IL-MUSBIEĦ

MALTA UNION OF MIDWIVES AND NURSES

The Post-Conference issue...

- The key Professional-not always the Doctor
- Personal Views on the Conference
- Flexible Work Practices
- Media role in Health Promotion
- Malnutrition in Maltese hospitals
- Lifelong Learning

Ħarġa Nru. 23 • Ġunju 2004

SCHERING

yasmin®

Drospirenone/Ethinylestradiol

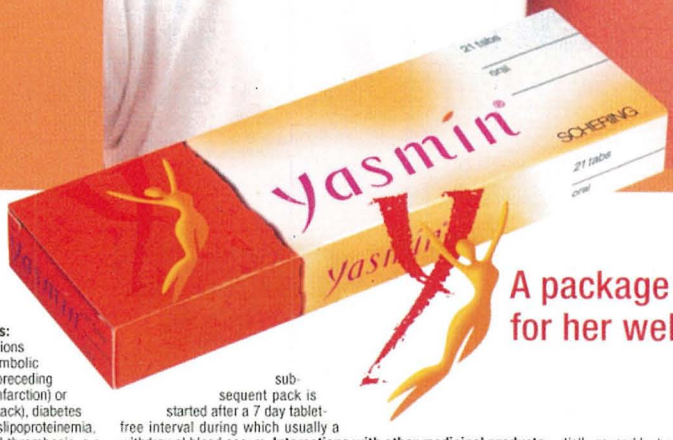
Reliable contraception with

stable body weight[1)]

relief of premenstrual symtoms and menstrual pain[2,3)]

beautiful skin[4)]

A package of benefits for her well-being



A package of benefits for her well-being

Yasmin Prescribing Information **Indication:** hormonal oral contraception **Composition:** – Active ingredients: one light yellow filmcoated tablet contains 0.03 mg Ethinylestradiol and 3 mg Drospirenone – Pharmacologically inactive ingredients: lactose monohydrate, maize starch, Povidon K25, magnesium stearate, Hypromellose, Macrogol 600, talc, titanium dioxide, iron oxide hydrate. **Contraindications:** Yasmin is contraindicated, if one of the following conditions is present: preceding or existing venous thromboembolic events (VTE, deep venous thrombosis, lung embolism), preceding or existing arterial occlusions (myocardial or cerebral infarction) or their precursors (angina pectoris, transient ischemic attack), diabetes mellitus with vascular damage, severe hypertension, dyslipoproteinemia, inherited or acquired disposition for venous or arterial thrombosis, e.g. APC-resistance, antithrombin-III-deficiency, protein-S-deficiency, protein-C-deficiency, hyperhomocysteinemia, antiphospholipid-antibodies, preceding or existing severe liver disease, until liver-specific functional parameters have returned to normal, severe renal insufficiency or acute renal failure, preceding or existing benign or malignant liver tumors, suspected or established malignant diseases of the genital organs and of the breast, if hormone dependent, vaginal bleeding of unclear origin, migraine with focal neurological symptoms, increased sensitivity against the active or inactive ingredients of Yasmin. Should one of these conditions appear for the first time under medication with Yasmin, the intake of Yasmin had to be stopped and the prescribing physician has to be notified. **Side effects:** occasionally cycle disturbances, breakthrough bleeding, breast tenderness, headache, depressive mood, migraine, nausea, discharge, vaginal mycosis, rarely libido changes, hyper- or hypotension, vomiting, acne, eczema, pruritus, vaginits, edema, weight changes, single cases of asthma, lactation, *hypacusis and thromboembolism have been described.* **Dosage and** sub-sequent pack is started after a 7 day tablet-free interval during which usually a withdrawal bleed occurs. **Interactions with other medicinal products:** contraceptive failure and breakthrough bleeding have been described for the concomitant use of hydantoin, barbiturates, primidone, carbamazepine and rifampicin. Such interactions are also suspected for oxcarbacepin, topiramate, felbamate, ritonavir, griseofulvin and St. John's wort. Contraceptive failure has also been described for concomitant use of antibiotics, such as ampicillin and tetracyclin. **Warnings:** If any of the conditions/risk factors mentioned below is present, the benefits of combined oral contraceptive use has to be weighed against the possible risk for each individual woman. In the event of aggravation or first appearance of any of these conditions or risk factots, the woman should contact her physician: Vascular disorders with or without indication of arterial or venous thrombosis. The risk is increased for individuals with a respective family history, advanced age, smoking, overweight, lipid metabolism disorders, hypertension, diabetes, immobilization, valvular disorders, atrial fibrillation, systemic lupus erythematosus, hemolytic-uremic syndrome, chronic inflammatory bowel disease, migraine. Tumors: the risk of having breast cancer is tially caused by hormone intake gradually disappears during the course of the 10 years after cessation of combined oral contraceptive use. Experiences from clinical studies do not provide evidence of a causal relation between the use of combined oral contraceptives and an increased incidence of breast cancer. An increased risk of cervical in long-term users of COCs has been reported in some epidemiological studies. Annual routine checks by a physician are recommended. **Special precautions:** Contraceptive safety is impaired if one or more tablets have been missed. In this case the physician has to be informed. Yasmin is not indicated during pregnancy. Should a woman become pregnant while taking Yasmin, the use has to be terminated immediately. In case of concomitant use of potassium sparing preparations the serum potassium level should be controlled. Should vormiting and/or severe diarrhea occur within 3–4 hours after the intake of Yasmin, a new pill has to be taken. If more than 12 hours have elapsed until the new pill is taken, medical advice has to be sought. **References** 1) Foidart J-M, Wuttke W, Bouw GM et al.: Eur J Contracept Reprod Health Care 2000; 5: 124–134. 2) Parsey KS, Pong A: Contra-

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Nru.: 23 Ġunju 2004

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F'Din il-Ħarġa

Editorjal

L-Isfida tal-Konferenza

Wara ħafna xogħol minn ħafna Nurses u Midwives nistgħu ngħidu li ġiet imtella' Konferenza tajba ħafna. Kien fiha minjiera ta' informazzjoni u ta' min wieħed jipprova jevalwa dak li sema' u jpoġġi fil-prattika dak li hu possibli. Forsi taħsbu li qed noħlom, però wara Konferenza bħal din, fejn smajna Nurses u Midwives kemm Maltin kif ukoll ta' pajjiżi oħra, jaqsmu l-esperjenzi tax-xogħol tagħhom magħna, wasal iż-żmien li aħna li smajna u apprezzajna, nippruvaw nattwaw dak li hu possibli f'kull settur tas-saħħa pubblika. X'jiswa li wieħed jimtelha bl-għerf jekk ma jkunx kapaċi jsarraf dak l-għerf ma' ħaddieħor. U hekk aħna, x'jiswa li nattendu għall-konferenzi jekk m'aħniex lesti li ninbidlu aħna biex b'hekk intejbu s-servizzi tagħna, li fl-aħħar mill-aħħar jagħtina sodissfazzjon.

Kienu ħafna dawk il-Maltin li ħadu sehem billi ppreparaw 'papers' għal din il-konferenza, u dawn verament ħaqqhom prosit, u naħseb li dan huwa diġa pass kbir 'il quddiem li jkollok Nurses u Midwives Maltin li jippreżentaw ix-xogħol tagħhom. Forsi fl-aħħar bdejna nqumu mir-raqda u nuru dak li nafu. Forsi għad tinqered darba għal dejjem l-attitudni ta' ħafna Nurses u Midwives li lesti jbiddlu għax hekk ikun qal xi tabib u jaqilgħu plejtu jekk il-bidla tkun ġiet suġġerita minn xi Nurse jew Midwife. Is-sabiħ ta' konferenzi bhal dawn huwa li kullħadd għandu l-opportunita' li jitkellem u jiltaqgha ma persuni differenti li juruna rejaltajiet oħra.

