

II-Musbieh

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

Numru 86 - Marzu 2020



MUMN in London Commonwealth Conference



BOV

Bank of Valletta

the heartbeat of healthcare

www.mumn.org

Tel: 7714 1260 E-mail: mumn@maltanet.net





About HydroClean® advance

Setting new standards in wound management.

HARTMANN's **HydroClean® advance** is a hydro-responsive wound dressing with a unique Rinsing-Absorption Mechanism.^{1,2} It is clinically-proven to promote autolytic debridement and facilitate the natural healing process.

HydroClean® advance reduces Matrix Metallo Protease (MMPs), which in excess, can trigger inflammation – one of the key causes of delayed healing of chronic wounds, by up to 87 percent.³



Step 1 HydroClean® advance releases Ringer's solution.⁴



Step 2 HydroClean® advance absorbs necroses, fibrinous material, bacteria and exudate into the polyacrylate core.^{1,4}



Step 3 HydroClean® advance cleanses wounds and generates optimal wound environment for starting and facilitating the healing process.¹

HydroClean® advance can be used on a variety of acute and chronic wounds, including necrotic, fibrinous, infected, exuding, dry, and traumatic wounds.^{3,4,5} The wound dressing is safe, light and flexible, and due to the silicone strips, easy to remove.⁶

¹ Humbert P, Faivre B, Veran Y et al. On behalf of the CLEANSITE study group. Protease-modulating polyacrylate-based hydrogel stimulates wound bed preparation in venous leg ulcers a randomized controlled trial. Journal of the European Academy of Dermatology and Venereology 2014;28(12):1742-1750.

² Kaspar, D (2011). Therapeutic effectiveness, compatibility and handling in the daily routine of hospitals or physicians's practices. HARTMANN Data on file: Hydro-Responsive Wound Dressing (HRWD) and AquaClear Technology are trademarks of HARTMANN.

³ Erning S, Smola H, Hartmann B, et al (2008). The inhibition of matrix metalloproteinase activity in chronic wounds by a polyacrylate superabsorbent. Biomaterials 29: 2, 2932-2940.

⁴ Knestele, M (2004) The treatment of problematic wounds with HydroClean plus - tried and tested over many years in clinical practice. HARTMANN Data on file.

⁵ ISBN Monograph. 978-1-944788-63-6-ISBN Services.

⁶ Ellemann, J (2015). HydroClean 2.0: Design validation customer/user interviews. Internal Report, International Marketing Department

contents



- Editorial & President's message
pages 4-5



- The Role of mental health nurse
pages 28-29



- Nurses union objects...
pages 36-37

Harga nru 85 Dicembru 2019

Group Committee Chairpersons

and Secretaries MUMN - Mater Dei Hospital:

Emily Galea, Chairperson: 77440050;

Glen Camilleri, Secretary: 79205674

SVP: Therese Decelis, Chairperson: 79809080;

Mario Galdes, Secretary: 79449324

RHKG: Graziella Buttigieg, Chairperson: 79275872;

Vincent Muscat, Secretary: 99455982

Health Centres: Roseanne Bajada, Chairperson:

79671910; Miriam Aquilina, Secretary: 99830893

MCH: Angelo Abela, Chairperson: 79594326;

Malcolm Bezzina, Secretary: 77822561

SAMOC: Ronnie Frendo, Chairperson: 77000919;

Dennis Darmanin, Secretary: 79826533

GGH: Joseph Camilleri: 79485693; Anthony Zammit:

79617531; Jennifer Vella: 79277030

ECG Technicians: Alex Genovese, Chairperson: 79860571;

Charmaine Caruana, Secretary: 99462992

Physiotherapists: Pauline Fenech, Chairperson:

79491366; Luciano Pace Parascandolo, Secretary:

79455083

Midwives: Catherine Bonnici, Chairperson: 99252438;

Abigail Plum, Secretary: 79592466

MUMN Council Members

Paul Pace - President: 79033033

Colin Galea - General Secretary: 79425718

Alex Manche' - Vice-President: 77678038

George Saliba - Financial Secretary: 79231283

Alexander Lautier: 99478982

Geoffrey Axiak: 99822288

William Grech: 79011981

Simon Vella: 79703433

Claire Zerafa: 99217063

Joseph Aquilina: 99467687

MUMN Office: 21448542

Editorial Board

Joseph Camilleri (Editor) CN M1 MDH

Christa Gauci (Member) SN SJ 6 SVPR

Norbert Debono (Member) EN



Pubblikat: Malta Union of Midwives and Nurses

Les Lapins Court B, No.3, Independence Avenue, Mosta MST9022

• Tel/Fax: 2144 8542 • Website: www.mumn.org • E-mail: mumn@maltanet.net

Il-fehmiet li jidhru f'dan il-ġurnal mhux
neccessarjament jirriflettu l-fehma jew il-policy tal-MUMN.

L-MUMN ma tistax tinzamm responsabbli għal xi hsara jew
konsegwenzi oħra li jiġu kkawżati meta tintuża informazzjoni
minn dan il-ġurnal.

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

Ċirkulazzjoni: 4,000 kopja.

Il-Musbieħ jiġi ppubblikat 4 darbiet f'sena.

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

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

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

Ritratt tal-faċċata: Joseph Aquilina



Year of the Nurse and Midwife

This year, 2020 is the “Year of the Nurse and Midwife”, in honour of the 200th birth anniversary of Florence Nightingale. The year 2020 is significant for WHO in the context of nursing and midwifery strengthening for Universal Health Coverage. WHO is leading the development of the first-ever State of the World’s Nursing report which will be launched in 2020, prior to the 73rd World Health Assembly.

The report will describe the nursing workforce in WHO Member States, providing an assessment of “fitness for purpose” relative to GPW13 targets. WHO is also a partner on The State of the World’s Midwifery 2020 report, which will also be launched around the same time. The NursingNow! Campaign, a three-year effort (2018-2020) to improve health globally by raising the status of nursing will culminate in 2020 by supporting country-level dissemination and policy dialogue around the State of the World’s Nursing report.

Nurses and midwives are essential to the achievement for universal health coverage. The campaign and the two technical reports are particularly important given that

nurses and midwives constitute more than 50% of the health workforce in many countries, and also more than 50% of the shortfall in the global health workforce to 2030. Strengthening nursing will have the additional benefits of promoting gender equity (SDG5), contributing to economic development (SDG8) and supporting other Sustainable Development Goals.

Florence Nightingale used her lamp to illuminate the places where nurses worked. The designation of 2020 as the International Year of the Nurse and Midwife will provide us with a new, 20-20 vision of what nursing is in the modern era, and how nurses can ‘light the way’. Within their

individual circle of influence every nurse, across the world, can help to place the spotlight on their profession. We will need to seize the opportunity of the Year of the Nurse and Midwife to communicate to decision-makers and the public alike who exactly we are and the vital contribution we make to society in the modern world. Governments have to show nurses and midwives how much they are valued by effective, decisive actions to give us the human and physical resources needed to get the job done.

The 20 million nurses around the world will be thrilled to see their profession recognised in this way. One of Florence Nightingale’s primary way of getting problems solved was by putting issues in newspapers and magazines and talking about it with people who could do something about it. Nightingale could be extraordinarily persistent and precise, always getting her facts straight before speaking out to advocate for change. This has to be our mission too as Nurses and Midwives. Let’s make it happen.

President's message

The year of the nurse and midwife will be a year to be remembered in History. The outbreak which seems to take place every hundred years in the world is with us again. The last outbreak was in 1918, the Spanish flu. Nurses, more than other professionals, are on the forefront and we have to make sacrifices, whether we like it or not. Nobody can anticipate how bad it is going to be we just hope that we all have all learned a lesson from what happened in Italy. MUMN will be seeing that the rightful Personal Protection Equipment is given, together with the danger money and other incentives on overtime.

This is a difficult moment but certainly not a moment to be scared or start panicking. As health care professionals we must embrace ourselves on what is going to happen and to remain in the right state of mind. We must see that our families are safe and enjoy good health but at the same time continue to report to work to care for our patients.

This is the time to be strong and the responsibility coming in front of us has to be carried by ALL nurses and all health care professionals. During the meeting MUMN had with MDH, it was clear that MDH does not have the number of nurses it requires not just for the new beds but not even for the wards planned to take in Covid-19 patients. From calculation using the current nurses compliment, MUMN identified that even if all nurses in theatre (excluding pillar 4) were to be transferred to the wards, even if out patients is to be closed down and these nurses are transferred to the wards, there will not be enough nurses for the wards taking in Covid-19, not enough nurses for IDU nor ITU. There will be no nurses for the extra beds in MDH let alone Boffa hospital.

For this reason MUMN did not withdraw the directives since MUMN is insisting that more nurses are needed to be added at MDH. Even if new nurses are to be added, these new recruits might not be even close to acceptable standards since they have no experience working in this environment. Things do not look good

for the nurses at all since the Health Department was more concentrating in planning on where to add beds but was not so proactive to seek how to add nurses to the MDH compliment.

A normal ward taking in Covid-19 patients should have a compliment of 40 nurses and not just 14 nurses as is currently is. IDU needs to have an additional 10 nurses, to be able to cope with the demands. ITU also needs more nurses. MUMN is aware that there is no contingency plan on the staff and any decisions taken to add beds in MDH were taken by doctors who were not taking into consideration the nursing compliment.

As MUMN we are very disappointed that we have not been included in these plans and every time we tried to give our advice based on research and present situations globally, we have been described as instigators and trying to plant panic. This is certainly absurd; we could be heading towards a disaster and although we hope that we never get there, if it does, MUMN will be on the right side of history.

Be prepared for changes since changes are bound to happen on all services. Certain non-essential services may be stopped and eventually it could arrive to a point that all elective surgery may be cancelled.

Staff transfers such as what has already been done in Sir Paul Boffa hospital will also take place together with staff rotation can were Covid-19 patients will be nursed. Literally we must act day by day and the whole

scenario depends on how many patients are to be admitted. Homes and SVP have the most vulnerable patients and all nurses have to help each other and this is to be the time of great solidarity amongst us.

On a happy note we can now officially reveal that MUMN has signed a promise of sales on new premises in Qormi. With these new premises MUMN would be able to function better and offer better service to its members. Incorporated with these premises, there will also be an Institute for Health Care Professionals Training Centre.

When one remembers that MUMN started in a modest garage in Fgura way back in 1996 and moved on to bigger places throughout the years, we are proud that next year, when we will be celebrating our 25th Anniversary, MUMN will be having state of the art facilities which can be of a huge benefit for all its members; this is a great achievement. Even a small conference of around 150 delegates can be accommodated in the new facilities. As MUMN Council, we will keep on thriving to make MUMN better, more efficient and providing more services to all our members. This comes with a price, not just monetary but also personal sacrifices and hard work. The trust MUMN members put in our Council provides us with the energy to achieve bigger and better progress so a big thanks goes to all MUMN members.

Paul Pace
MUMN President

Kelmtejn mis-Segretarju Ġenerali

Din hija l-ewwel darba li ser tkunu qed tircievu l-ġurnal Il-Musbieh b'mod elettroniku. Bħala tagħrif huwa l-istess. Għal hafna huwa aktar komdu però żgur li ser ikun hemm min fostkom li ser taqdbu nostalgija għall-karta jew aħjar għall-pubblikazzjoni stampata. Ma stajniex inkomplu għaddejn bil-mod tradizzjonali peress li s-sena l-oħra, il-union, għall-ewwel darba rreġistrat telf ta' kwazi €5,000 minħabba dan il-ġurnal.

B'dan il-metodu issa huwa pplanat li nerġgħu nirritornaw għall-istabbiltà meħtieġa fil-kontijiet finanzjarji. Issa, aktar minn qatt qabel, huwa importanti li inti tinfurmana mill-ewwel jekk tbiddel l-email address tiegħek biex b'hekk tibqa' tircievi dan il-ġurnal fost informazzjoni oħra li l-MUMN tkun trid twassallek fl-interess tiegħek.

Hekk kif bdiet is-sena mill-ewwel erġajna rrankajna bil-hidma tagħna fuq diversi fronti. Ix-xogħol konness mal-hidma trejdunjonistika ma' jaqta' xejn. Dejjem hemm x'tirranġa. F'Jannar, flimkien mad-Dipartiment tas-Saħħa u tal-Anzjani, ikkonkludejna l-preparamenti kollha marbuta ma' uniformi ġdida fejn fost affarġiet oħra ser tkun tikkonsisti fit-tlett tibdiliet importanti:

- a) ser jispicċa l-kulur l-abjad minn fuq il-qalziet u minflok ser ikun ta' l-istess kulur tat-tunic. Il-kulur tat-tunic baqa' l-istess hlief għal Enrolled Nurses li ser jibdew jilbsu tunic blue imma fuq shade differenti;
- b) il-cardigan ser ikun ta' materjal suriet in-nies u mhux perpura u ser ikun jitla' biż-żip sal-għonq;
- c) iż-żarbun, għall-ewwel darba, ser ikun orthopaedic u ta' materjal tajjeb.

In-nurses u l-midwives li jaħdmu fiċ-ċentri tas-saħħa m'għandhom x'jaqsmu xejn ma' din l-uniformi u ser jibqa' jkollhom l-uniformi addatta għalihom.

Punt ieħor importanti li xtaq nagħti tagħrif fuqu huwa ż-żieda fil-benefiċċji fl-iskema tas-CPD Allowance. Il-benefiċċji li ždiedu fl-aħħar Ftehim Settorali huma tnejn:

- a) Gym Membership b'capping ta' €350 fis-sena;
- b) Żieda ta' €300 għal total ta' €1,000 għal dawk li jkunu qed isegwu kors fil-master's degree. Iż-żieda ta' €300 jibqgħu jingħataw sakemm idum il-kors u jistgħu mhux bilfors jintefqu fil-kors tal-masters degree.

Informazzjoni oħra li tajjeb li tkun taf huwa dwar meta tista' timxi għal skala 7 - Jiddependi skond il-kwalifika tiegħek:-

Staff Nurse Diploma jew ekwivalenti - trid tkun skala 8 u jkollok 15-il sena servizz full time minn meta lhaqt. Staff Nurses li għamlu l-conversion course, barra li jkunu fi skala 8, irid ikollhom tal-inqas 10 snin servizz ta' Staff Nurse u 5 snin servizz ta' Enrolled Nurse dejjem bl-ekwivalenza ta' full time.

Staff Nurse Degree - trid tkun skala 8 u jkollok 10 snin servizz full time minn meta lhaqt.

Staff Nurse Masters - trid tkun skala 8, tkun għamilt il-Competency Assessment Framework u jkollok 3 snin servizz ta' Staff Nurse/Senior Staff Nurse fi skala 8.

Għalhekk oqgħodu attenti x'servizz għandkom skond id-data li hemm mniżżla fl-Appointment tagħkom biex tgħarfu meta tkunu wasaltu biex timxu fi skala 7. Darba oħra ninfurmakom eżatt x'servizz għandek bżonn minn meta tilhaq sakemm tasal fi skala 7.

