

# II-Musbieh

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

Numru 87 - Ġunju 2020



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# contents



- Editorial & President's message  
pages 4-5



- From our diary  
pages 20-21



- Florence Nightingale  
pages 36-37



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## Pubblikat: Malta Union of Midwives and Nurses

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# Gratitude

The lessons of Florence Nightingale's nursing practice during the Crimean War are still being applied today during the COVID-19 pandemic: handwashing, maintaining standards of hygiene, and learning from statistics. The WHO is commemorating Nightingale's 200th birthday and the goals the organisation has set for 2020 will and are being achieved beyond expectations. Nurses however deserve recognition and gratitude especially during this COVID-19 pandemic.

There is great uncertainty in health care today about what will happen in the future. Many nurse leaders tell us that work environments are very stressful as organisations try to plan their strategic direction. Organisations should honour their

nurses especially during these stressful times. One should not let the pandemic stop the ritual of continuous gratitude towards all healthcare workers as a matter of fact. Cultivating the practice of gratitude can create positivity towards all workers. All concerned will in turn be perceived as being friendlier and cooperative. Gratitude builds bridges to other people, improves optimism and self-esteem.

Showing gratitude is not a complicated matter but having an attitude of gratitude can help to balance out the negative effects of the challenges and stresses. Healthcare workers have been applauded from people's balconies and roofs, posters praising them have been hung in the vicinity of the hospitals, TV concerts in their honour have been viewed and food has been donated to nearly everyone. But just saying thanks isn't enough. Authorities and the public need to prove through their actions that they truly appreciate staff members' hard work. It is true that a free lunch, a nice email, a handwritten thank you note speaks volumes but what really matters is when especially the public is not

sour at us when we make news an any controversial issue such as when our salary or benefit schemes are mentioned in the media, when we speak on danger money and when we protest on unfair conditions. Some comments, especially on social media are really unfair and reflect a certain grudge especially to Nurses. Certainly this is not gratitude!

We also need to encourage staff members to thank one another and not compete who looks the best. There is a stark imbalance of who gets recognised for doing hard work in our hospital. Everyone, every category of workers, has contributed during the pandemic. Front liners are not some special breed. Everyone is a front liner in hospitals. Gratitude should be shown to everyone. Appreciation needs to be built into our organisation's culture; not limited to Nurses Week celebrations only. Assistive personnel and cleaners are also team members who play a vital role in delivering the highest standard of care.

Thank you/ Grazi... a simple enough expression. Never underestimate its power. Gratitude, is much more than that!

## President's message

Currently the situation regarding Covid in our country is well under control and as a union, we were there supporting our members where possible. The directive of the PPEs was used by all hospitals especially in MDH, there were hundreds of cases where nurses and other members of MUMN had to be sent on quarantine due to the fact that nurses were not provided with the necessary PPEs.

Hopefully now that with all the cases of Covid decreasing in all of Europe, all necessary adequate supplies of PPEs will be procured. This is important since a further emergency of Covid can still occur in Malta. On a different note, MUMN had reached an agreement that any member of MUMN who became Covid positive was to be provided with quarantine leave and not utilize their own sick leave as it was originally planned by the OPM.

Unfortunately, during the Covid crisis, no support was provided for those nurses who had no assistance with their children. Although MUMN made several appeals even to the office of the Prime Minister on this regard, such appeals fell on deaf ears.

MUMN was also instrumental to resume study leave for all its members. Having said that, MUMN members were disappointed by the lack of support shown by other healthcare professionals (excluding the ECG technicians and the physiotherapists) during the covid crisis. Certain health care workers such as the pharmacy technicians, SLP's, OT's and the social workers of MDH literally disappeared from the wards. MUMN has now insisted with MDH management that irrespective of the number of Covid cases, these Healthcare professions cannot be allowed to abandon their duties and transfer these on the nursing profession. This pandemic was a learning curve even for MUMN and MUMN will be vigilant in cases

where these healthcare professionals abdicated from their duty at the expense of the nurses on the wards.

The staff movement occurring throughout all hospital institutions brought about huge sufferings for the nurses involved. Without any doubt the sacrifices made by the nurses in all hospitals far outweigh the sacrifices of all other Healthcare professions. Having said that in certain circumstances within the nursing professions itself, certain nurses suffered more consequences than their colleagues. Their wards were closed down, they were transferred to another specialty, rosters changed, and duties were added. Several nurses are still working in staff meal areas, medical library etc. which are not designated as a ward. This is taking place in most hospitals.

But MUMN was proactive to safeguard the lives of all its members. MUMN did not make the mistake which other unions did when they only resorted to directives such as those issued by MUMN when a huge number of nurses had passed away due to having contacted Covid. Unfortunately in MDH, there was a small number of nurses who felt comfortable enough as things stood and because they had all the necessary PPEs, their philosophy was that MUMN should not take a stand on the other nurses in the wards on the PPEs issue. These nurses did not affect the principles and motivation of MUMN as for MUMN all nurses are to be treated as equal irrespective of their workplaces.

It is too early to say that the worst is over. The day to day operation of every hospital will defiantly change on a permanent level. MUMN has good relationship with all hospital administration and is monitoring the situation in all health centers and in all hospitals. This does not mean that members are not to inform MUMN officials on any changes they seem unfit or discriminatory. While certain hospitals are re-introducing back services, other hospitals are adjusting to the new norms of quarantine ward, cohort wards or marpac wards.

The relaxation of measures which naturally need to follow in any country including Malta, is triggering the health system to remain on full alert in case there is an increase of Covid patients. The road towards normalization is still far away and being on the frontline normalization will be different from the normal of what was pre-covid. These are unprecedented times where not only the health care system is being tested but also the economy of the country is being affected. Hopeful summer and autumn would allow the much needed "quiet" season but there could be a high probability that winter would be risky due to the seasonal flu having the covid virus. Future remains highly unpredictable, but rest assured as MUMN, we will not be afraid to take a stand and speak out where nurses and other members are put in jeopardy.

**Paul Pace**  
MUMN President

# Kelmtejn mis-Segretarju Ġenerali

Kif inthom ħbieb? Għaddejna minn żmien diffiċli ħafna, kull wieħed u waħda minnha. Għamilna bosta saġrifici kemm personali kif ukoll daww familjari. Kienu żminijiet li ħadd minnha ma basar li ser jiġu fuqna. Konna naħsbu li dawn affarjiet li jseħħu biss f'xi film tal-fantaxjenza. Fil-verità għadu m'għaddiex għal kollox però issa qed nieħdu ftit tan-nifs. Ftit ftit qed nergħu lura għan-normal.

