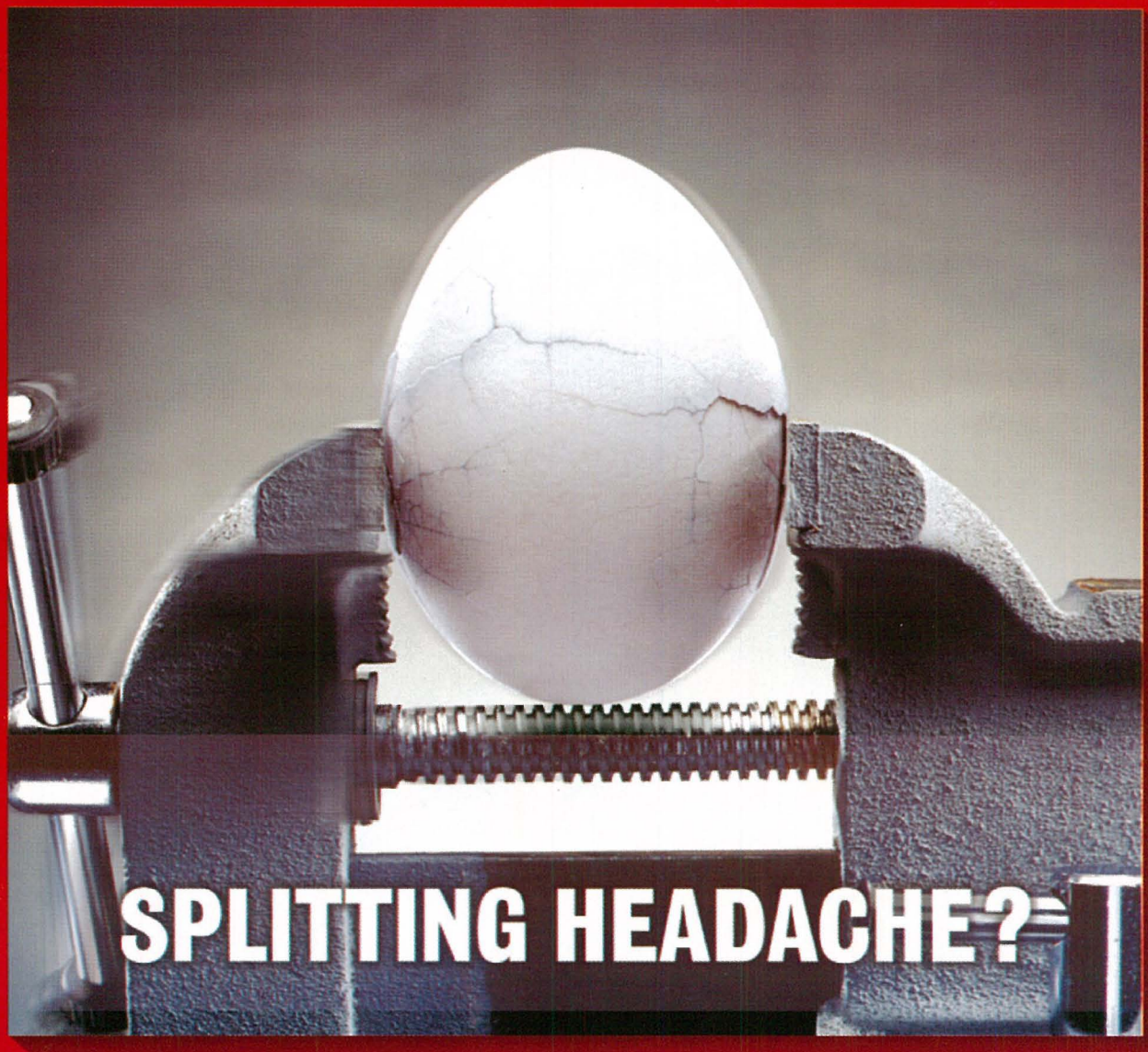
IL-MUSBIEH

MALTA UNION OF MIDWIVES AND NURSES

Harġa Nru. 21 • Diċembru 2003



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Nru.: 21 Diċembru 2003

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Editorjal

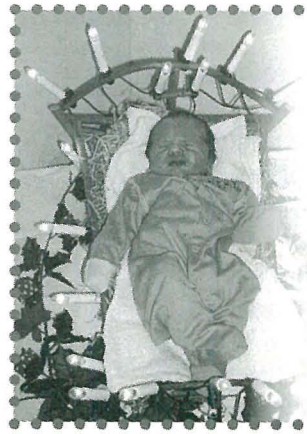
Kważi għaddiet sena oħra! Il-festi tal-Milied reġgħu qed Iħabbtulna l-bieb u dan anke fil-postijiet tax-xogħol. Minħabba n-natura differenti tax-xogħol tan-nurses u l-midwives, hemm bżonn li matul dawn il-jiem ta' festi inwasslu l-ferħ tal-Milied lil-pazjenti li aħna naħdmu magħhom. Dan hu li jagħmel ix-xogħol tagħna uniku; il-kuntatt kontinwu mannies, nies li minħabba ċirkostanzi ta' mard qed ibatu. Jekk inħallu dan il-punt jaħrab inkunu qed nitilfu ħafna mis-sens tax-xogħol tagħna, u forsi anke tal-Milied. Ejjew bix-xogħol tagħna nkunu l-mezz li dawn l-individwi li aħna naħdmu magħhom intaffulhom xi ftit minniket tagħhom, propju f'dawn il-ġranet li kulħadd ikun jixtieq iqattagħhom mal-qraba u l-ħbieb. Din m'hix priedka però kien biss ħsieb li xtaqt naqsam magħkom, kollegi sħabi tax-xogħol.

X'qed jigri fis-swali tagħna bħalissa? X'qed jinbidel fis-swali tagħna? Xejn f'dak li qed jaffettwa tajjeb il-kura li suppost qed nagħtu lil pazjenti tagħna. Ċertu konsulenti għadhom bħal qabel jidħlu fis-swali u ma jgibux ruħhom b'mod dinjituż u etiku kemm fil-kofront tan-Nurses u l-Midwives u kultant fir-relazzjoni tagħhom mal-pazjent. Għaliex trid toqrob elezzjoni, jkun ġej xi ħadd importanti biex tara xi tibdil fis-swali? Dan hu is-servizz li l-awtorità lesta tagħti lil-pazjenti?

Possibli ħadd ma huwa lest li jwaqqaf dan l-aġir, jew hemm xi ntopp li qed itellef biex l-affarijiet jibdew jinbidlu. Hemm għalfejn nurses u midwives jiġu avveliti quddiem kulħadd, u dan biex il-kunsulent juri kemm hu kbir, jew kemm għandu 'power'? Donnu kulħadd jiġġieled għall-poter u l-pazjent jiżfen fin-nofs. B'din l-attitudni m'aħna ser naslu mkien. Ma jistax ikun li nurses u midwives jibqgħu jiġu indirizzati b'dan il-mod. Possibli li dawn il-konsulenti ma jafux xi tfisser li taħdem ġo 'team' li l-għan principali tiegħu ikun l-istess; jiġifieri l-pazjent?!

Fejn baqa' naslu iżjed ħlief li nagħmlu distinzjoni bejn pazjent u ieħor, dak għax hekk u l-ieħor għax hekk. U din, mhux dawn il-konsulenti biss jagħmluha!!! Ejja ma nkunux kompliċi f'dawn l-affarijiet li xejn ma huma sbieħ, xejn ma jagħmlulna unur u wisq inqas jagħtuna sodisfazzjon.

Jekk irridu nibdlu xi ħaġa, hemm bżonn li nagħmlu l-ewwel pass però hemm bżonn li f' moħħna nżommu dejjem li għall-ebda raġuni l-pazjent m'għandu jbati. S'issa kull meta ħdimna għal dak li kien tagħna dejjem żammejna f'moħħna l-ġid tal-pazjent u għalhekk l-akkwist ikun aħjar.



Il-Bord Editorjali ta'
"IL-MUSBIEĦ"
jixtieq jawgura
l-Milied u s-Sena
t-Tajba lill-Qarrejja
u l-familji tagħhom

Dear members,

I must admit that time is really running fast and life is getting shorter and shorter when compared from a chronological perspective. It is once again Christmas time and it seems as if it was just a couple of weeks ago that I augured my last years Christmas greetings to you all.

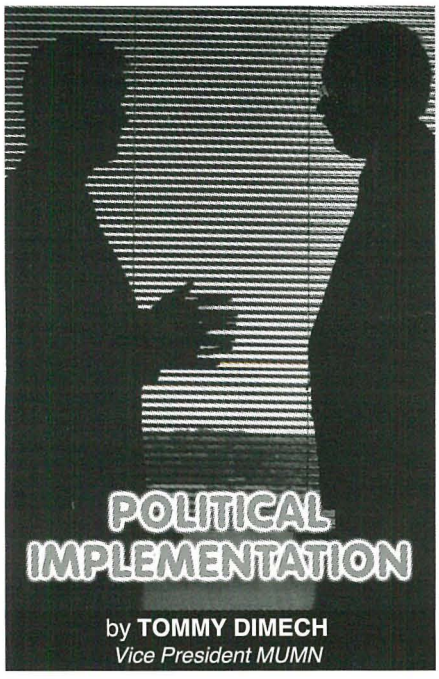
Time has no mercy and it continues running indefinitely and constantly but one might say that this is an advantage especially if you happen to be in dire straits. The Nursing and Midwifery professions must take advantage of time, as I must admit we are experiencing a very unstable period. It seems that the authorities are regretting the moment when our professions were highly respected and we were given a good deal in our working conditions. Nowadays Nurses and Midwives are continuously living under threat that in the name of reform we shall lose our hardly earned benefits. It is the time when we are speculating not how to go forward but not to go backwards. I fear that this situation will reverse the status of our professions to at least three decades were there was a trend to choose nursing and midwifery as their professions for the sake of a job. Level of motivation was inexistent and patients were treated in a mass production style.

If this is the way forward if this is the needed reform then we are heading for a very uncertain moment. The difference is that now Nurses and Midwives are united we speak one voice and therefore we shall not leave one stone unturned to resist this attitude. We shall pull all our strengths together and do all that needs to be done to keep our gained identity. It is useless boosting about higher educational standards but at the place of work other health care professionals suffocate this academic level. Let us never forget that WHO considers Nursing and Midwifery, as the backbone of health care, way must our country always see things differently.

MUMN believes in change and if there is a need of a reform lets do it but the ultimate focus must be to improve to quality of care to our clients. If reform is a cost cutting exercise then MUMN will resist such reform. Ample time should be given to negotiate any changes and all changes agreed upon must be introduced gradually and monitored to make sure that standards are not jeopardised.

MUMN promotes professional pride and our organisation role is not only trade unionist. That is why next March, MUMN in collaboration with the Cyprus Nurses Association and the Royal College of Nurses are hosting a conference in our country for all Nurses and Midwives from these countries. This conference shall give a good opportunity to Maltese Nurses and Midwives to share ideas and experiences between the other countries. This conference shall be a challenge for my organisation as we are working hard to make the out come a success for the benefit of the image of the Maltese society and our professions. I am looking forward to meet you at this conference.

I conclude be wishing you and your families the best Christmas time ever and a prosperous New Year.



Participating in the conference organised last May by our Directorate Nursing Services, *Nursing Our future-Changing with Specialisation,* was quite an interesting assembly top attend which finally incorporated perfectly with MUMN's strategic plan of work. Also very promising, is the very true fact that an agreement regarding the best structures to be used in incorporating nursing and midwifery specialisations within the healthcare system could only be settled through dialogue with MUMN. So far it seems that we are now coordinating our forces and all pulling in the right direction. For this my appreciation goes not only to MUMN, but also to the Health Division and Mr. J. Sharples DNS.

Interesting was the importance given, more than once during the conference, referring to the 1963's Martin Luther King Jr. speech, and the famous *I have a dream*....Keeping on Martin Luther King Jr.'s track of his speech, he stated: *I have a dream that one day this nation will rise up and live out the true meaning of its creed; we hold these truths to be self-evident that all men are created equal...I have a dream that my four children will one day live in a nation where they will not be judged by the colour of their skin but by the content of their character".* One should also acknowledge all historical happenings.

It did not stop there, in 1965, a protest march was organised and it was referred as the march of the bloody Sunday. This march was organised by King and was in favour of coloured people voting rights in the state. The march was very violent with police beating people and throwing tear gas. In 1966, King established headquarters in Chicago; it was an apartment to serve as base to organize protests against housing and employment discrimination in the city. In 1967, he began planning a poor people's campaign to do pressure on national lawmakers to address the issue of economic justice. So what's this all about? It only shows that Martin Luther King Jr. did not only deliver a famous historical speech but went on much further with his own style of a peaceful warrior to see that what he believed in was implemented.

Now, implementation through dialogue with MUMN is the next step to be taken. We need to start implementing a strategy where a new team of professionals can work together in the community services, and the family health care nurse can serve as the fulcrum to the whole system. It is only when this project will become a reality that we can move forward in coordinating the whole health care system, ending up with the new hospital, currently being build on the island; the Mater Die Hospital, functioning with all ancillary services already well organised and contributing to the country in the most efficient and effective way possible. The Department for the Elderly, the Department responsible for the mentally ill and the Midwifery profession; should function in a system free from unnecessary institutionalisation and aiming towards professional home care delivery wherever possible. Only a team of professionals of health care services can together achieve this goal, and based on international experiences of countries already ahead of us in the field should we see the clear way through. Specialisation, on its own will not give the desired results but it has to be implemented within a framework of services that are aimed to achieve quality and coordination of all health care on this small island, but which happen to be an island full of human resources talent.