Nselli għalik,

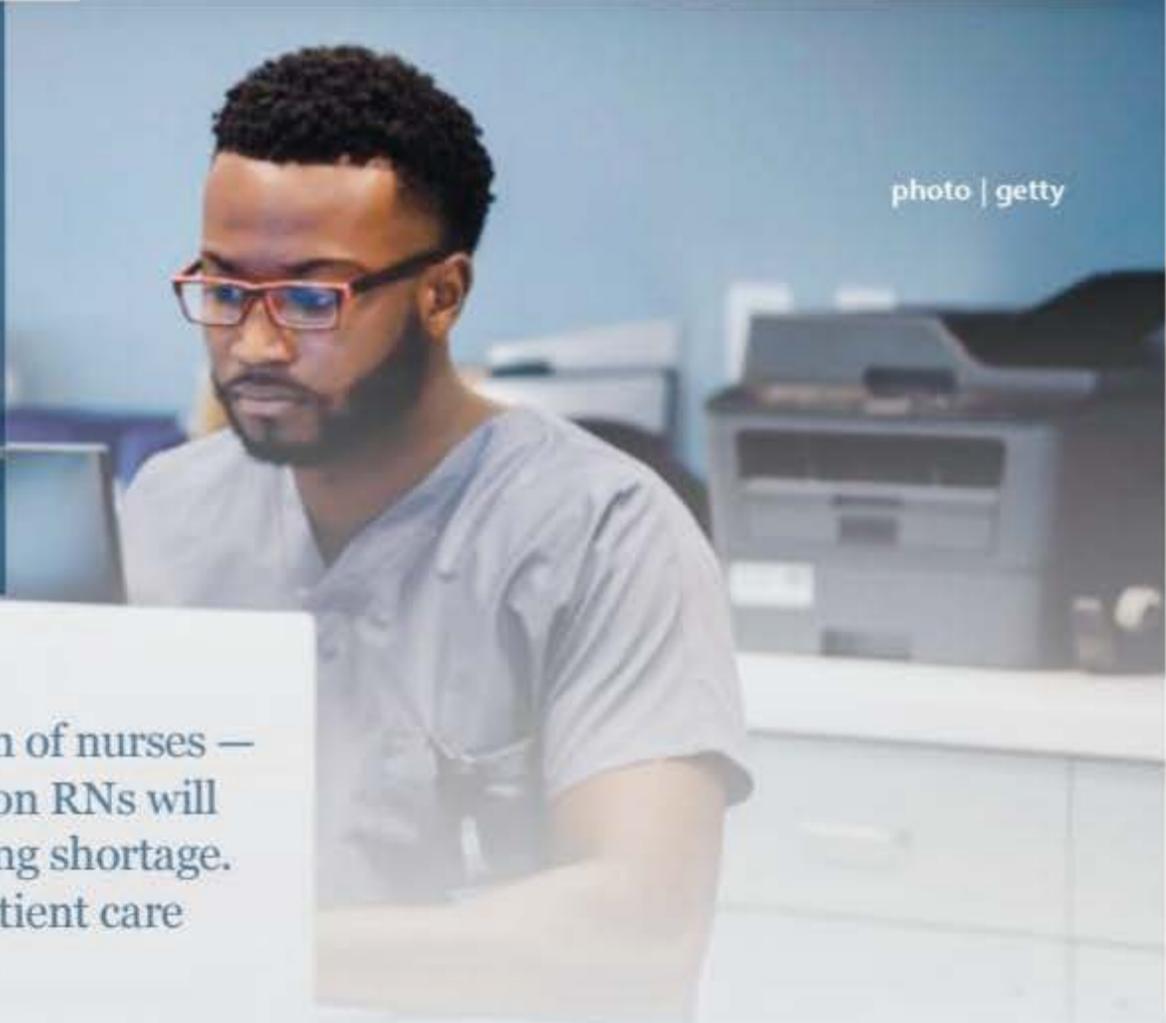
Colin Galea
Segretarju Ġenerali



photo | s.aolcdn.com

How Technology Will Disrupt The Nursing Shortage

Chris Caulfield
Co-Founder CNO Forbes Technology Council



The nursing field is in need of an infusion of nurses — and fast. Researchers project that 1 million RNs will retire by 2030, sparking a massive nursing shortage. Such a shortage spells disaster for the patient care settings that rely on them.

Not only the aging nurse workforce but the aging of the entire baby boomer population threatens to put pressure on the health care system as a whole — and patients will pay the price.

The nursing shortage has made it more difficult for facilities, especially the post-acute facilities, to sufficiently staff. Insufficient staffing, especially in post-acute care, is increasing the stress of the nursing role. As a result, nurses are getting burned out more quickly and are increasingly more unhappy.

There are several issues that, if solved, could allow a greater number of nurses to enter the field each year, provide more nurse faculty to expand nursing programs and introduce better pay for nurses.

But it could also use an experience upgrade. Nurses cite increased stress, burnout and lack of a healthy work-life balance as the reasons they leave the profession.

That's where technology comes in. Mobile apps, scheduling technology and blockchain credentialing can improve the nursing experience, and this, in turn, can help reduce turnover, improve retention and perhaps even lessen the impact of the nursing shortage.

The Power Of The Mobile Movement

Much like ride-hailing apps, like Uber and Lyft, have used mobile

technology to disrupt the traditional taxi industry, mobile nurse staffing apps have the potential to upend the traditional nurse staffing industry. In both cases, mobile applications allow for more efficient operations; they do away with phone tag between the company and consumer and instead use smart technology to pair consumers with rides and nurses with shifts, respectively.

If you can harness push notifications and text messages, then you have an excellent opportunity to capture your audience's attention. Consumers look at their mobile phones an average of 52 times per day, according to the U.S. edition of the 2018 Global Mobile Consumer Survey from Deloitte.

Mobile staffing apps can keep nurses more connected to their profession. Through data-learning, mobile technology can study a nurse's behaviour (their preferred shifts) and tailor push notifications to nurses to alert them when their preferred shift times are available. So, nurses won't just think about picking up shifts with agencies when they need cash — they'll be alerted about available shifts on a regular basis, keeping them engaged and looking for more work.

Scheduling Technology Encourages Flexible Work Practices

Typically, if you're a nurse working for a hospital or a post-acute facility, you're mandated to work a certain

amount of hours, nights and/or weekends a month. On top of that, nurses are often asked to stay on for an extra shift if the next rotation's staff is light or another nurse calls off. That said, there's very little control a nurse has over their schedule — and by extension, their life.

With facility augmented scheduling technology, nurses provide their most ideal schedule to meet their families' needs while the scheduling technology optimizes these schedules in coordination with their other nursing colleague's availability. Additionally, technology-enhanced scheduling allows for a streamlined process so that nurses are able to switch shifts with their other nursing colleagues for times when they need off.

Ultimately, these benefits lead to fewer call-offs, increased caregiver consistency, and an easier job for nursing schedulers and managers.

If you can increase the happiness of the entire nursing department from management to individual nurses, there will be less burnout and fewer nurses leaving the profession.

Blockchain Credentialing

The time it takes for nurses to gather and submit their credentials creates a slowdown in the hiring process. With blockchain credentialing, nurses can store all their documents, training

• continued on page 31

The preciousness of the blood

One of the most beautiful things hospital ministry is teaching me is that of celebrating Mass in different sections of the hospital. This experiencing has been constantly showing me that I can relate the Eucharist with that particular area of medicine in which section I would be celebrating the Mass.

One such instance has surely been the Mass that I celebrated at the Pathology Department, on Thursday 28 2017 at 9.00 am. A fifteen-member congregation turned out for that Eucharist. However, the ending result was really a positive one. The effort was so much appreciated that, after that Mass, we all agreed to hold another one during the Lenten Season of 2018.

Since the health professionals who attended that Eucharist were workers within the field of hematology, in other words that branch of medicine which is related with the study, cause, diagnosis, treatment and prevention of diseases that are connected with the blood, I thought it would be important and, pastorally resourceful, if I could produce an analogy between the human blood and the Blood of Our Lord Jesus Christ. Moreover, as a priest, presenting such an analogy makes perfect sense it also due to the fact that daily, in my consecrated hands, I present to the Father the Most Precious Blood of His Son Jesus, the Divine Hematologist, for all of us in the Eucharistic Sacrifice. Thus, the blood cells, hemoglobin, blood proteins, bone marrow, platelets, blood vessels, spleen and the mechanism of coagulation were simply accidents that pointed to the real cause of such a telling analogy, the efficacy of the Blood of Our Lord Jesus Christ.

The Bible shows the saving power

of Jesus' Blood. In his First Letter Saint Peter tells us: *You know that you were ransomed from the futile ways inherited from your fathers, not with perishable things such as silver or gold, but with the precious blood of Christ, like that of a lamb without blemish or spot *(1 Pet 1:18-19). This scriptural quote openly reveals how, in the blood of Jesus, there is real power. A power which is undisputable to be put into question. It needs to be highlighted that Christ's blood does more than simply remits sin. Christ's blood saves, justifies, sanctifies and provides us access into God's very presence. Thus, Christ's blood reconciles us with God Almighty.

Scientifically speaking, when talking about the human blood one needs to look at its definition, composition and, also to its operation. Hence, according to the *Taber Cyclopaedic Medical Dictionary *(8th Edition), the blood is that fluid that circulates through the heart, arteries, veins, and capillaries carrying nourishment and oxygen to the tissues and taking away waster matter and carbon dioxide. But how is human blood composed?

Again, according to the *Taber Cyclopedic Medical Dictionary *(8th Edition), the human blood is composed of a fluid part (called plasma) in which are suspended red and white corpuscles, platelets, and fat globules. Blood consists of 22% solids and 78% water. Now what is the blood's operation? When the blood circulates all through the body, the whole body is equipped with nourishment and oxygen. Both of them are essential so that the body is appropriately kept (obviously given

photo | images.flheartamerica.com

that the blood itself is a healthy one).

Simultaneously while the body is nourished and equipped with oxygen furthermore the blood gets rid of wastes and carbon dioxide from the body without any contamination. This process is scientifically named as *osmosis*. (Let us not forget that *osmosis* is the passage of one fluid or gas into another through the cell membrane. It is by this same process that the fetus in a pregnant woman is fed and the waste material is taken away). It is by correlating the human blood with the blood of Christ which he shed for us during his Passion and Death that we can attain a more clearer awareness of everything that the blood of Jesus has done for us.

Holy Scripture teaches us that life is found in the blood (see Lev 17:11-14). On the other hand science tells us that a natural life is kept via the blood of a human being. God's Word reveals that oxygen or breath is tantamount to life in the blood (see Gen 2:7). This Genesis text shows two things. First, God formed Adam as a total physical being, including the blood. Second, God breathed into Adam's nostrils the breath or spirit of life. Consequently, Adam became a living being. However it needs to be pointed out that God did not breathe blood into Adam.

Furthermore, science teaches us that the blood carries the oxygen or life to different tissues around the body. It gathers the oxygen at the lungs through the *osmosis* process. Concurrently it also takes away the carbon dioxide from the body without any contamination. The blood carries the nutrients our body requires to keep us going. Moreover, the blood eliminates the wastes or poisons that would cause harm to our bodies. A pregnant woman's fetus is nourished through the woman's blood via the process of osmosis. The blood of the woman never goes through the membrane to enter the fetus. Hence, the foetus' life is kept alive through the umbilical cord.

Spiritually speaking we can easily say that our spiritual life is preserved through Jesus' blood. Our spiritual life is the prime consequence of Jesus' blood. The Johannine Gospel demonstrates to us that Jesus breathed on the disciples. When He resurrected from the dead He breathed on them, and said to them - "Receive the Holy Spirit" (John 20:22). Here, Jesus' act corresponds to God breathing on Adam in the book of Genesis. God's breath (Spirit, meaning the Holy Spirit), is amongst us. In fact, He is within those who have been born again. Jesus' blood goes throughout the Body of Christ so that it gives necessary sustenance that the believer needs.

Jesus' blood is the origin and the groundwork that confirms and seals God's Covenant. Jesus is the recipient of God the Father's blood. And that very blood is utilised on every believer. When Jesus' blood is not found in a person's life it means that that person is undergoing spiritual death.

In the blood one notices resistance to illness. The blood properties regulate the resistance to disease or the immunity of a person. Physical resistance is ensured through the antibodies in the blood. The body's ability is of resisting or battling infection and disease is known as resistance or immunity. The amount of resistance or immunity is guaranteed by the antibodies in the blood. These are frequently called properties of the blood. The contents, or properties of the blood, can be stipulated by means of blood tests. Various infections and diseases are detected via a blood test. The proper antibodies that are required for resistance can be ensured by a blood test.

The blood of Jesus offers us a great spiritual resistance. First, when we have faith in Jesus' blood our resistance to sin grows remarkably (see Rom 3:23-25). It is our faith in the blood of Jesus which sealed the new covenant that we can resist sickness, disease, poverty and everything that

Satan may put against us. Jesus was made sin and took upon Himself sickness, disease, pain, poverty and so forth. In this way he brought about the appropriate antibodies in His blood so as to resist all these things for us. The conclusion is not only that He freed us from all these things but also that we, thanks to His Blood of the covenant, are able to resist them altogether. All this shows that in the blood there is real power!

“ Presently Jesus' blood in the heavenly glory is continually pleading for mercy (see Heb 9:7-14, 22-26). Jesus carries His blood into the Holiest of All in heaven.

The power in the blood is established thanks to the properties or antibodies in the blood. There are instances where the fitting antibodies are not present in the blood. As a result diseases the person is susceptible are easily contracted. Inoculations of serums can be effected to produce the necessary antibodies to combat specific diseases.

Spiritually speaking, Jesus' blood is pure and precious. It bears all the antibodies that ever have been or ever will be required. Faith informs us that there is life in the blood (see Lev 17:11-14). Hence, a person's blood bears the oxygen or breath which gives life (see Gen 2:7; Lev 17:11). Consequently, spiritual life is the direct effect of faith in Jesus' blood. This means essentially two things: first, living spiritually means accepting Jesus' blood; and second, refuting Jesus' blood implies spiritual death absolutely. Let us not forget that the Bible teaches us that the blood speaks by means of the message it communicates. The blood cries for

• continued on page 10

• continued from page 9

mercy (Gen 4:10; Heb 12:24).

What can we say about the origin of Jesus' blood? Firstly, it was God who was the source of Adam's blood. Likewise, God was also the source of Jesus' blood. Joseph was not Jesus' physical father (see Isa 7:14; Matt 1:24-25). Matthew 1:16. 18-25, Luke 1:35 and John 1:1. 14 confirm Jesus birth was virginal. Hence, Jesus' blood did not originate from Adam. Since that is the case it could never be contaminated with sin (see Matt 27:4; John 14:30).

The New Testament's vision of the blood is really instructive. Jesus transformed the blood covenant between God and man. God established a covenant with Himself by making use of Jesus as both God and man (see 2 Cor 5:18-21). In Jesus God shed His own blood twice. First in his circumcision and later on the cross. As Abraham did with his son Isaac God offered Jesus as a sacrifice (see Gen 22:2; Heb 11:17-19). While Abraham gave part of his blood Jesus offered his blood entirely. Since this covenant was brought to fulfilment by Jesus henceforth no other covenant was required.