Bħala *union* kienu perjodi koroh li mhux se ninsew kif ġib u laħaq. Ir-responsabilitajiet fuqna kienu enormi. Konna milquta aħna internament u fl-istess hin ridna nibqgħu nagħtu servizz lill-membri tagħna. Kburi li l-MUMN irnexxiela tibqa' għaddejja ġurnata wara l-oħra tagħti s-servizz tagħha u tibqa' viċin il-membri. L-uniku rimors li għandna huwa dak li ma rnexxilniex insibu soluzzjoni aħjar għal daww il-membri li kienu għadhom qed jieħdu ħsieb it-tfal zġħar tagħhom. Appellajna lill-Gvern għall-għajnuna però ma tawx kasna. Ridna nagħmlu aktar imma fiċ-ċirkostanzi li konna ma stajniex. Minn hawn irrid niringrazzja lill-membri kollha tal-Kunsill, l-Office Administrators kif ukoll il-membri tal-Group Committies li baqgħu għaddejjin anki jekk b'saġrifici u b'riskji personali kif ukoll daww familjari.

F'dan il-perjodu iswed irnexxielna li nintroduċu *website* ġdida. Din il-*website* qed tolgot il-ħidma kollha tal-*union*. Issa huwa importanti li inti żżur din il-*website* u tirreġistra ruħek magħha fuq [www.mumn.org](http://www.mumn.org). Jekk issib xi diffikultà ibgħatilna *email* fuq [administrator@mumn.org](mailto:administrator@mumn.org) u nassistuk f'dak kollu li tinħtieġ.

Il-Jum Internazzjonali tan-Nurses u l-Midwives ġew f'nofs din il-



pandemija. Għamilna sforz biex xorta ċcelebrajnihom bl-aħjar mod li stajna. Il-WHO, is-sena l-oħra, iddeċidiet li tiddedika din is-sena linurses u l-midwives peress li Florence Nightingale għalqet 200 sena u kemm kienet deċiżjoni tajba għaliex kienet sena fejn in-nurses, flimkien mal-Health Care Professionals l-oħra, urew x'isarfu u x'dedikazzjoni għandhom lej il-marid. Ikkonfermaw għal darb'oħra kemm dan ix-xogħol mhux sempliċiment xogħol bħal l-oħrajn iżda huwa vokazzjoni. Numru ta' nurses u Health Care Professionals oħra spiċċaw milquta min dan il-virus proprju waqt il-qadi ta' dmirijiethom. Irriskjaw ħajjithom biex jagħtu servizz lill-pazjenti tagħhom. Konna eroj mhux biss għax irriskajna ħajjitna iżda wkoll il-ħajja tal-familji tagħna. U dan li jagħmilna speċjali. Dan huwa proprju dak li jagħmilna kburi. Irnexxielna nqumu għall-okkażjoni u nuru lil kulhadd x'insarfu.


L-MUMN għaddejna wkoll minn żminijiet frustranti. Għaddejna minn waqtiet li thallejna waħidna niġġieldu l-kurrenti sabiex nipproteġu lill-membri tagħna. Kien hemm

perjodi li filwaqt li fuq il-midja kulhadd jiringrazzjana u jfaħħarna, meta ġejna għall-affarjiet tanġibbli, sibna l-bibien magħluqa f'wiċċna. Saħansitra saru attentati sabiex jagħlqulna ħalqna biex ma nkomplux niddefendu l-interessi tagħkom. Saru manuvri biex jintimidawna u jsikktawna. L-MUMN qatt ma ċċedi quddiem sitwazzjonijiet bħal dawn. Dawn il-manuvri jssaħħuna aktar għaliex juruk li tkun miexi fit-triq it-tajba. Però jiddispjaċik meta tkun qed tagħmel xogħlok u tiġi attackat b'mod kodard.

Issa qed inħabtu ruħna ma' sitwazzjoni fejn il-Gvern ser jipprova jitqanċaċ fil-konfront tas-Servizz Pubbliku. Naqbel ma' miżuri li jeliminaw il-ħela u l-abbuż però qatt ma nista' naqbel ma' miżuri biex ma jimtlewx il-vakanzi tanurses. L-ewwel ħafna ċapċip u tifhir imbgħad nieħdu deċiżjonijiet li jgħaffġuna 'l isfel. Dan il-waqt hawn aktar minn 500 vakanza ta' nurses. Il-Gvern għandu għad-dispożizzjoni tiegħu 400 nurse u qed isib diffikultà biex jimpjegahom. Affarjiet li ma jagħmlux sens. Inżommukom infurmati bl-iżviluppi kollha għaliex l-MUMN din il-materja mhux ser thalliha għaddejja.

Nixtieq ukoll intikom *update* fuq il-monument tal-*union* li jissimbolizza l-Health Care Professionals kollha u li kien ġie mwaqqaf fl-okkażjoni tal-egħluq tal-20 anniversarju mit-twaqqif tal-MUMN. Bħal ma ħafna minnkomm tafu, dan il-monument kien ġie mirdum f'Ottubru 2018 meta waqa' l-ħajt fuqu li jissepara l-Palazz ta' San Anton mal-ġnien tiegħu. Dan il-ħajt waqa' waqt li kien qed jiġi rrestawrat. Xahar ilu ġiet ippublikata l-inkjesta fejn uriet ir-responsabilitajiet fejn kienu u ta' min huma. Issa għaddejjin diskussjonijiet sabiex dan il-monument jerga' jiġi mwaqqaf eżatt kif kien. Nistennew u naraw.

**Colin Galea**  
Segretarju Ġenerali



# Whole person and people-centred care

by Kyung Rim Shin, President, Korean Nurses Association

In celebration of the 200th Anniversary of the birth of Florence Nightingale, 2020 has been designated by the World Health Organization (WHO) as The International Year of the Nurse and Midwife. More than ever, nurses and midwives will be at the centre of global health policies in 2020 and will have an unprecedented window of opportunity to elevate our status. In order for us to make use of this special year as a steppingstone to reach a higher level, we will need to look back at the great nurses in history and reaffirm the genuine values of nursing with a reflection on how nursing practice has evolved over the years. We will then be able to use that reflection as a compass to guide us moving forward. Florence Nightingale was the founder of modern nursing, a statistician and an able public administrator who defined concepts of public health.

She collected vast statistics from her service in field hospitals during the war and was an activist for reform in public health systems and patient care. Her work transformed the social recognition of nursing into a profession based on beliefs in human dignity and scientific knowledge. She laid the groundwork for people-centred care. People-centred care refers to planning and implementing public health and nursing services focusing on recipient requirements. Patients are viewed not as passive recipients of care but as active participants in interactions with health workers. Nursing starts with an understanding of the patient and how he/she has lived. Key values are human dignity, compassion and

respect where the dignity of patient and family is espoused, nursing care is provided with compassion and patient opinions and life choices are respected.