Din hija l-isfida li ġġegħlna nieħdu sehem f'affarijiet bħal dawn. Inħarsu lejn dak li għandna, nisimgħu x'jagħmel ħaddieħor, nieħdu dak li jgħodd għalina u nużawh biex il-kura li nagħtu tkompli titjieb.

The CNF Conference - My Comments

Rudolph Cini
President MUMN

The Commonwealth Nurses Federation European Regional Conference 2004 is over and those who had the opportunity to attend this conference will definitely agree with me that all the presentations delivered were of high standard.

The theme chosen for the conference Nurses Across Borders could not be more appropriate for the present circumstances were Maltese Nurses will be forming part of the family of EU Nurses. Nursing never suffered any threats due to globalisation, as nursing is global.

This conference managed to gather around 600 Nurses mainly from the UK, Cyprus and Malta were about 200 presentations was delivered in just 3 days. Topics discussed varied from professional, ethical and industrial relations issues.

MUMN was entrusted with the whole organisation of this conference and this success could only be achieved with the co-operation from the Health Division especially from the Director Nursing Services, the FMS, Airmalta and other sponsors. This was complimented with the enthusiasm and hard work carried out by the MUMN Council, the Educational Executive committee and other Union representatives. The support from the Royal College of Nurses, Cyprus Midwives and Nurses Association and CNF secretariat was instrumental for this success.

This conference was not only a first from the point of organisation but it was also a historical moment for Maltese nurses as it was chaired by the first Maltese Nurse who is the Regional board member for the Commonwealth Nurse in the European Region.

The Union is looking forward to attend the sixth European Regional CNF Conference, which will be held in the UK.

Comment from the European Chair of the Commonwealth Nurses Federation

Corinne Scicluna
European Regional Board Member

A couple of months have passed since the 5th CNF conference and the euphoria is still being felt. This conference was my first opportunity to act as Chair of the European Region and I did it with great pride. Not only because it was hosted in Malta but also because Maltese nurses organised and ran it themselves. We proved that we could do it! From the opening to the closing ceremony, we kept to the time schedule, tackled problems as a team and achieved our aim of providing a valuable experience for nurses and midwives in Malta and the European Region of the Commonwealth. We worked hard and the end result said it all.

This event brought together high quality papers, interesting speakers, and the possibility of networking and collaborative partnerships. It was exciting to be part of this event, the atmosphere was positive, enlightening, challenging and provided nurses and midwives a time to reflect on their role and aspirations. I am certain that this conference increased the profile of nursing and midwifery in both the commonwealth and our individual countries. The positive energy that emanated from those present will also have impacted upon the people at their work place and this, in turn, could help enable us to meet the challenge of making a difference.

From a wider perspective this conference put Maltese Nurses and midwives on the Map, as it were. It further fostered close links within the Commonwealth "family" and has maintained close connections with international bodies, especially The Royal College of Nursing (UK) and the Cypriot Nursing and Midwifery Association. Moreover, it could create opportunities to work across borders- experiencing each other's cultures, acknowledging our differences but working with a common ideal – Quality Nursing Care.

Finally, a Big thank you to all those nurses and midwives who supported and helped during this event- without these generous individuals this event could not have been possible. *Thank you very much. "Grazzi, Grazzi Ħafna".*

Professional Development, Leadership and Professional Learning

Betty Kershaw, DBE, FRCN
Dean, School for Nurses, University of Sheffield

The Faculty of Medicine at the University of Sheffield, especially the Schools of Medicine and Biomedical Sciences and of Nursing and Midwifery, has been developing Interprofessional Learning for 3 years. Medical students in their first year, working on the large Sheffield NHS Trust Hospital site, have been invited to rank the professional qualities they expect consultants to have. They then spend 3 weeks working with nurses, social workers and doctors, observing the way they work, how they interact with patients, staff and relatives and how they go about the hospital and clinics.

The next task is to rank the professional qualities, identifying where they see these qualities best expressed.

Role play, and other interactive teaching then concentrates on developing these skills in the student groups, prior to their next exercise which takes place with nursing students.

Together nursing and medical students interview patients, taking histories and producing a joint summary. This is assessed and reviewed by the clinical tutors who observed the initial process and by lecturers who are eventually involved in assessing the students.

Students, even in their first year, learn a lot from applying professional behaviour to the patient interviewing process and from analysing in joint seminars the different approaches they take to assessment.

The case studies are then summarised to form role-play scenarios, which can be used for teaching as well as for OSCES (Objective Structured clinical Examinations), and can be used for single or interprofessional assessment.

The joint learning teaches students to work in teams; it encourages them to identify the "obvious" key worker – the leader for that patient's care and treatment plan, and enables them to identify the skills of clinical leadership at an early stage. Staff can "move in" to address learning needs, before these professional behaviours are formally assessed, and failure to achieve "professional behaviour" in clinical practice, can mean a student is terminated just as readily as if he or she had failed a written examination paper.

Students are clinically assessed in professional skills/competencies throughout their programmes. They are encouraged to develop leadership skills and team working as well as clinical competencies essential for working lives through working within established clinical teams.

Other more senior groups are also learning together in both lecture theatres and clinical units. It will be some years before our patients really experience the change – but students' behaviours are changing already.

At a wider level Sheffield University, together with Sheffield Hallam University, are in receipt of almost £1million UK pounds to develop Interprofessional Learning to nurses, midwives, doctors, dentists, therapists, psychologists and pharmacists. This project concentrates on learning in practice, again developing team working and leadership skills. The investment, by the UK Department of Health is to be spent over three years. This project is in its infancy, but so far is being very well supported by staff and patients alike.

Only time will tell whether change is permanent, but already students are identifying as team leaders. The key professional – not always the Doctor.

Workshop -26th March 2004
Chairperson: J. Camilleri, A. Deguara

Practice development within Mental Health

Martin F. Ward
RMN, Dip Nurs, Cert Ed, RNT, NEBSS Dip, MPhil
Independent Mental Health Nurse Consultant
Mental Health Nursing Coordinator, University of Malta
and
Stephen Demicoli
Dip Mental Health Nursing
Staff Nurse, Mount Carmel Hospital, Malta

The workshop's aim was to explore the nature of successful practice development within a mental health care setting and attempt to resolve delegate problems associated with converting evidence into practice.

Of all the specialties mental health suffers more from an absence of profound evidence to suggest best or effective practice. The consequence of this for the professional identity of mental health practitioners and service users alike is to rob them of therapy options and reduce the credibility of the profession in the eyes of other specialists. The problem, however, is not the scarcity of evidence for much does exist within the public domain, but more the ability of practitioners to convert this information into useable clinical alternatives. Moreover, the inability of clinicians to be able to implement evidence to develop services and therapy has a negative effect upon the mental health workforce who wrongly perceives their lack of clinical success as a general failing of mental health care.