Jesus' blood was the foundation for all we will ever require. This is so because Jesus' blood is the bedrock for our salvation (see Rom 3:25; Eph 2:13; Col 1:20). Jesus' blood has given salvation for humanity. In

reality we have been bought with the highest of prices (see Acts 20:28; 1 Cor 6:20; Gal 3:13; Eph 1:7; Col 1:14; 1 Pet 1:18-19; Rev 5:9). Jesus' blood has justified us (Rom 5:9) and sanctified us (Heb 13:12). Jesus' blood washes and cleanses us (see 1 John 1:7; Rev 1:5). Jesus' blood eliminates sin-consciousness so that it reminds us of remission and forgiveness and, certainly, not of guilt (see Heb 10). Jesus' blood puts us into God's presence (see Heb 10:19). It has offered peace between God and man (see Col 1:20). Jesus' blood speaks of better things than Abel's blood (see Heb 12:24; Gen 4:10-11). Jesus' blood offers us the plan through which we overcome sin (Rev 12:11). Jesus' blood is sacred (see Heb 10:29). Jesus' blood baptizes and makes us one family. All the believers of that family become relatives (see Eph 3:14-15). Jesus' blood has confirmed or triggered the new covenant (see Heb 9:16-26).

Presently Jesus' blood in the heavenly glory is continually pleading for mercy (see Heb 9:7-14. 22-26). Jesus carries His blood into the Holiest of All in heaven. He made holy the heavenly instruments or apparatus with His blood. We, as believers and priests, have been made holy thanks to Jesus' blood. God's temple, which is the jointed body of believers, has been made holy by Jesus' blood as well. Considering the fact that Jesus is interceding and crying for us mercy

not justice we can say that Jesus sprinkled the mercy seat in heaven with His blood. And when Jesus appeared to His disciples as flesh and bone by that He meant the absence of His blood in the body they were looking upon (see Luke 24:39).

Summarising this rather detailed study of the human and divine blood we can say that the blood of Jesus is filled with power to effectively combat and win any battle that we may have to contend with. Moreover, faith is the means that endorses Jesus's blood to each individual. Those who believe and are made just live by faith (see Hab 2:4). As the physical blood gives life for our flesh in the same way Jesus gives life for our spiritual life (see John 1:1-3; John 6:53-56; John 20:22). God's Word provides us the right antibodies and immunity to oppose anything that Satan can attack us with. The Word preserves life. And the life subsists in the blood. Hence, the Word nurtures us due to the blood of the New Testament. The blood offers the body with the necessary nutrients that it requires. In addition, it eliminates wastes. Blood contamination will bring grave problems in the body. The blood carries solely those nutrients fabricated by what one eats. Therefore diet is immensely important.

This analogical exercise of the human blood with the blood of Jesus shows me how precious the blood is!

Fr Mario Attard OFM Cap



**Gli infermieri sono
gli operatori sanitari
più vicini agli ammalati.
Pregate per loro**



10% OFF
for all MUMN card holders

The new professional Scholl sneaker:

the ultimate technical feature in a trendy style.



MEMORY CUSHION
Distributes foot pressure



Micropunched Leather upper material guarantees more breathability



LIGHT & FLEXY

Dual density outsole (Rubber+EVA) guarantees more flexibility and lightness



Top Slip-Resistant outsole respecting SRC requirements

Energy Plus is characterised by a removable footbed with Memory Cushion technology that helps provide relief to your feet by re-distributing pressure all over the entire sole. The insole can be machine-washed at 30°. Energy Plus is light and flexible thanks to the dual density insole (rubber + EVA). The upper is perforated to guarantee the utmost breathability, the sole is slip-resistant. Energy Plus is ideal for use by medical, healthcare staff and all professionals who spend all day long on their feet.

UNISEX
Available in white or black



schollcentre.com

Available from all Scholl Foothealth Centres and leading pharmacies.



ENJOY MOVING



New supplement containing targeted ingredients to support Joint, Muscle and Bone health

Meritene[®] Mobilis[®]

resource[®] Junior Fibre

The formula
you trust
NOW
with fibre



And the delicious Nestlé taste



Safety fears as hospitals redeploy nurses to care for patients in corridors

Overcrowding forces ward staff to spend part of shift looking after patients without a bed



Hospitals are having to redeploy nurses from wards to look after queues of patients in corridors, in a growing trend that has raised concerns about patient safety.

Many hospitals have become so overcrowded that they are being forced to tell nurses to spend part of their shift working as "corridor nurses" to look after patients who are waiting for a bed. Nurses, doctors and hospital bosses have all voiced unease about the practice, which has risen sharply in recent weeks as the NHS has struggled to cope with the extra pressures of winter.

The disclosure of the rise in corridor nurses comes days after the NHS in England posted its worst-ever performance figures against the four-hour target for A&E care. They showed that last month almost 100,000 patients waited at least four hours and sometimes up to 12 or more on a trolley while hospital staff found them a bed on the ward appropriate for their condition.

"Corridor nursing is happening across the NHS in England and certainly in scores of hospitals. It's very worrying to see this," said Dave Smith, the chair of the Royal College of Nursing's Emergency Care Association, which represents nurses in A&E units across the UK.

"Having to provide care to patients in corridors and on trolleys in overcrowded emergency departments is not just undignified for patients, it's also often unsafe."

A nurse in south-west England

Nurses, doctors and hospital bosses have all voiced unease about the sharp rise in corridor nursing.

told the Guardian how nurses feared the redeployments were leaving specialist wards too short of staff, and patients without pain relief and other medication. Some wards were "dangerously understaffed" as a result, she claimed.

She said: "Many nurses, including myself, dread going into work in case we're pulled from our own patients to then care for a number of people in the queue, which is clearly unsafe. We're being asked to choose between the safety of our patients on the wards and those in the queue.

"When in the queue we are expected to cannulate and take bloods in corridors while patients are in chairs, on the floor or on trolleys.

"Some of our main concerns [include] ward patients [being] left in pain due to understaffed wards [and] late or missed administration of medication due to low staff numbers on the wards."

At her own hospital some nurses who usually work on specialist wards now have to spend four hours of their shift in a corridor looking after often very sick patients.

"This is not only leaving the wards short but also putting huge amounts of stress on staff. It has hit staff morale as many staff don't want to leave their own patients that may be acutely unwell or in pain."

Dr Adrian Boyle, the vice-president of the Royal College of Emergency

Medicine, which represents A&E doctors, said: "Looking after people in corridors is demoralising and shameful for staff. People do feel that it's a failure when they have to look after people in corridors.

"If we had enough beds at the right time we wouldn't have to do corridor care."

Growing numbers of patients are being delayed either with ambulance crews outside an A&E unit because staff are too busy to allow a handover to take place or, once they have been dealt with in the emergency department, on a trolley while they wait for a bed.

'I'm being asked to take bloods while patients are on the floor'

Hospital bosses voiced their concern about the rise of corridor nursing. "The fact that some trusts may have to redeploy nurses away from other wards to look after patients who are temporarily waiting in hospital corridors shows the level of strain the health service is now under," said Saffron Cordery, the deputy chief executive of NHS Providers, which represents NHS trusts in England.

"Long waits or being treated in corridors or waiting rooms is not appropriate for patients, risking their dignity and safety. Although staff will do everything they can to provide the best possible care, these are extremely difficult working conditions. Corridor wards and other temporary arrangements add stress to an already pressurised working environment.

"We must not allow this to become the new normal."

An NHS spokesperson said: "While the NHS has more beds open this winter than last, our A&Es have had to treat more than a million extra patients over the past year. So as well as 50,000 more nurses and extra hospital beds, over the next few years it's also going to be necessary to rebuild and expand most A&E departments across England."



Investing in yourself with BOV Studies Plus+

When it comes to furthering one's studies to reach career goals, time and funds may be an issue. Often, one faces barriers such as the cost of the course, accommodation, transport and living expenses, text books and other study-related costs.

Bank of Valletta has a financing solution to make career goals more achievable and lighten associated burdens. Students and professionals who would like to further their studies either in Malta or abroad, undertaking full-time, part-time or distance learning study courses that would provide them with an MQF level 5, 6, 7 or 8 qualification can now benefit from cost-effective funding through the BOV Studies Plus+ facility.

The BOV Studies Plus + comes with a number of benefits including

an attractive interest rate and a maximum loan amount of €100,000. Students or professionals taking up this loan can also opt for a moratorium period of up to 5 years, meaning that during these 5 years they do not need to make repayments on capital or interest. The repayment of capital and interest accruing from the end of the moratorium period can be made in equal monthly instalments over a maximum period of 10 years. In addition, students do not need to make any upfront contribution, nor provide collateral.

This loan is made possible with the support of the Operational Programme II (OPII), co-funded by the European Social Fund ("ESF") and managed by the Malta Development Bank ("MDB"). The financial collaboration between BOV and the MDB ensures that truly affordable loans are made available to students, with MDB acting as guarantor for

part of the loan (subject to a capped portion of the portfolio) and offering a full interest subsidy during the moratorium period.

So what are you waiting for? Take the plunge and invest in your self-development. Talk to our financing specialists who will guide you further. Send an email to customer-care@bov.com or call us on 21312020 to set up an appointment. For more information visit <https://bov.com/content/bov-studies-plus-plus>.

All loans are subject to normal bank lending criteria and final approval from the Bank. The term of the loan must not go beyond retirement age. Bank of Valletta p.l.c. is a public limited company regulated by the MFSA and is licensed to carry out the business of banking in terms of the Banking Act (Cap. 371 of the Laws of Malta). Issued by Bank of Valletta p.l.c., 58, Triq San Żakkarija, Il-Belt Valletta VLT 1130.

Compassion (Part II)

Compassion is often referred to as a moral virtue, that within the context of nursing is the expected way to deliver nursing care, where care is the essence of nursing (Chambers & Ryder, 2009). Some may view compassion as the ability to acknowledge suffering in others and commit to alleviate that suffering. However, compassion represents an ethical dimension to care (Maben et al, 2009) where nurses live the experience of suffering with the patient and guide them back to independence whilst preserving their dignity (Von Dietze & Orb, 2000).

Compassion is a fundamental aspect of nursing care, yet it is not as easy to put into practice as one would expect it to be. Barriers that are found to have an impact on the ability of nurses and other health care professionals to deliver compassionate care include time constraints, heavy workloads, staffing levels, organisation expectations in terms of timely service delivery (Christiansen et al, 2015). However, Valizadeh et al (2016) found that aside from these barriers the "lack of value on compassionate care" may also be an issue.

In addition to this, Christiansen et al (2015) identified individual and interpersonal factors that can have an impact on compassionate care. These are personal and professional values, ways of being, patient and/or family attitude, understanding self and others as well as personal wellbeing. Practicing compassionate care typically requires focusing on the experience of others, being in the moment, forming an emotional connection and doing the small things such as holding a hand, talking or just being there (Christiansen et al, 2015).

Compassionate care requires an environment that in fact encourages

compassionate relationships and supports the wellbeing of the health-care team. This includes providing a strong communication network, opportunities for continuous professional development, supporting staff initiatives and ensuring that staff have the required facilities and services in place to maintain moral resilience. This is paramount to safeguard nurses and other health professionals from burnout and compassion fatigue. However, each healthcare professional has a responsibility to commit to practicing compassionate care.

This commitment requires a deep self-awareness and acknowledgement of personal and professional values, implementation of constructive reflective practice as well as an ability and willingness to be a genuine presence with each patient. Using a positive approach, it is important not to be hesitant to explore the patient's goals and needs. Ward et al (2018) explain that each day we should strive to make today better than yesterday by providing above average care every day.

This will not only improve the quality of care given to individuals, but it can also inspire others. In fact, Ward et al (2018) reiterate that we should "find the courage to support and encourage other colleagues to do this".



photo | <http://i.huffpost.com/>

You may contact Marisa on marisavella@gmail.com for references and information related to this article.



BOV INVESTMENTS

INVEST NOW INVEST FOR LIFE

Investing in your future starts today. Get in touch with any BOV Branch or Investment Centre to learn more about our investment solutions.

Our BOV Investment Centres

Bir id-Deheb | Gżira | Mosta | Qormi | Valletta | Gozo

Talk to us | 2131 2020 | bov.com

Investment returns can go down as well as up and past performance is not necessarily a guide to future performance. Changes in the rate of exchange currencies may also affect the value of your investments. Issued by Bank of Valletta p.l.c., 58, Triq San Żakkarja, Il-Belt Valletta VLI 1130. Bank of Valletta p.l.c. is a public limited company regulated by the MFSA and is licensed to carry out the business of investment in terms of the Investment Services Act (Cap. 370 of the Laws of Malta).

BOV
Bank of Valletta

ANYONE WHO'S
EVER TURNED THEIR
HEALTH AROUND
STARTED WITH
DAY ONE



OPTIFAST

You're stronger than you think and OPTIFAST is in your corner.
It's a medically monitored meal replacement program that can help you
lose up to twice as much weight as a reduced-calorie, food-based diet.

Go to optifast.com and start your personalized program today.



**YOUR STRENGTH,
OUR PLAN.**

Christmas season is well over, and with Easter around the corner, tied up with a warmer winter, the clock is ticking to get back in shape in preparation for the hot summer months. Do not fret - you are still in time! A little bit of physical activity and the following steps should be just what you need:

Step 1 Drink Plenty of Water and quit alcohol. Apart from its high calorie content (7 Kcal/ml), alcohol can dehydrate you and in large quantities could damage your liver. Drinking water will benefit your liver, muscles, skin, and kidneys whilst also increasing the sense of satiety. This by increasing your water intake, you will eat less solid foods.

Step 2 Introduce healthy foods to your diet. If you indulged a bit over the past few months, your body may crave light and healthy foods. Fresh vegetables such as cucumbers, cauliflower, cabbage, Brussels sprouts, spinach and even broccoli will seem more appealing - a cry out from your body to replenish in goodness. When doing your grocery shopping, steer towards the fresh fruits and vegetables, as well as other ingredients such as yoghurt and unsalted nuts - which are a great source of protein. Fresh fruit and vegetables also provide you with more water when digested, thus keeping your body hydrated.

Step 3 Eat moderately. Reduce your portions and eat 5-7 meals daily to allow your body to process it better. Your meals should include at least 3 portions of vegetables and at least 2 fruits a day. Keep them peeled and ready in your fringe so when those cravings attack you can get right to it!

During main meals reduce processed carbohydrates such as white bread and pasta and replace them with wholegrain options such as barley, oats and whole rice. It's important to include an element of protein to your meals to avoid losing muscle mass. If you are in the mood for something lighter try to add a protein source such as wild salmon, tuna or eggs to your salad. And if you are a vegetarian or vegan, cold legumes, tofu or soy will do the trick.