Two patients suffering from the same condition will come from different backgrounds and have different life stories. Their response to care, their needs, attitudes and symptoms will be different and therefore individualised nursing care is needed. Unfortunately, patients' dignity is sometimes undermined due to structural inadequacies in social systems and the prevalent practice of disease-centred patient care. Such an example was witnessed in 1916 in Korea, when as many as 6,254 Hansen's disease (HD or leprosy) sufferers were confined to a remote island named Sorok-do to face force labour, forced sterilisation and many other human rights abuses. Many HD patients found the mistreatment unbearable and committed suicide.

Then in the 1960s, two Austrian nurses, Marianne and Margaritha came to Sorok-do to care for those patients. It was a time when prejudices about the disease were at the peak and even medical staff could not bring themselves to touch patients' bodies without double gloves on. The two dedicated nurses had received training on Hansen's disease in India prior to coming to Korea and had known that possibilities of transmission by contact were extremely low. They touched patients with their bare hands, put their noses to their wounds, ran day care for their children and became friends as well as caregivers without receiving payment. They

demonstrated true volunteer spirit and love as they provided rehabilitation, education and vocational training as well as medical supplies, facilities and relief support for leprosy patients. Patients were treated with dignity and respect. As a result, they found reasons to live and strived for hope in their lives. In people-centred care, patient dignity is fully respected, and trust is built with interactions imbued with understanding and affection. Individualised care is given in consideration of patient perspectives, values, beliefs and cultural background.

At an appropriate time, appropriate care is offered with appropriate information given to patients so that they can make decisions on the treatment and care they would receive. Eventually, this brings about a better disease management, quality of life and patient outcome. As the quality of nursing services improve, self-confidence and job satisfaction of health workers in the nursing profession is elevated. Even with AI automating many spheres of life now and in the future, human beings capable of empathising with others will have valued qualities. Nursing differs from medicine in that it is based on those intrinsic nursing values centred on human understanding and caring for patients with a holistic view that cannot be substituted by machines.

Nursing professionals of the next generation should therefore develop deep understanding of individual human needs and receive continuous training with a focus on the whole person.

# Being a mental health nurse during the COVID-19 pandemic

Being a mental health nurse during the COVID-19 pandemic is an exceptional experience we were untrained for. No mental health text book, no university lectures, no seminars have prepared us to deal with this clinical reality, which was thrown upon us unexpectedly.

The nursing profession has never been so significant, most probably since the times of world wars, and at times and regions where similar outbreaks have happened. But what does this mean for the psychiatric mental health nursing profession? What impact this pandemic is going to have on nurses who work with people who are mentally unwell?

Although as mental health nurses, we are not on the frontline in caring for patients who are COVID-19 positive in the same way as general nurses are, some are still designated to work with COVID positive patients, and the risk of COVID query patients is always looming around for everyone, including nurses working in mental health settings. Besides, we still have to look after patients who due to their mental health difficulties, they experience increased distress during these difficult times. If there are pre-existing mental health issues, these could become worse. Patients will not suddenly stop relapsing in their mental health and stop being admitted to Mount Carmel Hospital because of this outbreak. It is imperative that the mental health services continue to function, as a breakdown in these services can be detrimental to the national health of the country.

As nurses who work with people who have mental health difficulties, our usual work have become all of

a sudden more challenging. Our profession is based on the very activity we are being discouraged from performing...human contact. Now we are relying on distancing while at the same time have to show the same attributes.

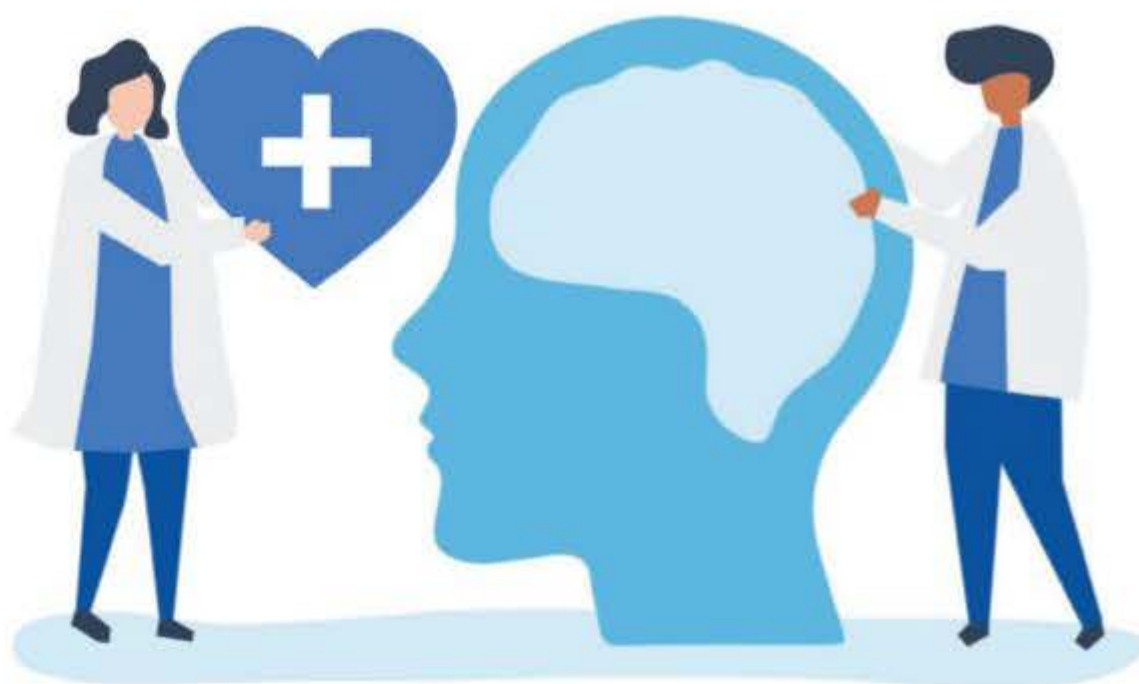
Mental health nursing presents certain challenges which are unique to psychiatric practice. When a patient is not abiding by his or her careplan, when the patient's paranoia is meddling with the reality of what's happening around us, when the patient's personal hygiene is a constant issue and the nurse need to visit the patient at home, when a patient in hospital is so agitated that cannot be contained while the nurses have to be vigilant about the mode of transmission. Containing the spread in a psychiatric setting is complex and tricky. Patients can be interactive, uncooperative and chaotic. We always based the treatment of mental illness on engagement, therapeutic activities and close supervision, which with the current situation might not be possible. Overcrowding of wards, which was always an issue, has become a significant health problem. On the other hand, promotion of social distancing may lead to social isolation, which puts people with mental illness at greater risks of relapse, which might instigate further admissions. Hence the need

for community support, dialogue between in-patient and community services and looking at innovative ways of working is imperative.

