolli l-ittri tal-alfabet kollu jekk ninsa l-bżonnijiet tal-persuni fdati fil-hidma tiegħi jew li m'ahnix lesti li naċċettaw u nikkomunikaw ma dawk li nahdmu magħhom.

Forsi matul dan ix-xahar ta' Diċembru l-ispirtu ta' l-istorja tat-twelid ta' Ġesù Bambin jgħina nirriflettu b' mod personali jew kollettiv aktar fuq l-attitudnijiet tagħna u xi kwalità ta' servizz li qed ngħatu.



*Il-Bord
 Editorjali
 jixtiqilkom
 Milied u Sena
 Ġdida mimlija
 ferħ u paċi*



Message from the President



Dear Colleagues

Time passes quickly and this year is almost gone by. I recall very recently and in fact it seems just like as if it was yesterday when we all feared the unknown when we were at the doorstep of the new millennium. It comes quite natural to us human beings to get accustomed to our habits and routines and almost very rarely we approve to any change without fear or a degree of resistance. We tend to resist change almost in a reflex action, instantly and without reasoning.

The Nursing and Midwifery professions in our country are undergoing a period of continuous change and quite rightly so we also are experiencing the symptoms I have just mentioned above. MUMN has a very challenging future ahead as most issues concerning our profession in foresight consist in implementing change in our work practices and also a change in the work environment. This period of time I tend to refer to as a historical period to our professions. In the very near future we are going to start shifting from the old and frail Saint Lukes Hospital to the New dynamic state of the art Mater Dei Hospital. This shift will also bring about a cultural change in the mentality of the Maltese people. Nurses and Midwives must grab this opportunity to twist the negative attitude by certain clients and unfortunately also by other health care professionals towards our professions. That is why the Union is insisting with the Health Authorities to start negotiations regarding the effects of change on our professions. We need to know what is in the pipeline, what does saying that new working practises will be introduced mean. The main ingredient to minimise resistance to change is to involve all those concerned, but unfortunately it seems that discussions with the workers representatives is not in the Authorities agenda.

Next year we shall also experience a change in laws that regulate our professions and also Union activities. The Health Care Professionals Act and the Industrial Relations Act will come in force. The Health Care Professionals Act is intentioned to give more empowerment to each Health Care Professional and encourage self-development, as we shall be obliged to participate in continuous developing programmes, to keep abreast with modern trends. This law will give an added stimulus to our professions, but we are still at loggerheads with the authorities regarding the issue of a licence to practice to Nurses. With the introduction of the new law regarding the Industrial Relations, Nurses and Midwives shall form part of the essential services group and therefore in the event of industrial action a stabilised number of nurses and midwives shall still provide emergency service.

After hectic discussions with the Government, MUMN amongst other stakeholders, agreed with and finalised the General Collective Agreement for Public Service Employees. Apart from the substantial increases in our salaries we have also agreed that the Sectoral Agreement will commence in January with a 6 months strict time-frame. The Sectoral Agreement discussions will cover the Early Retirement Scheme, Changes in Salary Structures and the Specialisation package.

I would like to take the opportunity to convey to you all and your families my best wishes for a Happy Christmas and a prosperous New Year.

Rudolph Cini



LE M'AHNIEX

“Wara dak l-istudju kollu biex ilhaqt *nurse*, issa hafna minn xogholi jikkonsisti f’li ntella’ w inniżżel lill-pazjenti t-*theatre* u f’li naghmel xoghol iehor li suppost isir minn impjegati li mhux bilfors ikunu *nurses*, bhal per eżempju, ġbir ta’ stejjer, ġbir ta’ *x-rays* u tehid ta’ dmija lejn il-laboratorju. U donnok trid tobdi lil ta’ fuqek kważi bilfors; il-frazi minn ta’ fuqi ta’ ġibli haġa u hudli l-oħra dejqitni. Rari hafna jitolbuna mmorru xi *ward round* jew ma’ xi konsulent. B’hekk ix-xoghol ta’ *nurse* qed narah bla sens, monotonu, bla wisq motivazzjoni u sodisfazzjon”. Dawn huma kummenti li sfortunatament nisma’ ta’ spiss.

U dawn it-tip ta’ lmenti

jkomplu: “. . . id-diska tas-soltu li nisimghu minn ta’ fuqna hija li dak hu xogholna, u li jekk ma naghmlux dan il-qadi ‘l hemm u ‘l hawn xogholna allura x’ikun? hafna drabi nispiċċaw f’sitwazzjoni tipika fejn ta’ fuq ifarfar fuq ta’ tahtu. Bhal donnu in-*nurse* sar *robot* mekkanizzat li jkollu jobdi u joqghod għal kollox inkella jispiċċa ttimbrat li m’ghandux għal qalbu lill-marid, li hu għażżien, jew li jiġi x-xoghol għall-paga biss”. U dawn il-kollegi shabna jistaqsu “ jewwilla *n-nurses* m’ghandhomx drittijiet?”. It-tweġiba ċara tagħna hija li *n-nurses* indubbjament għandhom id-drittijiet tagħhom, madanakollu huwa fatt li xi drabi fost

dawk li jmexxu jkun hemm min jabbanduna dawn id-drittijiet biex jenfasizza iktar fuq id-dmirijiet.

Però li huwa żgur hu li l-*Union* tagħna qegħda hemm sabiex tissalvagwardja l-interessi tagħna lkoll. Mela għamel kuraġġ siehbi, kun kburi li inti *nurse* u membru fil-MUMN u tiddejjaqx tressaq l-ilmenti jew is-suggerimenti li jkollok. Kun af li fl-għaqda hemm is-sahha. Għaldaqstant inhegġiġkom sabiex tkomplu tagħtu appoġġ shiħ lill-*Union* tagħkom, anki billi tipparteċipaw fl-attivitajiet li jiġu organizzati minn żmien għal żmien. Issa li qed joqrob żmien il-festi, nawgura l-Milied u s-Sena t-Tajba lil kulhadd.

Thomas Agius
STAFF NURSE
DAY SURGERY UNIT

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QUALITY PUBLIC SERVICE

By *Tommy Dimech*
Vice-President - MUMN



The Public Service International (PSI) 27th World Congress held in Ottawa, Canada last September was an experience never to forget. Together with MUMN's General Secretary, Colin Galea, we participated for the first time in this conference since MUMN's affiliation in the PSI. This Conference was held in the city's Congress Center. Our main objective was not to put our names amongst the list of speakers, but to get first hand information about PSI's working mechanism and what were our dues in the involvement of such a huge tradeunionistic organisation. Saying so I have to admit that even if the intention was different we still would have remained silent and speechless when faced with the realistic picture that shows the real problems around the globe.