It is recommended that legumes are consumed at least 5-6 times a week, to rebalance your microbiome and eliminate any harmful substances which have been accumulated. Cheese should not be consumed more than three times a week, whilst eggs and red meat should not be eaten more than 1-2 times a week. With our beautiful seas, Malta is rich in fresh fish which is extremely good for you. Wild fish can be consumed up to 5 times a week!



photo | misremedios.com

Nestlé OPTIFAST

Today's modern hectic lifestyle makes preparing meals challenging and we may be tempted to resort to fast takeout options. It is important, however not to neglect this and to ensure that you are eating a balanced meal rather than fast foods which may seem easier. If rapid weight loss is needed due to a medical condition, it's important to refer to a dietitian or Doctor in order to find the best solution for your needs. In some cases they may suggest to switch to meal replacements to assist you, but this must always be done in consultation with your specialist.

In such cases Nestlé OPTIFAST Program is a comprehensive, medically supported weight management programme. The products represent a completely and balanced meal replacement to achieve lasting weight loss - even in patients with complex medical conditions such as diabetes or hypertension. Rich in protein, it prevents protects your muscle mass whilst your body metabolizes fats, with a smart and portable format (sachets or tasteful bars). It induces sense of satiety and allows you to add a fruit after each OPTIFAST meal as well as green leafy vegetables for a full balanced diet.

Please contact your local pharmacist for your tailored OPTIFAST Plan and further information.

from our
diary



Janice Caruana Senior Staff Nurse together with H.E. President of Malta inaugurated her book "Il-Majjistra u t-Twelid fil-Kommunita' Maltija fis-Seklu 20"



Our Financial Secretary George Saliba in his capacity of the European Regional Board Member within the Commonwealth Nurses and Midwives Federation conveying his Annual Report



MUMN Group Committee at SVP organised once again a Blood Donation Day. It was another success. Well done guys.



The Rainbow Ward Nurses and other staff during one of their campaigns to collect funds to offer support to their patients in various ways and means



MUMN organised again its Annual Christmas Dinner, this time with a difference, where senior citizens residing at SVP and Elderly Homes were invited



Well done to Charmaine Mallia Allied Head Practioner, Head of the Physiotherapy Commcare Services Unit, who was awarded the Best Manager Award during the presentation of the first edition of the Active Ageing and Community Care Awards



The Director of Labour, Dr. Diane Vella Muscat, visited MUMN's premises to explain certain new procedures that have been initiated by her office with regards to industrial relations



One of the popular courses organised by MUMN at its premises



Advantages of using an Insulin Pump

Insulin Pump vs Insulin Injections

- Using an insulin pump means eliminating individual insulin injections
- Insulin pumps deliver insulin more accurately than injections
- Insulin pumps often improve A1C
- Using an insulin pump usually results in fewer large swings in your blood glucose levels
- Using an insulin pump makes delivery of bolus insulin easier and in a more controlled manner
- Using an insulin pump eliminates unpredictable effects of intermediate- or long-acting insulin
- Using an insulin pump means you only need to wear the pump and do not carry anything.

Innotech is a simple to use and accurate Insulin Pump.

- OLED colour screen and extremely user friendly.
- Touch Screen.
- Auto-lock to prevent unintended operation.

- Ability to achieve a precise delivery of 0.008U per pulse.

Auto Basal Features

- Auto basal Allocation.
- Daily basal can be adjusted according to individual needs.
- Easy operation.

Easy Bolus Features

- One key to set bolus.
 - Choices for Normal, Square and Dual bolus.
- Delivering insulin via an insulin pump is the most natural form of insulin treatment available today.

Advanced uses of an insulin pump

Another great thing about an insulin pump is that you have the chance to program in insulin doses to be delivered at certain times or up to several hours into the future.

Custom basal rates

Insulin pumps can be programmed to deliver

different basal rates at different times of day. For example, you may need less insulin over night than you do upon waking in the morning, so your insulin pump can be set up to give a higher rate of insulin when you wake and a lower rate when you go to bed.

You can even suspend delivery of insulin if you need to, such as when playing sports, to stop your sugar levels dropping too low.

Custom bolus rates

Not every meal affects our blood glucose levels the same way and insulin pumps can be set to deliver bolus doses in specific ways to cope with the different absorption and digestion rates of different foods. As well as delivering one up front dose of insulin, pumps can also be set to deliver special doses such as delivering half of the dose up front and then delivering the second half of the dose an hour or so later, which can be helpful for managing certain foods such as pizza.



Distributed locally by ATG Medical Innovations, 46, Mill Street, Qormi
 Further details may be obtained by contacting ATG on
 T: 2124 2017 or E: info@atg.com.mt





Schools closed
 Offices closed
 Malls are empty
 Events called off
 Flights grounded
 Economy down
 Even international borders closed

People are scared to look at each other, forget touching...

But, hospitals are still open, we still touch patients to check their pulse and examine. We don't hesitate and walk 3 meters away if you have cold, cough and fever...

The only community which is at highest risk, yet not stepping back.
 Nurse

Proud to be a Nurse

#Respect Nurse

MUMN accuses government of U-turn on providing danger money to nurses



Malta Independent - Wednesday, 25th March 2020

Malta Union of Midwives and Nurses today accused the government of changing its mind on giving danger money to nurses as this is not a priority at the moment. Danger money is an extra payment for working under dangerous conditions.

In a statement, MUMN said that Health Minister Fearne was deflecting all requests for nurses to have their mind at rest while working with patients suffering from COVID-19.

"MUMN has been informed by the Ministry of Health that Danger Money will not be granted, as at this time, the government is not considering it as a priority."

MUMN stated that during previous meetings with Fearne, an agreed date was given as to when danger money would start to be given.

In addition to this, the government has used the General Workers Union to separate nurses. We

have the Ministry of Health informing MUMN that it was withdrawing from an agreement on danger money, just as the GWU held a press conference to announce that some nurses had left the MUMN to join the GWU.

The MUMN condemns what it described as political manoeuvres of the Government during these critical moments when everyone is doing their best to ensure the safety of Coronavirus patients.

MUMN appealed to Fearne to revise the government's position and its decision on danger money. "MUMN gives 48 hours to Fearne to reconsider his decision. MUMN is ready to meet with the government if it is necessary."



de fonseca[®]
I T A L Y

all about style



Trade Enq. Vella Trading, 20, Triq Salvinu Spiteri, Santa Venera SVR1111 Tel: 21244899 email: info@vellatrading.com

Antiseptic & Decolonisation Soapy Gel

CHANGE OVER



TRICLOSEPT
Anti-Bacterial Skin Cleanser

NEW

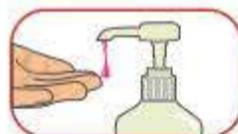


changing to **BACTISCRUB**
4% Chlorhexidine Soapy Gel

TRICLOSEPT CHANGING TO BACTISCRUB

- **With 4% Chlorhexidine**
- **Longer residual effect;** due to better retention on the skin
- **Decreasing drying effect;** due to added emollients
- **Effective against a wider range of bacteria and yeast;**
E. coli,
S. Aureus,
MRSA,
E. hirae,
P. aeruginose,
C. albicans

HOW TO USE:



1. When showering apply Bactiscrub onto wet skin and hair



2. Avoiding contact with eyes, ears and mouth.



3. Let it act for 3 minutes, to assure antiseptic absorption.



4. Rinse off and dry. Once the skin and hair are clean.



5. Do not apply any other product.

AVAILABLE IN ALL PHARMACIES

prohealth

www.prohealth.com.mt
medicaldevices@prohealth.com.mt
23385000 | 79081282

Seeing a boy die in Myanmar made me so thankful to work as a nurse in the NHS

I still wonder whether he would have survived with access to treatments we would have used in the UK



The boy's hands were very cold. He was about 13 or 14 but looked younger, with untidy dark hair. He had been bitten by a snake and was now severely unwell. He'd made it from his distant home to the intensive care unit (ICU) in Myanmar where we were working, but it didn't seem like he'd make it out.

My previous job in the UK had involved assessing patients, and I couldn't stop myself from examining him and thinking whether we could do anything more to help. It wasn't our job to directly treat patients – a colleague and I had been sent to the ICU to assist with education and research – but I found it difficult to step back.

"Stuart, he's not your patient," my colleague said. She was right, but when we came back the next day his bed was empty. I wondered whether he would have survived with access to treatments we would have used at home in the NHS.

In England I had worked as a newly qualified nurse on a major trauma rehabilitation unit. We were busy and often understaffed but had modern technology, medicines and a team of specialists to help people recover their lives after car accidents, sporting injuries, assaults or falls. Four years later I was in Myanmar, where the situation was very different.

The ICU was almost always full. Many of the patients had suffered trauma but there were additional complications such as tetanus or snake bites. Families provided the personal care for their sick loved ones: washing them, emptying their catheters, mixing foods and feeding them.

Only the basic medicines and treatments were provided by the state. Families shopped for medical products in a busy market outside the hospital; if they couldn't scrape together the money for treatments like dialysis then their loved ones had to take their chances without.

I greatly admired the resilience of these families and their dedication, but the experience made me realise more than ever how special the NHS is. When we explained to Burmese doctors and nurses that any patient, no matter their wealth, would always get the best treatment we could offer, they were incredulous. When patients in their ICU went without treatments or investigations, I jealously remembered the relative ease with which I could organise x-rays or blood tests for patients at home.

In Myanmar we developed a relationship with the mother of another young boy who was suffering from tetanus. We could only speak a few words in Burmese, but she would

smile and gesture and ask a few basic questions. Her son had a temporary tracheostomy so he couldn't speak but after waking he would wave at us and point at things. He used his mother's phone to show us pictures of his cat.

He grew very thin during his long illness and endured a lot of pain, but he survived. We visited him on the rehabilitation unit, a huge basic building with a few scattered beds with thin mattresses. He was now walking again and smiled shyly to greet us.

He'd been lucky and was given a fighting chance by the tireless work of his mother and the underequipped nurses and doctors. Sickness and injury can happen to any of us and it will always be tough for relatives wherever they are. Many of the families I'd supported in England must have cursed their luck that their child had crashed their motorbike or fallen off their horse.

Funding and running a health service together recognise that this bad luck could be any of ours. It demonstrates our commitment to making sure we will all get the best chance in our times of need.

When I went back to nursing in the UK, I often remembered the boy who survived, and the other young boy who wasn't so lucky, and give thanks for the NHS whenever I meet patients and their families to whom we are able to give the best of chances.

The failure over the last decade to support nurses and doctors has stretched our abilities and strength to their limits. Every nurse and doctor will recall with shame and pain people we weren't able to care for as we should have.

The people working in the NHS do amazing things every day. But without commitment from the public and the government, more sick children will lie on the floors of our emergency departments. We'll lose the precious hope that the NHS gives us.

Family Member of Maltese Nurses With Children Should Be Given 2 Months Paid Leave To Take Care Of Child, Nurse Union Says In Open Letter To Prime Minister



All overtime worked by Malta's nurses during the COVID-19 outbreak in Malta should not be taxed, and one chosen family member of healthcare professionals should be given two months paid leave to take care of the nurse's children, the Malta Union of Midwives and Nurses has said today.

MUMN President Paul Pace included these recommendations in an open letter sent to Prime Minister Robert Abela to point out the "dire situation" nurses with children had suddenly found themselves in.

Noting that the government had provided childcare facilities in the day, Pace pointed out that nurses working the night shift do not have

any means to ensure their child is taken care of.

Pointing out that 38% of nurses are raising children, and that there was already a shortage of nurses prior to the coronavirus outbreak, he urged the government to ensure that these nurses can have their "minds at rest" and wouldn't have to worry about their children while at work.

You can find the full open letter below:

MUMN is writing to your office regarding the dire situation of nurses who are raising children and are currently utilizing their Vacation leave and therefore cannot attend for work.

This is more serious when both the parents are nurses and these families certainly need more support. Although MUMN is aware that childcare facilities have been provided for children between the age of 3 and 12 years during the day, these childcare facilities can only address a small percentage

of the nursing workforce who are raising children.

MUMN would like to point out that 38% of the nurses are raising children so this is a very important issue.

Nurses with babies and small children, together with those who work night shifts do not benefit from such childcare centres.

One must keep in mind that in the current situation nurses are also apprehensive and worried and are not so eager to take their children to a childcare centre. In the current situation every nurse needs to have their minds at rest regarding the wellbeing of their children if they are to attend to the patients in all hospitals of Malta and Gozo.

The health services in Malta and Gozo, before the outbreak of the coronavirus was already 400 nurses short when associated with the demands of the national service. This outbreak will surely increase the demand for nurses, therefore,

resulting in not having enough nurses to cater for all the extra beds being added in all hospitals and Elderly institutions in Malta and Gozo.

Drastic measures must be taken in these desperate times. MUMN is appealing to consider seriously two important measures to address the huge shortage and pressure on the nursing workforce.

The two measures being proposed by MUMN are:

1. A chosen relative of a nurse who has children up to the age of 12 should also be given a two months' vacation Leave paid so that such relative will be in a position to care for these children while the nurse (parent/s) is at work being on the day shift or night shift. This incentive was also provided rightly so to the private sector.

2. All overtime worked by nurses during these times should not be taxed at all to encourage nurses to work overtime. For the government, it is useless adding extra beds in hospitals if there will be no nurses to attend to the patients using them.

Dear Prime Minister, the nursing profession is the only profession which is caring for our patients 24/7 and the demands and the sheer scale of work ahead of us is something that none of us nurses have ever experience.

All countries affected by the coronavirus have all appealed that the nursing workforce needs to be protected by adequate Personal Protective Equipment (PPE) and other incentives should be provided.

Statistics have shown that in affected countries, 8% of the nursing workforce contacted the coronavirus during their line of duty. So as our Prime Minister please consider seriously MUMN's proposals since these proposals could save the lives of a lot of people.

There is a great possibility that the management of every hospital will face the difficulty of not have enough nurses to distribute to much-needed areas of care, so please in the name of the nurses and patients consider MUMN's proposals.

THE NURSE'S PRAYER

Dear Jesus,
model and inspiration of the nursing profession,
I know that when you ascended into heaven,
You left the care of the sick
to those of us whom You have blessed
with the Holy Vocation of nursing.
Please help me to be faithful to that calling
so that I can always do
the things you want me to do
and in the manner that you want me to do them.

Grant that my voice be gentle,
that my hands may have the softness
and sympathy of Your hands.
That my presence may bring something
for the hope and consolation,
which Your presence brought to the sufferers of
Your day.

I want to do all these things Lord,
but I know that I am weak
and can do little without Your aid.
Please give that aid this day
and everyday of my life
so that I can always be
what You want me to be,
an angel of the sick room.

Amen.

The Role of the mental health nurse in Medication Management

Psychiatric medication, are central in the treatment of most mental health problems and mental illness. Throughout the history of mental health care, psychiatric medication were instrumental and significant in the way treatment and care was delivered, with the introduction of certain medication changing and shaping not only symptom presentation but also whole services and systems.

However, as with anything related to mental health, psychiatric medication are shrouded in stigma, with reservations about side-effects, mind control and dependency as the main factors which contribute to the global reluctance in taking them.