We also need to safeguard ourselves and our mental health and we need to avoid becoming a source of infection. Anxiety is something even mental health nurses are experiencing and they need the necessary support and assistance to continue providing the care required to people with mental ill health.

As mental health nurses, we might not be on the frontline, but our work remains imperative during this outbreak. We have a key role in helping patients coming to terms with what is happening, explaining the changes which are taking place rapidly and helping them make sense of this new reality. We need to follow the Health Department's directives and maintain social distance, as this will help Malta in fighting the virus. At the same time, it's important to keep monitoring people with mental ill health, as these can be the most vulnerable during these times and hence, our role is more than ever necessary to the well-being of the country.

**Pierre Galea**  
President - Maltese  
Association of Psychiatric  
[www.mapnmalta.net](http://www.mapnmalta.net)







# What is Nursing?

## International Council of Nurses

### Part One

2020 is an opportunity for nurses to better explain what we do, to break the myths around nursing and to advocate for investment in the profession. In order to explain what nursing is, we need to look back at how nursing started, what we have learned from the founders of modern nursing, and what the key attributes of nursing are that make it stand out from other healthcare professions.

As we celebrate the 200th anniversary of the birth of Florence Nightingale and the 120th anniversary of the International Council of Nurses, we take a look at the impact of Florence Nightingale, Ethel Gordon Fenwick, and the founders of ICN and how compassion, trust, person-centred care work alongside evidence, statistics and leadership to create the modern nurse.

It is by looking back at our past, that the theme for International Nurses Day 2020 was chosen. In World War II, nursing had borne

witness to the greatest divisions and suffering the world had ever seen. Despite this, the profession provided care and hope during the war and afterwards. In response to the sacrifice that nurses had made to protect health, United States (US) President Harry Truman wrote movingly to the then ICN President Effie J. Taylor<sup>2</sup>:

'Nurses ... worked unstintingly in the service of their country during the war in providing care for the disabled. They shared the hardships of combat, asking no reward except the knowledge that their sacrifices enabled others to live. Today the need for nurses is no less than during the war years. Shattered bodies and minds lie in the wake of the most destructive war in history. The sick must be nursed back to health.'

President Truman recognised that, in the aftermath of the war, the struggles of health and wellbeing would continue and be a challenge for many generations to come. His call to action, which is as relevant today as it ever was, can be described in the phrase Nursing the World to Health.

As the largest group of frontline health professionals caring for the health needs of individuals and

communities, nurses have powerful stories to tell that can help to bring about positive change. A supported and empowered nursing workforce is an effective solution to the problem of improving health outcomes. Nursing is at the core of enabling health systems across the entire world to achieve high quality, accessible and affordable healthcare. Through sheer weight of numbers, our scientific reasoning and our proximity to the patient, we are Nursing the World to Health. 2020 is an important time for nursing. It provides the opportunity to clearly demonstrate to policy makers, health professionals and the public about the enormous contribution of nurses to health and wellbeing; the roles and responsibilities of this vital profession; and to shatter the perpetuated myths and stereotypes that have afflicted the profession for far too long. This is our moment. Let us seize this time not just for the sake of nursing, but for the benefit to health of our world.

"History cannot give us a program for the future, but it can give us a fuller understanding of ourselves, and of our common humanity, so that we can better face the future."  
Robert Penn Warren Poet

# Nurses 'trolled' online for raising concerns about Covid-19 and PPE



Nurses say they are being abused on social media for speaking out about problems they are facing during the coronavirus pandemic, such as shortages of personal protective equipment (PPE).

One nurse told Nursing Times that she went to the police out of fear for her own safety after being "trolled" online for raising concerns.

"Nurses have enough to deal with without feeling fearful of social media"

It comes amid reports that health professionals are being banned by their employers from going public about PPE issues. A shortage of such equipment has been an ongoing problem in many areas, according to reports.

At the same time, the number of UK nurses dying after a confirmed or suspected Covid-19 diagnosis is continuing to rise, with new cases coming to light daily.

Senior leaders at the Royal College of Nursing have taken to social media this week to condemn the attempted silencing of nurses.

Susan Masters, national director of nursing, policy and practice at the RCN, said: "Trolling nurses for highlighting shortages in PPE they are personally experiencing is unacceptable.

"Nurses have enough to deal with without feeling fearful of social

media," she noted.

Mike Adam, director of RCN England, also issued a warning, which he linked to a survey by the college where half of respondents had reported feeling pressure to work without recommended levels of PPE.

He said: "After seeing social media criticism of RCN members raising concerns over PPE, I would point anyone to listen to the voice of over 13,500 of our members below before they choose to intimidate those caring for others."

One frontline nurse from London told Nursing Times she had filed a police report after being "trolled and abused" by strangers for using her social media platform to share her worries about PPE. She wanted to remain anonymous to avoid further targeting.

Among the harassment she received were calls for her to be reported to the Nursing and Midwifery Council for speaking out and told that she was "a disgrace" and "should be shot".

She said she was aware of other nurses facing the same ordeal,

including a nurse friend who was labelled a paedophile and told she should be reported to social services, after writing online about how her children were scared that she would die at work during the pandemic.

"It's just a bit scary really and it's not ending," the nurse said. "I've had to block so many people.

"I've had this before but not on this scale, because it's not ending. They are not letting up at all. It's just made me feel a bit scared for my personal safety if I'm totally honest."

She warned that abuse had heightened her anxiety at a time when she was already under unprecedented pressure at work.

Along with impacts on mental health and wellbeing, preventing nurses from using their voices posed risks to the safety of both patients and staff, particularly during a pandemic, said the nurse.

"Essentially we are only doing it because we want the public to be safe," she added. "That's our only goal is for the public and our colleagues to be safe and I won't be silenced by this.

"If we can't speak up, if we don't feel free to speak up, or we feel bullied or intimidated or harassed by doing so, then people aren't going to speak up and that's a massive risk to patient safety."

“Essentially we are only doing it because we want the public to be safe,” she added. “That’s our only goal is for the public and our colleagues to be safe and I won’t be silenced by this.

Health and social care secretary Matt Hancock has stressed that health and care staff must feel “free” to talk openly about both positive and negative experiences in the workplace during the crisis.

“It’s just made me feel a bit scared for my personal safety if I’m totally honest”

He was quizzed on the matter during yesterday’s daily coronavirus press briefing and was asked if he would commit to ensuring staff were not punished for speaking out.

Mr Hancock said: “Yes of course people should be able to talk about the problems that there are and indeed they do and I have seen both fantastic examples of people saying that they are working hard and....going public with the work they are doing and the conditions they are working under.