In Sub-Sahara region (Africa), 2 to 3 million people were killed in 2001 because of Aids and another 3 to 4 million new HIV positive patients this year. Dr. Stephen Louis from the United Nations, in a passionate speech, continuously interrupted by applause from the present PSI Delegates, stated how grandmothers take care of up to 8 to 10 orphans, and 12 to 13 year old girls take care of siblings. He called on the developed countries and showed the urgent need of medicines required to fight Aids, Tuberculosis and Malaria in this region. Worse than this, hospital staff is getting infected with Aids, and Nurses are getting the disease up to the figures of about 48%. A cry is being heard in African countries, a cry for the respect of human rights.

Argentina, another region in South America that makes one begin to think what is happening, and what may happen in our relevant country. Protection for workers' rights in Argentina no longer exists. Poverty is going up to 52%, unemployment over 20%, the health care system is deteriorating and

access to such services is now limited due to privatisation. Argentina is asking for international help from financial institutions to offer protection. In Colombia, on average, every three days a trade union leader or activist is killed, 1.5 million people live in poverty in this country and 80% of casualties of war are civilians. 1 person in Colombia is murdered every 15 to 20 minutes on average. Between the years 1999-2000 unemployment rose to 20%. Colombia wants to restore labour rights and peace. International Labour Organisation (ILO) is urging an inquiry on labour rights in Colombia, but Venezuela is already facing the same problems. No rights for collective activity exist and agreements cannot be reached. PSI struggles are in vain. 108 hospital workers were dismissed. In Guyana, the African government is violating the core of ILO conventions on workers' rights. Interesting to know is that governments had promised that by the year 2015 poverty in the world will be reduced by half. United Nations said it would not be reached!

All delegates present approved an urgent resolution during the congress. This was a resolution regarding the Middle East conflict. The killings are taking place at an alarming scale in this region. Civilians from both sides of the conflict are ending up as being victims of war that never seem to end.

This impressive and sad picture makes the developed countries realise that it is best to have "Quality Public Service unionised workers who are free to speak out freely about quality" as stated by Judy Darcy, CUPE President. If public service rises in quality, the quality of life in every country will rise. Guy Rider, ICFTU General Secretary, also made reference that a cost effective, efficient public service and a sense of social justice, not of self interest should bring solidarity on a global scale and also at the place



of work. All this has to be implemented by respecting workers' rights as listed by ILO's Conventions 87 - For Freedom of Association, Convention 98 - For The Right to Organise and Bargain and other Conventions like 100 and 111 that give the right to work free from discrimination in employment, pay and conditions of work. So it is of great importance that before discussions start, such as discussions on Sectoral Collective Agreements, no imposition or pre-conditions are made by any of the stakeholders before the bargaining starts. It can end up in violating one or more of the ILO's Conventions. Another interesting resolution was No. 21 of the PSI's Congress, regarding Occupational Health, a very important subject that is of great interest to our union. PSI also notes that efforts to make public services more efficient have increased the workload and a degree of stress for employees so much, that in many cases the quality of the service is rendered at risk, while the incidence of burnout amongst employees has risen at an alarming rate.


The full support of the ILO, by the Director General, Mr. Juan Somavia, in a video speech at the Congress, marked ILO's intention on the campaign launched by PSI towards quality public service. ILO's Director General stated, "Count on me. Count on the ILO in the quality public service campaign". Sally Paxton, ILO's Executive Director for Social Dialogue mentioned that Social Dialogue is at the core of good governance, of sustainable development and of industrial peace and democracy. This made Colin and myself re-think again about the Mount Carmel Hospital's dispute regarding deployment of Nursing Staff. One must now reflect: what have we learned? What are the governments' intentions regarding autonomy of the health sector in Malta? 18 months have passed since MUMN and other stakeholders were promised that full discussions through the process of Social Dialogue were on the way to start. Not a single meeting was held since then, and the new hospital is supposed to be officially inaugurated by the year 2003. I sincerely hope that the authorities

concerned realise that it is not healthy for our country to play the same game twice. The right for Social Dialogue, a real Social Dialogue process, is of vital importance in the health sector. Mr. Somavia also mentioned this in his speech. The importance to Social Dialogue is essential, together with the process of a good collective bargaining. Only such process leads to delivery of a quality Public Sector that is both efficient and effective.

Mr. Bill Lucy, former PSI's President said, "the struggle for quality public service is a struggle for life itself". Only the public sector has the capacity to deliver public goods and services to everyone regarding of the income and status. The Ottawa PSI Congress was an experience that touched the core of real life. Mr. Hans Engelberts, PSI General Secretary made an important announcement when making reference to the fact that we need to put pressure on Governments to invest in Health and Education.

It is of a great satisfaction that we had the opportunity to meet both Mr. Alan Leather, Deputy General Secretary of PSI and Dr. Mirielle Kingma, ICN Consultant where we had a healthy informal talk. With both distinct officials we made MUMN's foreign policy clear and it was appreciated and supported by both. This is a position that MUMN's Executive Committee has embraced and worked on for the last few years, where it was proved that the mixture of both schools of tradeunionism and professional development can show the way forward to success. Of great satisfaction, we also noted, was the input of international organisations in the PSI World Congress. Organisations such as International Labour Organisation, United Nations and Amnesty International were involved together with international trade unions showing solidarity and a great will to move forward towards a quality public service for all.

MUMN takes this opportunity to congratulate the newly elected PSI President Ylva Thorn and promise to collaborate with all PSI Officials for the growth and quality of the Public Service Sector. ●

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Rueben Cassar

BSc Nursing Studies 2001

Academic Stress is one of the Major Issue of Concern

All human beings experienced stress throughout their lives. However the experience of stress varies from one person to another according to the individual's personality own perception of stress. Not all stress is harmful in actual fact. It helps us to cope with different situations that are brought about in our daily life events. This enables the body to create a balance between health and illness. The body has its own stress adaptation method. Cannon (1929) was the first one to call this short-term alarm reaction as the "flight or fight reaction". This refers to the complex physiological and biochemical reaction that takes place in our bodies during a stressful situation. This physiological reaction is brought about by three factors mainly the autonomic nervous system, the endocrine system and the skeletal musculature.

In times of stress the sympathetic nervous system releases a hormone which increases arousal when the organism is under threat, enabling the heart to increase its activity. On the contrary the effects of the sympathetic stimulation is reversed by the action of parasympathetic nervous system, which helps to restore the body to a resting state. Their action is involuntarily and is designed to enable the organism to survive.

The endocrine system is intertwined with the autonomic nervous system. The adrenal glands release hormones, namely adrenaline and noradrenaline, which modify the action of the

internal organs in response to stressful stimuli. Their release is controlled by the autonomic nervous system. The adrenal cortex produces glucocorticoids, especially cortisol, which promotes the action of the catecholamines, adrenaline and noradrenaline.

According to Jacobson in 1939 the release of tension in the skeletal musculature has an effect of calming the mind.

Hans Selye (1978) found out that when a body is subjected to a challenging stimulus, a characteristic response occurs. This is known as the *General adaptation syndrome* (GAS) and is characterised by three stages: alarm, resistance and exhaustion.

In the first phase the body mobilizes to confront a threat by triggering sympathetic nervous system activity. In the second phase the organism cope with the threat by fleeing or fighting it. In the third phase exhaustion occurs if the organism is unable to flee from or fight the threat and depletes its physiological resources attempting to do so.