The workshop explored the processes associated with robust practice development and the conversion of evidence into sustainable clinical options. It suggested the four step model of practice development, namely establishing baseline data of existing practice, construction of change activities based upon the literature and other forms of evidence, the application of the change activity and a re-testing of the baseline material to see what impact the change activity has had on practice, as most suitable within a mental health setting. It drew upon the experience of the presenters to illustrate what can be achieved, both on a macro and micro level whilst providing delegates with a workable model of practice development. The workshop was an interactive session and delegates explored their own experiences of practice development with the presenters who conducted a problem solving surgery.

Caring Nursing Concept -26th March 2004
Chairperson: J. Camilleri, L. Pullicino

Media role in Health Promotion

Andreas Charalambous
First level Nursing Officer (Staff Nurse)
Diploma in General Nursing, SRN, BSc (Hons) Nursing Science, MSc WBS (Developing Nursing Services), PhD Nursing (Candidate)
Limassol General Hospital (Surgical Ward)

INTRODUCTION
The purpose of this paper is to critically and reflectively evaluate my personal observations regarding health promotion issues. During this process, a reflective log was used for recording events and observations as to minimise the problems of memory.

2.REFLECTIVE LOG ANALYSIS

The reflective log analysis revealed the following themes:

- There are Inequalities in health issues based on gender.
- It seems that women receive more attention from the media in relation to health issues.
- Lifestyle seems to have an impact on people's health as it may influence healthy or unhealthy behaviours.

2.1. LITERATURE REVIEW

The early optimism that the media could induce massive shifts in attitudes or behaviour has not proved to be realistic (Naidoo & Wills, 1994:270).

The view of the mass media as a hypodermic syringe having an immediate and direct effect on the audience has been replaced nowadays by the aerosol spray analogy (Mendelsohn, 1968). We now begin to look at mass communication as a sort of aerosol spray. As you spray it on a surface, some of it hits the target but most of it drifts away, and very little of it penetrates.

The paradox is that although the media may not be effective in altering behaviour directly, as seen above, they might be able to supply motivation or awareness of a health problem, which can later be expanded by other intervention strategies.

2.2. WHY MEDIA CAMPAINGS FAIL?

In many occasions, mass media use a behaviour approach in order to change people's behaviours and attitudes. Mass media are said to have the potential to modify the knowledge or attitude of a large proportion of the community simultaneously, thereby providing social support for behaviour change not available within individually targeted interventions (Redman et al, 1990).

In contrast, Tones et al. (1990:159), argue that it is increasingly difficult to change attitudes, teach complex skills and persuade people to adopt new behaviours - especially where these involve exertion, discomfort or the abandoning of pleasure.

Budd & McCron (1981) and McGuire (1986), present some of the reasons why media fail to deliver the message and shift behaviours:

- A misunderstanding of the role of health promotion.
- Inadequate or inappropriate 'targeting'.
- Inappropriate media mix.
- A misunderstanding of significant components of the message.
- Stress on evaluative rather than formative research.

3. HEALTH PERSUASION: A NEW PANACEA?

Defining communication as the process by which an individual transmits stimuli to modify the behaviour of other individuals (Hovland, 1957, Burnard, 1997).

However, to do this right means understanding the audience, the channels and the media of communication. The effectiveness of the communication depends on the extent to which the source has credibility, the way the message is constructed and distributed and the receiver's receptiveness and readiness to accept the message (Naidoo & Wills, 1997:126).

The simple provision of information without some modification of attitudes and beliefs has little effect on behaviour. Thus, it is necessary to change either behavioural beliefs or normative beliefs or both.

A message can be effective in changing behaviour only if it influences these primary beliefs. Moreover, to be effective, a persuasive communication designed to change intentions or overt behaviour should contain information linking the behaviour to

various positive or negative outcomes, or it should provide information about the normative expectations (Tones et al, 1990:165).

4.CONCLUSIONS

Although media may not be effective in altering behaviour directly, they may be able to supply motivation or awareness of a health problem, which can later be expanded by other intervention strategies. The need for specialised and trained professionals is now more than ever recognised as to shift people's behaviour towards healthier lifestyles.

In the 21st century, some sophisticated technology, such multi-media packages, is becoming available to health promoters, which can be used in exciting and interactive ways. Adding a 'doing' element to hearing, reading and seeing significantly increases what we remember.

Both media and health promotion are strongly linked in their commitment to communication. The issue is complex and it is vital to recognise the problems that exist in achieving a marketable message and the difficulties that beset this challenge.

5th European Regional Nursing Conference of the Commonwealth Nurses Federation

Dear Colleagues,

On behalf of the Cypriot Nurses who attended the 5th European Regional Nursing Conference of the Commonwealth Nurses Federation in Malta (25 - 27 of March 2004), we would like to congratulate MUMN for the excellent organisation of the conference.

Cyprus delegation has been convinced for the high quality and standards the Maltese Nurses posses, through the presentations of the conference, but also during their clinical visits at Malta's General Hospital.

We are sure that the conference had contributed much for the development of Nurses and Midwives who had the opportunity to share knowledge during these three days.

We believe that the collaboration between our professional Associations will continue for the benefit of Health and Nursing.

Furthermore we thank the MUMN for the warm welcome and the hospitality offered to Cypriot nurses.

A. Tapakoude
President

I. Leontiou
Secretary

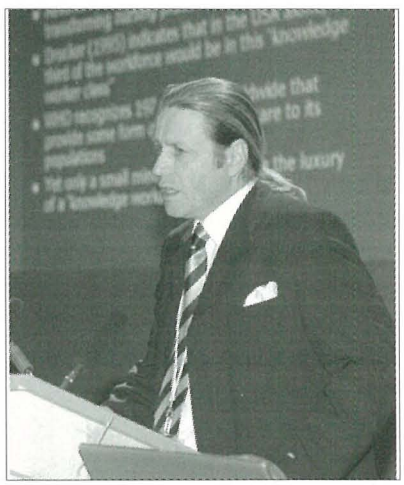
Commonwealth Nurses Federation Conference – *My Views.....*

Tonio Pace
Staff Nurse

Those who attended the full 3-day Conference held at the Malta Hilton, I consider them in a way, to be lucky. I myself managed to get only 1 single day being Friday 26th March, but still I was proud to be there on a very extraordinary event. Very briefly throughout this account, I will try to point out my views on the day of my presence there.

I start by pointing out that the contents in the package were very professionally presented and contained informative material. Normally, those attending look first for the Certificate of Attendance, and this I can say was of a high quality in both paper and print. The same goes to the Programme and Abstract Book.

Throughout the day, I was literally impressed by the Plenary Session, presented by Mr. Martin F. Ward. Personally, I have never had the occasion of meeting Mr. Ward, but it is evident that this person is very talented and has been through various experiences that have helped Mr. Ward to strengthen his views on our profession. The first time I heard Mr. Ward presenting a paper was a few years back where the topic focused on Mental Health. The result was similar to what I have already stated.