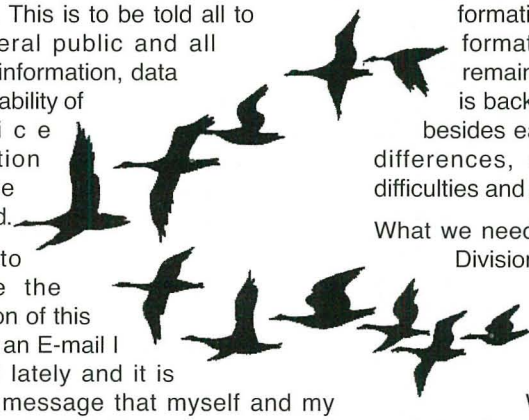
The 7th Japan Nursing Summit Conference held in Ginowan City, Okinawa, on October 30th/ 31st 2002 with the topic *Let Nursing be a Social Force-Healing, Respect for Life and Symbiosis* also made reference to the rapid increase in senior age population and the growing trend of deaths at hospitals rather than at home. Discretionary power to nurses to work closely with physicians is being considered as the trend of aging population and shorter periods of hospitalisation makes the growing need of enhancing the home care. After brave individual campaigns, homecare systems are often started and will remain. In Melbourne, Australia The 2nd World International Conference on Primary Care is to be held in February 2004 and is to address a topic on *Respiratory nurses in Primary Care.* All this gives weight to our professional claim that is realistic, reliable and inevitable. A claim to be implemented through dialogue.

With reference to specialisation and referring once more to the conference held in Malta, I was pleased to hear Prof Betty Kershaw appealing to nurses not to let the authorities use the vacant St Lukes Hospital building to serve as a geriatric hospital. Imagine the costs to run this hospital! Such costs can easily be directed into a modern system built on home care services. The idea of using big buildings to cater for older people does not hold. This when all developed countries are directing healthcare to a community care based system, delivered through team care and involving all health care professionals, and home orientated care services. Moreover it does not make sense considering the small size of the island and at the same time keep making use of buildings to serve as institutionalised quarters. This will also increase the health care cost to an extent that the whole service will become unsustainable. All Maltese citizens pay taxes for the health services, and therefore all Maltese citizens have the right to benefit from the best quality, the most effective and most viable service possible.

At this stage, we surely need to stop with visions and dreams. We need to take the right political decisions within the framework of discussions with MUMN, and all stakeholders involved, and start implementing the policy we all agree about. The policy of our Union is now very clear, nothing will function properly if the implementation will not take place with a certain amount of commitment, and on the lines of strengthening primary health care, free from bad political decisions, free from traditional medical dominance, and aiming to take off the load of institutionalised care which can easily be dealt with in the community. Mental health care, the Care for the Elderly, Maternity care and the new hospital systems shall function in cohesion with all this. For this plan to render cost effective and make it work, all sincere commitments should be taken as a challenge that will give the desired results, as based on international studies already mentioned both in this article and in other previous articles already published, and not only by MUMN. It is not an easy task; it requires all healthcare workforces operating on the island to give their participation, including unions and management. It is the only way that sculptures the destiny of our healthcare in successful and historical events, and is yet to be implemented. We don't care who is going to pick the challenge and implement the change, but we do care that the change will not be a cosmetic one. The change

will continue on a constant pace that moves on towards the aim of social justice, cost effectiveness and most of all quality of care towards the patient.

Another important player to help this change to happen is the general public. This player wants to make use of the best health care services possible, and he is right. The public pays and therefore conserves the right to know what is going to happen in short term and long term planning. The only problem I can foresee is that this player does not know anything about this new set-up. The only solution to all this is to set up a campaign of educational awareness for the public, listing the advantages of such a system and also what can happen if this system is not implemented. People need to be rest assured that when this kind of homecare is introduced, they are to be reached and assisted professionally, and so it shall be. So educating the general public how to use the system shall also remain high on the agenda, and this is to be continued even when the whole new system starts functioning. This new health care system should be free from the traditional bureaucratic systems of the present days and it shall involve all motivated personnel. Family health care nurses are to be involved at large to operate professionally and shall be given the role to coordinate the work needed to be done. This is to be told all to the general public and all relevant information, data and availability of service information is to be distributed.



I am to dedicate the conclusion of this article to an E-mail I received lately and it is the real message that myself and my colleagues in MUMN always tried to put forward since our activity started in Union. It has to do with the way geese migrate to go to warmer places to sort the winter. They migrate in a 'V' formation. Do you know why? By doing so, the efficiency increases by 71%. This shows that sharing the same direction and working as a team, get us to destinations quicker and easier. If a goose leaves the formation it feels the resistance and therefore difficult to fly thus it quickly it comes back to the flock's power at its front. Geese quack when they fly to encourage the one at the front. Where there is courage and encouragement the progress is greater. A good word of encouragement always motivates, helps and strengthens. It produces the best of benefits. If one of the geese is sick, injured or tired and must leave the formation, other geese leave the formation too to protect it and remain with it till it either dies or is back in the formation. So stay besides each other, no matter what differences, especially in times of difficulties and great challenges.

What we need is to be like the geese; Division of Health, Department of the Elderly, Directorate of Nursing and midwifery, MUMN and all stakeholders involved. We need to start implementing through dialogue and this we should do it professionally to serve the patient in the most effective way possible. Perhaps it is time for us all to learn from the geese!

PS. It is very promising and encouraging, the declaration made by the Hon. Minister of Health, regarding the primary health care services, stating that the reforms will redirect the work of health care professionals in the health centres, from one which deals with routine administrative issues and basic curative care to one where the service provision will concentrate more on health promotion and disease prevention. Surely this is a positive step in the right direction. Such system could make use of the present well-trained staff and other new staff that can aide to help introducing new specialisations of midwifery and nursing in this specific sector.

Għal Kull Servizz Bankarju

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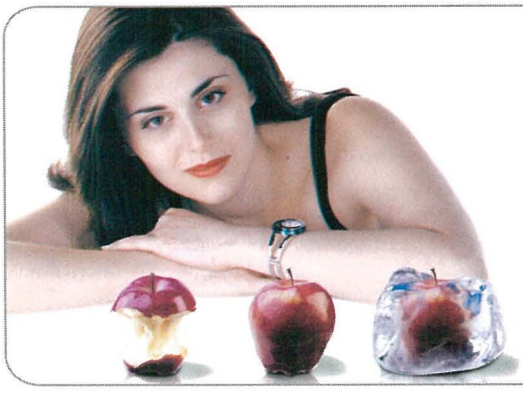

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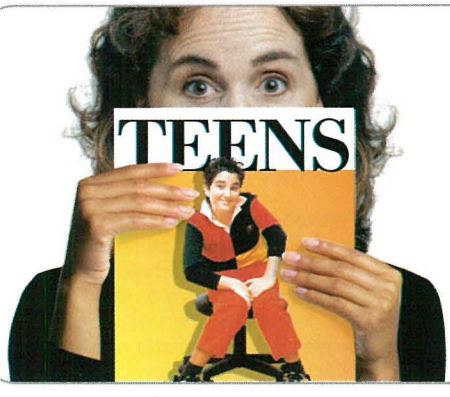

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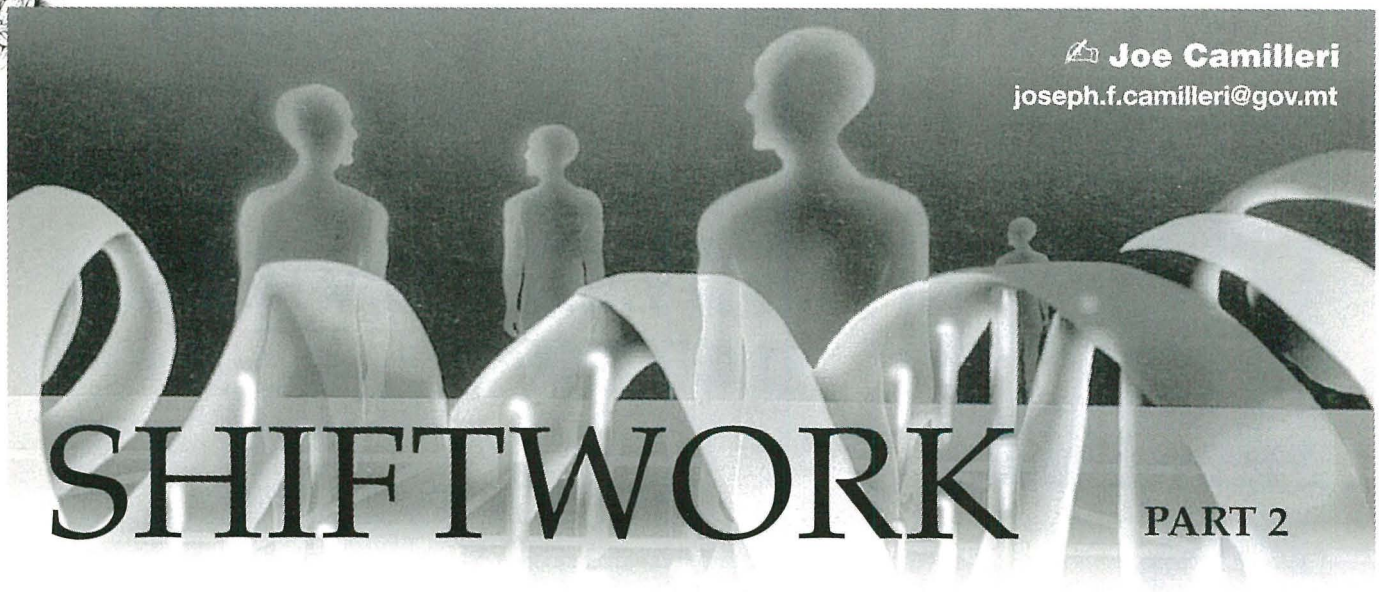

✍ Joe Camilleri
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SHIFTWORK PART 2

Safety Concerns associated with shiftwork

The causes of accidents are very complicated. Usually, no single factor can be identified as having "caused" an accident. But a combination of factors can effect concentration, motivation, and reaction time, particularly at night and therefore can result in an increased risk of accident and injury (Monk and Folkard, 1985; Rentos and Shepard, 1976).

All the above leads one to become concerned about what might befall shift workers. In the European Union this concern has been reflected in Directive 93/104/EC, which prescribes:

1. A minimum daily rest period of 11 consecutive hours per 24-hour period.
2. Per each seven-day period an uninterrupted rest period of 24 hours plus the 11 hours daily rest mentioned above.
3. The average working time for each seven-day period, including overtime, does not exceed 48 hours.
4. Normal hours of work for night workers do not exceed an average of eight hours in any 24-hour period.

This however comes at a time when extended workdays and compressed workweeks are gaining in popularity again, mainly because they offer longer spells of free time. If the shift rota has been developed through a successful and enthusiastic participatory process within the company, the process itself often has increased commitment, morale and work practices (Barton et al., 1993; Colligan and Tepas, 1984; Harma, 1997). Notwithstanding this, there has been growing concern that long times at work tend towards an increase in fatigue, which endanger the employee, one's colleagues and the general public.

Practical Recommendations

Peter Paul Borg's paper "Attention levels as indices of fatigue amongst Maltese Nurses working on 12-hour shifts" in 2002, makes some recommendations after considering the literature review and the result of this study.

1. The present roster succeeds one based on a ten-day legend – ABOABOONNO. The A duty used to last from 7 a.m. to 8 p.m., the B duty used to last from 7 a.m. to 6 p.m. and the night duty from 7.45 p.m. to 7.15 a.m. Because the staff nurse on the A duty was responsible for handing over to the night duty, he/she assumed responsibility in the absence of the Nursing Officer. The practice of the Staff Nurse on the first duty being in charge in the absence of the Nursing Officer has remained till the present day. From this study, it has been shown that nurses are at their best on the second duty. Therefore it stands to reason that this custom should be changed. At worse leadership should change hands in the afternoon when the nurse on the second duty starts to feel the fatigue accumulated in the two days.
2. Another remnant of the previous roster is the longer break in the first duty, even though presently the two duties last the same amount of hours. It has been shown that nurses during the second duty are more susceptible to the effects of fatigue. Therefore the longer break should be taken during the second duty.
3. Tasks that need special diligence and attention, and that can be done during the day, like non-urgent blood transfusions for example, should not be done during the night when it has been proven that attention and vigilance are at their worst.
4. Attention has already been drawn to tasks that need sustained attention, especially during the second part of the second duty and during the night duty. Colquhoun (1978) fond that monotonous vigilance tasks could decrease alertness by 80% in one hour, which is correlated with increased theta activity or a sleep like state. Nurses assigned duties of this type should be relieved every one or at every two hours.
5. All efforts should be made to ensure that nurses take their breaks especially during the night duty. Taking a break to take a short nap (approximately about 15 to 20 minutes) has been shown to improve subsequent performance, even among sleep-derived people (Dinges, 1987). Noitoh (1992) found that short naps every six hours during a 35-hour (otherwise sleepless) period was effective in maintaining performance in the laboratory. However nappers are often groggy for about 15 minutes upon awakening from naps longer than 20 minutes (Dinges, 1992). Practical issues with this strategy include the acknowledgement that nurses can officially sleep during their breaks and the need for secure rest rooms.
6. If no break is taken during a night duty, transport should be offered, as it has been explicitly shown that this state is similar to a state of moderate intoxication. To make things worse, the nurse would have had to refrain from taking a break, since another nurse was not present to relieve him/her. That means that he/she worked extra hard on that duty.
7. Shiftwork in hospitals will never be eliminated, but greater flexibility can enable individuals to choose a system that is least detrimental to their health and family lives.
8. Nurses should be educated about the possible effects of shiftwork, fatigue and sleep decrements and should be encouraged to sleep in the afternoon before the night duty.
9. From the literature it has been shown that shiftworkers are prone to more medical problems. They should be informed and encouraged to develop healthy eating habits and perform some form of sport or exercise.
10. Further research on how nurses feel about the type and length of shifts should be carried. Another possible area of study is whether the amount and quality of care varies with the types and lengths of shift.