Another important issue which effects the acceptance of taking psychotropic medication is the fact that most symptoms that patients with mental ill health experience, are very similar to experiences which are familiar to everyone and are similar to the common hitches of life. Who have never felt "depressed" at some point in their life? Who have never been suspicious of other people's intentions and ruminated about it to the extent that it effects one's normal functioning and contentment? Who have never experienced depleting anxiety? These can be considered "normal" temporary feelings which most often they dissolve with time, action, reasoning or others' support. And this mode of working is a mechanism which effects the perception involved in the acceptance to take psychiatric medication.

Medication is considered a necessity when the symptoms get so severe that they infringe on the level of functionality over a certain period

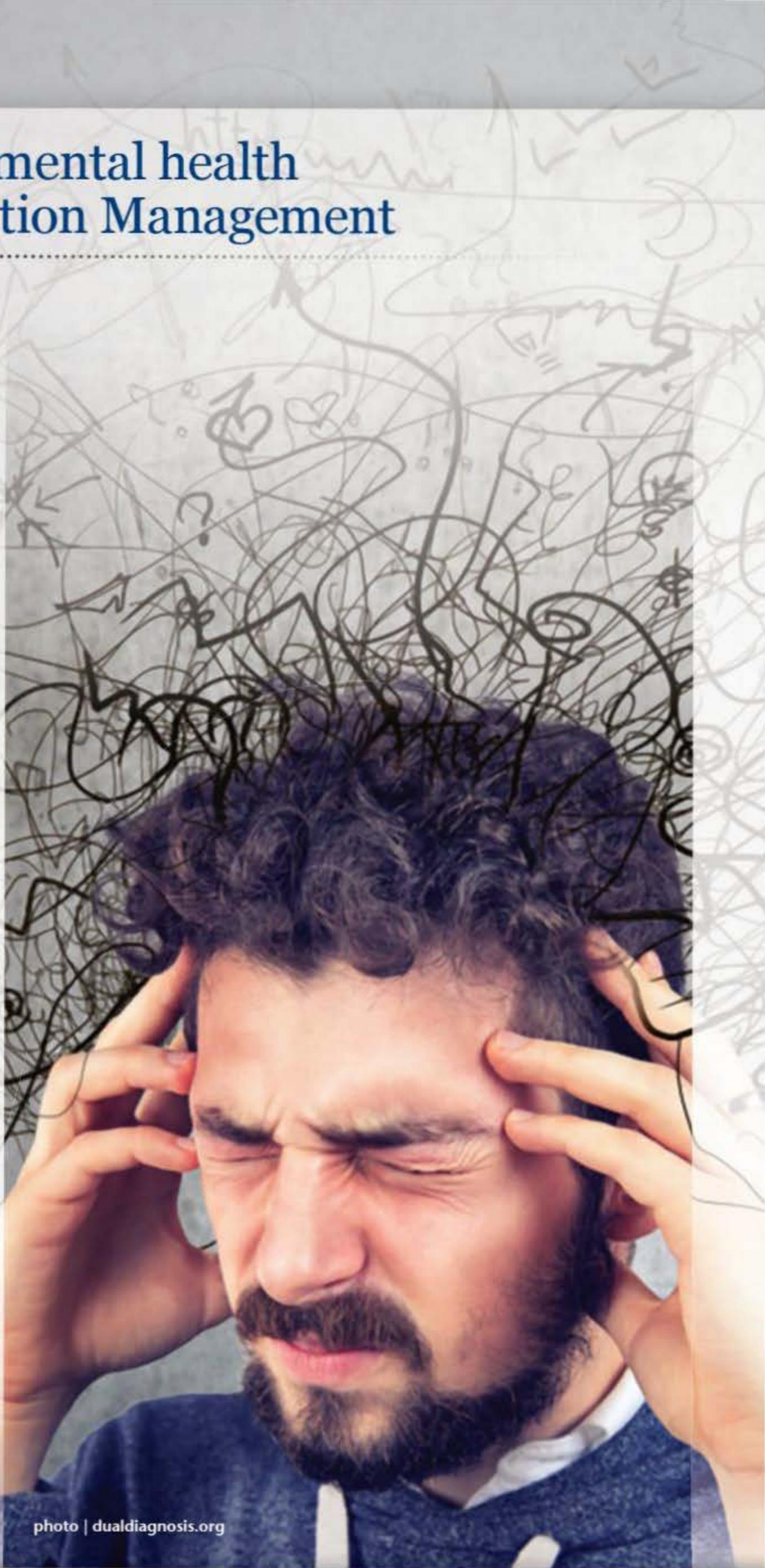


photo | dualdiagnosis.org

of time, and when the usual coping mechanisms are unsuccessful. Doctors usually use assessment methods to help them recognize if the patient requires medication, or depending on the symptoms experienced and treatments available and whether other forms of interventions can be used (e.g. psychological therapy).

Side-effects are found to be the most significant issue surrounding adherence in psychiatric medication (McCann et al 2008). The chemical treatment of schizophrenia is divided into the typical (old) and the atypical (new) anti-psychotics. Most of the stigma surrounding psychiatric medication stems from the side-effects caused by the typical antipsychotics. These were mostly very visible effects, which consisted mainly of muscle rigidity, involuntary movements and tremors. However there was also the potentially fatal reaction known as Neuro Malignant Syndrome (NMS) which could cause agitation, confusion, hypertension and seizures. Moreover, there are other anxiolytics and antidepressants which can cause drowsiness, weight gain, dependency and metabolic changes. Therefore, it is very understandable that people who are prescribed these kind of medication are so reluctant and cautious about taking them.

Fortunately, the newer medication (atypical, SSRI's) have much less severe side-effects than the old ones, and most often people tolerate any side-effects experienced. Moreover, if side-effects remain a problem, a discussion with the prescriber can take place to change or reduce the dose of the medication or find alternate treatment in dealing with the symptoms.

This is essential information that the nurse working in mental health need to know, in order to help patients with managing their medication. Medication management is a model developed by Gray et al (2002) for psychiatric nurses working with people suffering from schizophrenia. Schizophrenia is considered a severe mental disorder which is manifested through positive symptoms

(hallucinations, delusions, ideas of reference) and negative symptoms (apathy, cognitive impairment and bluntness of affect) with a marked lack of insight into the illness. This absence of insight has a significant role in the patient's willingness to take the treatment and this is a source of much debate, research and literature in the management of people with schizophrenia.

“ Medication remains one of the most important interventions in mental health care, and an important role for the nurse working with people with mental health problems.

One of the main things that we as nurses need to be careful of is, that the ultimate decision about the medication remains with the patient, no matter what his or her condition is. The patient has the right to refuse the medication prescribed even if there is a risk that without the medication, the patient is not going to get better. Gray et al (2002) argues that we should respect the patient's decision, even if we do not agree with it. Knowing that the patient is refusing the medication might cause anxieties which might contribute towards adopting a patronizing approach. However, research shows that models of care which include patient empowerment, promoting independence and recovery are more effective in helping patients than demanding that they take their medication (Gordon et al, 2005).

Gray et al (2002) looked at 6 studies that assessed patient education, with the aim to increase their knowledge about the illness and treatments and to encourage adherence. They report that although patient education increased the knowledge about the

illness and the treatment and improved patient satisfaction, no evidence was found that it encouraged adherence to treatment.

Gray et al (2004) described a medication management program for psychiatric nurses. This includes monitoring of symptoms, side-effects assessments and management, motivational interviewing and psychopharmacology. This was found to have better result on medication adherence which was sustained for longer periods (Gray et al, 2010).

Medication management incorporates interventions used by nurses surrounding medication, including preparation, administration, monitoring and assistance with prescribing and dispensing. However it goes beyond that. The real skill of the mental health nurse is to work with patients who are refusing medication, and the way nurses can use the therapeutic relationship by respecting the patients' decision, empower them in being in control of their treatment and use their knowledge and skills in supporting the patient during all the stages of the illness.

Medication remains one of the most important interventions in mental health care, and an important role for the nurse working with people with mental health problems. Psychiatric nursing has evolved throughout the years and evidence based practices continue to enhance the professionalism of the vocation. Medication management is a central role for the psychiatric nurse and having a good psychopharmacological knowledge, good communication and engagement techniques, can help us be more sophisticated in our approach and less patronizing.

As Gray et al (2002) concludes, "there is no evidence that telling patients to take their medication works. Helping people make decisions which are right for them does!"

Pierre Galea
President

Maltese Association of Psychiatric Nurses
www.mapnmalta.net



The Harsh Reality of Nursing

by The Nursing Journal January 2020

Nursing is challenging. It is an emotionally and mentally draining profession.

We listen to people venting out their anger, fear and frustration all day. We hold the hands of a lonely dying patient that is slowly gasping for his last few breaths of air. We call relatives in the cold early hours to tell them that their loved one "doesn't look well." We hug a daughter who lost her father, comfort a mother who lost her son and cry with a husband who will walk back to an empty home after living with his wife for the past 40 years.

On top of all this, we often receive verbal or physical harassment from patients and relatives. We are overworked and underpaid. Yet we are expected to

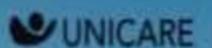
have our best performance at work and make no mistakes as if we aren't humans. Our job expects us to put our emotions aside and not bring our work problems back home.

Despite that nursing is challenging, we wake up every day and go back to work. Regardless of all the negative experiences that nurses go through, they all love their profession and they wouldn't change it with anything in the world.

Nurses are a special breed that are able to forget all the bad treatment they get at the sight of one happy patient.

So, the next time you see a nurse with bags under her eyes, cut her some slack. Let's all make it a point to support each other, and respect nurses. Because we truly are the backbone of healthcare.

Rentals & Repairs



We Rent:

Wheelchairs, Respiratory Items, Beds

Mattresses, Hoists, Mobility Aids & Home-Care Equipment

We Provide Repairs:

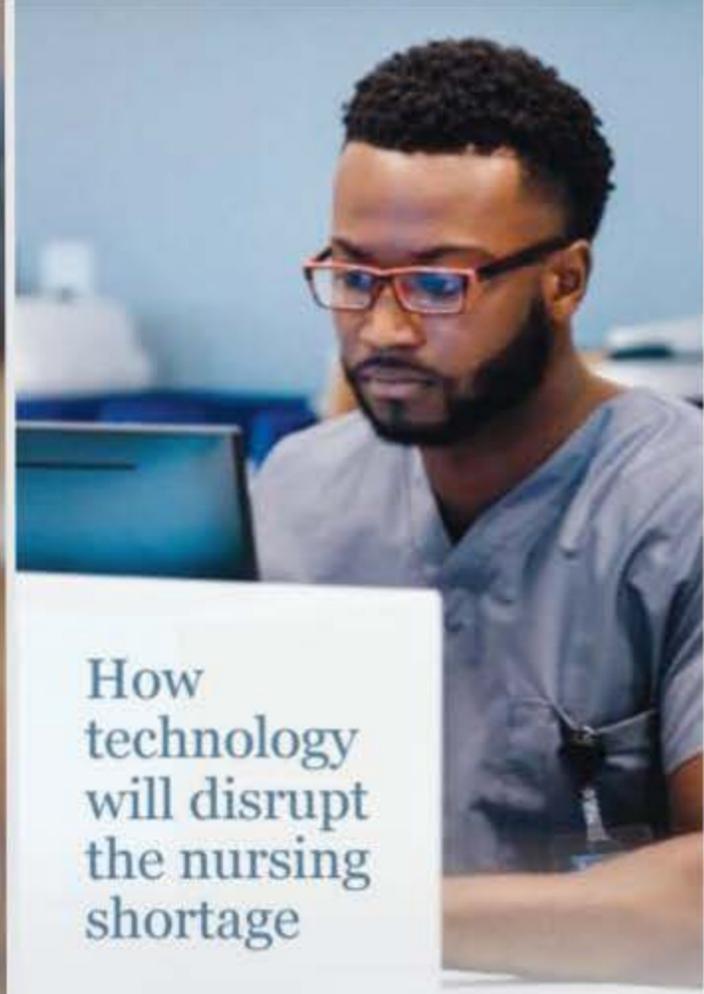
Beds, Hoists, Wheelchairs and Scooters.



Contact Us on:

Tel: 21222044 Ext 3/4

www.Unicare.com.mt



Social Health in Addiction, are we treating addicts with the correct treatment?

Joseph. L. Grech

As nurses we sometimes find ourselves at a crossroad when we have addicts as patients we are faced with ethical issues.

We are educated on how substance abuse and addiction is due to the highly addictive qualities of the drug that is being used such as opioids, but is this entirely true? Nowadays the school of thought on the way we view addiction is shifting and I have also seen this in my work experience and during my work for my master's dissertation. Addiction is highly influenced by social health determinants and at the same time affects them highly as well. Meaning that the person's addiction is found to be grossly affected by the individual's social context rather than only from the addictive properties of the drugs itself and that addiction itself affects the social health of the individual highly as well. This shift in the way we view addiction may ultimately mean we must shift our method of how we rehabilitate and how we plan out our nursing approach, in order to give care to persons with an addiction. During acute hospital visits I believe it is in our role to use our therapeutic relationship towards nurturing their

social health as well as medicating the physical aspects of addiction such as withdrawals.

During my studies regarding the coping strategies of patients with liver cirrhosis, I held interviews with 2 participants in particular which shifted my thoughts on the way I looked at addictions. Although they spoke of alcohol and drugs as getting them "hooked" they also spoke about how it was more about the social issues that led them to coping with substances in the first place rather than the physical urge. This means we need to utilize our skills as healthcare professionals towards understanding what drives their addiction apart from the physical "hooks" that the drug has on them but also by learning what drove them there to start with.

This new development in how we view addiction is what ultimately drove the drastic shift in Portugal's decriminalization and changes in judiciary charges in drug use.

<https://academic.oup.com/epirev/article/26/1/36/384217#5647253>

https://rmao.ca/sites/rmao-ca/files/Engaging_Clients_Who_Use_Substances_13_WEB.pdf

How technology will disrupt the nursing shortage

• continued from page 7

history, licensures, references and even reviews from patients and colleagues in a medium that is secure and shareable with other employers. If one employer isn't the right fit for a nursing professional or they are just looking for a different care setting, nurses will be able to quickly move to a position that can better meet their personal needs.

Lengthy credentialing processes can also be a pain for facilities trying to hire. Blockchain can expedite the hiring process for health care organizations that desperately need staff; if a nurse's credentials have already been reviewed and approved by a prior organization, facilities can simply use those credentials and save themselves lost time and expenses of another round of credentials.

The Future is Here

There's a lot that needs to be done to combat the nursing shortage — from expanding nursing programs to raising nurse pay — but improving the nurse experience is an essential step to recruiting nurses and keeping them in the profession. Better nurse experiences in every care setting can improve retention and, hopefully, at the very least, stymie the loss of nurses from the field each year.

Aħna li għexna l-80's

It-Tieni Parti

Minn studenti sa tal-post...

Fl-ewwel parti ta' dan l-artiklu tkellimna fuq it-tmenijiet, l-entrance examination, in-Nursing School, l-atmosfera fil-pajjiż, is-sabih ta' dak iż-żmien u l-'placements'. Illum se nkompli nelabora minn dak li niftakar u minn dak li garrabt.