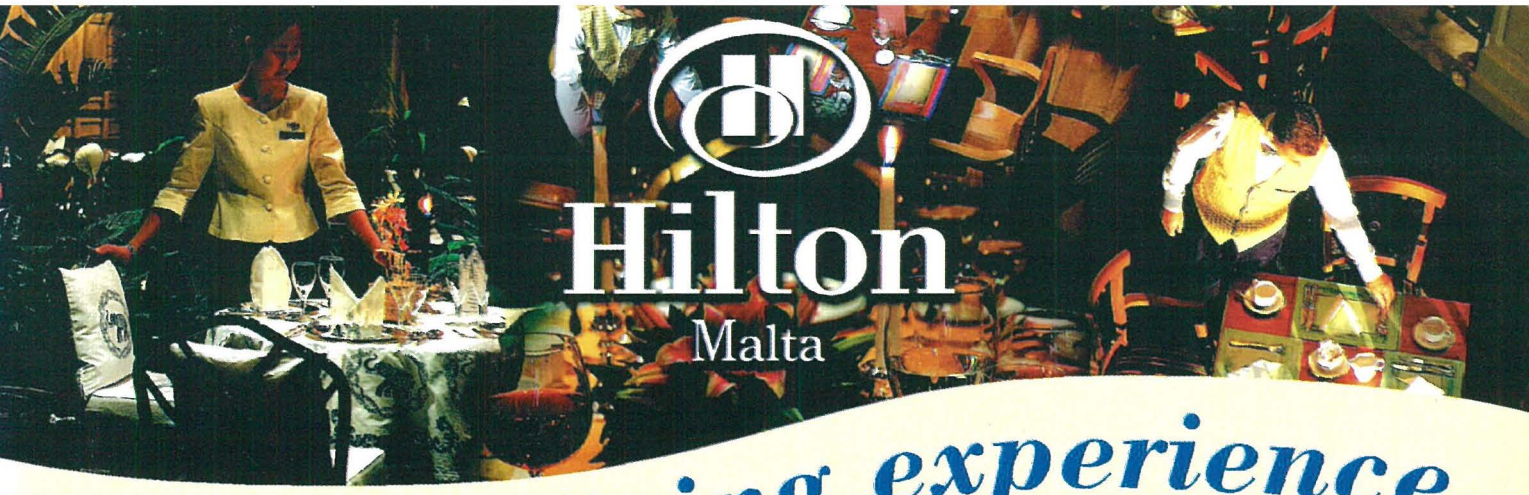


The sessions I attended to, were carried out by local and foreign speakers respectively, which in all were fairly interesting. Most of them were Power Point presented, where a few of which turned out to be tiresome ... but on a brighter side, one session about 'Women's Health' was outstanding. Mainly this was about the transition to parenthood and partners becoming parents. The two speakers were foreigners, and although those present were entirely females, and only 5 of us in my group were male, we still had to stand up and sing, "This is how I tap my hump", obviously a tune taught to foreign pregnant women. It was a great laugh, but on the other hand I felt that this session helped me in my daily duties, as I frequently attend women becoming new mothers. On a more personal note, it made me even more conscious on what women entail during pregnancy and labour.

What was physically tiring was the running around looking for the 'craft' I needed to get onto in order to get into the next planned session. I saw no signs whatsoever not even marshals that helped easing the confusion of nurses and midwives bumping into each other forcing themselves to get to the next session quick. It felt rather impolite to walk into a session that was already half done. It was visible that a number of speakers were not comfortable. Lunch was exquisite in my opinion, and I know nobody who has complained about eating 'little'.

Overall it was a great experience and surely, as previously stated, made each one of us who attended proud. I am sure that foreign nurses who were there felt the same about us Nurses and Midwives in Malta and Gozo respectively, on such an event that happened to take place just a few weeks before joining the European Union. *Prosit.*

tonio.n.pace@gov.mt



A new dining experience

The Blue Elephant

Travel to the Orient through your senses at the award winning Blue Elephant restaurant. Overlooking the magnificent Portomaso yacht marina, the Blue Elephant is a Royal Thai specialty restaurant that offers the unique opportunity to experience the finest superior oriental cuisine within tranquil and exotic surroundings.

The Oceana Restaurant

The Oceana restaurant is the ideal venue to enjoy the flavours and colours of Mediterranean cuisine. To further excite the taste buds, we are delighted to invite you to our specialty Italian and Maltese theme evenings and our Saturday seafood festival, accompanied by live entertainment. On Sundays, we welcome you to experience our popular family buffet lunch.

The Bottega del Vino

Visit the Bottega del Vino, a rustic yet fashionable restaurant and bar, with a unique old Italian style ambience. Enjoy a variety of tasty Mediterranean snacks where quality and simplicity are the flavours of the day, including a selection of home made pasta and pizza at very reasonable prices, complimented by the extensive selection of wines.

For reservations at any of the above restaurants, please call 21 383 383.

Conference Photo round-up

1 Aaron Cauchi, our IT expert camouflaged with his toys. Thanks Aaron and the rest of your team for all the hard work. **2** Ah..Lunch at last. Food and service was great too. **3** Much needed coffee breaks. Especially in the afternoons. **4** Overcrowding…not only in our hospitals, but also during a popular concurrent session. **5** Our front desk personnel. A bustle of activity and headaches. **6** Time to buy…Bookworms and shoppers had ample time to roam about. **7** Time for entertainment too. The popular Greenfields at their best. **8** A recipe for success. The MUMN Team.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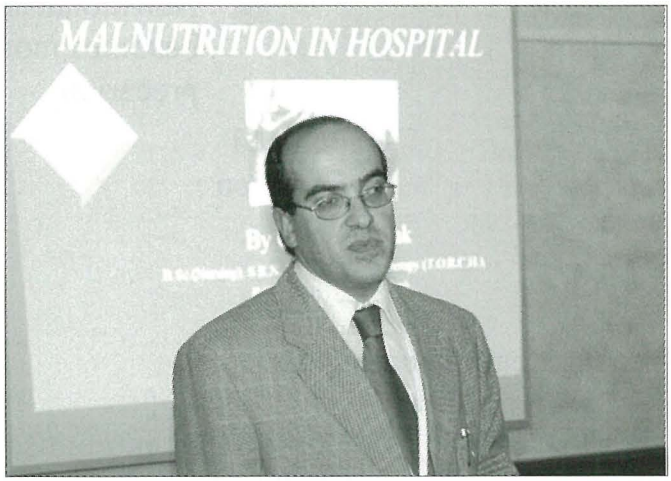
Innovations in Clinical Practice-26th March 2004
Chairperson: M. Grima, N. Attard