“I have also seen some people for instance saying they are delighted there is good PPE and we’ve also seen people saying there’s a problem in that area and I think that’s totally normal and standard.

“People should feel free to talk about what happens at work. I think that transparency is important and it’s the sort of approach we have tried to take at the government,” he said.



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# Ten Commandments for Chaplains



In one of my pastoral visits at the hospital, it happened to me that, while visiting patients in a ward, I encountered an interesting picture hanging on a wall. This picture, which bore the name *\*Ten Commandments for Nurses\**, helped me appreciate and evaluate more the blessing and the responsibility of being a chaplain, ministering to sick people.

The first commandment: *\*Thou shalt administer daily doses of comfort and compassion\**. As a priest, Pope Francis teaches me how to do that. In his address to the Parish Priests of the Diocese of Rome the Holy Father told them: "Priests are moved to compassion before the sheep, like Jesus, when he saw the people harassed and helpless, like sheep without a shepherd....

Thus, in the image of the Good Shepherd, the priest is a man of mercy and compassion, close to his people and a servant to all". How far am I compassionate and bringing Christ's comfort to my patients?

The second commandment: *\*Thou shalt practice patience with thy patients\**. Regarding this virtue it came to my mind what the Argentinian Pontiff wrote in *\*Amoris Laetitia\**: "Patience takes root when I recognize that other person also have a right to live in this world, just as they are"; Love always has an aspect of deep compassion that leads to accepting the other person as part of this world, even when he or she acts differently that I would like' (no. 92). In my pastoral ministry do I always accept the people I come across?

The third commandment: *\*Thou shalt remember that laughter is the best medicine\**. In his apostolic exhortation on the call to holiness in today's world, *\*Gaudete et Exultate\**, Pope Francis neatly observes: "Far from being timid, morose, acerbic or melancholy, or putting on a dreary

face, the saints are joyful and full of good humour. Though completely realistic, they radiate a positive and hopeful spirit. The Christian life is 'joy in the Holy Spirit' (*\*Rom\* 14:17*)'; (GE, 122). Is my humour bringing joy to the sad, timid, morose, acerbic or melancholic? Is my attitude positive and imbued by the spirit of hope?

The fourth commandment: *\*Thou shalt honor thy patient's body, mind and spirit\**. In his message for the First World Day of the Poor, of November 19 2017, Pope Francis wrote: "We are called, then, to draw near to the poor, to encounter them, to meet their gaze, to embrace them and to let them feel the warmth of love that breaks through their solitude. Their outstretched hand is also an invitation to step out of our certainties and comforts, and to acknowledge the value of poverty in itself' . Am I ready to draw near to the patients I serve by encountering them, meeting their gaze, embrace them and, hence, letting them feel the warmth of Christ's personal love for them that touches them in

their solitude? How far am I really discerning in recognizing in their verbal and nonverbal messages a cry that encourages me to step out of my securities and comfort zone to acknowledge them as fully-fledged persons as I am?

The fifth commandment: \*Thou shalt avoid burnout by taking good care of thyself\*. Interestingly enough the same message is relayed to us, priests, by Pope Francis, precisely on June 1 2017: "Nevertheless, the very things we acquired during the time at the Seminary "" experiencing harmony amid prayer, work and rest "" are a precious resource when facing the apostolic struggle. ' Take care to listen to our body, which is a good doctor and warns us when fatigue has exceeded our limitations' . When I sense that the cloud of fatigue is dawning on me what do I do? Keep working as if nothing happened or stop and take the necessary rest?

The sixth commandment: \*Though shalt check thy vital signs ""a kind heart and a cheerful and smile.\* When addressing priests,

“ How much hostility and how many cracks’ exist. “Today, there are new parish priests’ , the Pope said, referring to the priests who were present at the Mass. “Even within our presbytery’, he added, “within our episcopal colleges, how many cracks begin in this way!’ And one might ask: “Why was this person given that office and not I? And why this person?” Thus, with little things, small cracks, brotherhood is destroyed’.

seminarians and religious in Trujillo in Peru, Pope Francis told them: “We can fight this temptation (that of thinking that we are messiahs) in many ways, but also with laughter. Yes, learning to laugh at ourselves gives us the spiritual ability to stand before the Lord with our limitations, our mistakes and our sins, but also our successes, and the joy of knowing that he is at our side. A good spiritual test is to ask ourselves whether we can laugh at ourselves. Laughter saves us from the ‘self-absorbed promethean neopelagianism of those who ultimately trust only in their own powers and feel superior to others”. Brothers and sisters, laugh in community, and not at the

community or at others! Let us be on guard against people so important that they have forgotten to smile in their lives’ . Am I being too proud in not having the courage to laugh at myself? Can this neopelagian attitude of trusting only in my power and feeling superior to other hospital staff really help me to serve with Christ’s love the persons in need at the hospital?

The seventh commandment: \*Thou shalt not covet the fellow nurses’ shift. \*Jealousy destroys! Once, Pope Francis, as he meditated on the story of Cain and Abel, made the subsequent remark: “How much hostility and how many cracks’ exist. “Today, there are new parish priests’ , the Pope said, referring to the priests who were present at the Mass. “Even within our presbytery’, he added, “within our episcopal colleges, how many cracks begin in this way!’ And one might ask: “Why was this person given that office and not I? And why this person?” Thus, with little

• continue on page 16

# Ten Commandments for Chaplains

## • continue from page 15

things, small cracks, brotherhood is destroyed'. Am I happy or jealous at the pastoral success of my fellow chaplains?

The eighth commandment: \*Thou shalt always strive to make it all better. \*In his homily that the attitudes of the priest towards children are also indicative of who he really is, the Holy Father said: "The mediator gives himself (lit. \*perde se stesso\*) to unite the parties, he gives his life. That is the price: his life "" he pays with his life, his fatigue, his work, so many things, but"" in this case the pastor "" to unite the flock, to unite people, to bring them to Jesus. The logic of Jesus as mediator is the logic of annihilating oneself.' What prize am I paying as chaplain in bringing unity between the patients, the relatives and the staff?

The ninth commandment: \*Thou shalt follow the doctor's orders and morning, noon and night prayer.\* And, for a chaplain, follow Christ's orders means abiding in him. As Jesus said in John's Gospel: \*If you abide in me, and my words abide in you, ask whatever you will, and it shall be done for you\* (John 15:7). In another morning meditation in the chapel of the \*Domus Sanctae Marthae\*, the Pope said: "How many times do we say to the priest 'Father, pray for me, for my son, for my family, we have this problem?'. We do it "because we know that the priest's prayer has a certain strength, precisely in the sacrifice of the Mass'. And "Jesus prays for us in this moment, for each of us, and this is a wonder, a second wondrous thing'. Do I, out of my personal friendship with Jesus, commend every person I meet in whatever area of the hospital to Christ's intercession before the Father?