Stress can be brought about either by environmental or individual factors (Powell and Enright 1990). It has three components: activators, stress response and its consequences. Activators are situations that bring about stress. These activators can be measured by using the Holmes and Rahe scale (1967). These can be external events, unpleasant interactions with people or changes in the body.

The stress response varies from one person to another depending on the individual's personality and coping mechanisms. Coping strategies, such as drug abuse, increased alcohol intake and smoking can be harmful for the body. Stress was found to slow down the affect of an immune response to a vaccine (Glaser et al 1992). Evidence suggests that stress affect the immune system's ability to defend the body (Taylor, 1999). One study indicates that the common belief that one is more likely to catch a cold when is under is probably correct (Cohen, Tyrel, and Smith, 1991). Friedman and Rosenman (1974) divide people in two categories, namely Type-A and Type-B depending on the individual's reactions to stress. Type-A reaction to stress is aggressiveness, competitiveness, and self-imposing pressure to get things done. Type-A behavior has been linked to an increased susceptibility to heart attacks and other diseases. On the other hand people with Type-B behavior are more patient, easygoing and relaxed.

In our daily life we are faced with many pressures which force us to take certain decisions and set priorities. Academic demand is one of those stressors, which is becoming common amongst university students. Academic pressure is causing a lot of unpleasant lifestyles. The use of alcohol and drugs amongst young people account for many suicides and motor vehicle accidents. Smoking is also on the increase leading to heart diseases and cancers, especially lung cancer. Academic stress is very demanding, as it entails pressure of work, study and time limit for certain assignments to be handled in. One must find healthy coping strategies to prevent unwanted consequences.

COPING WITH ACADEMIC STRESS

Because the emotional and physical strain that accompanies



stress is uncomfortable, people are motivated to do things to reduce their stress. These 'things' are what is involved in coping. Lazarus and his colleagues (1984) identified two main functions of coping. It can alter the problem causing stress or it can regulate the emotional response to the problem. People can use different coping strategies to control their feelings of tension.

Edmund Jacobson (1938) proposed relaxation of the skeleton muscles many years ago. It aids concentration. Thus it allows individuals to make right decisions. It helps to relieve that stress which has been building in. There are various types of relaxation therapies available today. Deep-breathing exercise is an example. It helps the individual to loosen up the tension of the whole body by using deep-breath as a releasing force of the tension. Findings indicate that muscle relaxation tends to arouse pleasant thoughts in the person (Peveler and Johnston 1986).

Another form of relaxation is exercise. The benefit of exercise is threefold. First, engaging in regular exercise reduces stress and anxiety. Secondly, people who get involved in fitness programs report that their work performance and attitudes improve. Participating in regular exercise appears to enhance the self-concept of individuals (Dishman, 1986). A healthy body is associated with a healthy mind. Physical exercise helps the individual to stay healthy. Taylor (1999) sustained that individuals who regularly engage in aerobic exercises such as jogging, swimming or cycling showed significantly lower heart rates and blood pressure in response to stressful situations. In another study by Brown (1991) showed that physically fit people were much less likely to become physically ill following stressful events.

Time-management is also important. Before one starts to

LIFE EVENTS SCALE. *This scale, also known as the Holmes and Rahe Social Readjustment Rating Scale, measures stress in terms of life changes.*

LIFE EVENT	VALUE
Death of spouse	100
Divorce	73
Marital separation	65
Jail term	63
Death of close family member	63
Personal injury or illness	53
Marriage	50
Fired from job	47
Marital reconciliation	45
Retirement	45
Change in health of family member	44
Pregnancy	40
Sex difficulties	39
Gain of new family member	39
Business readjustment	39
Change in financial state	38
Death of close friend	37
Change to different line of work	36
Foreclosure of mortgage	30
Change of responsibilities at work	29
Son or daughter leaving home	29
Trouble with in-laws	29
Outstanding personal achievement	28
Wife begins or stops work	26
Begin or end school	26
Change in living conditions	25
Revision of personal habits	24
Trouble with boss	23
Change in residence	20
Change in school	20
Change in recreation	19
Change in church activities	19
Change in social activities	18
Change in sleeping habits	16
Vacation	13
Christmas	12
Minor legal violations	11

plan the day sets own goals which must be achieved. In making one's daily schedule, one must plan to put priorities first, and try to stick to that schedule and evaluate according to the needs.

A healthy diet plays an important factor in reducing stress. Studies found that unhealthy dietary life-style is associated with poor health. Avoiding too many intakes of coffee and caffeine products is important. Caffeine is a central nervous stimulant. It can cause insomnia. Starting the day with a good breakfast is very healthy.

Music is taught to be very relaxing. It has the ability to create positive

mood, therefore reducing anxiety. Soft, background music helps to create a quiet and relaxing atmosphere. There is evidence that classical music automatically increases the alpha brain wave, the relaxation wave length (Ostrander Sheila et al 1979.)

Throughout the day it is important to assess, what we have to do, plan the day by listing the priorities and try to implement them. At the rest of the day evaluate to see if the goals of the day were reached. If time is used properly there is less stress, as time is precious. One must also find time to be involved in exercise by practicing a sport. A short afternoon nap listening to background music is rewarding.

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|| A Word from the General Secretary

As we all know talks on whether Malta should join the E.U. or not are now at an advanced stage. On one hand we have people trying to convince us that E.U. is the solution to all our problems, and that Malta will be happy ever after. On the other hand others are trying to convince us that E.U. is like the Temple of Doom and we shall all perish should we join. This is a serious problem for our country and as Nurses and Midwives we would expect both parties to be more responsible about something of such importance to us, rather than using it for political gains.

As is our duty as Union Officials, we have attended various meetings, locally and abroad, on the subject. In Malta we participated in the MEUSAC, met on various occasions with the Health Division, the Malta Labour Party, and also MIC. We have organized as well as attended seminars' were we heard what all sides had to say on E.U. We also had meetings in Brussels were we met directly with the responsible delegations involved in the talks on Malta's application for membership, as well as with various foreign Nurses and Midwives and heard their opinion on E.U. membership. We also visited Hospitals in other countries already in the E.U. and noted how these operate. I say this so our members know that the MUMN did not rely on what is fed to us locally only, but did it~s own research and weighed out all the pros and cons from our profession's point of view, even abroad.

As a union we have a duty to look out for the welfare and rights of Nurses and Midwives should Malta should join the E.U. Whether we join or not is another issue, but the MUMN is assured knowing that come what may our profession is treated with the respect and recognition it deserves.

Unfortunately one fact remains, that when one expresses an opinion on E.U. in this country, one is automatically labelled as being of specific political sympathies. This is something that the Executive Committee of the MUMN does not condone and has made it clear that Nurses and Midwives should be left to make up their own minds. Afetr all the E.U. is not only about our profession, but on our everyday life as well. Therefore one must form an opinion based on all aspects ofthe situation.