Position Statements 2000

Nurses and Shift Work

ICN Position:

The International Council of Nurses (ICN) recognises that many nursing services must be accessible on a twenty-four hour basis, making shift work a necessity. At the same time ICN is very concerned that shift work may have a negative impact on an individual's health, ability to function, immediate support group and the continuity of care, thus affecting the services provided.

ICN believes that rostering systems applied in all nursing work settings must adequately consider occupational health implications as well as:

- Patients' needs
- Number of nurses required to meet patient/community needs
- Nurses' personal needs
- Legislation/collective agreement stipulations

ICN promotes the testing of new shift patterns on a trial basis for at least six months so that a thorough evaluation (with nurse participation) may be undertaken. Nurses must be made aware of the professional and occupational health implications of the various systems of rostering applied so that they may make informed contributions to policy-making.

The International Council of Nurses is committed to:

- Identifying trends in the management of shift work (including split shifts).
- Disseminating information to member nurses' associations about the effects of shift work and strategies to cope with shift work for inclusion in education and orientation programmes.
- Obtaining recognition of the occupational hazards associated with shift work.
- Assisting national nurses' associations (NNAs) in preparing their negotiation for fair rostering systems.

National nurses' associations need to support or negotiate adequate working conditions for shift nurses. For example:

- Shift plans that consider rest periods, shift duration and order of rotation.
- Adequate number of nursing staff.
- Access to occupational health services.
- Stress reduction programmes.
- Access to continuing education.
- Access to suitable childcare facilities.
- Safe transport.
- Access to hot meals.
- Changing rooms (locker rooms).
- Protection against discriminatory practices.

Background:

The very nature of nursing care presupposes a service provided on a twenty-four hour basis that can only be maintained by shift work. This employment pattern is known to require nurses to adapt physically, emotionally and socially.

While shift work may bring some wanted flexibility to nurses' work schedule and additional income, it often introduces additional hardship on nurses providing services in complex environments and demanding interpersonal situations. Evening and night shifts are frequently less well staffed (fewer employees with often a lower grade mix) and nurses have difficult access to safe transport and basic comforts such as hot meals. The stress of shift work is known to increase levels of absenteeism and staff turnover thus affecting the quality of nursing care.

Rotating shifts have been associated with more sleep disturbances, digestive problems, fatigue and alcohol intake, along with less satisfactory psychological health and work performance. Nurses on rotating shifts were found to take more sick days and to give more serious reasons for these sick days relative to fixed shift workers.

Remuneration compensating for shift work does not address the occupational health hazards shift nurses face. Approaches introduced to reduce the harmful effects of shift work include:

- Individualised time schedules.
- Decreased hours/week for evening and night shifts.
- Computer programmes for developing objective rosters.

The allocation of nurses on various shift patterns determines the staffing level in a given unit/service at a particular point in time. The nursing team thus created will provide a certain grade and skill mix. This combination will necessarily influence the quality of care provided. Rostering will also influence the degree of physical and mental fatigue experienced by shift staff.

Adopted in 1995
Revised and updated in 2000
http://www.icn.ch/psshiftwork00.htm

Related ICN Positions:

- Abuse and Violence Against Nursing Personnel
- Occupational Health and Safety for Nurses
- Socio-economic Welfare for Nurses

Related ICN Publications:

- Guidelines on Safety in the Workplace: Issues for Nurses, Geneva, ICN 1989
- Nurses: Health and Safety, Geneva, ICN, 1989
- Guidelines on the Law and the Workplace, Geneva, ICN, 1991

A Word from the General Secretary

Thanks to the new structures adopted by MUMN this year, we are in a position to offer our member services on three aspects - Educational, Social and Trade Union. This makes MUMN complete. One must not forget the legal assistance, were the Union's Administration has already agreed that this area has to be strengthened and adapted to the needs of Nurses and Midwives, to assist them with any problems they have to face in the course of duty.

On the Educational aspect, MUMN is about to sign a New Agreement, the first of its kind. This deals with framework and standardisation on specialisation. The MUMN has always insisted that Nurses and Midwives should have two choices towards advancement in their careers - clinical and managerial. This goal will be reached. Other activities relating to Education are conferences. So much so, that apart from the conference organised on 'Breast Feeding', there is a whole program of conferences for the coming year 2004.

On the social aspect, the 'Florence Nightingale Benevolent Fund', though in it early stages, has already contributed over Lm2000 to members with various needs, as stipulated in the terms and conditions of the same fund. MUMN intends to extend the benefits in order to try and relieve some of the social problems our members may face from time to time.

On the Trade Union aspect, we all know about the issue we are facing in relation to the Sectoral Agreement. It started with our rally, then black t-shirts, leaflets to the public, press conferences, directives etc... A major factor in this aspect of Trade Unionism is the assistance given by MUMN to those members facing disciplinary action. Ought to be mentioned is that the MUMN is one of the most prepared Unions on this subject.

Unfortunately the price for these services doesn't come cheap. The cost of running a professional union like ours is continuously rising. Water, electricity, telephone, stationary, court costs etc, these are all heavy burdens, added to the responsibility of paying for the new premises, which slowly but surely is being honoured. For the MUMN to keep on functioning well there is a need for the membership fees to rise that little bit. What is the use of having a union that cannot help you when you need it most, or worse still having to wait weeks for your case to be presented? When we get to this stage it is better to pack it up and close shop. Now more then ever, Nurses and Midwives need a strong and an efficient Union, as the road ahead of us is not any easy one.

This year for the first time, the Council is preparing a desk calendar for the Union's Members as a token of solidarity. I would like to wish you all a very Merry Christmas and a New Year that will promise to be brighter then the last.

Colin Galea

Continuing professional education (CPE)

Do we really mean it?

During one of the visits to the DNMs' office that we make a chore of at the beginning of each day shift (provided we have enough staff to perform the errands ourselves and it's not one of those days when we're so understaffed as to call the DNMs to do the errands for us themselves), I was told to sign for the usual sheaf of Department of Health (DH) circulars. This time, however, one of them caught my eye and set me thinking. It was a copy of DH Circular 200/2003 DH 1471/2003 dated 11th August 2003, signed by the Director Nursing Services (DNS) and entitled "Diploma to degree course in nursing (mental health) part-time basis at the University Of Malta".

Upon realising what this circular was all about, a number of current issues immediately sprung to my mind. After attending the DNS conference "Nursing our future; Changing with specialisation", one must congratulate the DNS for taking the issue of course organisation seriously. Besides, one must also congratulate other staff for their involvement in the organisation of various in-service training courses as CPE has been credited with ability to enhance the quality of nursing care and provide more effective services by rising standards through the provision of an improved knowledge base to staff (RCN 1988). These authors defined CPE as a continuous learning process that serves as a catalyst to maintain currency with the latest information and research in nursing. The (UK) Department of Health (DOH) (1999) has also affirmed that commitment to CPE is the cornerstone of quality health care and directs nurses towards purposeful and patient-centred care.

However, going back to the DH circular mentioned above, the notice goes through all the 'red tape' of the course. It also gives the details of the (complex) application procedure, which at the same time excludes certain staff (such as experienced enrolled nurses who have been in this field for long periods and those qualified as staff nurses at the time when this course was not yet called a diploma) from taking the course. Here the questions come "how adapted is this course for the nurses currently working in this area?" and "is this criterion meant to address the needs of these same nurses or to satisfy the wants of IHC?"

At the end of the notice then a culmination is reached with the usual (now famous) statement "**The number of places available to be granted as study leave is dependent upon the nature and exigencies of the department concerned**". One may understand that as nursing is an essential service, due care must always be exercised to keep the wards functional through the provision of at least skeleton staffing. At the same time one may also ask "and with our situation where a lot of wards are already functioning with skeleton staff on a regular basis, why do we have to blow our horn about such courses when the opportunity to attend such courses (in reality) is minimal, at least in the most severely understaffed and under-budgeted areas of nursing?" For example, referring back to the psychiatric nursing course, who would benefit from this course more than the staff working in psychiatry? And at the same time this is one of the areas where staff shortage is at its' worst, with increasing budget cuts (managed by non-patient-oriented personnel) emerging from day to day.

The same could be said for in-service training courses offered from time to time. These are designed to enhance the knowledge, skills and professional attitudes of nursing and, if taken seriously they benefit both the employees as well as public healthcare (Anderson et al 1994, Stuart and Laraia 2001). The (UK) DOH (1998) stated that through these courses standards of care are safeguarded whilst the quality of services improves. Furthermore, the DOH and UKCC (1990) pointed out raised staff morale, increased motivation and staff retention as further benefits related to CPE. However, how possible is it to attend such courses when one happens to be on duty? And how can those who are willing to attend get an incentive / benefit over those who are just not bothered? There have also been confirmed reports of some (foreign) tutors not even sending certificates of attendance to a number of the participants!

Turner (1993) identified several barriers to CPE, which compared quite well with a study carried out locally (Saliba 1999) and discussed in a local conference on specialisation organised by the local DNS. Turner's barriers included inability to leave work, staff shortage problems and courses on inconvenient days while Saliba's involved lack of time to attend courses, family commitment and difficulty to be released from wards. In view of such identification of barriers to availability of CPE, the planners of such courses should (if they really want us and our patients to reap the results) be helped by personnel management to provide some kind of arrangement permitting willing applicants to attend such opportunities and improve the service. After all, our patients deserve the best of care and the responsibility for offering it lies on both the nurse and the department!

Other health professionals who are also employed by the Health Division are regularly allowed time for continuing professional development (as is proven in their roster of duties). Therefore we have a right for CPE to go with our obligation for continuous development obligations stipulated in section 2.2 of our code of professional ethics (Maltese Code of Ethics for Nurses and Midwives 1997) which states clearly that "...there can be no excuse for a nurse or midwife ... not to attend some form of in-service updates, though it will not be expected of all nurses to go abroad to further their studies." Thus the code of ethics obliges nurses and midwives, including those in managerial positions to undergo CPE, except that these have the additional responsibility to facilitate and ensure that of those under their charge as well.

Every right is accompanied by a resulting responsibility and vice versa. As the code of ethics obliges us to undergo CPE it also gives us the right to be given an opportunity to fulfil our responsibility. This is, however, not done in any serious country by providing an opening for CPE, only to lead us to a dead end! Or are we being treated differently from other professionals (as second class professionals) in this respect as well?!

Stephen Demicoli
kaos_personal@hotmail.com
RMN & MUMN council member

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RAPPORT TA' ĦIDMA *-SOTTO KUMITAT SVPR*

Nhar is-7 ta' Ottubru 2003 intbagħtet ittra lis-Sur M. Bezzina-Direttur, dwar il-festi pubbliċi li jinzertaw il-Ħadd. F' San Vincenz n-nurses ingħataw A u C (Duty) minflok A u B (Duty). B'intervent ta' l-MUMN, irriżulta li d-Direttur kitbilna lura, li din is-sena ż-żieda ser tkun ta' A u B (Duty). B'dan kien infurmat ukoll is-Sur C. Grech, uffiċjal inkarigat mill-'Personnel'.

Fit-3 t' Ottubru 2003 d-Direttur kien infurmat ukoll li s-Sur Grech mhux qed jaċċetta li C u C VL jiġu kkunsidrati bħala ġurnata sħiħa, kif kienet il-prattika s'issa, u dan mingħajr ma nħareġ l-ebda pre-avviż. Nistennew risposta.

Ilment ieor jikkonċerna t-TIL ta' l-EN's fejn ilu ma jiġi rrekordjat minn Ġunju/Lulju. Ġbidna l-attenzjoni tad-Direttur li jagħti struzzjonijiet biex din il-kwistjoni tiġi rmedjata mill-aktar fis possibli.

Fis-26 ta' Settembru 2003 kellna laqgħa mas-Supretendent Mediku, it-tabib R. Fiorentino, fejn tkellimna fuq diversi punti, fosthom:
Free Medicinal Prescription Book, lil kull tabib, speċjalment dawk 'on duty';
Sistema ta' arja kondizzjonata fi swali fejn m'hemmx, bħal 9/10F, RB1, RB2A, u RB2B;
Trolleys għal nappies maħmuġin;
Staff dining room b'servizz xieraq.
Fuq dawn tlabnieh jagħtina risposta bil-miktub.

Bejn Settembru u Ottubru 2003, is-sotto kumitat tal-SVPR niedha kwestjonarju għall-infermiera membri li jaħdmu f'din r-residenza.
L-iskop ewlieni kien sabiex nħossu l-polz ta' l-infermiera fejn tidħol il-kwistjoni tal-'Vacation Leave'.
Bla dubju ta' xejn ir-rispons, kif kien mistenni, kien tajjeb ħafna. Wara analiżi mis-sotto kumitat ser nippublikaw r-riżultat perċentwali.