Finally, the tenth commandment: \*Thou shalt place thy patients" in the care of the Divine Healer\*. In a mass celebrated on January 9 2018, the Holy Father reflected on the closeness that prayer creates. "What grants authority to a pastor or awakens authority in him, given by the Father, is closeness - closeness

to God in prayer. A pastor who does not pray, who does not seek God cannot be close to the people. And a pastor detached from the people cannot bring his message to them. This double closeness is what the anointing of the pastor consists in, because moved by God's gift of prayer, the pastor in turn can be moved by the sins, the problems and the diseases of the people'. How much, as a chaplain, am I close to God and the people I serve Him in?

Pope Emeritus Benedict XVI said that "the Ten Commandments 'are not a pack of prohibitions, of 'noes", but actually present a great vision of life'. It is my ardent prayer that, in following the \*Ten Commandments for Nurses\*, my ministry as a hospital chaplain gets broader and broader.

Fr Mario Attard OFM Cap



## Shelters during WW2 Malta





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# Aħna li għexna l-80's

It-Tielet Parti

Minn studenti sa tal-post...

Fit-tieni ħarġa ta' din is-sensiela t'artikli tkellimna fuq il-placements tagħna l-istudenti, l-isptar San Luqa, avvenimenti straordinarji, infection control u xi tagħmir li kien jintuża' dak iż-żmien. Illum ha nkomplu fejn hallejna.

Kien għadna ngħallu s-siringi u bdew deħlin id-*disposables*. Kien iż-żmien li l-*handover* ta' fil-għodu kien jittiehed bis-serjetà: hadd ma kien jażżarda jtkellem u anke tingħad it-talba ta' fil-għodu. Il-*patient allocation* ma kienx jeżisti (b'eċċezjoni għall-ITU). Kien hemm biss *task allocation*, skont jekk intix tas-sitta jew tal-għassa. Minn jaħsel fl-8-bedded u l-4-bedded, minn fil-*big ward*, min jagħmel il-feriti, minn iqaxxar għall-*preop* eċċ eċċ. Kien żmien meta ma kienux jeżistu *nappies* fil-kbar u

d-*disposables* kienu mill-inqas. Għat-trabi u tfal kien hemm il-ħrieqi tax-xugamani u kollox kien jinħasel il-Laundry. Niftakru l-*bottle* u l-*bedpan round* speċjalment għall-fatt li ma kienx hemm *nappies*. In-*nurses* nisa kienu aktar ibatu minna mill-irġiel minħabba l-guffaġni tal-*bedpan trolley* (xi wħud min-*nurses* bilkemm jidhru jmexxuhom fil-kuritur) u anke minħabba d-domanda għall-famuża tapsina. "Qed nattendu patella" kienet l-espressjoni ta' *nurse* anzjan mis-Sigġiewi meta kien jagħti patella

lil xi hadd. Ġieli ammettew xi pazjent nkallat u bil-baqq fis-swali, u biex jinħasal kienu jdaħħluh fil-kamra tal-banju u kulhadd jogħrok fih bl-etere u jippetnawlu l-baqq. Xummiema kienu jgibuh. Kienu għadhom popolari l-*bed cradles*, prassi li illum rajta naqset ħafna. Ilħaqna wkoll l-introduzzjoni tal-ewwel *haemodialysis machine* fl-M7...xi haġa kbira għal dak iż-żmien f'pajjiżna. Il-*chemotherapy* konna nħalltuh aħna, addio *hoods* u maskli li jintużaw illum. Kien anke ż-żmien tal-introduzzjoni tal-ewwel *HGT machines* imma l-ittestjar tal-awrina (id-*dipstick*) kien baqa' aktar popolari. Kien għadna niċċekkjaw l-ESR billi nimlew tubu tal-ħġieġ twil u rġieq, nitfawlu l-Heparin bis-siringa u ninterpretawh wara. Il-feriti kienu għadhom isiru bil-Eusol, il-Hydrogen Peroxide, il-Gentian Violet, u l-Methylene Blue.

Kien għadu jintuża l-Friar's Balsam permezz tal-*isteam* jew *croup kettle* fl-ENT. L-ossigenu kien fit-tankijiet il-kbar fuq karru u kulhadd iġorr min-naħa għall-oħra. Mhux l-ewwel darba li waqa' xi wiehed b'aċcident u jriegħed l-art. Għall-privatezza kien hemm il-famuži *screens* tad-drapp li minn jaf kemm kienu jgħorru



L-ossigenu fil-karru u l-iscreen tad-drapp



Il-backrest u l-cradle

mikrobi magħhom. Biex nippropjaw il-pazjent kien hemm il-backrest, speċjalment meta s-sodod kienu mill-antiki nett. Għalkemm il-workload kienet anqas minn tal-llum ilhaqna l-korsiji, pazjenti kkurati f'sodod fin-nofs tal-kurituri bħall-'korsija 8-bedded, korsija 6-bedded, korsija big ward u saħansita korsija sluice u korsija Madonna (jekk ikun rikoverat hdejn l-istatwa tal-Madonna)! Is-sodod ta' kważi kullimkien kienu għadhom primittivi, kienu tqal imma servew għal tul ta' żmien. Kultant kienu jingħataw xi lagħqa porporina u donnu ma kienu jispiċċaw qatt. Kulhadd jorbot xi drip stand jew cotside bil-faxex meta ma jkollnix biex norbtu, u għall-foot of bed elevation kellna 2 irħamiet jew blokki tal-injam għal taħt ir-roti. Sodod oħra kienu jtilgħu 'l fuq permezz ta' rota oħra li kont iddawwar bl-idejn u li minn jaf kemm wehlet fil-lift minħabba fiha.

Kien għadhom popolari l-fomenti (poultices) speċjalment meta jkollok xi thrombophlebitis, u sfortunatament kien ikun hemm xi incidenti jekk dawn jiġu applikati jaħarqu żżejjed fuq il-ġilda. Konna bdejna naraw l-ewwel drug addicts li jingħataw il-Methadone u anke nfetaħ id-Detox, prassi li mhux kulhadd fehem jew kien jaqbel magħha dak iż-żmien. Kien għadu żmien in-Nicatemide, l-intracardiac injections u defibrillators kellna fis-CCU u l-ITU biss. Fis-CCU

niftakru defibrillators tqal ċomb tad-ditta S&W li sa ċertu punt dejjem taw is-servizz misthoqq.