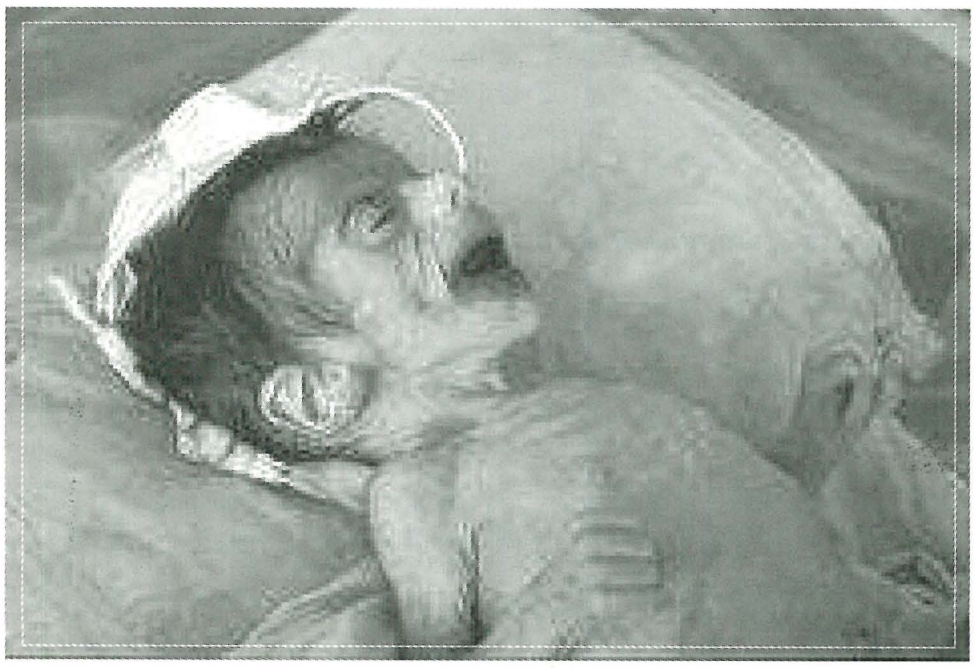
Malnutrition in Hospital

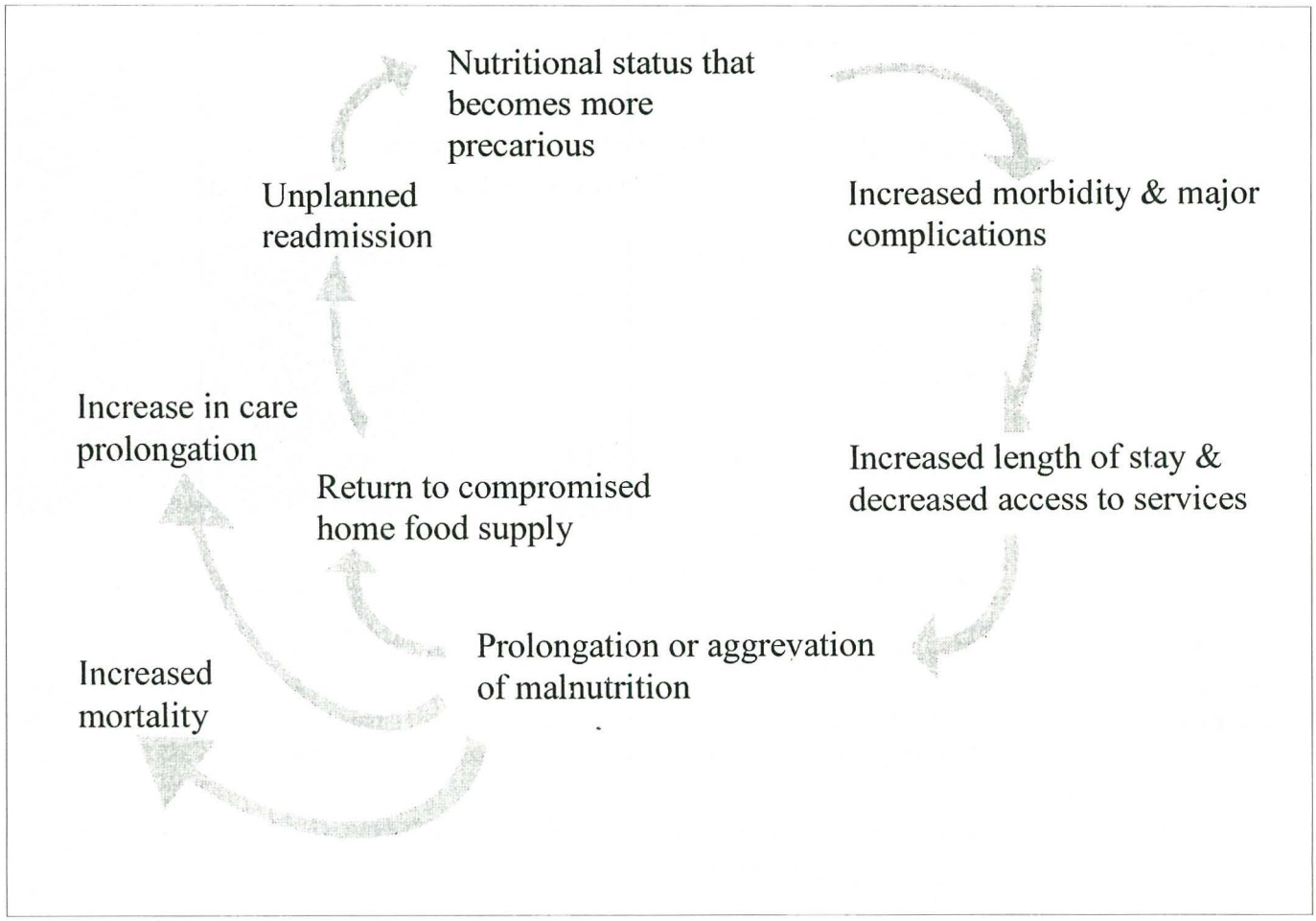
Geoffrey Axiak
B.Sc. (Nursing), S.R.N., Dip.R.&C. Hypnotherapy (T.O.R.C.H.), P.G.Dip. (Nutrition & Dietetics)



Malnutrition is the condition that develops when the body does not get the right amounts of the vitamins, minerals and other nutrients it needs to maintain healthy tissues and organ function (Fyke, 2003). W.H.O. defines malnutrition as "the cellular imbalance between the supply of nutrients and energy and the body's demand for them to ensure growth, maintenance and specific functions". It occurs in people who are either undernourished (such as protein-energy malnutrition) or over-nourished (such as obesity), although the previous "has emerged as a priority area" (Reuben *et al.*, 1995).

Several studies show that malnutrition can be a problem in hospitals all over the world. Grimble & Peeke (2000) state that estimates for malnutrition taken from a number of hospitals in the United Kingdom lie between 4 and 10%. Also, as Ennis *et al.* (2001) correctly stated, malnutrition often goes unrecognised on admission to hospital as its consequences are insidious and may take weeks or months to become apparent. In fact, Rollins (2002) mentions a frequency of 70% of malnutrition in hospital outpatients that remains undiagnosed. In a local study of 30 people undergoing regular haemodialysis (HD) and continuous ambulatory peritoneal dialysis (CAPD), 40% of the sample population was found to be underweight and none were referred for nutritional assessment by the hospital nutrition team (Axiak, 2003). These findings coincide with what several authors have found in other studies carried out in the U.K., America and Australia. In total, locally, the nutrition team reviews an average of 15 to 20 patients plus 2 or 3 new referrals a day, out of the 1000-bedded hospital, i.e. 2 to 3% (Clinical Nutrition Services, Malta).





The Vicious Circle of Malnutrition in Hospital (Lacroix et al., 1999)

Causes for under-recognition of malnutrition can be several, but the most obvious ones are a lack of teaching in undergraduate schools of medicine and nursing about healthy nutrition, while clinical nutrition is still a cinderella subject in today's curricula. The present generation of doctors have not been taught anything about nutrition or clinical nutrition. It is also noted that while healthcare workers regularly monitor patients for adverse changes in respiratory function, fluid and electrolyte imbalance, fever and other such parameters, the effects of starvation or semi-starvation often go unrecognised.