Bħala student kellna wkoll 'placements' barra minn San Luqa bħall-Health Centres, Boffa, Has-Serh (San Vincenz) u Monte Karmeli. Kollha għandhom l-istess tagħhom. F'xi wħud minnhom ma tgħallimna kwazi xejn. Hele ta' hin. Mhux ħa nidhol f'xi dettal kbir dwar dawn is-setturi għax kull ma ħdimna 4 ġimgħat, però ma nistax ma nsemmix il-'cancer ward' f'Boffa li konna nibzghu minna, il-karattri ta' nfermiera anzjani li jagħmlulna l-kafè bl-anisetta bil-lejl u l-ġmiel ta' veduta minn Boffa għal-fuq il-Port il-Kbir. Kien sptar żgħir b'madwar 150 sodda u kien komdu għaliex kellna pass għall-Belt biex naqdbu tal-linja. Kienet ukoll użanza li l-pazjenti nqajmuhom għal xil-5am

biex intuhom il-breakfast. Darba bqajt impressjonat fid-dermatologija meta konna qed 'nagħmlu ferita' fis-saqajn ta' wieħed bidwi: li hekk kif beda jikxef il-faxxa (li ma tantx kienet nadifa) qabzu d-dud (maggots) minn ferita, fihom kwazi pulzier u dan innocentament qabad jgħaffigom b'subgħajh wieħed wieħed. Mur għidlu li xi snin wara konna qed nagħmlu l-maggots aħna stess biex infejqu l-feriti! Fic-Ċentri tas-Saħħa ma ddejjaniex għalkemm ma kienx hemm xogħol daqs illum u konna anke mmorru l-Bereġ biex ngħinu ftit. Xi wħud mill-Bereġ ma kienux sbieħ u bilkemm ma kienux substandard.

Has-Serh ħdimna wkoll ma xi erba' karattri, kullimkien riħa t'awrina u f'sala minnhom mexxejna ward waħedna aħna l-istudenti waqt 'night duty' sħiħ u ma kien hemm ħadd tal-post. Kien hemm swali partikolari li jwerwruk u jfakkruk fl-era ta' Nightingale. Has-Serh kien għad kellu dellu tqil. Monte Karmeli, sptar mibni bi stil tal-era Vittorjana, li kien jesa' madwar 700 sodda, għandu storja għalih nnifsu! Barra li konna naħdmu ma nfermieri li ma ngħarfuhomx mill-pazjenti, ilħaqna ħdimna ma karattri jtkellmu biss fuq il-biedja, in-nar ta' l-art u l-kaċċa biss. Niftakru s-sistema tal-mistħija fejn f'sala partikolari kienu jitfgħu lil kulħadd għarwien f'ringiela fl-ablutions u nurse b'pajp tal-ilma bl-ilma kiesaħ ixarrab mirras l-isfel u l-iehor jiffa' x-xampu' u jogħrok lil kulħadd minn fuq s'isfel bir-ring. Nixxuttawhom u nlibsuhom il-pigama qisu fuq production line. Niftakru l-kabinetti bit-tiben fihom u saħansitra bil-morda maqfula fihom. Darba minnhom gie jagħmel għalija pazjent... ma kienix esperjenza sabiħa.

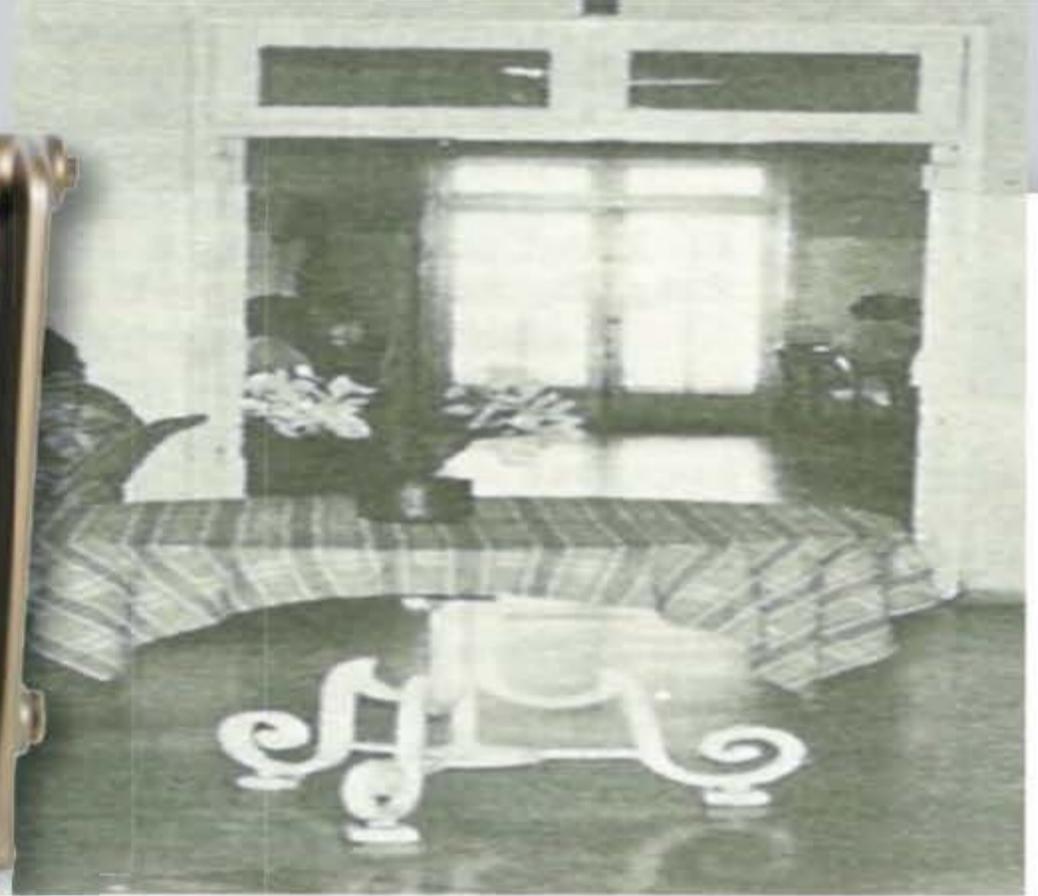
Daħna kullimkien, kulħadd ipejjep inkluż l-infermieri. Konna nħossuna msakkrin kullimkien u biex forsi 'twarrab' trid tghid lil xi ħadd jiftaħlek sakemm ma tkunx il-'main garden'.

L-Isptarijiet San Luqa u Karen Grech





Ir-radiators (fuq) u l-mejda bil-wiċċ tal-irham (lemin)



Niftakru l-kju tal-pazjenti lesti mat-tieqa ż-żghira tal-uffiċju tal-N.O. biex 'jibilgħu' ponn pinnoli, kollha jixorbu mill-istess tazza tal-plastik! Esperjenzi li ma ninsihomx kienu l-Juvenile ta' dak iż-żmien u Ward 5, li wħud minnhom aħjar ma nsemmihomx hawnhekk. Konna nitimgħu lill-tal-Huntington's u kont inkun impressjonat kif jibilgħu l-ikel mithun! Għal xi raġuni ħafna minn nurses jaħdmu hemm kienu jew mis-Sigġiewi jew minn Ħaz-Żebbuġ. Interessanti li dik il-ħabta kien jitle' l-ikel ta' nofsinhar tal-istaff, f'kontenituri separati tal-aluminju, fl-istess trolley tal-ikel tal-morda u fil-għaxija kulħadd isajjar mill-ikel li baqa' u jifqa' sala bir-riħa ta' bajd, laħam u patata moqlija biex b'hekk 'ikun lest' qabel imur id-dar! Hawnhekk ukoll konna nassistu għall-ECT li nammetti ma kienitx xena sabiħa. Ħdimna anke Ħal Ferħa Estate, il-Għargħur, ġo forti tas-servizzi Ingliżi (illum abbandunata) u dik il-ħabta kien hemm 5 morda biss. Kont impressjonat bil-kwiet u l-paċi li kien hemm u kien imdawwar bl-għelieqi li kien jinħadem imma f'tit wara, filfatt, kien għalaq għal kollox għaliex ma kienx baqa' morda.

L-ewwel eżami tal-istudenti kien jissejjaħ il-PTS (Pre Training Session) u wara l-'Block' (xogħol fis-swali) konna nagħmlu l-Prelim (preliminary examination) u minn kien jgħaddi kien jissejjaħ il-'blue belt'. Konna nirċievu 'paga' zghira ta' madwar Lm30 fix-xahar fil-PTS, Lm60 fit-tieni sena u madwar Lm80 fl-aħħar sena. Ma kellniex stipendji u l-anqas skemi u b'xi mod konna ngħaddu. L-eżamijiet tagħna kienu dejjem jaħbtu mal-

Milied u allura f'dawk il-festi dejjem niftakarni nistudja. Għall-finals konna niltaqgħu fi gruppi biex nistudjaw u ngħinu 'l xulxin kemm nistgħu. Fil-Finals barra r-written kellna l-oral u l-practical li kien isir fil-Practical Room u erħilna nitkissru fuq it-tip ta' sodod, trays u trolleys, first aid u proċeduri oħra. Xi wħud minna ma komplewx il-course u rreżenjaw f'xi perjodu biex bdew xi kors ieħor bħal fil-Medicina, Accounts, il-Bank, f'xi fabbrika eċċ.

Il-bini ta' l-Isptar San Luqa kien bini maestuż u sa ċertu punt sabiħ. Kien żmien meta Prattikament minħabba żieda fis-swali u servizzi kull toqba tiegħu ġiet utilizzata u allura beda jonqos il-faxxinu tiegħu. Fil-bidu tat-tmeninijiet l-isptar kien jesa' 1180 sodda minħabba żieda ta' 280 sodda ġdida. Wieħed seta' jinnota id-dettall tal-binja bħall-irham tal-art li jibqa' tiela' bħala skirting fit-tond mal-ħajt, il-katusi tal-fondut, it-twieqi kbar u arjużi bil-persjani, verandahs, il-mejda tal-fondut fin-nofs bil-wiċċ tal-irham eċċ. Il-lifts kienu antiki u jieqfu ta' spiss u mhux l-ewwel darba li nqadna fihom. Kienet ġiet installata sistema ta' heating permezz ta' radiators tal-ħadid fondut u kienu effettivi ferm. It-twieqi u l-verandahs kienu jipprovdu f'tit tal-frisk mill-għoli ta' Gwardamangia fl-iljieli sajfin u dawl u arja matul il-jum. Imma mhux biss, it-twieqi u l-verandi kif kienu kellhom l-iżvantaġġi tagħhom: ir-rata ta' suwiċidji mit-twieqi ma kienux f'tit u l-ħmieġ tal-ħamiem kien litteralment dejjaq lil kulħadd. Il-kappella kienet sabiħa u kellha xogħol ta' preġju. Impressjonanti kien il-kurċifiss li baqa'

ġej magħna Mater Dei u li għandu storja kbira. Il-basement ta' St. Luke's kien iwahħxek: kien maħmuġ, mitluq, u mimli mbarazz. Mhux l-ewwel darba li lmaħna l-ġrieden jigrū fih. F'San Luqa kellek ukoll kolonja mdaqqsqa ta' qtates u sa ċertu punt kien bilanċ tajjeb. L-incieneratur li kien inbena kien idejjaq lil kulħadd: kien jarmi n-nugrūfun mal-inħawi kollha, itebba' l-karozzi tagħna u jikkawża mard respiratorju. Kien għadu kif inbena l-Isptar Karen Grech u kien sar walkway li jaqsam ir-ringroad tal-isptar biex timxi sa San Luqa. Minn jaf kemm ġrejnih bid-defibrillator għalxi CPR meta konna naħdmu s-CCU. Qabel ma saret is-St. Michael's Ward, li kienet ddedikata għall-prigunieri, il-pazjenti kien ikollhom l-għassa fis-swali. Mhux l-ewwel darba li pazjent li kien skortat u mgħasses mill-pulizija u kien iqajjem l-inkwiet li kien ikun immanetjat mas-sodda mill-Pulizija biex ma jaħrabx. L-Isptar Karen Grech kien għadu kif inbena fis-'79 u għalhekk kien relattivament ġdid fejn kien jiflaħ 140 sodda għan-naħa tat-tfal u 180 sodda f'6 swali fin-naħa tal-Maternità. Sena wara l-Oftalmologija u l-ENT ġew trasferiti f'wing ġdida fl-istess sptar. It-tqassim tas-sala kien fuq linji moderni u kellu kuncetti għal-kollox minn dak ta' differenti ta' San Luqa.

Minn dejjem niftakar is-securities tal-isptar, uħud kienu OK u saħansitra kienu jsiru ħbieb tagħna. Forsi xi wħud saru ħbieb iżzejjed. Kien hemm perjodu partikolari meta kienu

• ikompli f'paġna 34

• ikompli minn paġna 33

jfittxulna fil-basktijiet tagħna qabel noħroġu għall-barra. Prassi li b'xi mod kienet tnaqqas milli wieħed jithajjar ikaxkar kull xorta ta' medicina, ikel eċċ. Mhux l-ewwel darba li smajna b'xi stejjer.

Konna lhaqna u ghexna l-famuż hijacks tal-1985 li kellu konsegwenzi diżastrużi meta b'kollox mietu 60 ruħ. Niftakar meta anke kont ħdimt fis-CTS meta kien hemm il-famuż terrorista li kien salva mill-attakk tal-commandos Eġizzjani waqt il-hijack tal-EgyptAir Flight 648. Ma kienx faċli taħdem hemm. Interessanti li f'xi punt wara l-hijack, fl-ITU kien hemm it-terrorista u vittima minn tiegħu faċċata ta' xulxin. Jidher li dan l-incident kien l-akbar wieħed tax-xorta tiegħu fejn l-awtoritajiet tal-isptar kellhom biċċa xogħol kbira biex ifornu kollox għall-lest fl-Isptar Santa Marija li kien biswit il-mitjar. Avveniment importanti li kellu preparamenti mhux hażin kien il-Malta Summit bejn il-President George H. W. Bush u s-Segretarju Sovjetiku Mikhail Gorbachev li sar f'Diċembru 1989.