I close with heartfelt good wishes for a very Merry Christmas and a New Year filled with good health and fortune to you and all your families. I would also like to take this opportunity to thank you for your ongoing support.



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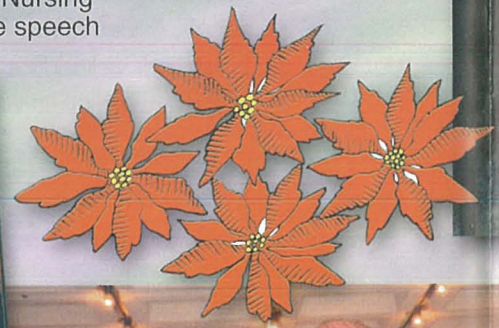
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From our Diary.



MUMN SLH Group Committee proudly announced that their request to name Ward M6 after our beloved late Ms. Rita Grima was accepted by the Hon. Minister Dr. L. Deguara. Ms. Grima spent quite a number of years as a Nursing Officer of this ward. Our President Mr. Rudolph Cini made a remarkable speech for the occasion.

In collaboration with our dear colleague Mr. Martin Ward, MUMN organised an International Mental Health Conference in which many delegates from around the globe have attended. This photo shows the visit that these delegates made to our President of Malta, H.E. Prof. G. de Marco at the Presidential Palace.



H.E. Prof. Guido de Marco opened officially MUMN's new premises at Birkirkara. Also present were Hon. Dr. Laurence Gonzi, Hon. Dr. Louis Deguara and Hon. Dr. Michael Farrugia amongst Union's Officials and friends. Fr. Arthur Vella sj blessed the ceremony.



Last September MUMN attended for the first time the PSI Congress, which is held every 5 years. In the photo together with Mr. Tommy Dimech and Mr. Colin Galea is PSI General Secretary Mr. Hans Engelberts. We also take this opportunity to thank PSI for its full co-operation and support.



MUMN now is also organising a Pensioners Group Committee. Some 43 Members are already forming part of this Committee. Photo shows new elected Committee elected amongst the pensioners themselves together with Mr. Rudolph Cini and Mr. Colin Galea, our President and General Secretary respectively.



At last the Car Park issue is solved. MUMN in a press conference informed that the price for its Members is going to be 25c for the whole day. After a six-month struggle, all parties finally agreed that Nurses & Midwives should not pay more than 25c. Congratulations to all involved in solving this delicate issue.

"Fejn Sejrin?" was the theme of the annual seminar MUMN organised for all its activists and members of the various Group Committees. The seminar was held at the Golden Tulip Vivaldi Hotel and guest speakers were Mr. J. Sharples, Dr. R. Busuttill, Hon. Dr. L. Deguara and Hon. Dr. M. Farrugia.



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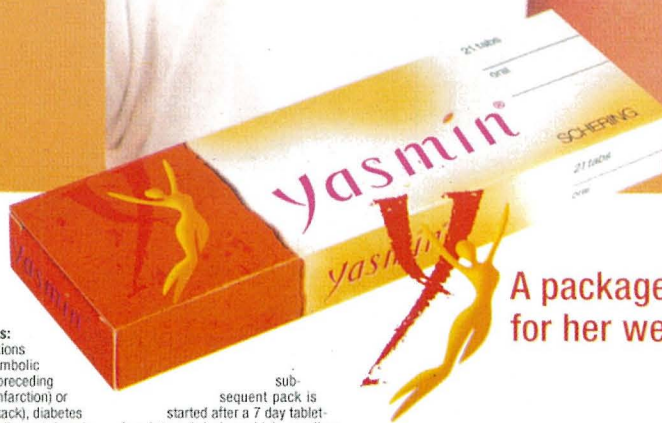


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menstrual pain^{2,3)}



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

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

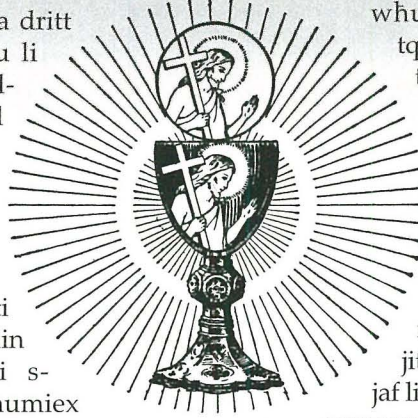


Ir-Rispett Lejn ir-Reliġjon

Il-persuna marida fl-isptar għandha dritt importanti, u mhux dejjem insibu li kulhadd huwa konxju ta' dawn id-drittijiet. Dan id-dritt huwa li kull persuna b'saħħitha jew marida għandha d-dritt li temmen u tħaddan ir-religiġjon tagħha, jew li ma tħaddan l-ebda reliġjon. Min ihaddan ir-religiġjon Kattolika Rumana (li l-biċċa l-kbira tal-pazjenti jhaddnu) ikun jixtieq ikompli jgħix din ir-religiġjon billi jkompli jirċievi s-sagramenti fl-isptar. Ohrajn, li m'humiex Kattoliċi (li huma ffit) għandhom id-dritt tagħhom ukoll. Fil-fatt, il-patrijiet/kappillani ta' l-isptar għandhom in-numri tat-telefon tal-'pastor' jew min jiehu hsieb il-komunità tar-religiġjon tiegħu, biex waqt li l-patrijiet ikunu qed iżuru l-morda u jiltaqgħu ma' persuni ta' reliġjonijiet oħra joffrullhom is-servizz biex jikkuntattjaw lil min hu konċernat. Hawn, irridu niftakru li l-ebda persuna m'għandha tipprova tinfluwenza lil xi persuna marida fil-fragilità tagħha.

Qed ngħid hekk ukoll, għaliex tajjeb li nifhmu li għandna ngibu aktar rispett lil kull persuna, speċjalment waqt li jkun qed jiġu amministrati s-sagramenti. Minn naha tiegħi, s-Sagrament ta' l-Ewkaristija, t-tqassim tat-tqarbin, hu l-Iżjed sagrament li hu nieqes mir-rispett misthoqq fl-isptar. Mhux qed ngħid li dejjem, però l-biċċa l-kbira hekk jiġri. Niftakru li l-Ewkaristija hija Ġesù Kristu stess. Għalhekk, b'ċerta mġieba, barra li hi nuqqas ta' rispett lejn il-patri fuq kollox huwa nsult lejn Ġesù Ewkaristija, li jkun qed jitqassam lill-morda.