The signs associated with malnutrition are summarised in the following table:

Body Area	*Signs Associated With Malnutrition*
Hair	Lack of natural shine; dull, dry, sparse, straight, colour changes (flag sign); easily plucked
Face	Dark skin over cheeks and under eyes (malar and supraorbital pigmentation), scaling of skin around nostrils (nasolabial seborrhea) Oedematous face (moon face) Colour loss (pallor)

Body Area	*Signs Associated With Malnutrition*
Eyes	Pale conjunctivae Bitot's spots, conjuctival and corneal xerosis, soft cornea Redness and fissuring of eyelid corners
Lips Tongue	Redness and swelling of mouth or lips, angular fissure and scars Red, raw and fissured, swollen Magenta colour Pale, atrophic Filiform papillary atrophy Fungiform papillary hypertrophy
Teeth	Carious or missing Mottled enamel (fluorosis)
Gums	Spongy, bleeding, may be receded
Glands	Thyroid enlargement Parotid enlargement
Skin	Follicular hyperkeratosis, dryness with flaking Hyperpigmentation Petechiae Pellagrous dermatitis Scrotal and vulval dermatosis
Nails	Spoon nails, brittle or ridged
Muscular and skeletal systems	Muscle wasting Frontal and parietal bossing; epiphyseal swelling; soft, thin infant skull bones, persistently open anterior fontanelle; knock-knees or bow-legs Beading of ribs
Internal systems Gastrointestinal Nervous	Hepatomegaly Mental confusion and irritability Sensory loss, motor weakness, loss of position sense, loss of vibration, loss of ankle and knee jerks, calf tenderness
Cardiac	Cardiac enlargement, tachycardia

The Physical Signs of Malnutrition (Howard & Herbold, 1978)

Malnutrition can be diagnosed using anthropometric measures, such as weight, height, Body Mass Index, skinfold-thickness, calf and mid-arm circumference, waist-to-hip ratio. One can take a dietary history or fill in a food frequency questionnaire, unless the person keeps a food diary.

Finally, laboratory studies for serum albumin, transferrin, retinal-binding protein, and prealbumin can be taken. All these approximately indicate whether a person is malnourished or not.

The consequences of malnutrition are several, and include:

- ✔ Reduced renal function
- ✔ Impaired wound healing
- ✔ Constipation, diarrhoea, pain
- ✔ Respiratory failure
- ✔ Skeletal muscle atrophy
- ✔ Increased length of stay in hospital
- ✔ Surgery stress, increased metabolic rate
- ✔ Reddish hair, atrophy of tongue papillae

Treatment of malnutrition can be via sip feeds, purposely-made chocolate bars or drinks, ingested orally by the person needing to improve his nutritional status. Continuous enteral feeding via a nasogastric or nasojejunal tube, gastrostomy or Percutaneous Endoscopic Gastrostomy (P.E.G.) tube can also be used as a second choice. Finally, as a last resort, total parenteral nutrition, given via a central line, can be used. The choice of feeding method depends on the patient's requirements and condition.

The Merck Manual (2003) states:

> "The key to early detection (of malnutrition) is awareness that the persons in certain circumstances have a high risk of malnutrition. Prevention of malnutrition, especially via regular screening is the answer, or rather the best way to treat malnutrition."

"Screening identifies at-risk patients who require more thorough assessment" (Sakla, 2001), education programmes help increase understanding about choosing food and policies developed by governments should control what food is put onto the market and what measures can be taken to control malnutrition.

From the study carried out locally, certain recommendations were made according to the results obtained, such as the need for further research in this area, plus the need for a regular screening service and other services, such as education programmes for nurses and carers, links with other specialised nurses and training in skills to recognise malnutrition, etc., both in hospital and the community settings. If we had to do all of this, it would help to improve the situation of malnutrition in Malta and thus be offering a service that is humane and essential for a better quality of life.

References

- ❑ Axiak, G. (2003). *The Nutritional Status of Renally Impaired Patients.* Malta: University of Malta – Dissertation as part of the Post-Graduate Diploma (Nutrition & Dietetics).
- ❑ Clinical Nutrition Services (2003). Unpublished statistics of the Clinical Nutrition Services, St. Luke's Hospital, Malta.
- ❑ Ennis, B.W., Saffel Shrier, S. & Verson, H. (2001). Malnutrition in the elderly: what nurses need to know. *Dimensions of Critical Care Nursing,* November-December; **20**(6): 28-34.
- ❑ Fyke, M.K. (2003). Malnutrition. *Gale Encyclopaedia of Medicine.* (From Internet)
- ❑ Grimble, G. & Peake, H. (2000). Hospital Malnutrition – is it a problem? *Hospital Pharmacist,* June; **7**(6): 142.
- ❑ Lacroix, G.L., Tremblay, F. & Kallai-Sanfaçon, M.A. (1999). The tracking & the follow-up of treatment of malnutrition at 65 years of hospitalised people & more. The role of albumin & prealbumin. *Annual of Biochemical Joint Covering,* June; **37**(1): 5-13.
- ❑ Reuben, D.B., Greendale, G.A. & Harrison, G.G. (1995). Nutrition screening in older persons. *Journal of American Geriatric Society;* **43**: 415-425.
- ❑ Rollins, H. (2002). Nutrition: Stopping the malnutrition carousel. *Community Practitioner,* January; **75**(1): 12-13.
- ❑ The Merck Manual of Diagnosis and Therapy (2003). *Malnutrition.* Section 1, Chapter 2. (From Internet)
- ❑ Ward, J. (2001). Malnutrition. *Practice Nurse,* February 23; **21**(4): 22, 24-6.

Occupational Stress in Maltese Nurses-26th March 2004

Chairperson: V. Saliba, J. Cachia

An Exploration of nurses' attitudes towards alternative work schedules in hospital

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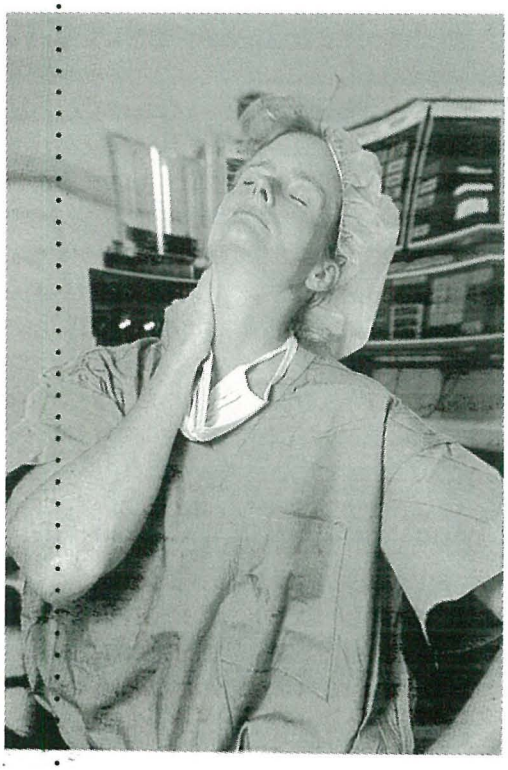
Staff Nurse Intensive Therapy Unit

In view of the increased focus on efficient utilisation of human resources, and the several likely changes in hospital management in the near future, this study sought to explore nursing staff's attitudes towards possible changes in their work schedules, and also to assess their satisfaction with the work schedules currently worked. The study also investigated nurses work schedule preferences and factors which influence implementation of alternative work schedules.

A descriptive exploratory research design was chosen as the data collection method. A self-administered questionnaire, devised by the researcher was used to collect data from 148 randomly selected full-time nurses working on several rosters in inpatient wards at St. Luke's Hospital. Reliability and validity testing of the tool was carried out. An interview schedule was also devised, based on the questionnaire, and used to interview 17 ward managers. Analysis of results was performed using descriptive and inferential statistics for quantitative data and content analysis for qualitative data.