1. Kemm tħassar (ġie kkanċellat) VL a paragun mall-VL ibbukjat?

N.O. (i/c wards)	*22.4%*
Nisa	46.5%
Irġiel	26.6%

2. Taqbel mas-sistema eżistenti tal-għoti tal-VL?

	Iva	Le
N.O. (i/c wards)	3.4%	96.6%
Nisa	6.93%	93.07%
Irġiel	1.8%	98.2%

3. Taqbel li ssib lil xi ħadd int, jekk mill-Uffiċju ma jkollhomx biex issostitwixxu l-VL tiegħek?

	Iva	Le
N.O. (i/c wards)	3.4%	96.6%
Nisa	10.71%	89.29%
Irġiel	56.66%	43.34%

4. Taqbel li ttemm n-'Nursing Service' wara 25 sena fuq bażi volontarja?

	Iva	Le
Globali	86.03%	13.97%

Fost il-kummenti in ġenerali:

Bżonn ta' aktar staff sabiex jimtlew il-postijiet vakanti u 'Relieving Pool'.
'Job description' ta' kull impjegat fis-swali biex ikun preżenti f'kull sala.
Tgħola l-kwota ta' l-'Overtime' (sahra) biex jingħata aktar VL
Aktar kooperazzjoni mill-istaff ta' l-Uffiċju fejn jidħol l-għoti tal-VL u LL.
N.O. (i/c wards), Meta VL/ OFF għandhom ikunu koperti b'ġurnata sħiħa u mhux filgħodu biss.
Jonqos l-ammont ta' residenti fis-swali Ser2 u Ser3 bħalma hi ddisijnjata s-sala (Minn 44 għal 40).
VL huwa dritt ta' l-infermier.
Komunikazzjoni aħjar bejn l-istaff ta' l-Uffiċju u l-infermiera fis-swali.

Dan ir-riżultat intbagħat lis-Sur A. Briffa MNS, SVPR u lis-Sur M. Bezzina Direttur, bl-iskop li nduru madwar mejda u niddiskutu bit-tama li verament din is-sitwazzjoni tiġi rmedjata.

Raymond Chetcuti
Chairperson – SVPR Subcommittee

Industrial Relationship Committee

The Industrial relationship Committee is responsible of any industrial relationship in the Union. The chairperson together with the vice-chairperson of this particular committee meet on a regular basis with the chairpersons of the group committees to discuss issues related to the hospitals that each chairperson represents. Thanks to the new Union structure, adopted in March 2003, each committee is analysing matters and issues related to their designated section.

One of the main issues on the Agenda of the Industrial relationship committee is the staff compliment and vacation leave issue. As a committee we try to do our best to ensure good quality care to our patients and optimal working environment for the nursing / midwifery staff.

Through evaluation on the MUMN structure, it was felt that a Committee for the foreign nurses must be organised, so this committee was created.

As you all know, during the last few weeks the MUMN Council was in dispute with the MPO because of lack of bargaining on the Sectoral Agreement. The Industrial relationship committee in collaboration with the MUMN administration had to organise an "action committee", so that an action plan on the directives for each hospital or section were formulated. On behalf of the Council I would like to take this opportunity to thank you for your constant support.

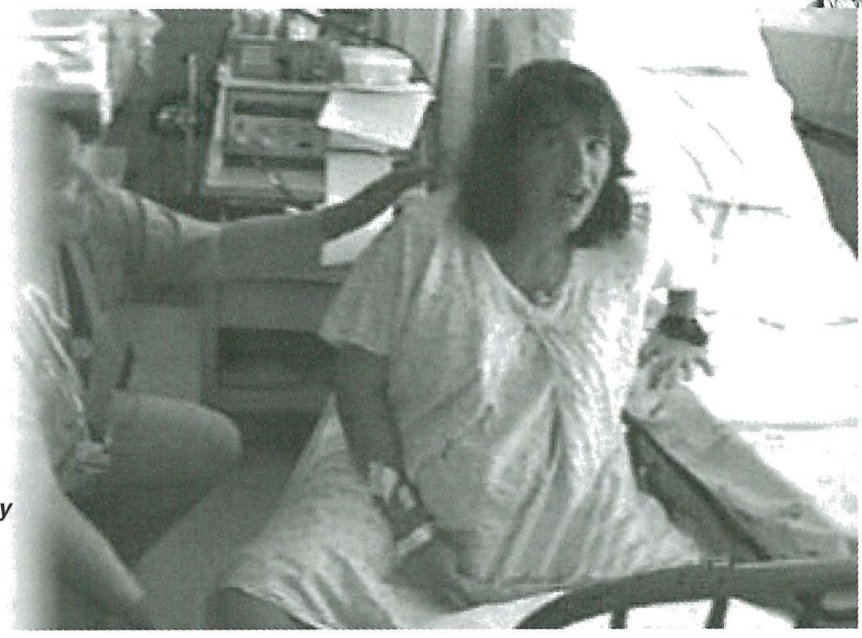
Wishing you a Merry Christmas and a Happy New Year to you and your families.

Maria Cutajar
(V/chairperson Industrial Relationship Committee)

Labour without fear

MARIA CASSAR
daffodill@onvol.net

Pain is described as a "highly personal, variable experience which is influenced by cultural learning, the meaning of the situation, attention and other cognitive activities" (Melzack, 1973).



Where do we stand now? Our culture is changing fast! Clients nowadays are coming from all over the world, carrying their own culture, religious beliefs, and other aspects, which this plays an important role in the way a person perceives and responds to pain (Melzack, 1973). It is also evident that women from different cultural backgrounds behave differently in labour. "Some expect the experience to be agonising and behave as if it is so, whilst others feel that giving birth is part of the annual round occasioning - a brief respite in the day's work" (Prince and Adams, 1987).

Melzach and Wall (1965) proposed the gate control theory of pain that was given considerable support. It proposed that a neural mechanism in the dorsal horns of the spinal cord acts like a gate which can increase or decrease the flow of nerve impulses from peripheral nerve fibres to the central nervous system. The gating mechanism is thought to be in the substantia gelatinosa (laminae 2 and 3) which extends the length of the spinal cord on each side. It is the position of the gate, which determines how much information, is transmitted to the brain and therefore the amount of pain generated. If the gate is in the open position, information is freely transmitted to the brain, whereas, if it is partly open or closed, some or no information passes through. The position of the gate depends on the activity of the large and small efferent fibres and on the nerve impulses which come down the brain. Activity in the large fibres tend to inhibit the transmission of information (closes the gate), hence the generation of pain lessens, whereas activity in the small fibres tend to facilitate transmit ion (opens the gate) and the generation of pain is increased.

Activity in the central nervous system may also facilitate or inhibit the passage of information. Influences such as anxiety, anticipation, suggestion and attention exert a powerful influence on the pain process. An anxious mother in labour will cause the gate to open and thus increase her level of pain. This signifies the importance of antenatal preparation classes. A well informed couple will react differently to labour than others who have no information at all except that which they get from "well meaning gossipers".

There are different factors which affect the pain threshold of the individual, namely, personality, culture, emotion and attitude, antenatal education, husband's or partners presence and support during labour. Fear is the worst enemy! The emotional feeling of fear and its anticipation can produce anxiety which in turn produces pain. Fear can release adrenalin which can affect the stimulation of the sympathetic nervous system. This causes the circular fibres of the uterus to contract in direct opposition to the contracting oblique and longitudinal fibres, which rapidly produce a state of abnormal tension in the walls of the uterus. The receptors specific for that form of stimulation records the stimulus and is then correctly interpreted as pain. This creates the vicious circle of fear-tension-pain as described by Grantly Dick Read (Inch, 1982). A mother who is in labour with a problem at the back of her mind will have a lower pain threshold than a mother who is well prepared and knows what is happening to her body during labour. Unfortunately, in Malta, we still hear these old wives tales that may influence the individual mother, hence it is important that a mother is well prepared for labour by means of antenatal classes i.e. parent craft.

When I first became a midwife, little did I realise how social background could influence pain threshold during labour and delivery. By time and experience I learned how to distinguish between the treatment of a normal client in labour, and a client with social problems. A mother with social problems tends to have lower pain threshold since there is this inborn fear. 'Will my baby be accepted? Will society accept me as a single parent? Will my family accept me and my baby? What about financial support?' Then there is the biggest question of them all, 'What will happen to me now?" These mothers rarely attend parent craft classes as they are afraid what other mothers may say about them not having a partner or being so young. These are the mothers who need the most support during labour. These will be the mothers who raise havoc during labour.

A couple, needless to say, can also have social problems which in turn can affect the pain threshold in labour. A husband's / partner's presence is not always beneficial during labour. Some husbands/partners take ***a back seat;*** sitting quietly, occasionally reading or sometimes seeming more interested in the monitor screen than their partner's

experience. However some husbands/partners can be very helpful in heightening the pain threshold of their partner. According to Henneborn and Cogan (1975), 'Wives who had their husbands as labour coaches throughout labour and birth reported significantly less pain throughout most of the labour and had a lower probability of receiving medication at all stages of labour'. But the administrations of an over involved husband could be most unwelcome to a subject who prefers to cope by herself (Nivan, 1985).

With reference to the entire situation one must realise the importance of breathing and relaxation exercises as taught in the ante-natal classes. The midwife taking care of a mother in labour must know how to guide the mother with breathing exercises, but this is not all. I believe that the midwife who is taking care of a mother in labour must have enough perception to analyse the situation, personality, and emotion of her client at the time. During labour emotions that could be hidden for a long time may come out and these may influence the clients' threshold of pain as explained before. Past experiences such as abuse in childhood of the client, may influence pain threshold since the mother may have memory recurrences during labour, even though the midwife may not know about them.

Being such a small island, where everybody knows everybody else, the tendency for gossip is great. The habit of women congregating and talking about their own labour experiences may have positive or negative effect on a pregnant lady who may be having her first child. She may either fear labour which in turn influences her pain threshold, or she may think that labour will be easy and therefore, the actual labour may come as a shock to her. On the other hand if the information that is given is factual without exaggeration, it may help the client to cope with labour without fear!!!

Keeping in mind that as a culture, we Maltese tend to exaggerate mildly when narrating experiences, relating these experiences to others may do more damage than good, since not every woman endures the same labour pains and every woman is a holistic individual who carries her own personality, her own emotions and her own past experiences even though these factors may not be evident to the naked eye.

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from our diary...

mid-djarju tagħna...

1

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3


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6

1. Nurses and Midwives wearing black t-shirts as a sign of support for their Union Directives issued during the Industrial Relations dispute last month.

2. As a part of the strategy adopted by MUMN, during the same dispute, Nurses and Midwives are seen distributing leaflets to the public to explain that their requests to the government are also a benefit to the patients.

3. MUMN Officials with the Union's Legal Adviser, Dr. Chris Cilia, signing a judiciary protest in court against the government regarding the same dispute.

4. Nurses and Midwives attending the main summer activity, a BBQ, organised by MUMN.

5. A mass rally organised by MUMN to protest about the lack of counter proposals given by the government regarding the Sectoral Agreement.

6. MUMN was invited to attend a seminar in Brno, Czech Republic regarding professional nursing practice and regulation in EU accession countries. MUMN President Rudolph Cini and Step[illegible] Demicoli, a Council Member, are seen with other foreign officials during the seminar.

MUMN CHRISTMAS DINNER DANCE

DATE: 16 th DECEMBER 2003

VENUE: SAS RADISSON BAYPOINT HOTEL, S. JULIANS ★ TIME: 8.00PM

ENTERTAINMENT: ★ JOE FARRUGIA (ID-DULLI) ★ SHAKIN' DISCO ★ SPOT PRIZES ★ CHRISTMAS FATHER TO CHEER US UP!

CHILD CARER PROVIDED ★ *Do not miss this Funtastic occasion*

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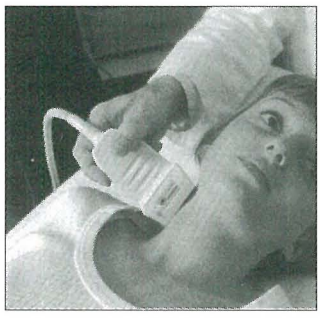
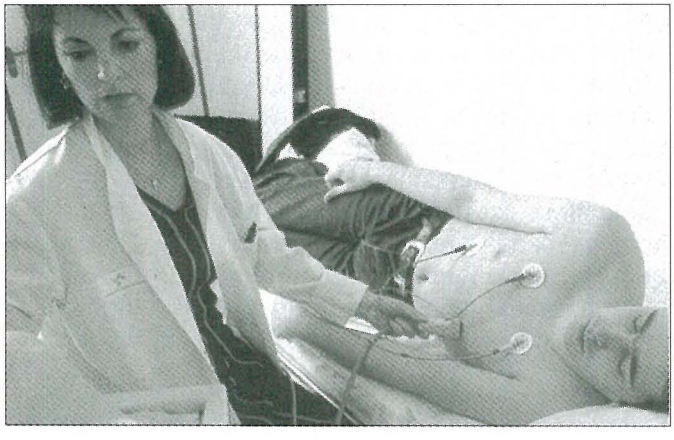


THE 5TH EUROPEAN REGIONAL CONFERENCE OF THE COMMONWEALTH NURSES FEDERATION



A challenging conference in the MUMN's calendar for the next year events, especially for the Education Executive Committee, would be the organisation of 5th European Regional Conference of the Commonwealth Nurses Federation at the Hilton from the 25th till the 27th March. A definite challenge in all aspects since this would be the first international conference ever to be hosted by the MUMN.

The European Regional Conference of the Commonwealth Nurses Federation (CNF) is organised every two years, rotating in each member country within the Federation. In fact such conference has already been organised in Malta in 1998. The main difference would be that the Council of the MUMN took the initiative and requested the CNF to actually organise the conference since such conference have always been held by the RCN even when Malta was chosen as a venue way back in 1998. It was felt within the MUMN that the time has come that its internal committees are capable of organising nursing conferences even when such conferences are on an international level.