Il-fatti nistgħu mmissuom b'idejna. L-ewwel ma nibdew huwa, li l-patri/kappilan ta' l-isptar jaqla' fwiedu biex jara li jiġi xi hadd biex iżomm il-fanal ma' l-Ewkaristija. Imbagħad, tidhol fis-sala fejn ġieli ssib xi 'Nurse', li għaliex ma t/jhaddanx ir-religiġjon Kattolika ma t/jaċċettax li jzomm il-plattin mal-patri biex iqarben lill-morda. Dan kollu huwa nuqqas ta' etika, mhux biss iżdal jkun qed iċahhad dan id-dritt tat-tqarbin lill-pazjenti. Ġie li ssib, xi 'Nurses' li qed jieħdu l-hin tal-



mistrieħ eżatt waqt il-hin tat-tqarbin lill-morda fis-sala partikolari tagħhom. Nistaqsi jien, għaliex xi whud jieħdu l-'break' waqt il-hin tat-tqarbin? Dan huwa innutat, għaliex tibda tqarbin f'sala u jgħidulek li qieghdin jistrieħu jew qed iqassmu l-'cake' flimkien mat-tè jew il-kafè. Dan ifisser li ffit ikun hemm 'nurses' li jkun qed jieħdu hsieb lill-morda dak il-hin. Dan, bil-konsegwenza, li jgħidulna li qieghdin bin-nieqes u ma jistgħux jiġu jduru magħna fis-sala biex jgħidulna min jista' jitqarben u min ma jistax jitqarben. Hadd daqs in-'Nurse' ma jkun jaf lill-pazjenti tas-sala. Irridu niftakru li lill-persuna rridu narawha b'mod shiħ, anke lejn l-aspett spirtwali.

Minn naha l-oħra, ġie li nkunu għaddejjin bit-tqassim ta' l-Ewkaristija u ssib min jibqa jtkellem fin-nofs tal-kuridur, hemm min ihalli t-'trolley' fin-nofs tal-kuridur, waqt li jkun hemm min jibqa' jicċaċċra jekk ma jgħajtux ukoll. Jinsew jew jaħsbu li jaqaw għaċ-ċajt ma'shabhom jekk jieqfu. Alla jbierek nistħu nkunu xhud ta' Alla u li nkunu ta' rispett, iżda ma niddeju xejn jew ma nistħux inkasbruh quddiem haddiehor. Imbagħad, issib min jieqaf mid-diskors u jingabar isellem lill-Ewkaristija. Hemm min jinzel għarkubtejh jew jibqa bil-wieqfa b'ċertu rispett u devozzjoni. Ohrajn jiġbdu l-attenzjoni lil haddiehor. Għalija, kien jolqotni hafna l-'Pastor' Anglikan, li ma jemminx bl-Ewkaristija eżatt bħalna. Mhux l-ewwel darba li ltqajt miegħu waqt li kont qed inqarben jew għaddej mill-kuridur. Ir-rejazzjoni tiegħu kienet tkun ta' eżempju immens, billi kien jieqaf u jinzel għarkubtejh isellem l-Ewkaristija.

Għandna nkunu aktar maturi biex napprezzaw il-hidma tal-patri/kappillan ta' l-isptar, bħalma nixtiequ li jiġi apprezzat ix-xogħol tagħna. Iżjed u iżjed, napprezzaw li l-Mulej Ġesù, fl-Ewkaristija, xorta jiġi jfittex li jasal għand min hu l-isptar u ma jistax imur il-knisja.

Għalhekk, hsibt li darb'ohra ngħatikom tagħrif meħtieġ u importanti dwar it-tqarbin tal-morda halli jkun apprezzat dan is-sagrament.

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



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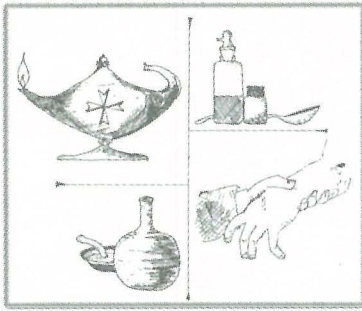


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....Ġabra ta' storja ricerkata dwar l-evoluzzjoni tan-Nursing f'Malta mill-eqdem żminijiet sa era aktar moderna.

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

IMPJEGATI NISA

Impjegati nisa kienu jaħdmu fl-Isptar tan-Nisa. L-ewwel 'serva' impjegata f'dan l-Isptar irċiviet l-appuntament tagħha fl-1655. Kien hemm governatriċi tmexxi u tamministra u kien hemm ukoll erba' servjenti għall-marid, jifirxu s-sodod u 'jagħmlu dak kollu li kien necessarju'. Dawn is-servjenti msejha wkoll ospedaliери kellhom jiehdu hsieb bejn sittin u sebghin marida u kellhom ikunu kapaċi fin-nursing tal-medicina (msejha spezialotta), kirurgija, obstetrija (xogħol l-ostetrice-midwife), mard venerali (msejha spalmante u stufarola) u psikjatrija. Id-distribuzzjoni tal-ikel kien isir minn mara mpjegata apposta (donna della mancia) filwaqt li d-dlik bil-merkurju kien isir minn raġel impjegat biss għal-din il-forma ta' trattament. Il-kundizzjonijiet tan-nursing f'dan l-isptar ma kienux ahjar minn dawk tal-infermerija tal-irġiel fi żmien iż-żjara ta' Howard. Dak iż-żmien kien hemm 230 pazjenta. Barra li l-isptar kien iffullat iż-żejjed, kien ukoll 'imnitten u mgiddem'. M'hix ta' sorpriża li l-kundizzjonijiet tan-nursing kienu tal-biża', dan meta nafu li dan il-mestier mhux talli ma kienx rispettatt talli kien jitqies bhala miżura ta' kastig xieraq għal-nisa li xirfuha mal-ligi. Fil-fatt insibu li żmien ta' servizz fi sptar kien wiehed minn hafna kastigi li jinghataw lil nisa akkużati b'reat. Il-kodiċi ta' de Rohan tal-1784 jistipula li nisa misjuba hatja ta' bejgh jew rahan t'oggetti tad-deheb jew fidda li ddubbaw kellhom sentenza li jservu fl-isptar tan-nisa nvalidi b'katina ma saqajhom jew fl-isptar tan-nisa nkurabbli għall-perjodu ta' sentejn sa erba' snin. Kastig simili kien jinghata lin-nisa akkużati b'ħalfa falza jew akkużi ta' hajra lit-tfajliet f' hajja xxellerata.

Lejn l-1765, il-Bali Sigismondo Piccolamini, li kien il-President tal-'Casetta delle Donne', gietu ideja li jharreg lis-servjenti-nurses (maid-nurses) tas-Sacra Infermeria biex jaħdmu bhala 'barberotti'.

L-EWWEL REGOLAMENTI

Regoli dettaljati għall-gwardjani nharġu fl-1795, fi żmien il-Granmastru Emm.

De Rohan. Dawn huma regolamenti bid-dettall kollha tagħhom (maqluba mit-Taljan) u li rregolaw l-ewwel ġabra ta' istruzzjonijiet tan-nursing f'Malta.