Results show that overall nurses are satisfied with features of current work schedule including the 12-hour shifts and the fixed shift pattern. The study revealed, however that nurses working the Day/Day/Night/Rest/Off roster are the least satisfied due to the two 12-hour consecutive day system and wished to work a different roster. The most popular shift pattern amongst nurses was the Day/Night/Rest/Off roster. The study also reveals a general positive attitude amongst nurses towards decentralisation of nurse scheduling but some differences in attitudes towards flexible shift patterns. Ward managers on the other hand had positive attitudes towards flexible shift patterns. Results indicate that given a choice, nurses' shift preference would be influenced by their family commitments, social life and their health. Also the three factors identified by both nurses and ward managers as the most influential factors in implementation of new rosters were nurses' participation in decision to implement a new roster, amount of information supplied to nurses and nurses' opinions about the new roster.

The main recommendations that could emerge from this research study are a change in the DDNRO roster possibly to one that allows a longer rest period between day duties. A move towards decentralisation of nurse scheduling closer to a ward level is also recommended. This could help achieve more efficient utilisation of nursing resources as better staffing decisions are taken. The introduction of flexible work practices is also recommended as these allow individual employee preferences to be taken into account, whilst allowing the matching of staff numbers with demand. Change agents, however need to work on nurses' opinions first considering their attitudes towards flexible shift patterns.



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Lifelong Learning and Research Utilisation: principals towards competence in Midwifery/Nursing care?

Maria Cutajar
Midwife & Vice-President MUMN

Introduction:
As health care provision evolves and changes, so too must the providers of care (Reed and Procter, 1993). Nurses and midwives are increasingly questioning their practice, and the traditional systems of care that have evolved over the years. Evidence-based practice and lifelong learning has the potential to influence and inform practice, and it demonstrates the development of a questioning approach among midwives and nurses as they strive to provide the best care for their clients. As the health service move towards the notion of evidence-based practice, it is imperative that nurses/midwives are educationally prepared to develop their skills in providing evidence-based care. Being active and critical consumers of research is one important way of ensuring this (NHS Executive, 1996).

Continuing Professional Development and lifelong learning skills:
There is recognition of the 'half-life concept' for professional competence that is the period of time during which half the contents of a course become obsolete (Maslin-Prothero, 1997). This means that what is learned today is only valid for a few years. Thus, through ongoing personal and professional development nurses and midwives can reduce the half-life obsolescence. Continuing professional development (CPD) in nursing and midwifery is an essential asset in the attainment of professional knowledge and accountability. CPD is a process of lifelong learning and plays a crucial part in the development of a profession. Ferguson (1994) stated that CPD is learning activities that are undertaken, throughout working life and enhance individual and organisational performance in professional and managerial spheres. CPD is a responsibility for all nurses and midwives. The employer too is responsible for ensuring access to relevant education and training programmes. Health care organisations need to consider multiple strategies to facilitate and promote evidence-based practice. Managerial support, facilitation, and a culture that is receptive to change are also essential (Gerrish and Clayton, 2004).

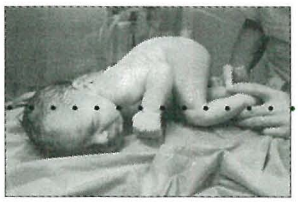
There is also a need to promote independent activities that foster skills for lifelong learning. As learners, nurses and midwives need to develop the ability to identify a need, access and retrieve information, filter it for quality and use it to answer a specific problem. The English National Board for Nursing and Midwifery and Health Visiting (ENB, 1995) identify lifelong learners as being:

- Innovative in their practice;
- Responsive to changing demand;
- Resourceful in their methods of learning;
- Able to act as change agents;
- Able to share good practice and knowledge;
- Adaptable to changing healthcare needs;
- Challenging and creative in their practice;
- Self-reliant in their way of working;
- Responsible and accountable for their work.

These are great expectations. Nurses and midwives must be creative, critical thinkers who can respond to the dynamic health policy environment and the requirements of healthcare consumers. Ferguson (1994) stated that learning to learn and learning to practice are essential characteristics of good practice.

Huggins (2004) affirmed that with continual advances in technology and changes in medical and nursing practice there is a need to CPD whilst practising nursing and midwifery profession. Each nurse/midwife has the responsibility to significantly and positively influence the care of the clients under his/her care. With the introduction of evidence-based practice, together with the nursing process, and the holistic approach to care, nurses/midwives are in a position where they have great degree of control of planning, implementing and evaluating care (Brinker-Meyendriesch, 2003). In a health service that promotes evidence based-practice and with a professional code that requires nurses and midwives to maintain and improve professional knowledge and competence (Glover, 1999), all practitioners need to be able to access, assess, and evaluate research findings to determine their relevance for practice.

Research utilisation: The most effective way in which changes in practices could be brought about is through the utilization of research findings and reflection on practice that may generate further areas for research. Nursing/midwifery practice based on ritual, or trial and error, should be abolished and replaced by research-based practice that incorporates other forms of evidence, including clinical expertise and knowledge of client preferences (DiCenso et al., 1998; Rofle, 1996). A primary aim of research in the field of health care is to enhance practice. Cusson (1993) stated that to increase the quality of nursing/midwifery, nurses and midwives must become knowledgeable consumer of research.



Research-based evidence can provide valuable knowledge to guide practice and to setup recommendations for practice with the notion of improving the care of patients. As midwives/nurses, we have an obligation to ensure that all of the care being offered to our clients is based on well-researched, contemporary information. Research based evidence explicitly advocate the development of the nursing and midwifery professions and the full use of midwifery/nursing skills by all midwives/nurses. Jones (1997) and Lynam (1995) affirmed that nurses/midwives should act as advocates by upholding an individual's right, prioritizing all actions and assessing what constitutes the best interests of the client with the primary ethic of beneficence in mind. This view is supported by the Nursing and Midwifery Council Code of Professional Conduct (NMC, 2002), whose framework governs the maintenance of standards of practice and professional conduct in interests of patients, clients and society as a whole, thereby acting as a guide to ethical practice within nursing/midwifery. According to the NMC (2002) nurses/midwives should be responsible for their actions and ensure that no act or omission is detrimental to the condition or safety of patients. In fulfilling this role of professional accountability for practice it is crucial that nurses/midwives take the necessary action in utilising available theory and research to bridge and effectively reduce theory-practice gap. Interpreting the research findings, deciding on their applicability, and implementing change in clinical practice are all just vitally important.

Research does not, however, 'diffuse into practice effortlessly' (Mulhall and le May, 1999). Research means a different thing to different people, but for most research is associated with 'quality' and the maintenance and development of standards (le May, 2001). Le may (2001) stated that practice based on research must be good practice as: 1) consumers are reassured; 2) practitioners confident; 3) mangers satisfied, and 4) policy makers content that the best care is being provided. It is important that nurses/midwives practice through evidence of effectiveness, in order:

- ❑ To decide which treatment is best
- ❑ To ensure that treatments do more good than harm
- ❑ To ensure that available resources are used as well as possible.

The concept of evidence-based practice is that: 1) the individual experience is not always reliable; 2) evidence is the accumulated experience of many; 3) evidence needs to be systematically collected to be valid and reliable; 4) evidence-based practice is the integration of this evidence into clinical practice.