For this reason the Educational Executive Committee has a great pleasure to invite you to participate in the Commonwealth Conference. For some, it could be a first time experience but it provides a good opportunity to share your knowledge and skills with a European Commonwealth audience. Needless to say the Educational Committee will provide for all those who had submitted an abstract, all support regarding the use of PowerPoint, digital photographing and scanning of images.

The Educational Executive Committee is also proud to have for the next four years one of its members as the Commonwealth European Regional Member. On behalf of MUMN, Ms Corinne Scicluna is holding this post for the next four years.

What are the Themes of the conference?

The theme of the conference is focused on several nursing issues related to our present and future expectations. Practice Development Nursing, Management, Leadership and innovations in nursing practice are just a few themes, which the conference will provide. Mental Health and IT workshops will also be included. It is a unique opportunity since nurses working in different specialities and in different departments will definitely find topics discussed at the conferences that are related to their work practices.

What to expect in such a conference?

The conference first event would be a professional visit to our local hospitals including the new Mater Dei Hospital on Thursday the 25th March. The conference will then have the official opening ceremony in the afternoon with various dignitaries presenting their opening speeches. In the evening a welcome reception will be held at the Ministry of Health in Valletta. Friday the 26th would be a full day conference with multiple concurrent sessions being held throughout the day. Delegates would have a wide variety of workshops to choose from during the whole day. It is envisaged that at least three concurrent workshops will be held simultaneously. Saturday would be mainly the closing ceremony where Malta would hand over the organisation of the next conference to the Royal College of Nursing.

The foreign delegates attending for the conference will be having cultural visits and professional visits. The pinnacle of the social events would be the Gala dinner at the Bacchus Restaurant at Mdina on Friday the 26th March.

MUMN took up the challenge, now its up to the nurses and members of MUMN to give their support. The dates from Thursday 25th till Saturday 27th March 2004 should be marked in everyone's diary for the Conference at the Hilton Hotel. It is the presence of every one of us, which will encourage others to be more motivated to promote such conferences. If we truly believe that nursing is an evolving profession, such conferences provide us with the best opportunities ever to be on the vanguard on what is being researched and implemented in nursing. I hope to see you at our conference.

Paul Pace

Chairman, Educational Executive Committee

IS-SAGRAMENTI L-OĦRA FL-ISPTAR

Fl-isptar insibu li l-kappillani-patrijiet ma jwasslux biss l-Ewkaristija lill-morda, iżda jiċċelebraw is-sagramenti l-oħra wkoll. Dan huwa servizz għall-komunitaà nisranija, kemm Kattoliċi u kemm mhux, bħall-Ortodossi, fejn il-persuni morda jitolbu biex jirċievu s-sagramenti ħalli jkunu jistgħu jgħixuhom fl-isptar ukoll.

Rigward is-sagrament tal-Magħmudija, insibu li jiġi amministrat diversi drabi fl-isptar minħabba urġenza prattika fejn it-tarbija ma tkunx f'kundizzjoni daqstant tajba. F'xi każi l-liġi tal-Knisja, kanone 861(2), jgħid li meta s-saċerdot, f'dan il-każ inkarigat mill-isptar, ma jkunx hemm ċans li jilħaq jasal fil-post propju biex jgħammed lit-tarbija, għaliex tkun sa tmut imminentament, il-ġenituri jew xi ħaddieħor, b'intenzjoni retta, ikunu jistgħu jgħammdu huma stess lit-tarbija wara li titwieled. Jista' jkun ukoll, f'xi każ ta' bżonn jingħata permess mill-Isqof tal-post biex it-tarbija tiġi mgħammda fil-kappella ta' l-isptar.

Is-sagrament tal-Qrar jew tar-Rikonċiljazzjoni, li jgħin lill-persuna tasal għall-ħbiberija mill-ġdid m'Alla, magħha nnifisha, u ma' ħaddieħor, il-kappillani ta' l-isptar iwasslu lill-persuni morda għal dan is-sagrament waqt li jkunu qed iżuruhom jew f'każ li l-pazjenti stess jistaqsu lin-'nurse' għall-patri dwar il-qrar. Fil-fatt, il-patrijiet jibnu kuntatt kontinwu mal-pazjenti. Iż-żmien ta' l-isptar għall-persuna marida huwa mument ta' riflessjoni li jgħinha tanaliżża ħajjitha.

Fl-isptar, insibu wkoll li jista' jiġi ċċelebrat is-sagrament tal-Griżma ta' l-Isqof. Dan is-sagrament jista' jiġi ċċelebrat mill-patri-kappillan bħala delegat ta' l-Isqof fl-isptar, jiġifieri bil-permess ta' l-isqof. Is-sagrament tal-Griżma ta' l-Isqof jiġi amministrat meta t-trabi jkunu kważi waslu fl-aħħar mill-aspett mediku. Però, mhux hekk biss li dan is-sagrament jista' jiġi amministrat. Insibu lit-tfal ukoll li għadhom m'għamlux is-sagrament tal-Griżma ta' l-Isqof. Hawn, qed ngħid l-iżjed, għal dawk li jkunu gravi u imminenti li jmutu, u f'dawn il-każi minflok jiġi amministrat lilhom is-sagrament tad-Dlik tal-Morda, jiġi amministrat lilhom is-sagrament tal-Griżma ta' l-Isqof.

Min-naħa l-oħra, is-sagrament tad-Dlik tal-Morda insibuh bħala wieħed mill-aktar sagramenti li jiġu ċċelebrati fl-isptar. Dan is-sagrament mhux l-'Aħħar Sagrament" u lanqas il-'Last Rites", iżda huwa s-sagrament li jiġi amministrat aktar minn darba lill-istess persuna, meta l-persuna wara li tirkupra terġa' tiggrava jew għaliex ikun għadda ftit taż-żmien mill-ewwel darba li ingħatat. Fl-isptar, ħafna drabi, dan is-sagrament huwa msejjaħ ukoll bħala l-A.O.S. li tfisser "Anointing of the Sick". Mela dan is-sagrament tad-Dlik tal-Morda mhux it-'Talb ta' l-Aħħar". 'It-talb ta' l-Aħħar" huwa ħaġa oħra, meta l-persuna tkun qed tmut fl-agunija jew għadha kif mietet. F'każ li l-persuna ma tkunx Maltija u ħadd ma jkun jaf li m'hiex ta' reliġjon Kattolika, xorta tista' ssirilha ċ-ċelebrazzjoni tas-sagrament tad-Dlik tal-Morda, però din id-darba taħt kundizzjoni. Min-naħa l-oħra, waqt li l-persuna mejta tkun xi tkun ir-reliġjon tagħha t-'Talb ta' l-Aħħar" jista' jsir xorta, u mbagħad tħalli f'idejn il-ħniena ta' Alla. Dwar is-sagrament tad-Dlik tal-Morda, f'każ li l-persuna marida ma tħaddanx ir-reliġjon Kattolika u jkollha bżonn dan is-sagrament, jiġi kkuntattjat is-saċerdot Ortodoss jew il-'pastor' fil-każ tal-Protestanti biex jiġu huma stess jiċċelebrawh dan is-sagrament. F'każ li l-persuna marida tkun ta' xi reliġjon oħra jiġu kkuntattjati l-persuni responsabbli li huma nkarigati mir-reliġjon tagħhom biex jieħdu ħsieb huma stess. Il-patrijiet - kappillani għandhom in-numri tat-telefon tagħhom.

Issa hemm is-sagramenti l-oħra, dawk taż-żwieġ u ta' l-Ordinazzjoni Saċerdotali, li jiġu ċċelebrati f'każijiet rari. Fil-każ tas-sagrament taż-żwieġ, insibuh meta jkun hemm bżonn li ż-żwieġ jiġi regolariżżat bil-Knisja. Waqt li fil-każ ta' l-Ordinazzjoni Saċerdotali, insibuh meta jingħatha l-permess għaliex il-persuna marida, li tkun qed tistudja għas-saċerdozju tkun dgħajfa f'saħħitha.

Dan kollu jgħinna nagħarfu kif il-Mulej ikompli jxerred il-grazzji tiegħu lill-bniedem permezz tas-sagramenti fl-ambjent ta' l-isptar ukoll.

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

NEWS SNIPPETS NEWS SNIPPETS NEWS SNIPPETS

Increase in Caesareans blamed for deskilling midwives

Midwives claim the trend towards Caesarean births is leading to "deskilling" in the profession.

Carol Bates, from the Royal College of Midwives, said the choice of many women to seek a relatively pain-free labour, and the decline of home deliveries, had led to childbirth becoming increasingly interventionist.

One area of concern is the lack of midwives experienced in dealing with breech births. The condition is now routinely dealt with by Caesarean, particularly with first-time mothers.

A Department of Health study into Caesarean sections in 2000 found the surgical procedure was used in one in five births, compared with a rate of one in 11 in 1980.

The Independent reports Ms Bates, who is the college's education development co-coordinator, said: "Most women can give birth naturally... intervention is not good for women with healthy pregnancies'.

Women were continuing to opt for so-called pain-free births even when intervention was not necessary, she said. "This loss of midwifery skills is very difficult, especially if the women are pro-technology. I would like to know what women want", she said.

Andrea Robertson, childbirth academic, backed her claims. Writing in the journal The Practicing Midwife, she said many staff was becoming deskilled because of changes in attitudes.

She added the 90% of women who could give birth naturally should be encouraged to do so.

http://www.ananova.com/news/story/sm_653017.html?menu=

Not Just Nursing.....

JOHN J. PACE was born at Zabbar on the 31st January 1945 to Gerald and Antonia nee' Grech. He was educated at the De la Salle College, Cottonera.

John started his music career when only twelve years old with the Maria Mater Gratiae Band Club of Zabbar. In 1976 he was appointed Ass. Band Master and Teacher at the same Club and also of the Lily Band Club of Mqabba. Mro. Pace completed a three-year course in Advanced Harmony and Counter Point under Mro. Carmelo Pace F.L.C.M. He was thoroughly coached in conducting by Mro. Carmelo Caruana, ex-Band Director King's Own Band Valletta.

John J. Pace was also band Director of Sta. Maria Band Club, Ghaxaq (1977-1999), the Annunciation Band, Tarxien (1978-1983), St. Michael's Band Club, Zabbar (1978-1987), The Prince of Wales Band, Vittoriosa (1980-1988). In March 1984 Dr. Alex Sceberras Trigona, ex Minister of Foreign Affairs, Culture and Youth, officially appointed him Director of the National Band of Malta. Mro. Pace has been also asked to "guest conduct" on several occasions. He was also Maestro di Cappella at Zabbar Parish Church for a number of years.

At present, Mro. Pace is Band Director of Ghaqda Band Zejtun (1984), Ghaqda Muzikali Stella Maris, Sliema (1994), St. Joseph Band, Kalkara (1984) and Ghaqda Muzikali Sant'Anna (1994). The last two bands Mro. Pace was instrumental in their beginning.

John J. Pace has composed numerous popular band marches, funeral marches, hymns, songs and three symphonies, one of which "Senza frontiere" was awarded an Honourable Mention" in the Secondo Concorso Riccardo Zondonai, Rovereto, Trento, Italy in May, 1986.

By profession, John is an Enrolled Nurse. He started his nursing career in 1965 at St. Vincent de Paule's Hospital, Luqa where he worked until 1985. In that year he was seconded to the Culture Department and worked as Cultural organizer up to 1994. In March of the same year he resumed his nursing career and at present he works in the Out-Patients Dept. (Bleeding Room at St. Luke's.)

John J. Pace is also on the Zabbar Local Council and also PRO of the Zabbar Civic Council. He enjoys swimming, fishing, spending days in Gozo, going for walks and rearing birds.

John is married to Grace nee' Mumford. They have two sons Ian and Herbert. The latter is following his father's footsteps and is a Band Director in his own right.

Tenor **JOSEPH AQUILINA** commenced his vocal studies with sopranos Antoinette Miggiani and Blagovesta Dobreva'. He later intensified his studies with tenor Paul Asciak. In 1997 he was the winner of the 3rd Edition of the National Competition for Lyrical Singers "Melita-Rossia" and in 1999 he was a finalist in the International Contest "Premio Scienza e Musica", held in Salerno, Italy. He is a regular singer of opera, operatta, musicals, oratorio, sacred, modern and romantic songs.

Having performed in numerous concerts and recitals, one finds his participation during important National venues like: The Valletta History and Elegance Festival, The Malta International Arts Festival, The Birgu Festival, and during The Millenium Activities. He also performed to H.E. The President of Malta on various occasions.

Aquilina has given creditable interpretations of various roles during operatic productions such as: Compostella, The Maltese Cross, I Martiri, Trovatore, Tosca, Macbeth, Rigoletto, Norma and Madame Butterfly. This led him to sing alongside world-renowned singers like Vincenzo Bello, Fiorenza Cedolins, Mark Rucker and others.

Apart from having sung the leading roles in the following operettas and musicals: L'Acqua Cheta, La Vedova Allegra, Il Paese dei Campanelli, La Principessa della Czarda, The Belle of New York and Chess, he also performed Hayden's Missa Brevis, Handel's Messiah, Mozart's Coronation Mass, Requiem and Missa Brevis, Beethoven's 9th Symphony (together with The Beethoven Choral Society of Sydney, Australia, and the St. Monica Choir), Puccini's Messa di Gloria (together with The Swabian Youth Choir of Germany), Gounod's Messa Solennelle, Sammut's Requiem and Attard's Oratorio "Ġużeppi ta' Nażżaret". He also performed in the Premier of Sammut's Cantata "In Hymnis Et Canticis", Magri's Requiem and Camilleri's Oratorio Dun Gorg.