- I. Il-gwardjani u s-servjenti tal-isptarijiet tagħna jridu jkunu ubbidjenti lejn il-ġurati (speċjalment lejn dak li jkun xogħol dik il-ġimgha), lejn il-Prokuratur u lejn il-Kappillan li hu l-missier spiritwali tagħhom. Jekk ma jobdux l-ordnijiet ta' dawn l-Ufficjali, jiġu kkastigati, għall-ewwel offiża, b' multa ta' xahar salarju, u, t-tieni darba, bi tkeċċija mis-servizz.
- II. Għandhom jisseparaw il-pazjenti xebbiet mill-bqija tal-morda sakemm iċ-ċirkostanzi jitolbu.
- III. Iridu jkunu hawtiela u karitattevoli mal-pazjenti. M' għandhomx jabbandunaw lil-morda biex jitlajjaw jew jibburdellaw fil-bieb tal-isptar u għandhom jagħtu l-ghajnuna necessarja lil-morda speċjalment dawk moribondi jew morda gravi. Dawn ir-regoli jridu jiġu mharsa sewwa; min ma josservahomx jiġi ppenalizzat skond il-paragrafu I.
- IV. Is-servjent mqabba jiehdu hsieb is-Sala ż-żghira (Saletta), fejn pazjent jew pazjenti jkunu mixhuta, m' għandux jillarga mis-sala biex ikun jista jlesti xogħol ieħor.
- V. Il-gwardjani jridu jibghatu l-barra l-qraba mis-swali, hmistax il-minuta qabel il-vista

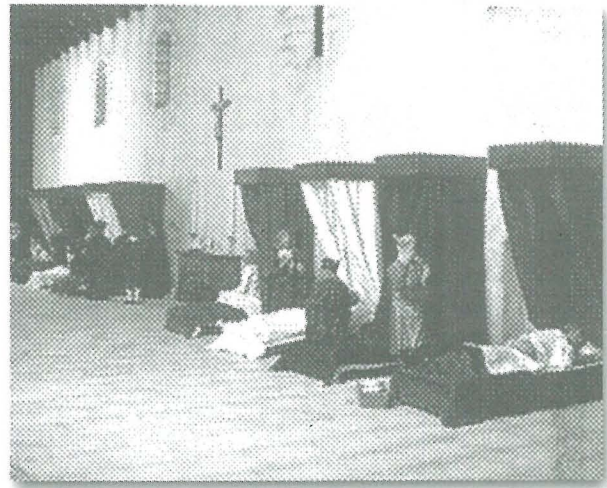


Granmastru
De Rohan



tat-tabib u qabel it-tqassim tad-dieti. Iridu wkoll, jagħlu ż-żewġ bibien li jagħtu għat-turġien sa tmiem il-vista tat-tabib u sakemm il-platt tal-fidda jiġi mnaddaf u magħdud.

- VI. Il-gwardjan ta' kull sala, waqt il-vista tat-tabib, irid joqghod ma ġenbu biex jisma sewwa l-istruzzjonijiet u b'hekk ma jiżbaljax is-sodod meta jqassam id-duwa ordnata minnu.
- VII. M'għandhomx ifixklu x-xogħol tat-tabib, il-kirurgu u l-kirurgu-barbier billi jgħidu opinjonijiet, xi minn daqqiet b'parzjalità, favur il-marid.
- VIII. M'għandhomx ma jobdux ordnijiet tat-tabib fejn jidhlu dieti li jridu jiġu servuti fit-tard; min ma jobdix din l-ordni jiġi kkastigat b'multa ta' xahar salarju.
- IX. M'għandhomx jagħtu brodu lil morda meta jiġi preskritt għaġin u l-anqas jinghata għaġin minflok brodu; għaldaqstant ikun hemm penali kkontemplati fil-paragrafu ta' qabel.
- X. Il-gwardjani ma jistgħux jaċċettaw ħobż niexef għall-pazjenti minghand il-furnar (l-anqas jekk ikun tal-ġurnata ta' qabel). Għaldaqstant, ma jistgħux iżommu l-ħobż frisk u jbidduh ma ħobż niexef inkella jkun hemm penali tal-ġimgħa razzjon tagħhom.
- XI. M'għandhomx iħallu lill-edba visitatur iġib xi haġa lil marid; inkella jitnaqqas xahar salarju.
- XII. Darbtejn kulljum, f' nofsinhar u mat-tokki tal-Angelus, iridu jfittxu taħt l-imentierah tal-morda għal xi ikel li l-marid ikun inghata bil-moħbi u li jistgħu ikunu ta' ħsara għalihom.
- XIII. Kull gwardjan ma jistax ifalli milli jiknes l-art tas-sala, anke taħt is-sodod, u għandu jneħhi t-trab li jingabar fil-ħoġor tat-twieqi; inkella jehel multa ta' xahrejn salarju.
- XIV. L-edba gwardjan m' għandu jibdel/tibdel ir-roster tax-xogħol. Għandu/ha j/tattendi għall-morda u m' għandux/iex j/tindahal fil-affarijiet tas-swali l-oħrajn.
- XV. Il-gwardjani m' għandhomx iħallu l-isptar jekk ma tkunx neċessità personali w urgenti; f' din l-eventwalità, għallinqas tnejn minnhom iridu jibqgħu l-isptar anke jekk in-numri ta' pazjenti jkun ffit.
- XVI. M'għandhomx iħallu l-morda, speċjalment ix-xebbiet, li jkollhom viżitaturi li ma jiġux minnhom mingħajr il-permess tal-ġurati ta' dik il-ġimgħa.
- XVII. Mat-tokki tal-Angelus ta' fl-għaxija, għandhom isakkru l-bieb li jagħti għat-taraġ u anke l-kanċell. Iċ-ċwieviet għandhom jinghataw immedjatament lil-Kappillan.



Sacra Infermeria

- XVIII. Il-lampieri li jdawwlu s-sala għandhom jittqabdu tajjeb. Jekk il-gwardjani jiffrankaw mill-konsum taż-żejt biex iżommuh għalihom, jitilfu s-salarju tagħhom ta' ħmistax.
- XIX. Fl-aħhar ta' kull xahar il-gwardjani jridu jikkonsenjaw lil Prokuratur ammont eżatt tal-platt tal-fidda, hwejjeġ u affarijiet oħra pprovduti mill-isptar għall-użu tal-morda li jinkludu wkoll faxex u affarijiet simili u anke l-hwejjeġ li jinghataw lis-servjenti. Jekk il-platt tal-fidda u l-hwejjeġ jintilfu jew jinsterqu, il-gwardjani huma f'obligu li jagħmlu tajjeb għad-danni 'in solidum'; jekk ma jkollhomx flus ikollhom iservu l-isptar mingħajr salarju sakemm l-istituzzjoni tkun kumpensata bis-sħiħ.
- XX. Il-ħassiela hija responsabbli tal-hwejjeġ u tara li waqt li qed jintaxru taħt l-arkati tal-isptar dawn ma jinsterqux.
- XXI. Mtierah, lożor u affarijiet oħra m' għandhomx jinħarġu mill-isptar għall-pazjenti li sejr in id-dar sakemm, bħall ma jiġri s-soltu, f' każi ta' urgenza u wara li jinkiseb permess bil-miktub tal-ġurat ta' dik il-ġimgħa, u b'penali tal-valur tiegħu jekk ma jirritornax lura.
- XXII. Il-Gwardjani m' għandhomx jithaddtu ma hadd u għandhom, kemm jista jkun, jaħdmu fis-silenzju b' konsiderazzjoni għall-bżonnijiet tal-isptar. Jekk xi hadd minnhom j/tirċievi nsult, m' għandux/hiex j/tirritalja imma għandu/ha j/tistenna lil ġurat biex j/tirraporta l-kwistjoni biex jittieħdu l-passi neċessarji.
- XXIII. Il-Gwardjani m' għandhomx jikkomunikaw mal-kok u s-subordini tiegħu u jittkeċċew mis-servizz bhala penali.