Fl-ITU niftakru crash cart aħmar kbir tad-ditta BOC u l-Ambu bag kienet għada ta' kulur iswed. Is-CPR kien għadu l-antika jiġifieri bil-5:1 jew 15:2 jew 15:1 jekk ikun hemm 2 rescuers. L-aċċenn kien aktar fuq li tagħti n-nifs artifiċjali milli li tikkompresa s-sider. Magna tal-ECG kien hemm minn waħda sa tnejn biss fl-isptar kollu u d-Dipartiment tal-ECG kien jikkonsisti f'kamra waħda mmexxi mis-Sur Chircop. Il-karru tal-mejtin kien differenti minn tal-lum u meta kien jgħaddi mill-basement għall-kamra mortwarja kien jagħmel storbu sħiħ. Meta kienu jmutu skoss pazjenti f'daqqa in-nurses kienu jgħidu li "San Pietru għamel ward round!" jew "Ġiet Ċensa l-mewt." It-tkeffin baqa' kollox l-istess bid-differenza li dak iż-żmien kulhadd kien iħallilek kuruna

tar-rużarju (bla Salib) biex iddawwarha ma id il-mejjet. L-impressjoni kienet li dejjem kien hemm xi forma ta' racket mal-kummissjonant. L-istorja dejjem tirrepeti ruħha. Fil-bidu tat-tmeninijiet is-sitwazzjoni tat-tobba kienet għada ma ħaditx ir-ruħ. Biss biss bejn 1984 u l-85 laħqu biss 4 tobbja minħabba kwistjoni mal-Università ta' Malta u kellek ammont kbir ta' tobbja barranin, speċjalment miċ-Ċekoslovakkja u l-Yugoslavia li ħafna minnhom bilkemm kienu jafu l-lingwa Ingliża aħseb u ara dik Maltija.

Kien hemm ukoll tobbja Indjani, Eġizzjani, Libjani u numru mhux żgħir ta' anestetisti minn pajjiżi tal-Patt ta' Varsavja. "Imħawdin" kien ikollna wkoll u meta ma kienux jistgħu jikkontrollawhom speċjalment f'xi paranojja, kien jingħata l-famuż cocktail IM li għalkemm kien jaħdem ma kinitx prassi tajba speċjalment meta kienu jaqbd u jgerfxu mingħajr approvazzjoni.

Fit-tmeninijiet bdejna naraw progress u avvanzi f'diversi setturi tas-saħħa wkoll: Bdew deħlin l-infusion pumps, kbar u goffi fl-ITU u speċjalizzazzjonijiet bħall-ewwel 'Heparin Pump' tal-metall u double barrel tad-ditta Vickers; wara dawn bdew deħlin pumps elettroniċi u l-ewwel waħda kienet tad-ditta Sky Electronics; l-ewwel 9 monitors li

• ikompli f'paġna 32

Ambu bag sewda



from our  
diary



MUMN Officials met the Leader of the Opposition on the International Nurses Day to discuss the present situation. Hon. Mario Galea the only Nurse MP was present during the meeting.



MUMN Officials and Health Ministry organised a special launching on the International Nurses Day for this year's marketing campaign to attract more youths to the nursing profession.



MUMN's Deputy General Secretary Mr. Joseph Aquilina was invited to sing (Tenor) in the closing ceremony of the Commonwealth Nurses & Midwives Federation Conference in London.



The new refurbished Physiotherapy Department at Karen Grech Hospital. Thank you Pauline for your commitment and perseverance.



Nurses in the USA protest in front of the White House regarding the lack of PPEs. MUMN express its solidarity with these nurses.



MUMN Officials supported its members at MDH and other places of work during the Covid 19 situation.





## Physiotherapists' role during Covid-19 pandemic

Covid-19 was a phenomenon that hit the world in late December 2019. Within the world of physiotherapy this was something new. We were getting news from other countries about the overwhelming effect of this virus however we had no firsthand knowledge of physiotherapy requirements, treatments and outcomes. The whole service had to adapt and act quickly and efficiently as things were developing from day to day and as physiotherapists we can proudly say the whole taskforce was flexible and ready to adapt accordingly. The following summaries were presented by members different settings on their role during this pandemic.

### MATER DEI - ITU & IDU setting

As a physiotherapy profession we therefore had to research all the information that was being published on a daily basis, and apply and amalgamate it to the national guidelines issued by infection control and infectious disease consultants and establish treatment protocols and guidelines for physiotherapists for the treatment of these patients within the different areas of care.

In view of the projected high numbers of infected patients expected and giving the limited number of physiotherapists with critical care competencies, the critical care team was handed the task of devising a training programme. This was compulsory for all physiotherapists

employed by Mater Dei hospital and included respiratory care of patients within the medical setting and latest critical care updates in order to train and upgrade skills of physiotherapists working within other specialties/hospitals to be able to provide input if needed within this area.

Training in the use of PPE's was also given to all staff members within the department.

The above were performed within a very short timeframe and throughout this time the critical care team had to work odd hours in order to keep the daily running of the wards going and also to prepare, organize and conduct the training for all the staff members. All this whilst trying to motivate and keep the staff working within a positive environment

Daily, staff was allocated according to number of admissions within covid and non-covid areas according to patients needs and requirements.

Positive Covid patients were mainly being treated in Infectious diseases unit however when deterioration was noted these patients were transferred to critical care areas mainly because of the need of increased respiratory support mechanical ventilation.

Physiotherapy department at MDH, reorganised and allocated its staff to Covid and non COVID wards to further minimise the risk of cross infection. Physiotherapists also treated patients who were preventatively quarantined in Capua hospital before being admitted to long term care institutions.

The role of physiotherapists within the critical care setup consists of maintaining and optimizing good respiratory function through the use of manual techniques and active breathing exercises and also to promote early rehabilitation especially in patients after prolonged bed rest with ITU acquired weakness.

These patients provided challenging scenarios since the physiotherapists had to work within a constrained environment, whilst using and adapting treatment techniques to minimize exposure to the minimum. Wearing the full PPE's was a challenge in itself since they are

rather uncomfortable. Also, one must note that many of us physiotherapists who were in contact with these patients had to resort to alternative accommodation to protect their loved ones at home.

All the above provided a rather hectic work environment and daily we had to support staff who unknowingly were exposed to the virus and had to undergo testing and many times quarantine. This had become the norm for many days, however we as physiotherapists stood up to the challenge as always and continued treating our patients to the full of our capabilities.

## MATER DEI: A and E

The Physiotherapy services have persisted throughout the pandemic with the resident physiotherapists moving with the rest of the emergency department to the new 'clean' ED, assessing and treating all other non-covid patients that presented to Mater Dei Hospital. These included a number of minor injuries and musculoskeletal problems, including a large number of frail elderly with mobility problems and falls. The excellent relationship with ED staff and colleagues providing physiotherapy services specific to this field facilitated the treatment and follow-up of such patients. The emergency physiotherapists were also involved in the Physiotherapy management of patients in the COVID ED as necessary. More staff was added to augment the ED team which is ever developing because of its importance to both the Emergency and Physiotherapy departments throughout the COVID-19 crisis.