Joseph participated with great success in the "The Manoel on Tour" concerts held in the Theatres of Grosseto, Cecina and Terme di Chianciano in Italy. He even had singing engagements in Montecorvino Rovella.

In April 2002, Joseph took part in the 20th Edition of the April Spring Friendship Arts Festival, held in Korea, where he performed several concerts. At the end of the Festival, he was awarded "The Silver Cup and Diploma" for distinguished solo singer.

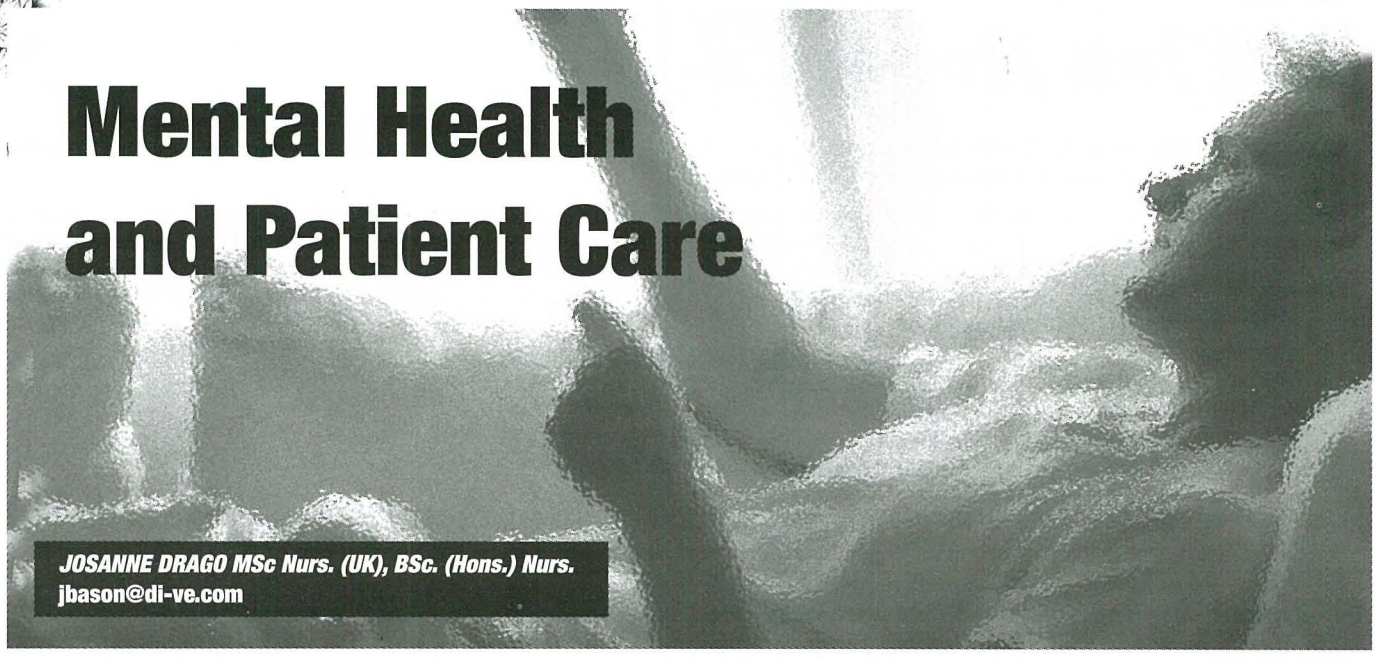
While in Korea, Joseph was commissioned by The National Broadcasting Authority to make a recording, translated specifically into English, of one of the greatest Korean Songs in their Pyongyang Studios.

While on tour in England in June 2002, as part of "The Three Maltese Tenors" show, Joseph performed several concerts in Bath, Bruton and Warminster, which also included an official Gala Concert in honour of Her Majesty's Golden Jubilee Celebrations.

Aquilina has a recording on C.D. of works by John Galea, together with The Colliery Brass Band of Nottingham, U.K. together with Chorus Urbanus.

Other C.D. recordings released include" "Tenor Arias", "Malta War Requiem" (J. Magri),"Ġużeppi ta' Nażżaret" (C. Attard), "Tu Est Petrus" (R.Sciberras), "Dun Gorg" and "War Cantata' (C. Camilleri), 'Inno alla Beata Maria Vergine' (A. Miruzzi).

Joseph Aquilina started his Nursing studies in October 1985, as a Pupil Nurse in group 49. After passing the final exams, he started working as an Enrolled Nurse in December of 1987 and was posted at the Main Operating Theatres. These last 10 years he worked in the Primary Health Care, starting with Qormi Health Centre and currently is at Rabat and Mosta Health Centres.



Mental Health and Patient Care

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The area of mental health is hardly given any consideration. We tend to hear and read a bit about it around the 10th day of October, the day when World's Mental Health Day is celebrated. However, the enthusiasm about the subject soon subsides, a week or so after this day.

It is very important for us nurses and midwives to be aware and knowledgeable about mental health. One of the most rewarding features of our professional caring is being aware of skills and knowledge in a combination, which helps fulfil the physical and emotional needs of our patients (Thompson and Mathias, 1994).

But what exactly does "mental health" mean? Is it merely the absence of illness? Is it just the absence of bizarre behaviour?

Unfortunately, the concept of mental health is not so simple to explain. Behaviour that is considered normal by one society, may be considered abnormal by another (Atkinson et al, 2000). For example, members of some tribes in Africa do not consider it unusual to hear voices when no one is actually talking or to see visions when nothing is actually there, though these behaviours are considered absolutely abnormal in most other societies. Besides, abnormal behaviour tends to change over time (Atkinson et al, 2000; Thompson and Mathias, 1994; Townsend, 2000). An example of this is eccentric dress, which often denotes psychosis, may easily become fashionable years later.

These examples clearly demonstrate that the concepts of what is normal and what deviates from normal depend to a great extent on the person who attempts to define them (Stuart and Sundeen, 1991). So much so, when someone's behaviour or action is not understood in terms of social acceptance of bounderies, it not unusual for us to deem the person in question, mentally ill.

Nevertheless, we as professionals, have to keep in mind that each and every individual is unique with his/her own experiences, prejudices, beliefs, responses, expectations, hopes, fears, skills and limitations. Thus when caring for our patients we are to put our value and moral judgements aside and stick only to objective considerations.

On the other hand, we have to admit that though we are nurses and midwives, we are also human beings. As such, we experience feelings ranging from anger to sadness, empathy to disgust, fear to pleasure. Johnson and Smith (1994) asserted that should an individual's value or degree of merit be base on words verbalised or behaviours exhibited the quality and quantity of health care and skilled attention may be affected.

The holistic care of our patients involves the formation of a therapeutic nurse-patient relationship, the three ingredients of which are empathy, unconditional acceptance and genuinness (Rogers, 1980), in order to give them optimum physical and psychological care, no matter what we feel about them. Thus, if the nurse (or midwife) is unable to accept individuals as they are at that moment, the nurse's moralistic and judgemental attitude will inhibit the development of any therapeutic relationship (Egan, 1994), not just with the nurse-in-question, but also with others within the care setting.

Therefore, as professionals we should recognise and accept our values and feelings. Should we feel unable to interact with a patient on the grounds of our feelings and values, we should stop ourselves from labelling patients and instead ask for help to deal effectively with the feelings generated by having this individual in our care. As Johnson and Smith (1994) put it, this should be considered part and parcel of professional development and not something that the nurse should feel ashamed of.

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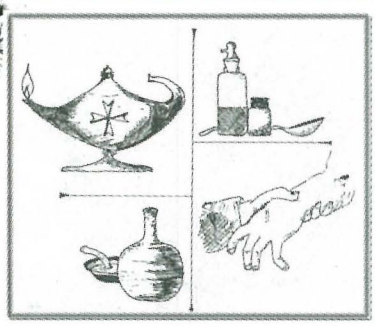

Kitba ta' JOE CAMILLERI

L-ISTORJA TAN-NURSING F'MALTA

MIS-SITTAX IL-SEKLU SAS-SITTINIJIET

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

FLORENCE NIGHTINGALE

Okkażjoni biex tiġi rranġata s-sitwazzjoni ppreżentat ruħha fl-1862 b' konnessjoni mal-proġett tal-bini tal-'Poor House' ġdida. Meta l-pjanti tal-bini kienu murija lil Miss Florence Nightingale hija niżżlet diversi suġġerimenti kkalkulati biex il-ħajja tan-nurse fl-isptar tkun aktar tollerabbli. Huwa veru li fuq kollox ma tantx kienet favur in-'Nurses' Day Rooms' u kienet tgħid li kull grupp ta' nurses kellhom jieklu fil-kamra tal-ħasil tal-platti, imma kien veru wkoll li nsistiet li n-nurses ta' bil-lejl kellhom ikollhom kamra kwieta biex jorqdu weħedhom mal-ġurnata u li l-kamra tal-ħasil tal-platti, jekk tintuza bħala 'Nurses' Day Room' għandha tkun komda u kbira biżżejjed. Hija wkoll issuġġeriet lill-Kontrollur tal-Istituzzjonijiet Karitattevoli biex ma jċekkinx ħafna l-kamra tal-'Head Nurse' minħabba li 'dawn in-nisa, li kamrithom hija l-unika dar tagħhom, iridu jkollhom spazju u kumdita`'. Fl-aħħar ġeġħlet li jkun hemm latrini għall-użu biss tan-nurses-suġġeriment li xi ħadd skanta u saqsa 'Għaliex?' minn xi ħadd li, ċertament, ma kienx daqstant avvanzat fl-idejat sanitarji tiegħu bħal ma kienu ta' Miss Nightingale. Sfortunatament l-iskema tal-'Poor House' ġdida falliet milli ssehh f' dak iż-żmien li ġiet proposta u għalhekk intilfet opportunità biex jitjiebu l-kundizzjonijiet tan-nurses fl-isptarijiet tagħna għall-aħħar tad-dsatax il-seklu.

Wieħed m' għandux jimmaġina li standards baxxi ta' 'nursing' kif spjegati, eżistew biss f' Malta; saħansitra f' pajjiżi oħra fl-Ewropa dawn il-kundizzjonijiet simili eżistew. F'ċerti każi s-sitwazzjoni kienet aħjar f' Malta milli f' pajjiżi oħra. In-nisa Maltin impjegati fl-isptarijiet tagħna kienu tabilħaqq bla skola u goffi però qatt ma missew l-istess qiegħan ta' degredazzjoni morali li waslu fihom uħud mill-kollegi tagħhom barra minn Malta. Fl-Ingilterra, per eżempju, in-nisa li jattendu għall-morda kienu tant maledukati u xejn raffinati li mhux talli ma kienux rispettati u murija gratitudni mis-soċjetà, talli kienu jqisuhom bħala servjenti ta' fama ħażina. Kienu magħrufa għal kemm kienu jħobbu l-qatra. Ma setgħux jiġu fdati biex iġibu ruħhom b' mod diċenti fil-kumpanija tal-irġiel u superviżjoni stretta kellha tiġi nfurzata biex ma jħalluhomx joħorġu mit-triq it-tajba. Kemm verament ma setgħux jiġu fdati hu meta sehh avveniment li jħalli tbissima. Din il-ġrajja għandha konnesjoni ma viżita li Miss Florence Nightingale għamlet f'Malta fl-1854 meta kienet fi trieqta għall-Krimea. Grupp ta' nurses minn tagħha u sorijiet tħallew jinżlu l-art biex jaraw il-Belt iżda kienet ta' konvenjenza li jġegħlu lin-nurses jimxu bejn is-Sorijiet Protestanti fuq quddiem u s-Sorijiet Kattoliċi fuq wara biex b' hekk ma jaqgħux fin-nasba tat-tentazzjonijiet li numru kbir ta' suldati miġbura l-Belt kienu jafu joffru.

Fin-nurses Maltin l-influwenza tar-reliġjon u n-nuqqas li wieħed jaqgħa għax-xorb, kienu forzi qawwija ta' trażżin: madankollu, l-opinjoni pubblika tal-Maltin ma kienet xejn anqas preġudikata għan-nurses femminili minn postijiet oħra, tant li fl-1848 meta n-nursing tal-irġiel morda kien qed jiġi fdat lil attendenti femminili f' xi sptarijiet fil-Kontinent, it-tobba Maltin ma qagħdux lura milli juru d-di_approvazzjoni tagħhom għal dan it-tiġdid. Fil-fatt f' rapport li ħarġu l-membri tas-'Societa` Medica' dwar l-istat tal-isptarijiet Ċivili ta' Gżiritna, ma ħallewx dubbji li kienu bis-sħiħ kontra l-introduzzjoni ta' nurses femminili fis-swali tal-irġiel u ddikjaraw bil-miftuħ li esperiment bħal dan ma kienx rakkomandabbli għal Malta anke kieku n-nurses kienu ta' eta` kbira u għandhom morali eċċelenti. Meta fl-1862 Miss Florence Nightingale issuġġeriet lill-Kontrollur tal-Istituzzjonijiet Karitattevoli biex jaħtar Head Nurse femminili fis-swali tal-irġiel tal-Poor House il-ġdida, il-proposti tagħha ġew milqugħa b' kummenti li 'f'Malta is-sessi jridu jinżammu kompletament separati'. Kien biss fl-1882 li niltaqgħu ma okkażjoni waħda ta' nurse femminili li kienet qed tattendi għall-pazjenti rġiel meta tfajla Ingliża għall-ewwel darba nġiebet Malta mill-Istitut ta' Mildmay fl-Ingilterra, biex taħdem fil-British Seamen's Hospital tal-Furjana.