Ikompil għall-ħarġa oħra...



In Memory of Betty Ciangura

It has already been three months now, since heaven lacked some charm and humour. As a matter of fact, our dearest Elizabeth Ciangura, known amongst us as 'Bethy', seemed to be needed by our Beloved Father, to fulfil this role.

Betty was an authentic example for humanity and us all, as were her shadows stood, there was always happiness and peace. She would realise in no time at all if someone had a problem and would definitely help him or her as much as she could. So she did with the patients she assisted in her role of a Nurse. In other words Betty was the best remedy.

While being haunted by the unforgettable experience of seeing Betty fade away forever, we questioned, Why? and felt angry as well, at looking back now, we do our best to realise that we mustn't feel so, and as always Betty wouldn't want us to feel sad.

We thank God for the privilege we have that Betty came into our lives and on the impact she had left upon us all.

We pray God to keep her in his Loving Care and we are optimistic that one day we would see her again!

Your friends *Rabat Health Centre*

Apprezzament Silvio Attard



Inhsadt bl-ahbar li fid-19 ta' Ottubru siehbi u kollega tieghi ddahal fl-Emergenza mejjet. Ili nahdem ma Salvu dawn l-ahhar 16 il-sena, sifirna flimkien u hdimna flimkien ukoll.

Salvu kien Deputy Nursing Officer fil-Main Operating Theatres ghall-dawn l-ahhar erbatax-il sena.

Salvu ta kollox ghall-pazjent anki wara mewtu, billi ta d-dawl lil zewg persuni ohra. Ninghaqdu flimkien biex naghtu l-kondoljanzi u s-sapport lil familjari tieghu u nweghdu li Salvu jibqa haj f'qalbna.

George Fenech

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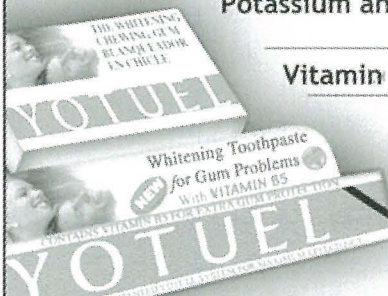
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Nomination Form for the Post of Member in the Executive Committee 2003 – 2006.

Nominees and Motions must be sent at MUMN, Tower Apartments No.1, Triq Tas-Sisla, Birkirkara, BKR 13, by not later than Sunday 19th January 2003.

I _____ ID No. _____ nominate

_____ ID No. _____ for the post of a

Member in the Executive Committee of MUMN 2003-2006, seconded by _____

_____ ID No. _____.

Signature of the Proposant

Signature of the Secondant

I _____ accept to contest the election for the post of a Member in the Executive Committee 2003-2006. Furthermore I accept to abide by the rules of the Electoral Commission.

Signature of Nominee.

.....

A Form for Motions to be presented during the General Conference on Friday 28th March, 2003

Motion: -

Proposed by _____ ID No. _____ Sig. _____

Seconded by _____ ID No. _____ Sig. _____

N.B. – All those whose name appears in these two forms must be adjourned paid members.





RESEARCH Briefs

Nurse-Physician Relationships Affect Patient Care

The quality of nurses' daily interactions with physicians has a major impact on nurses' job satisfaction. A new study found that disruptive physician behavior, as well as institutions' responses to it, is a chief factor in nurses' morale and their decision to leave their positions and may have a corresponding influence on patient outcomes and healthcare costs as well. For the purposes of this study, "disruptive physician behavior" meant "any inappropriate behavior, confrontation or conflict, including verbal abuse to physical and sexual harassment." The survey consisted of 24 items with yes or no responses, responses based on a scale of 1 to 10, and answers to open-ended questions. The study results are based on 1200 returned surveys completed by nurses, physicians, executives, and other staff.

Overall, more than 92% of respondents said they had witnessed disruptive physician behavior, yet there were significant differences between physicians' and nurses' perceptions on all questions having to do with the results of such behavior and the value and importance of nurse-physician relationships on the morale of nurses. All respondents saw a direct link between disruptive physician behavior and nurse satisfaction and retention. However, nurses, doctors and hospital executives differed in their beliefs about responsibility, barriers to progress, and potential solutions to this concern. Despite efforts to address the problem, disruptive physician behavior, with its negative consequences for both nurses and their patients, continues to be an ingrained problem.

(Source: *Am J Nursing*. 2002, 102 (6): 26-34)

Fewer registered nurses in hospitals linked to more cases of perioperative pneumonia

A new study of national sample of 500 hospitals suggests that concern about nurse staffing may be warranted. The study demonstrated a connection between fewer RN hours per patient day and more cases of postoperative pneumonia among patients undergoing major surgery. Researchers from the Agency for Healthcare Research and Quality linked discharge data from hospitals in 13 states from 1990-1996 with American Hospital Association data on hospital characteristics and nurse staffing. The used these data to examine the impact of nurse staffing on for post-surgical complications: venous thrombosis/pulmonary embolism, pulmonary compromise, urinary tract infection (UTI), and pneumonia, among patients undergoing surgery. After controlling for other factors - such as patient case mix and hospital characteristics - fewer RN hours per patient day were found to be significantly associated with more post-surgical pneumonia.

(Source: Kovner, C. Jones, C. Zhan et al. 2002), Nurse staffing and post-surgical adverse events:

Nurses and Patients take better readings

Blood pressure measurements taken by primary care nurses or patients themselves are more reliable than readings taken by GPs because of the "white coat" effect. A study confirms a previous discovery that anxiety about being seen by a doctor gives artificially raised blood pressure readings. Researchers studied 200 patients with hypertension at three GP practices, comparing measurements taken by the GP, the patients themselves, and repeated measurements taken by the practice nurse. These were compared with ambulatory blood pressure readings, known to be more accurate indicators. Systolic pressure readings taken by GP were 18.9 mmHg higher than systolic ambulatory pressure. Readings taken by nurses differed between 3.9mmHg and 9mmHg. measurements in the home differed by 4.6mmHg.