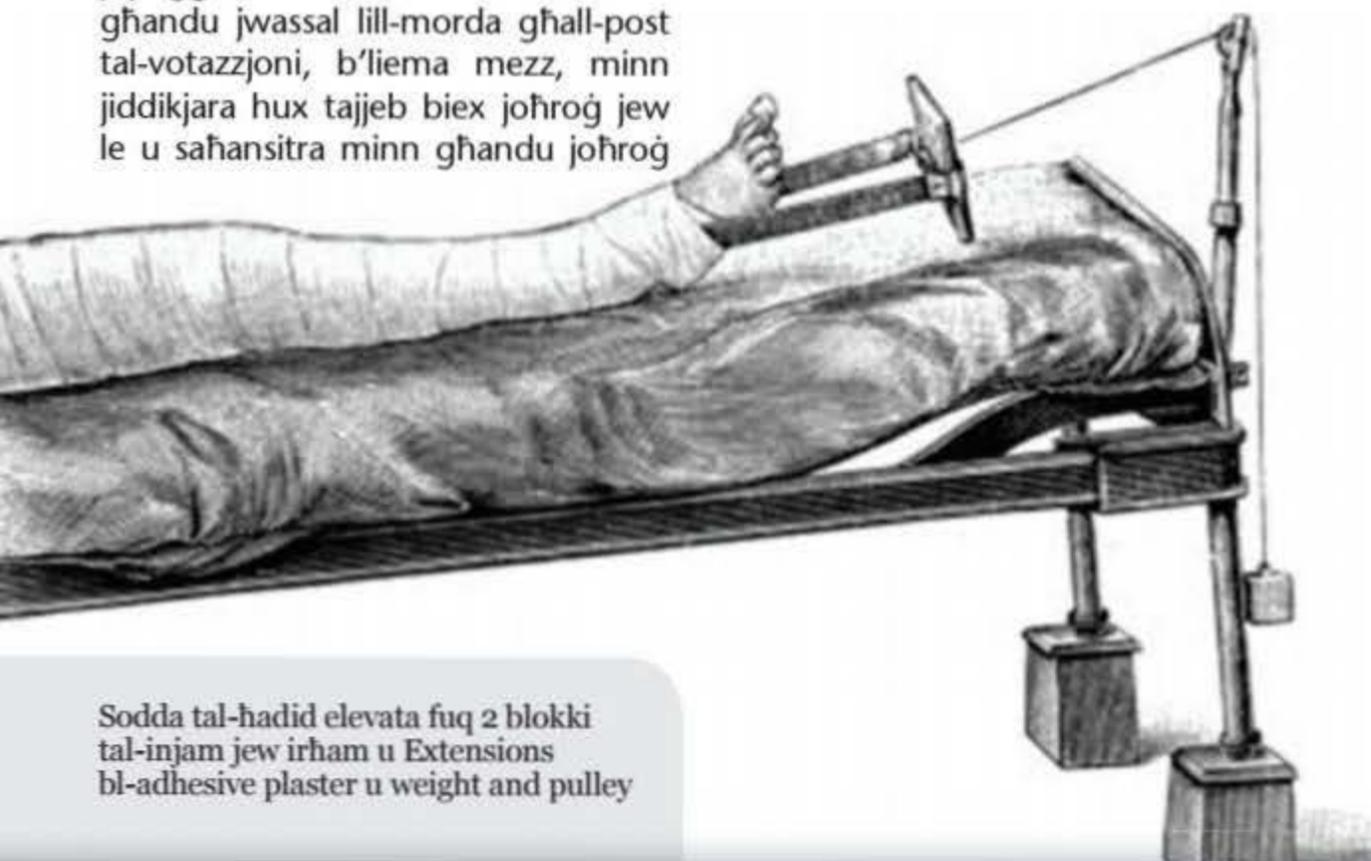
Ilhaqna wkoll żewġ elezzjonijiet fl-1981 u fl-1987 fejn kull pazjent jekk possibli kien jinħareġ bl-ambulanzi u vannijiet biex jivvota fil-lokalità tiegħu. Kien żmien ta' tensjoni kbira inkluż il-mod ta' kif joħroġu l-pazjenti biex jivvutaw fil-lokalitajiet tagħhom. Hadd ma kien jafda 'l hadd speċjalment fejn jitpoġġa d-dokument tal-vot, min għandu jwassal lill-morda għall-post tal-votazzjoni, b'liema mezz, minn jiddikjara hux tajjeb biex joħroġ jew le u saħansitra minn għandu joħroġ

l-ewwel haġa filgħodu kif jifthu l-postijiet tal-votazzjoni. Kien ikun hemm anke 'guy' nies apposta biex 'iġorru' l-morda xi wħud b'ċerta prepotenza, iħufu mal-aġenti tal-partiti. Kulhadd kellu xofa x'gara speċjalment f'Has Serħ f'xi elezzjonijiet fejn kien hemm jerrymandering mhux ftit. Mhux l-ewwel darba anke, meta kien ikun hemm inkwiet politiku, li l-istaff kollu kien jiġi ordnat jibqa' duty wara l-ħin tagħhom bl-istudenti b'kollox. Kien hemm incidenti partikolari oħra meta kienu jsiru appelli biex l-istaff jiġi duty mill-frank minħabba n-natura tal-incident.

Studjajna kemm flaħna, għamilna sagrificiċċi, għamilna l-eżamijiet, ħdimna fis-swali u sirna nurses. Mixja twila imma sabiħa. Ma kienx ikollna ċerimonja tal-gradwazzjoni, m'hemmx togi, ritratti, storbju u buscades, mhux bħal-llum! Tlajna s-Sanità, quddiem is-CGMO bil-pipa f'ħalqu u b'mod bombastiku pprezentalna ċ-ċertifikat. Niftakar konna għamilna festin żgħir viċin il-bejt tan-Nursing School fejn anke Sor Federica u Sister Mary kienu mistiedna. It-tfajliet marru jaħdmu bokkla għand tal-fidda (Madiona, arġentier ta' Prince of Wales f'Tas-Sliema) u l-kumpliment għamilna in-name tag engraved bil-kelma 'Staff Nurse' taħt isimna. Interessanti li wara li 'ggradwajna' morna nirreġistraw il-labour office; Prattika li għal xi wħud sarret f'perjodu ta' żmien, mhux ftit, li

kienu bla xogħol. Il-gvern dik il-ħabta kien jorbotna b'kuntratt biex wara li nikkwalifikaw naħdmu fl-isptarijiet tiegħu għal numru ta' snin u kien hemm anke xi klawsola li biha kien finanzjarjament jorbotna jekk nitilqu x'imkien ieħor. Uħud m'għaddewx minn xi eżamijiet u kellhom jirrepetu ma gruppi oħra u 'jirrepetu sena'. Kien deċennu li b'kollox kienu kkwalifikaw mill-iSchool for Nurses, ftit aktar minn 400 SRN. L-ewwel salarju tagħna kien wieħed pjuttost miżeru: Lm150 fix-xaġħar; ma kellniex il-Premium; ma kellniex is-CPD; l-overtime beda fl-aħħar tat-tmeninijiet u bil-flat rate; waqt li perks oħra kienu ineżistenti.

San Luqa jibqa' għal dejjem dak l-isptar li għallimna, li offriena xogħol, li batejna u fraħna fih, innamrajna u anke ħa ħsiebna f'każ ta' mard jew twelid tat-tfal. Oħrajn bdew jaħdmu fi sptarijiet jew kliniċi oħra. Kulhadd qabad it-triq tiegħu u qajla bqajna f'kuntatt. Xi gruppi organizzaw reunions matul is-snin, Prattika soċjali ħelwa li ġgagħlek taħseb kemm kbirna fl-età! Il-workload f'San Luqa minn dejjem kien stabbli anke għall-fatt li kien l-uniku sptar f'Malta, però komparat mal-workload tal-lum m'għandux x'jaqsam. Niftakru żmien meta seta' jkollok xi sala b'nofsa biss mimlija bil-morda u dan meta l-length of stay kienet ferm itwal minn tal-lum. In-numru ta' social cases ma kienx qawwi; barranin kienu limitati; is-servizzi ma kienux numerużi daqs tal-llum u anke minħabba fatturi oħra. Fl-opinjoni tiegħi r-rispett li l-pubbliku, u allura l-pazjent, li kellu lejna kien ferm akbar. Dan forsi għax konna nitkellmu aktar miegħu u ma qrabatu. Kienet haġa komuni li pazjent itik it-tips. 'Bzieq' kienu jgħidu ta' qabilna, għalkemm ma kienx etiku li naċċetawhom però xi wħud kienu jagħmlu minn kollox biex jakkwistaw 'xi haġa extra'. Donnu l-pubbliku kellu aktar rispett lejna u sa fejn niftakar jien kien jagħti aktar tips. Dejjem kien ikollok dak ix-xi hadd iħuf u jdur waqt il-parlatorju biex jidher sabiħ mal-qraba tal-marid u forsi jakkwista xi haġa. Kienet użanza li kważi kull qarib waqt il-parlatorju kien iġib nofs tużżana laring ta' Malta biex il-marid ikollu x'jagħsar. Fir-rigward tar-rispett bejnietna kien



Sodda tal-hadid elevata fuq 2 blokki tal-injam jew irham u Extensions bl-adhesive plaster u weight and pulley



L-isphygmo l-antik, dressing trolley tal-hadid u fliexken tad-drip tal-ħgieg

jiddependi mill-karattru ta' dak li jkun u għalkemm illum naqas xi ftit, inħoss li minn dejjem kellek kollegi li jiġbdu għal-xawwathom. Dejjem kellek il-ħaxxejja', 'il-ġakbini' u dawk ta' 'sitta w sitta' t'nax'. Però kien hemm wkoll wards li kellhom camaraderie qawwi u teamwork tajjeb. Kont tinduna b'dan waqt il-ħin tal-break fuq bela' kafè, fil-parties tal-Milied u okkażjonijiet oħra. Kien għad kellek id-distinzjoni bejn l-SEN u SRN, u barra mill-kulur tal-uniformi, iċ-ċintorin, u l-għamla tal-bokkka, kien hemm differenza netta ta' x'ħinu l-job description tagħhom. Ilħaġna anke l-SSEN (senior SEN) li donnhom kellhom ftit aktar poteri u anke xi Health Attendants mill-antiki. Maż-żmien dawn id-differenzi fil-karigi kważi intesew speċjalment mal-introduzzjoni tal-Health Assistants u l-EN conversion course. Sa ftit qabel ilħaġna tal-post aħna, kien hawn mal-elf u ħames mitt nurse jaħdmu ma' Malta u Għawdex kollu (SRNs u SENs) u sa dik l-istess ħabta n-numru kien dejjem tiela' minn sena għal-oħra. Kien dejjem innutat il-preżenza numeruża ta' nurses irġiel fl-isptarijiet meta komparata ma pajjiżi Ewropej. Ir-ratio ta' 60 nurses nisa: 40 nurses irġiel minn dejjem kien predominanti. Ma niftakarx nitkellmu fuq 'nuqqas

ta' staff' u frankament inħoss li l-istaff compliment kien xi ftit aħjar mill-lum. Kienet għada l-prassi li hekk kif tidhol fis-sala kont issib board tal-injam bl-is-mijiet tan-nurses minn ikun duty dak inhar. Kien żmien ukoll fejn nurses imdaħħla fiż-żmien kienu għadhom jikkellmu dwar 'żmien is-soru' u bħal speċi kienu jikkumentaw li l-ħajja fis-swali kienet xi ftit aktar faċli, forsi għax b'inqas dixxiplina militari. Jista' jkun ukoll li wħud minn dawn li kienu jikkumentaw kellhom ċerta anti-patija antiklerikali. Però ma jfissirx li ma kienx hemm N.O.s ta' dik il-ħabta li ma kontx titwerwer minnhom.

L-infection control kien fl-infanza tiegħu għalkemm kienu jsiru d-dressings b'mod sterile imma l-fissazzjoni fuq il-gloves kienet għadha ferm 'il bogħod speċjalment għall-fatt li bilkemm kont issib biżżejjed fis-swali. Il-kelma 'Universal Precautions' ma kienitx teżisti. Il-Handrub ma kienx jeżisti. L-indafa kienet tiddependi mill-fattigi nnifishom (u kemm kienu nodfa huma) u min imexxi s-swali. Kien moda t-tbaħbiħ, l-użu tal-grizol u anke lħaqt il-knis tas-swali bis-serratura u l-pitrolju. Il-fattigi kienu jgħallu l-paljazzi f'barmil taż-żingu, mimli biċċiet tas-sapun taċ-ċavetta u dik ir-riħa partikolari li kienet toħrog tibqa' tiftakarha ħajtek kollha.

Kien hemm sala partikolari fejn 'is-soru' kienet tinsisti li tinzel arkuptejha u 'tbaħbiħ l-art' hi stess bis-sapun. Il-pubbliku kien għadu jaborri r-riħa li kien ixomm malli jidhol l-isptar u dan seta' kien attribwit għad-disinfettant li kien jitħallat mal-ilma tal-ħasil ta' l-art. Konna bdejna naraw l-ewwel HTLV3 (l-AIDS jew l-HIV tal-llum) u għallbidu bilkemm ma konniex nitwerwru niltaqghu ma dawn il-kazi. Kien għadu ż-żmien li tista' tpejjep prattikament kullimkien, anke jekk int pazjent fuq is-sodda tal-marid. Saħansitra nurses jagħmlu dressings fuq ferita, bl-irmied tas-sigarett ħa taqa' l-aħħar fuq il-medikatura ilħaqt. Impresjonanti l-kulur tal-ħitan fl-M.O.D, sofor, kulur in-nikotina u dan minħabba li l-pazjenti dik il-ħabta kienu jkunu żgħażaġħ vittmi ta' aċċidenti bil-muturi, idumu ħafna rikoverati marbutin mas-sodod bit-Thomas's splint tractions u kważi kollha jpejpu, bil-qrabatagħhom kollha. Kultant kien ikun hemm burdell sħiħ; televisions full on, radios l-istess, videos galore, purtieri mġerrija bl-għarusa magħhom fis-sodda u nsomma, mitt ħaġ'oħra! Ilħaġna wkoll il-wheelchairs goffi tal-injam fl-ortopedija, min jaf fejn spiċċaw. Niftakar anke ċerta N.O.s ipejpu fis-swali, tilmagħhom hekk kif tidhol moħbijin wara d-desk. Anke tobbja u konsulenti setgħu jpejpu għalkemm ma kienx jirrifletti serjetà. Ashtrays kont issib ma kullimkien. Niftakar ukoll il-whiskey ħiereg minn ġol-iżgambelli b'xi pazjenti alkoħolici jlegilgu ftit kuljum.

It-tagħmir u l-prattiċi kienu differenti: IV drips fil-fliexken tal-ħgieg; venflons u cannulas mill-inqas, kważi kulħadd intramascular; drip stands antiki tal-hadid miżbuh bir-roti bilkemm iduru; pompi tal-enema kienu l-antika; bil-landa u biċċiet tas-sapun u l-pazjent jiġri għat-toilet kemm għandu saħħa, kollox bla gloves. Il-pessjoni konna noħduha bl-isphygmomanometer tal-merkurju, permezz tal-kaxxa li tinfetaħ u ried ikollok skill biex tismagħha kif suppost.

Ikompili f'ħarġa oħra...