Fil-ktieb ta' W.L.Zammit 'Tas-Sliema fis-Seklu XIX' insibu li f' ċensiment li sar fl-1871 dwar Tas-Sliema, kienu diġa nbnew numru ta' djar kbar li kienu joffru mpjiegi għan-nurses privati fost xogħolijiet oħra.

Il-preġudizzju kontra li nisa jagħmlu nursing fuq irġiel morda ppersista sew anke sas-seklu għoxrin. Anke sas-sittinijiet is-swali tal-irġiel fl-isptarijiet tal-gvern kienu jaħdmu attendenti rġiel taħt it-tmexxija tas-Sorijiet tal-Karità. Kellu jkun l-istimolu tat-Tieni Gwerra Dinjija biex iġib bidla f'din l-attitudni tradizzjonali. Meta faqqgħet il-gwerra ġabet il-bżonn immedjat u urġenti li nurses jieħdu ħsieb vittmi ċivili tal-attakki mill-ajru fid-diversi sptarijiet t' emerġenza li twaqqfu biex ilaħħqu mal-feruti. Dan il-bżonn intlaħaq billi ġew impjegati membri femminili tas-St. John Ambulance Brigade li għalhekk iffurmaw l-ewwel nukleju ta' nisa pajżana biex jieħdu ħsieb in-nursing tal-irġiel feruti fl-isptarijiet tal-gvern, għalkemm in-nursing tal-irġiel morda minn nurses nisa kien ilu li ġie introdott fl-isptar privat tal-'Little Company of Mary' (l-Isptar tal-Blue Sisters).

L-IMPATT TAL-GWERER L-EWWEL GWERRA DINJIJA. MALTA: IN-NURSE TAL-MEDITTERAN

Iċ-Ċentinarju ta' paċi li tgawda mill-Gżejjer Maltin wara li kienu jagħmlu parti mill-familja Brittanika tan-nazzjonijiet, ġie fit-tmiem tiegħu meta faqqgħet l-Ewwel Gwerra Dinjija. L-ewwel fażi tal-kunflitt ma kienx jagħti indikazzjoni li Malta kienet iddestinata biex tagħmel il-parti tagħha bħala 'ospedallier', għallinqas sa l-bidu tal-1915, meta t-Turkija ingħaqdet mal-Qawwiet Ċentrali u kien neċessarju għall-Allejati biex jattakkaw lil peninsola ta' Gallipoli u d-Dardanelli. Minn hemm il-quddiem, kif tassew kien intqal, il-proviżjoni u l-organizzazzjoni tas-servizzi tal-isptar ta' Ġiritna saru fost il-kisbiet kbar tal-gwerra. Barracks u ħafna bini pubbliku u privat ġew mibdula fi sptarijiet.

L-ewwel grupp ta' sebgħin feruti minn operazzjonijiet navali waslu fi Ġiritna fl-20 ta' Marzu u sa l-aħħar ta' Mejju tal-1915 kienu waslu 'l fuq minn 400 ferut u marid. Kien hemm pjanijiet biex in-numru ta' sodod jiżdied għall-ħamsa w għoxrin elf. Sa nofs is-sena tal-1916 seba' w għoxrin sptar u kampijiet kienu qed jiffunzjonaw.

Sa Ġunju tal-1915 kien hemm jaħdmu 117 uffiċjal mediku u 300 nurse fl-isptarijiet fejn dawn telgħu għal 300 tabib u kwazi elf nurse, li nofshom ma ħadux it-tahrig meħtieġ (V.A.D).

L-isptar prinċipali kien il-Valletta Military Hospital (Sacra Infermeria) fejn fis-Sala l-Kbira biss kien hemm mitejn sodda. L-istaff tal-isptarijiet kienu jimprovizzaw b' gareż, 'sterilisers', 'cradles' għall-ksur u anke 'splints'. Mill-Valletta Military Hospital il-pazjenti kienu jiġu mqassma fi sptarijiet oħra u kampijiet bħall:

Cottonera Hospital-800 sodda;
Bighi Hospital-800 sodda;
Floriana Hospital-1300 sodda;
Ħamrun Hospital-117-il sodda;
Mtarfa Hospital-1853 sodda;

St. Andrew's Hospital-1258 sodda;
St. George's Hospital-1412-il sodda;
St. Paul's Hospital-898 sodda;
St. David Hospital-1168 sodda;
St. Patrick's Hospital li kien jikkonsisti f' tined ħdejn Spinola-1168 sodda;
St.John's Hospital (l-Iskola Elementari ta' Tas-Sliema)-520 sodda;
St. Ignatius Hospital (Kulleġġ tal-Ġiżwiti ġewwa l-bajja ta' San Ġiljan) -196 sodda;
Forrest House ġewwa Villa Spinola f'San Giljan -186 sodda;
Tignè Hospital fTas-Sliema li kien l-aħħar Sptar li għalaq-1314-il sodda;
St. Elmo Hospital u l-Baviere Hospital, ġewwa l-Belt-348 sodda u 155 sodda;
Manoel Hospital-1184 sodda;
Għajn Tuffieħa Hospital li kien jiflaħ l-akbar numru ta' konvalexxenti u laħaq kellu 'l fuq minn erbat elef pazjent;
Blue Sisters Hospital għall-uffiċjali -120 sodda;
All Saints Hospital f'Pembroke - 2000 sodda;
Fort Chambray Hospital f'Għawdex għall-konvalexxenti-400 sodda;
Mellieħa Hospital - 2000 sodda u saħansitra d-Dragonara-20 sodda, il-Verdala-30 sodda u Sant Anton-50 sodda.

Il-British Red Cross, l-Ordni ta' San Ġwann u organizzazzjonijiet reliġjużi kienu jaraw li jipprovdu tined u postijiet għar-rikrejazzjoni lil-konvalexxenti.

Il-poplu Malti għamel dejjem li seta' għall-ferut u l-marid, saħansitra daħlu jaħdmu fl-isptarijiet bħala nurses. Nurses tal-Branch Maltija tas-St.John's Ambulance Brigade daħlu jaħdmu fl-isptarijiet militari: anke tfal tal-iskola kienu jgħinu biex jirrumblaw il-faxex u jippreparaw il-gareż waqt li l-Boy Scouts kienu jaqdu lil-pazjenti.

Fl-1916, Reverend Albert.G.Mackinnon, li kien 'chaplain' f' Malta jikteb hekk fil-ktieb tiegħu: 'Malta assumiet ir-rwol tagħha ta' nurse. Irrid propjament ngħid 'kompliet' għax meta Filippo Villiers de L'Isle Adam ħakem il-gżejjer fl-1521, bħala Kap tal-Ospedallieri, il-Kavallieri ta' San Ġwann ta' Ġerusalemm, fost l-affarijiet li għamel kien li jibni sptar. Bil-Gwerra tal-Krimea u Florence Nightingale, in-nursing sar professjoni għan-nisa u Malta kellha sehem importanti f' dawk iż-żminijiet ta' epoka, meta n-nisa inġabru mhux biss madwar il-bandiera iżda anke madwar l-irġiel feruti.

Malta qatt fl-istorja tagħha, ma fetħet dirgħajha daqshekk miftuħa beraħ, tilqa' daqstant t-toqol ta' umanita' li qed issofri, daqs dak is-sajf tal-1915...Irrid noħodkhom miegħi f' dawk is-swali ffullati, fejn l-arja, għalkemm kien hemm ventilazzjoni tajba, hija mimlija bir-riħa tal-odju u riħa li tqallak ta' laħam imċarrat, fejn l-irġiel jissaportu fis-silenzju l-uġiegħ jew l-aħħar għadu tagħhom, il-mewt...'

Fl-istess sena Arthur Behrend fil-ktieb tiegħu 'Make Me a Soldier' jikteb hekk: '...Id-destinazzjoni tagħna qalulna li kienet il-Blue Sisters Hospital...L-isptar kien jimxi ħarir, iżda darba għadni niftakar dik l-għodwa meta l-paċi kienet miksura għaliex il-V.A.D's kollha baqgħu reqdin u l-kolazzjonijiet tqassmu siegħa tard.

Jien kelli lil Sister Frances bħala nurse, mara kalma sakemm tiġi biex titkellem fuq it-'telephone'...

Dan ma kienx l-ewwel darba li Malta ġiet imsejħa biex tieħu responsabilità ta' rwol ta' nurse waqt il-gwerra u ġie ddikjarat li Malta żiedet **'kapitlu sabiħ fl-istorja tal-umanita` u b'qima għandhom jiġu msemmija l-isptarijiet tagħha; għaliex is-sagrifiċċju tagħhom reġa' għal darb' oħra ġie espost u n-nuqqas t' egoiżmu, imlibbes f' kappun tan-nurses u f' uniformi ta' kirurgu, ipproklama r-rebħa tal-imħabba."**

(Ikompli għall-ħarġa oħra)

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Orthopaedic Nurse-led Clinics in UK- an experiential visit

Orthopaedic Nurse-led clinics are becoming an ever-increasing reality in U.K and there is a growing expansion of such services that are fuelled by the needs of society. Through this process of expansion, nurses are gaining more autonomy and consequent enhancement in their status and opportunities to advance forward.

In the beginning of September I attended the Society of Orthopaedic Nursing Conference (SOTN) which was held in Llandudno Wales, and after the conference I had the opportunity to visit a few of these Nurse-led Clinics in U.K. The aim of this visit was to keep track of new developments in Orthopaedic Nursing, network with Orthopaedic Nurse Practitioners in U.K. and experience the reality of a nurse-led clinic.

The SOTN Conference

The Orthopaedic Conference was a succession of presentations by Nurses or Nurse Practitioners who were, in one way or another, involved in change strategies or establishing new initiatives, such as Nurse-led Clinics. One clear trend that is emerging in Orthopaedic nursing is the establishment of new posts in subspecialties. Consequently you can find Osteoporosis nurses who focus on assessing, teaching and co-ordinating care for osteoporosis patients. Pre-Operative Assessment Clinic Nurses co-ordinate the preparation and education of patients who are to undergo elective surgery. Trauma co-ordinator Nurses manage and fast-trek patients with fractured femurs. Advanced Nurse Practitioners run clinics that vary from Post-Operative Follow up Clinics to Back Pain Clinics. Such posts are now part of the norm in U.K. and the presentations at the Conference elaborated on how these clinics and other new initiatives were being set up. On a national level, Orthopaedic nurses are also preparing to establish an Osteoporosis awareness campaign in schools targeted at teenagers.

Apart from the educational aspect, the benefits of attending such a conference includes the networks you manage to build with some of the most renowned people. During the coffee and lunch breaks I was madly dashing about trying to meet all those famous people whose articles I regularly read in the Journal of Orthopaedic Nursing!

My experiential visit to Nurse-led Clinics

The following ten days after the Conference I had the opportunity to visit various nurse-led clinics of the Dudley Group of Hospitals. This was indeed a good opportunity to see in reality what I had heard and read about in conferences and journals. My program took me through the whole of the elective patient journey starting from before admission to well after the discharge date.

The Pre-Operative Assessment Clinic is the first stage of the process and I visited two of these clinics which are totally nurse-led. Nurses take ECGs, do venapuncture, assess the patient's health status and identify any potential problems. They also inform and educate the patient about the operation and outcomes. If any particular medical problems are identified, the nurses can refer patients to the Medical team or Anaesthetist. I also visited an elective orthopaedic ward where I saw that resources such as air mattresses and parameter monitors were easily available. There was also an organised portering system to take patients to theatre and x-rays...something that we sorely need in Malta!

With Margaret Flanagan *(left)* and Jenny Booth *(right)*

Hospital at Home schemes (HaH) are also being introduced to reduce the patient's length of stay in hospital. In the Royal Orthopaedic Hospital of Birmingham there is a system whereby elective operation patients who meet certain criteria may be discharged by the fourth day post-op and are supported by an outreach team. Again, this is a Nurse-led initiative with a team comprising of nurses and physiotherapists who visit the patients at home to monitor their progress, perform physiotherapy, watch for any signs of complications and give continuing support to the patient. This HaH scheme usually supports the patients for about 5 days and a patient who has had a Total Joint Replacement would finally have received about 9 days of care, which in itself is more cost-effective due to reduction in the patient's length of stay in the hospital itself. There is still some debate as to whether these systems are as cost-effective as previously anticipated, but an audit by the Royal Orthopaedic Hospital found that there was certainly a significant reduction in cost when compared to normal hospitalisation and patient outcomes and satisfaction were very positive. Studies by Shepperd et al (1998) and by Palmer-Hill et al (2000) also drew those conclusions.

Another important development in orthopaedic nursing has been the establishment of Advanced Nurse Practitioner (ANP) Follow-up Clinics. After being discharged from hospital or from the Hospital at Home scheme patients are given an Out-patient follow-up appointment with the ANP. This first review usually occurs 7-8weeks after the operation and there is no contact with the Medical team. I spent two days with ANPs and 'shadowed' them as they assessed the progress of the patient's range of movements, monitored for any signs of complications, checked activity tolerance, ordered x-rays as needed and answered any queries brought up by the patients. It was really satisfying to see the level of autonomy these nurses have achieved and at the same time I felt quite annoyed that we are still struggling with the issue of creating specialisation for nurses in Malta!