Conclusion:

Professional practice is in constant need of review and refinement if it is to adapt to new demands and advances in knowledge. Certainly through the progression of higher education in the nursing and midwifery education, midwives/nurses nowadays are critical consumers of research. This led to the most significant advances in midwifery and nursing in recent years, as there has been a move towards replacing ritualized and institutionalized approaches with those that are rationally planned and individualized. In the ever-changing scene in which the nurse or midwife of today practices, it is essential that she/he takes every opportunity to maintain and improve professional knowledge and competence for it has rightly been said that 'those who dare to practice must never cease to learn' (Rofle, 2001). If nursing and midwifery practice is to continue to develop and take more responsibility and accountability, it is essential that nursing/midwifery practice is based on sound evidence and clinical practice underpinned by appropriate, up-to-date theories and research generated by the nursing/midwifery profession. Thus, each practicing nurse/midwife should base her/his clinical decisions on clinical expertise, reflection, client condition, and knowledge derived from research. Rofle (1996) and Rofle (2001) suggest that improvement in nursing/midwifery care requires the development of reflective practice based on nursing/midwifery theories and research. In order to achieve this, nurses/midwives should continue to develop analytical skills and further develop skills as critical consumers of research.

References:

- Brinker-Meyendriesch, E. (2003). 'Evidenced-based nursing: knowledge, performance and learning in nursing care', Pflege, Aug; 16(4):230-5.
- Cussons, R. (1993). 'Instruments in neonatal research: measuring attachment behaviour', *Neonatal Network*, 12(4):69-71.
- DiCenso, A., Cullum, N. and Ciliska, D. (1998) 'Implementing evidence-based nursing: some misconceptions', *Evidence-Based Nursing*, 1(2):38-40
- English National Board for Nursing, midwifery, and Health visiting (1995). *Creating lifelong learners: partnership for care. Guidelines for the implementation of the UKCC's standards for education and practice following registration.* London: ENB.
- Ferguson, A. (1994). 'An evaluation of the purpose and benefits of continuing education in nursing and the implications for the provision of continuing education for cancer nurses'; *Journal of Advanced Nursing*, 19(4): 640-646.
- Gerrish, K. and Clayton, J. (2004). 'Promoting evidence-based practice: an organizational approach', *Journal of Nursing Management, March, 12* (2):114.
- Glover, D. (1999). *Accountability,* Nursing Times Clinical Monograph, NT books, EMAP healthcare Ltd.
- Huggins, K. (2004). 'Lifelong learning—the key to competence in the intensive care unit?', *Intensive Critical Care in Nursing*, Feb;20(1):38-44.
- Jones, V. (1997). 'Professional and ethical issues in neonatal nursing: making choices', *Journal of Neonatal Nursing*, 3(5): 23-27.
- Le May, A. (2001) *Making use of research*, Distance Learning Centre, London: South bank University.
- Lynam, L.E. (1995) 'Research utilization: non-pharmacological management of pain in neonates', *Neonatal Network*, 14(5):59-61.
- Maslin-Prothero, S. (1997). *Bailliere's study skills for nurses*, London:Bailliere Tindall.
- Mulhall, A. and le May, A. (1999). 'Creating change in practice', Chapter 8, in Mulhall, A. and le May, A. (eds), *Nursing Research: dissemination and implementation*, London: Churchill Livingstone.
- NHS Executive (1996). *Promoting clinical effectiveness: a framework for actions in and through the NHS*, London: Department of Health.
- Nursing and Midwifery Council (2002). *Code of professional conduct: protecting the public through professional standards*, London: NMC publications.
- Reed, J. and Procter, S. (1993). *Nurse Education. A reflective approach.* London: Edward Arnold.
- Rofle, G. (1996). *Closing the theory-practice gap.* London: Butterworth Heinemann.
- Rofle, G. (2001). *Knowledge and Practice*, Distance Learning Centre, London: South bank University.

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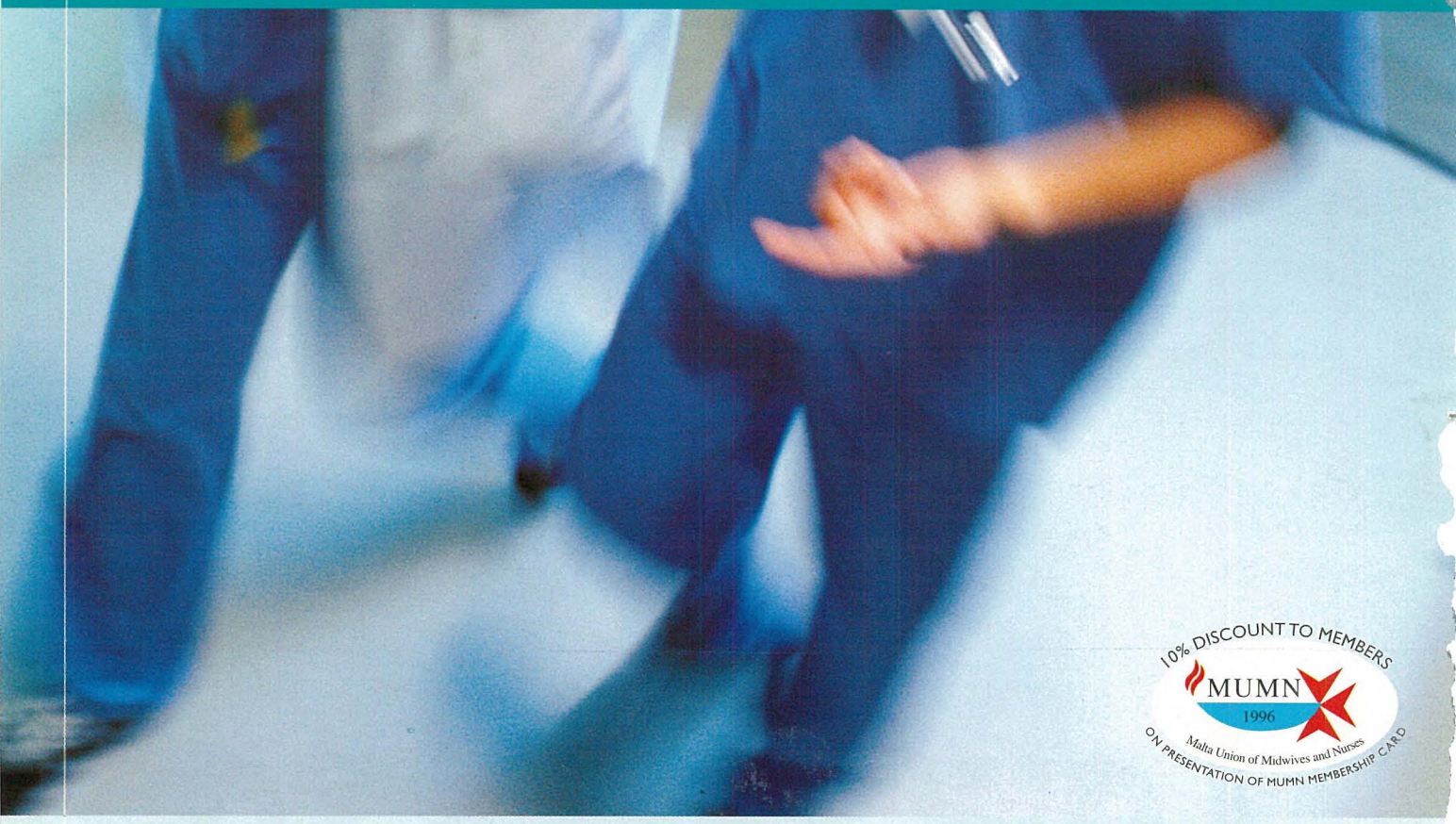

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