Joe Camilleri



Nurses union objects to coronavirus quarantine period being deducted from vacation leave, government denies claim

MUMN says quarantine for visiting areas affected by coronavirus should not have to be covered by vacation leave, laments health authorities' 'amateurish approach' • Government denies quarantine for public employees will be taken from vacation leave

by Massimo Costa
Maltatoday (1st March 2020)

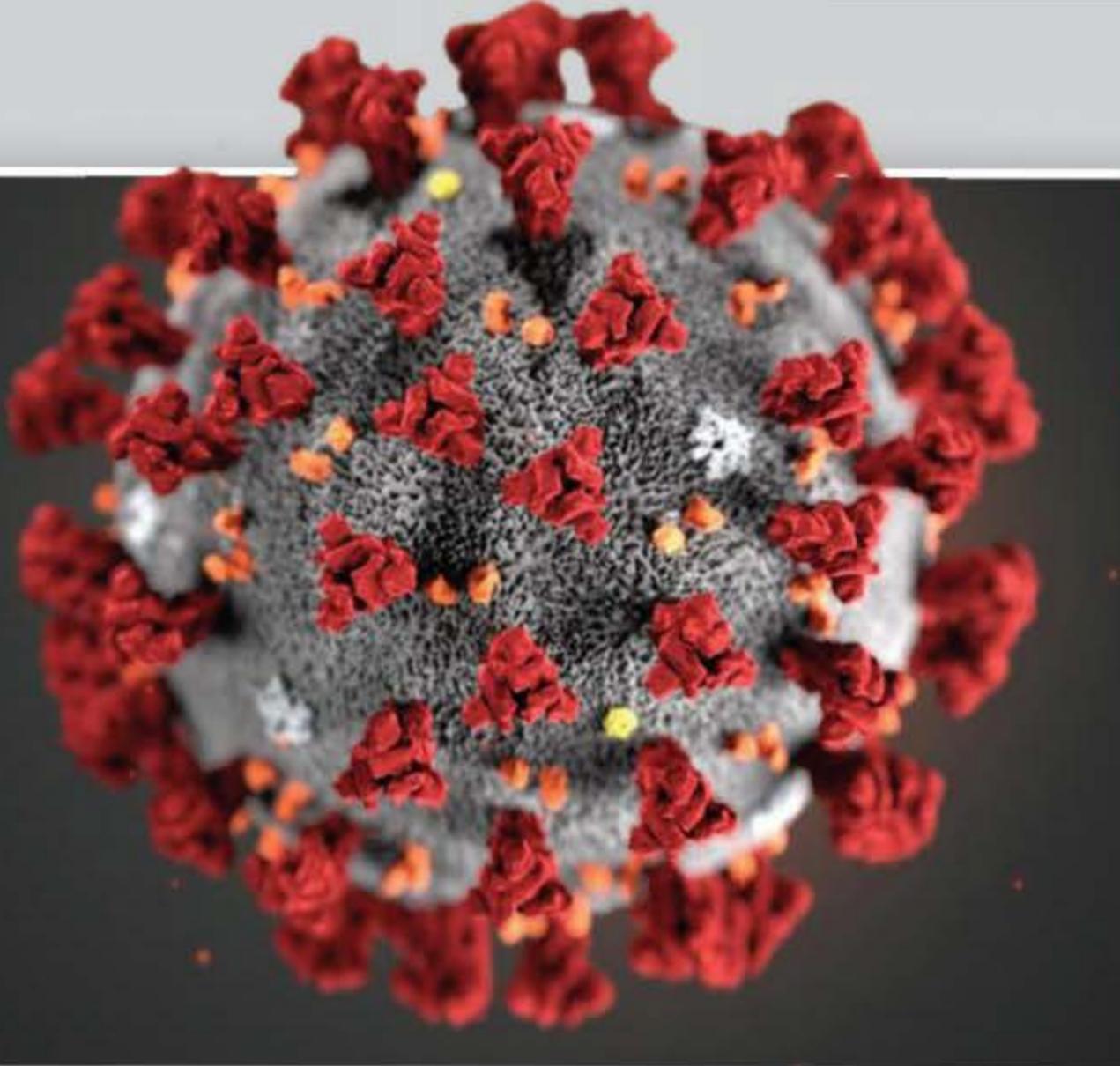
Updated with government statement denying quarantine period will be deducted from vacation leave

The Malta Union of Midwives and Nurses has objected to its members having to use their vacation leave to cover the required 14-day self-quarantine period after visiting countries affected by the coronavirus.

The union said it would not accept that the quarantine period be deducted from the vacation allowance of its members, underscoring that such a system was imposed by the Office of the Prime Minister "without consultation with MUMN" and that it "goes against the Public Service Management Code."

This system, the union said, would lead hospital staff to not inform the human resources sections of their respective hospitals that they visited countries affected by the

photo | accessnursing.files.wordpress.com



Nurses union objects deduction from vacation leave

coronavirus, and they would instead return to work right after arriving back to Malta.

"MUMN is disappointed with the way Public Health is administrating the whole coronavirus virus contingency plan which to this very day is being kept under wraps," the union said.

"With such arrogance from Public Health, MUMN has no other option but to take action to safeguard its members from measures which do not make sense at all, such as this imposed quarantine."

The MUMN said the quarantine issue was "a joke", since Public Health was not actually checking on any staff which were supposed to be 'under quarantine'."

"Members of MUMN reported to the union that staff arriving from Bergamo [in Northern Italy] returned to work the following day after their arrival in Malta, ignoring completely the quarantine ordered," it said.

The union reiterated that, in the light of "such an amateurish approach by Public Health and OPM", it was requesting that if quarantine is needed, this should not be derived from the vacation leave of the employee, and that such quarantine should be confirmed by

the health authorities to be actually taking place.

"Members of MUMN would not co-operate in terms of having two weeks of their vacation leave deducted just for quarantine purposes, when this should have been quarantine leave," the MUMN emphasised.

Sources told MaltaToday that, although a Malta Council for Economic and Social Development meeting is expected next week, no definite date has yet been set.

On Tuesday, the Health Ministry requested that people who experience a fever, cough or shortness of breath within two weeks of visiting Northern Italy (Lombardy, Piedmont, Veneto and Emilia-Romagna), China, Hong Kong, Singapore, Japan, Iran or South Korea should self-quarantine for 14 days.

Earlier this week, the government issued a circular saying that employees of the civil service and public entities will be paid for the 14 days' of quarantine if they visited affected countries until 28 February. Those who visited such countries after 29 February - now that the risk is known - will still have to undergo self-quarantine but will not be paid for the time away from work.

There have to date not been any cases of coronavirus in Malta, but COVID-19 has spread alarmingly in neighbouring Italy, with over 1,000 cases reported and 29 deaths, the most in Europe.

Government denies quarantine period for public employees will be taken from vacation leave

In a reaction to the MUMN statement, the government denied a circular it had sent to public employees concerning the quarantine procedure had been in breach of regulations.

It said its decisions were taken consultation with the Superintendent of Public Health and in line with clear instructions by the health authorities.

"It is also untrue that quarantine leave of public employees will be taken from their vacation leave," the government said.

"The government reaffirms that it has taken the situation of the outbreak of coronavirus very seriously and has taken intensive measures in terms of preparedness and control. As part of the measures, people coming from affected areas are being asked to self-quarantine for 14 days," the government said.

"In such situations, the Manual on Special Leaves in the Public Service Management Code provides for the provision of quarantine leave. Public officers who are precluded by the Superintendent of Public Health from attending to their duties are to be allowed special leave on full pay during the period of such absence.

"It is the responsibility of the individuals who are coming from affected areas to ensure they stay in quarantine as requested by health authorities."

The government added that the general public will continue to be informed of all the preparations through regular press briefings and media interventions.

Chief Nurse at London trust aims for zero vacancies in 2020

by Megan Ford
January 2020 - The Nursing Times

The chief nurse of a trust where Florence Nightingale set up her first nursing school has said she wants to use this “important” year to achieve zero nursing vacancies and raise the status of the profession worldwide.



Dame Eileen Sills from Guy's and St Thomas' NHS Foundation Trust has told how she would like to build on the reputation of the trust “as the place to go to be a nurse” during the International Year of the Nurse and Midwife.

“2020 is about us remembering the legacy that Florence Nightingale gave us”

Dame Eileen Sills

This week the trust held a launch event at St Thomas' Hospital to kick-start celebrations for 2020, which coincides with the 200th anniversary of Florence Nightingale's birth.

Speaking at the event, Dame Eileen told her nursing colleagues that this year was about “remembering the legacy” that Florence gave the profession.

She said that the hospital had a “special place within nursing” because Florence's first school started up there in 1860.

“I think what 2020 is about, is us remembering the legacy that Florence Nightingale gave us, where we have come from and celebrating our future,” said Dame Eileen.

She added: “I think if we lose the importance of our past then we will be poorer in the future.

“So, this year is about having a bit of fun, appreciating our legacy

[and] participating in a whole raft of initiatives.”

Dame Eileen, who has been nursing for 40 years this year, encouraged her colleagues to use the time over the next year to “understand the value we make, not just to Guy's and St Thomas', but the value to the NHS as a whole”.

“We're a force to be reckoned with,” she added.

“The World Health Organisation has made this the International Year of the Nurse and all of a sudden I think most importantly the world has woken up that you can't do without us.”

In an interview with Nursing Times after her speech, Dame Eileen was asked what she would like to achieve for the trust during this significant year.

She said: “We would like to build our reputation further as the place to go to be a nurse.

“I'd like to have no vacancies by the end of the year.”

Guy's and St Thomas' NHS Foundation Trust currently has 679 whole time equivalent registered nurse vacancies, which is 12% of its total nursing workforce.

“I'd like to have no vacancies by the end of the year”

Dame Eileen Sills

“I want nurses to basically say... that it's the best place to work. Our profile in the organisation is very high anyway and I think this will just sort of cement it,” she added.

Dame Eileen highlighted that the year of 2020 should be used to “raise the status of nursing worldwide”.

“I think we have good status in this country, but worldwide that's not always the case,” she said.

“Across the world we want everybody to understand and realise the contribution that nursing can make, which is pretty considerable, and it not be defined by the country that you are in.”

To celebrate year of the nurse, the trust has implemented a theme for each month during 2020 which includes a focus on leadership, education, community services and infection control (see full list below).

The trust will also be holding its annual nursing and midwifery awards in May and has plans for two new installations at the hospital, though Dame Eileen could not reveal what they would be.

In addition, the trust has a competition planned with a primary school to “design the future nursing uniform”. Dame Eileen said the winner would then be given the chance to create the uniform.



BOV Investment Funds

Some people think investments are complex. We can help you better understand and choose the right investment strategy that fits your personal risk tolerance.

BOV Asset Management, at the forefront of your investment needs

BOV INVESTMENT FUNDS

2122 7311
bovassetmanagement.com

BOV Branches/Investment Centres
 & Licensed Financial Intermediaries

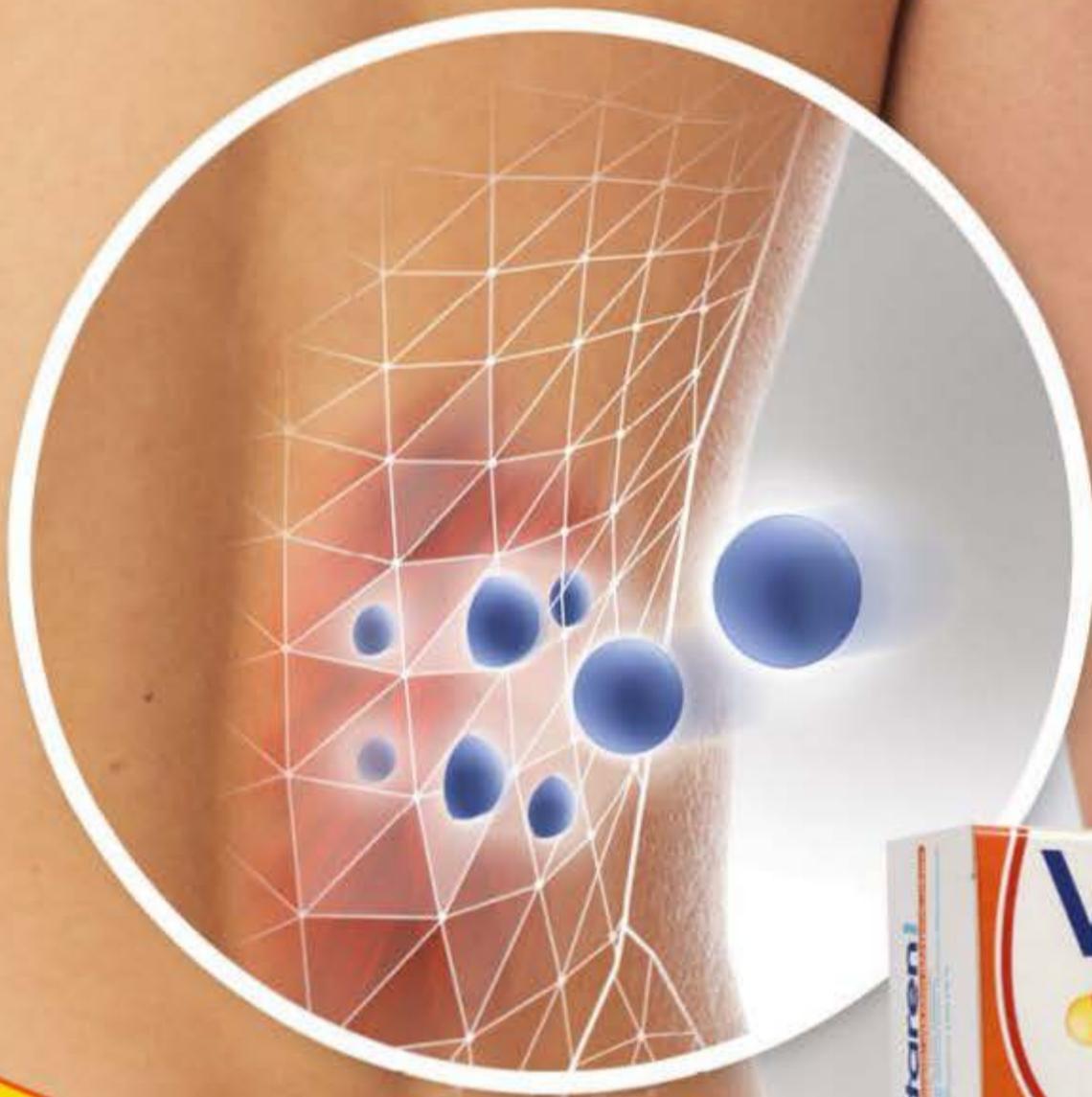
BOV | ASSET MANAGEMENT
A MEMBER OF THE BOV GROUP

Past performance is not necessarily a guide to future performance. The value of the investment can go down as well as up. Investments should be based on the full details of the Prospectus, Offering Supplement and the Key Investor Information Document which may be obtained from BOV Asset Management Limited, Bank of Valletta p.l.c. Branches/Investment Centres and other Licensed Financial Intermediaries. BOV Asset Management Limited is licensed to provide Investment Services in Malta by the MFSA. The BOV Investment Funds is a common contractual fund licensed by the MFSA as a collective investment scheme pursuant to the Investment Services Act and the UCITS Directive.

Issued by BOV Asset Management Limited, registered address 58, Triq San Zakkarija, Il-Belt Valletta VLT 1130. Tel: 2122 7311, Fax: 2275 5661, Email: infoassetmanagement@bov.com, Website: www.bovassetmanagement.com. Source: BOV Asset Management Limited.



**WITH TRIPLE
EFFECT PAIN
RELIEF**



1 Relieves pain

2 Fights inflammation

3 Speeds natural healing