The authors recommend that high blood pressure readings by GPs should not be used to make decisions about treatment. Instead they recommend repeated readings by primary care nurses or self-measurement by patients at home. (Source: Little, P. et al. (2002) comparison of agreement between different measures of blood pressure in primary care and day time ambulatory blood pressure. *British Medical Journal*; 325:7358, 254-257)

X'IFISSER GHAN-NURSES U L-MIDWIVES IL-FTEHIM KOLLETTIV IFFIRMAT

ŻIEDA FIS-SALARJU MINN L-1 TA' JANNAR 2003 KIF ĠEJ:

Dawk fi skala ta salarju	13	żieda ta'	Lm 2.69	fil-gimgha
" " " "	12	" "	Lm 2.94	" "
" " " "	11	" "	Lm 3.19	" "
" " " "	10	" "	Lm 3.50	" "
" " " "	9	" "	Lm 3.82	" "
" " " "	8	" "	Lm 4.17	" "
" " " "	7	" "	Lm 4.53	" "
" " " "	6	" "	Lm 5.00	" "
" " " "	5	" "	Lm 5.26	" "

- ✓ Din iż-żieda tinkludi wkoll iż-żieda li ser tinghata ta' Lm 1.75.
- ✓ Intrebaħ il-principju ta' *early retirement* u li jrid jiġi finallizzat fi żmien sitt xhur.
- ✓ Il-ftehim settorali ser jiġi konkluz fi żmien sitt xhur.
- ✓ Salarju li jibda jithallas kull erba' gimghat.
- ✓ Il-Part-timers igawdu miż-żidied u benefiċċji ohra kollha pro-rata.
- ✓ 4 t'ijiem *Vacation Leave* ser ikunu jistgħu jtkissru f'T.O.I.L.
- ✓ *Deputising Allowance* minn scale 10 il-fuq wara tlett xhur fl-*acting post*.



ejjew nieqfu ftit

Għanja ta' Ragħaj



Orqod, orqod, Mahbub qalbi,
fil-benniena tal-huxlief,
il-huxlief ġibuh l-ghasafar,
jiena rajthom ġejjin bih.

Jiena rajthom fuq il-grotta
Lejn is-sema jharsu fissa,
fl-imkien jghannu jiena smajthom:
Inzel Alla, inzel fis.

Orqod, orqod, Mahbub qalbi,
xejn la tahseb f'dak li ġej;
biex isejjah in-nagħas fuqek
ma' taż-zaqq jiġi l-ghannej;

Jiġi jkanta jdejh ma' halqu
biex 'il lehnu jsemma' sew;
jiġi u jghidlek: Int ir-r'ghajja,
ġejt Int tfittex, ja Mulej.

Orqod, orqod, Mahbub qalbi,
fil-benniena gal-huxlief;
il-huxlief ġibuh l-ghasafar,
ghad li jvenven kien ir-rih.

Bil-ghasluġ u l-merħla maghkom
ejjew, r'ghajja bil-mijiet;
Dak li minnu mahluq kollox
fqir jitwieled Huwa ried.

Glorja 'l Alla fl-oghla sema
u ferħ lilkom, midinbin;
oh, xi kbira xorti kellna,
Alla sieheb il-bnedmin.

*Prof. Patri Anastasju Cuschieri O.Carm
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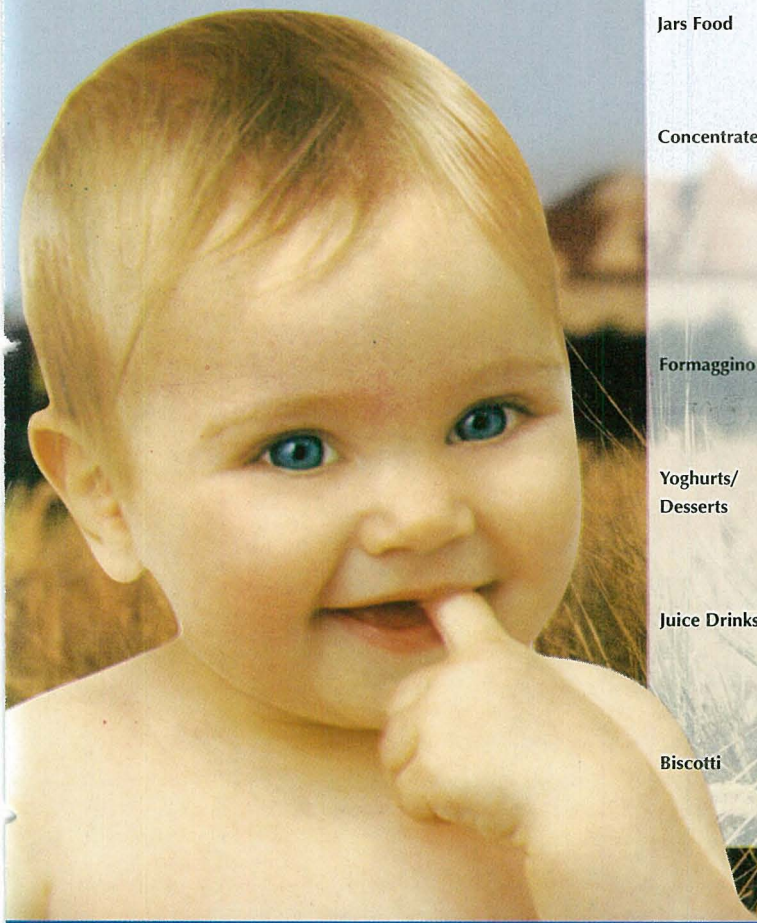
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Prima Pastina	• Sabbiolina 320gr • Forellini Micron 320gr • BebiRiso 300gr	4th Month	Cook in broth or boiling water
Pastina	• Puntine 340gr • Gemmine 340gr • Anelline 340gr • Fili D'Angelo 340gr • Astrini 340gr	5th Month	Cook in broth or boiling water
Jars Fruit	• Mela 120gr • Bananas 120gr • Mixed Fruit 120gr • Pera 120gr • Prugna 80gr	4th Month	Spoon out desired amount into baby utensil
Jars Food	• Mixed Vegetable & Chicken 120gr • Mixed Vegetable & Beef 120gr • Filetto di Salmone con Verdure Miste 80gr	4th Month	Warm jar in bain-marie & feed
Concentrates	• Manzo 80gr • Vitello 80gr • Coniglio 80gr • Tacchino 80gr • Pollo 80gr • Prosciutto 80gr • Vitello e Pollo 80gr	4th Month	Warm jar & add to pastina, cereal, vegetables or fresh broth
Formaggino	• Formaggino 80gr • Formaggino con Mela 80gr • Formaggino con Banana e Pera 80gr	4th Month	Serve alone or with pastina Serve after dinner or as a snack
Yoghurts/ Desserts	• Yogurt con Pera 120gr • Yogurt con Albicocca 120gr • Yogurt con Banana 120gr • Banana, Mela, Miele e Biscotto 120gr	5th Month 5/6th Month	Serve as mid-day snack May also be served chilled
Juice Drinks	• BebiFruit Pera 125ml • BebiFruit Albicocca 125ml • BebiFruit Pesca 125ml • BebiFruit Mela 125ml	5th Month	Can be given in a beaker
Biscotti	• Primi Mesi 300 gr • Biscotti 180gr or 360gr • Junior Yoghurt con Cacao 320gr	3rd Month 5th Month 1st Year	In bottle (on professional advice) As first finger food As a snack





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