Conclusion

This experiential visit made me realise that nurses in U.K. are really moving forward and branching in Specialities, expanding their influence and taking on more leadership

and co-ordinating roles. I believe it is up to us to follow in their footsteps if that is the direction we want to take. Although I was impressed by the work these Nurse Practitioners are doing, I am at the same time very convinced that we are capable of doing the same if we are given the opportunity to further our knowledge and skills. We must continue to work together and insist on the establishment of such new roles in all specialities of nursing. This will not only benefit the nurses by enhancing their career pathway but also the patient who will certainly receive more holistic care.

If anyone with the power to take decisions is still unsure of the nurses' capability to take on these new responsibilities and challenges, he or she should read the UK Department of Health (1999) document 'Making a Difference'. It seems that authorities there are very keen in ensuring that nursing develops in the field of leadership and Specialisation. The document encourages and supports new roles and new ways of working to release the untapped potential of nursing and midwifery whilst improving their working lives. And so should it be here.... and I believe that we must all play our part to see that this occurs. We must also continue to request support and resources that can help us work more professionally.

Another potential 'writing on the wall' is the introduction of reduced working hours for junior doctors in U.K. If, due to E.U. directives, this were to occur in Malta who would fill the vacuum? The prospect for nurses to develop further may then present itself and we should be ready and waiting to grasp such opportunities. However there needs to be more development in post-registration education for nurses that targets the individual needs of the specialities. We as nurses must have a clear vision where we want to arrive and then focus on achieving it. No one can halt progress or change, and the future is beckoning us forward towards expanding vistas of practice and new opportunities.

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A clarion call for all foreign nurses working in Malta

Dear colleagues,

I want to use this opportunity to relay to you the inauguration of "Foreign Nurses Group Committee". Basically, the idea of forming this Group Committee is to bring all foreign nurses under one umbrella. Umbrella of peace and unity that will enable us to speak in one accord. MUMN is conveying its message that there is freedom of speech and opinions with regards to our conditions of work. I hope we will find time to discuss these conditions that I presume affect each an every one of us individually or collectively in different capacities.

In the light of this, friends, I request your participation in this novel move of unity and integration that will enable us to find a common ground to air our views. Your opinion can make a whole lot of difference – do not sit on the fence.

I strongly believe that where there is a will, there is a way. Many of us have long wished for this opportunity so that we can air our views and not brood about them.

Therefore, I recommend that now is the time to get things down to the brass tacks. Now is the time to have a common focus and goal to pursue. Now is the time to speak with one accord and ask the authorities to revisit our conditions of work. The road map to actualise this dream may seem bleak, crooked and slow but surely we will get there.

The subject of my calling is that we have to move on, in our request with diligence and perseverance. According to William Blake, the greatest mistake of mankind is the mistake of not moving on. If we know where we have been, we will know where we are going. Therefore, I say, now is the time to move on. Let us maximize this opportunity and work within MUMN. The pursuit of our course is a genuine one. We may encounter some setback and intimidation, but our slogan is, "Do unto us as you would like others to do unto you" That is the principle of natural law. Do not be discouraged. Some of us feel intimidated because they had initiated similar move in the past, asking the government to better our condition of work but they were threatened with their job and the move was thwarted. Such threat shall not be anymore because our request is just. We are not staging any rally or protest but rather asking for better conditions, as it is accorded to our local colleagues

I would be introducing other group committee members in the next edition of "Il-Musbieh". We will be calling for a meeting soon to familiarise with one another. I am here to serve you, do not hesitate to contact me should the need arises, while I also solicit your support to actualise our goals.

United we stand.

Victoria Aluta
Nwaokoro Joakin Chidozie (NJC)
Chairperson
Contact address: nwaokoro@di-ve.com
Mob: 79594288

Towards Professionalism

FRANCIS RIPARD MNS

It has always been said that unless nurses manage themselves, be responsible and accountable for their actions with regards all aspects that professionalism demands, we as nurses should not even attempt to demand autonomy. Nor should we ask for it, if we are seeking to speak about professional status **just** to gain extra or better remuneration.

Nurses need to be **assertive** in their approach towards demanding professional status and be prepared to **plan** their demands in an orderly, well-prepared and positive manner. We as nurses need to know exactly what **goals** we are trying to reach and be ready to **carry** the accompanying responsibility. Coordination between nurses is essential if we are to reach these aims. The only thought that each one of us should keep in mind is that nursing should be viewed as forming a profession of its own.

If politicians, unions and others need to be used in the process, then for a change, let us for once refrain ourselves from being used and utilise their help and assistance to realise our goals.

Professionalism demands aims and goals to be reached so that one is given the warrant to practice. Nurses should not work in isolation...nor should they seek to do so. Multidisciplinary understanding and support is essential. Different disciplines sometimes set different goals for their practitioners and their patients and at times this result in conflict. We need to work closely with medical and paramedical staff and strive towards an understanding of each other's goals.

Many times the question arises: 'What is Nursing?', 'What are its believes and values?'
Nursing is viewed at times as a collection of tasks and procedures which require a certain degree of skill but which are undertaken on the initiation of and under the direction of doctors whose function they assist. As we all know this is not exactly the picture we face but I feel that at times we ourselves are letting ourselves down, due to the fact that some of us are so keen to please... maybe to be registered in the good books. Some nurses do really sell their souls. This reminds me of the Maltese word that originally was used instead of nursing...***'servjenti'***.

Nursing standards depend on how well nurses meet patient's needs. In order to help us identify our guiding principles we need to follow the pre-requests for the professional control of standards of nursing care.

Key factors may include:

- a philosophy of nursing
- the relevant knowledge and skills
- the nurses authority to act
- accountability
- control of resources
- the organizational structure and management style
- the doctor/paramedic nurse relationship
- the management of change

Furthermore Authority to act is linked to accountability. Unless a nurse has been given authority / responsibility for work, the nurse cannot be accountable. The nurse has to have a clear understanding of the distinction between medicine and nursing. Within the context of professionalism the above factors in the areas of ***practice, management and education*** are important as they develop in different ways and levels.

Nurses should be accredited for the post-graduate training and experience just like any other profession. Thank God we have at least a nursing journal through the Union so that members can write freely without any outside pressure or censorship.

Professionalism in nursing means that nurses should be able to manage their own affairs. Maybe the following questions need review:

1. *Do nurses in Malta manage their own affairs?*
2. *Do nurses in Malta have the ultimate say in their affairs?*
3. *Do nurses in Malta manage nurses?*
4. *Does a Nursing Body exist in Malta?*

There are more questions to be asked, however on the other hand:

1. *Are nurses in Malta prepared for such responsibility?*
2. *Do nurses have the know-how and required skills to manage their own affairs? Can they speak about their grievances or their rights?*
3. *Are nurses ready to evaluate, monitor and take disciplinary action with fellow practitioners if this is required?*
5. *Are nurses given the opportunity for further education?*

Here too a number of questions are maybe as yet unanswered. But whatever the answer maybe, it is a must that in order to call ourselves professional nurses, we must first seek to develop:

1. A proper structure with range of jobs, grading with adequate salaries within the nursing profession. Periodical review of such a structure is of utmost importance.
2. Standards and structure of clinical careers and nursing education.
3. Principles of continuing professional development educational programs.
4. Principles of accreditation-appointments must be in accordance to specific criteria which indicate that the person appointed is suitably qualified in terms of formal qualifications, experience and/or relevant attainments.
5. An updated code of nursing ethics
6. Disciplinary measures to reprimand those who breach ethical principles but at the same time create a mechanism for the investigation and possible correction of grievances.

Accountability of each individual practitioner (i.e. being answerable for work and for any decisions taken about work) is the basis of professionalism.

Point mentioned only delineates the key factors upon which one can elaborate/ investigate more. However it should not be forgotten that, lack of incentive within the traditional grading structure might hinder initiative and career advancement. In this respect we consider that the provision of an opportunity for training in managerial roles is a must.

The Nursing structure should not be too rigid. Flexibility should be allowed so that when staff is available the appropriate appointments can be carried out. Posts should be awarded to applicants who fulfil the required criteria of qualifications, experience and expertise.

We as nurses must gain respect not by providing adequate but excellent standard of nursing care. This is also of crucial importance if we are to gain respect and recognition at managerial level. Some imply that to be a good nurses one has to have a 'vocation'. Let us be cautious about such statements. Having a vocation does not mean that we have to stand for everything thrown against us to satisfy someone else's needs!

What we require is to be given the opportunity to participate in this dynamic process with the ultimate aim of improving the caring services in our country.

Ejjew Nieqfu Ftit...

The End of a Nurse's Day

Seven o'clock! And the nurse's work
Was done for another day!
She heaved a sort of tired sigh
And put the charts away.

Then sat for a moment and bowed
Over the little white desk - her head
"I wonder", said she to herself 'after all;
Am I really doing my best?'

'Perhaps I could have begun the day
With a brighter, cheerier smile,
And answered the bells with 'Right Away'
Instead of 'After a While'.

'And I might have listened with sweeter grace
To the story of Six's woes;
She may be suffering more perhaps,
More than anyone knows.'

'And I might have refrained from the half-way frown
Although I was busy then
When the frail girl with sad blue eyes
Kept singing again and again'.

'And I might have spoken a kindlier word
To the heart of that reckless boy,
And stopped a moment to help him find
The missing part of his toy'.

'Or perhaps the patient in Eighteen A
Just needed a gentler touch;
There are many things I might have done
And it wouldn't have taken much.'

She sighed again and brushed a tear
Then whispered – praying low,
'My God, can you accept this day
When it has been lacking so?'

And God looked down – He heard the sigh;
He saw the shining tear;
Then sent His angel Messenger
To whisper in her ear...

'You could have done better today,
But, Oh, the Omnipotent One,
Seeing your faults does not forget
The beautiful things you have done',

He knows, little nurse, that you love your work,
In this house of pain and sorrow
So gladly forgives the lack of today
For you will do better tomorrow'.

The nurse looked up with a grateful smile
'Tomorrow I'll make it right',
Then added a note in her order book
'Be good to them tonight.'

ANONYMOUS

Attività oħra organizzata mill-Pensioners Group Committee

Il-"Pensioners Group Committee"' organizza ħarġa għal Għawdex fl-10 t' Ottubru. Din il-ħarġa kienet ta' sodisfazzjon kbir għalina. Bi pjacir ngħidu li attendew 20 membru u l-partners tag_hom, fejn kulħadd ħa gost ħafna.Tant li ħeġġewna biex inkomplu norganizzaw attivitajiet bħal dawn.

L-ewwel li żorna kien il-Qala, fejn waqafna għall-kafè. Żorna l-kappella Santwarju tal-Kunċizzjoni u wara nżilna fil-bajja ta' Ħondoq ir-Rummien. Għamilna wkoll żjara sal-Gozo Heritage, fejn wara morna sas-Santwarju Ta' Pinu. Wara nżilna d-Dwejra fejn invistajna l-Kappella ta' Sant' Anna.

Għas-siegħa morna għall-ikel fis-SeaShells Restaurant ġewwa x-Xlendi, fejn ħriġna sodisfatti ħafna. Wara l-ikel żorna l-Miħna ta' Kola, ġewwa x-Xagħra u waqafna n-Nadur, naraw il-veduta sabiħa minn fuq il-'Prominade'. Minn hemm qbadna t-triq lura lejn Għajnsielem biex niġu lura Malta.

Mertu kbir ta' das-suċċess jimmerita lill sħabna s-Sur George Debono u s-Sinjura tiegħu li ħadu ħsieb l-organizzazzjoni ġewwa Għawdex.

Paul Bezzina
Chairman Pensioners Group Committee

MESSAĠĠ KUMITAT 'ENTERTAINMENT AND CULTURAL'

Għeżież ħbieb,

Hu pjaċir tiegħi li nikteb għall-ewwel darba f'dan il-ġurnal bħala ċ-chairperson ta' dan il-group committee. Dan il-Kumitat huwa s-sinsla tal-MUMN fejn jidħlu attivitajiet li norganizzaw minn żmien għal żmien fejn barra li niltaqgħu il-bogħod mill-ambjent tax-xogħol tagħna inkunu nistgħu naqsmu l-idejat tagħna b'mod amikevoli u f'ambjent pjaċevoli.

Wara l-Bar BQ li organizzajna fid-29 t' Awwissu, stajna naraw x'mar tajjeb u ħażin. L-attendenza kienet waħda sodisfacenti, f'ambjent sajfi addattat, b'ikel u xorb mit-tajjeb u b'ammonti ta' sponsors fenomenali.

Issa l-attivita' li jmiss hi d-Dinner Dance tal-Milied li se ssir nhar is-16 ta' Diċembru, ġewwa l-Lukanda SAS Radisson fejn aħna ħerqana li nerġgħu niltaqgħu magħkom.

Għas-snin li gejjin bi ħsiebna ntellgħu attivitajiet sportivi u kulturali fejn nistennew l-appoġġ tagħkom ukoll.

Nirringrazzja lil sħabi kollha tal-Group Committee għax-xogħol siewi li flimkien qed nagħmlu. L-appell tal-aħħar hu li nħeġġu aktar voluntieri biex jgħinuna f'attivitajiet li aħna ntellgħu minn żmien għal żmien.

Nirringrazzja lil membri tal-Kunsill u membri tal-Eżekuttiv tal-MUMN ta' l-appoġġ li dejjem urew magħna. Fl-aħħar, iżda mhux l-anqas lill-isponsors u aġenti tal-ħwienet li dejjem lesti jgħinuna. Nieħu l-opportunità nirringrazzja minn qalbi lil Ms. Rita Costa, ic-Chairperson ta' qabli.

SIMON VELLA
Chairperson Entertainment and Cultural Committee

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