## SAMOC

Throughout the COVID contingency the Physiotherapy Services at SAMOC undertook careful and objective planning of its commitment to maintain the required clinical support as well as converge and sustain the directions as outlined from MDH/SAMOC management.

In this regard, in-patients services continued as normal. Patients who were admitted in the wards including paediatric patients, were being seen on a regular basis. As a measure to curtail the flow of outsiders to and from the hospital, services were advised to temporarily suspend Out-patients services. Notwithstanding during this time, contact was maintained with the patients via phone calls. New patients who were referred at the time of COVID measures were contacted and advice was given on the phone. In the case of patients referred for lymphoedema or pulmonary rehabilitation, booklets were sent by post and further advice was given on the phone. Concurrently during this time, the service was asked to support swabbing duties within the SAMOC swabbing hub. Training sessions were carried out by the Infection Control team. All equipment and full PPEs were provided at all times. The service also managed the planning and scheduling of staff which included colleagues from other professions namely OTs and Dental Technicians. Over the past two weeks, the department gradually re-introduced out-patients services. This was done following discussion with Clinical Chair (Oncology) and management. A protocol was drafted and endorsed. Approval from infection control also warranted caution and safe practice. As per said protocol prior to attending the sessions, all patients were verbally screened through a number of questions related to COVID exposure. A more rigorous approach is being taken to disinfect all

areas and equipment, whilst the physiotherapists are required to wear appropriate protective gear whilst treating patients. Social distancing, both in the waiting as well as in the treatment areas is being enforced. Since specialised focused classes (primarily Survivorship and Lymphoedema) were temporarily suspended, the department is offering one-to-one sessions to a number of patients who previously made use of this service and are still receiving active treatment at SAMOC. Some of these classes are to resume in the coming days with a limitation in the number of patients and are going to be carried out in an open environment. As professionals within this service we are adamant to continue providing the best service possible within this new normality.

## Physiotherapy Outpatients DEPT. KGH within Steward Health care

The Physiotherapy Outpatients department had to change certain practices in view of the outbreak of Covid-19.

As from the instance that Covid-19 outbreak was announced, the department took the initiative to consult with the Infection Control Section and Steward Health care Management to set up training to the staff regards infection control measures

• continue on page 24



# Physiotherapists' role during Covid-19 pandemic

## • continue from page 23

and PPE donning and doffing. We have also carried out refresher training with respect to respiratory physiotherapy. The practical component of donning and doffing PPE's & other respiratory care was being practiced by those staff earmarked to work in the ward setting both with covid or non-covid cases.

The physiotherapy department also worked on standard operating procedures on how to provide physiotherapy services through telehealth system as guided by the WCPT and CSP. Such procedures were approved by the management and legal advisers of Steward Health Care and such practices were carried out, via Microsoft Teams.

A helpline was set up to assist patients awaiting an appointment. This helpline consisting of a thorough assessment procedure by the more senior staff plus advice, guidance and personal exercise programmes. Such patients were still being followed frequently accordingly, depending on their needs as identified by the musculoskeletal physiotherapists.

CPD's were maintained via online platforms & webinars, whilst the staff also identified need to upgrade certain work practices through research and other projects according to the needs & specialities within the different teams. Certain physiotherapists were also assigned to assist within the inpatient wards either for rehab purposes or for covid patients within KGH.

## Gozo General Hospital Physiotherapy within Steward Health Care

Ever since the Maltese health authorities' introduction of public measures, physiotherapists at Gozo General Hospital (GGH) were forced to withdraw outpatient appointments albeit exceptional pending and current cases that absolutely could not otherwise. To aid with this initiative, elective and non-emergency procedures that required follow-up physiotherapy

interventions were also postponed. The halt of outpatient services was inline with the rest of physiotherapy departments across Malta. Nonetheless, the physiotherapy department at GGH ensured that all of the referred cases put on hold were still contacted, mainly via phone calls to provide all the possible advice remotely. Moreover, such cases were followed-up routinely and patients were given the opportunity to contact our department and ask for the concerned physiotherapists if need be. Such measures were implemented primarily to limit the number of vulnerable and non-vulnerable people encountering and risking cross infection within hospital, which is considered a hazardous environment for COVID-19. Secondly, these measures allowed physiotherapists to further dedicate themselves into other areas including necessary preparations for a possible COVID-19 outbreak and ensuring that inpatients, typically the elder ones were physically active as much as possible during their stay to avoid the development of unnecessary complications. Furthermore, our department took the initiative to assign its physiotherapists into different roles so that those with ward and respiratory care experience kept on providing their expertise in ward setups, critical care and where applicable COVID-19 patients. Additionally, physiotherapists with lesser experience who were deemed at risk to operate in acute care, were assigned with the delivery of remaining outpatient services and clinical research to then disseminate it to the rest of the team. The initiatives were inline with international guidelines. Besides the dissemination of knowledge amongst us, our department also took the initiative to demonstrate and rehearse the donning and doffing of COVID-19 related PPE on a daily basis to ensure that we were well prepared when called upon.

## Primary care

The Covid19 pandemic brought about some organisational changes within Primary HealthCare with a



general shift from full time face-to-face clinical practice to tele-physio and online assessment, advice and treatment.

Only urgent cases were being seen at the clinic with members of staff adhering to the necessary precautions including the use of visor, mask, frequent hand washing and apron on uniform or scrubs.

The physiotherapy team at Primary HC kept the public informed using posts on social media as well as through TV programmes on the main local TV station.

The experience of setting up remote and online assessments has paved the way to the possibility of continuing this pathway even after Covid19 measures are relaxed further.

The service provision is also expanding into District Health Centres which will include a self-referral system running in parallel to the established GP referral. Physiotherapy presence is also being envisaged in new and upcoming refurbished health centres and community clinics.

## Community care Physiotherapy Services

At the AACC we have two target populations:

(1) Those older persons residing in residential care homes

(2) Those individuals who are housebound

Our target population are older





persons, and persons with disability, who are at a significant increased risk of getting COVID-19 due to decreased immune function and co-morbidities. Initially, we were carrying out urgent visits only to patients' houses or residential care homes. We kept in touch with our patients via regular telephone calls and video calls to guide and reassure them and ease their sense of isolation. These calls proved to be very beneficial, as at times we were their only link to the outside world. Through these calls, not only did we keep in touch but we were able to identify any difficulties and screen for problems and act accordingly. We sent home exercise programs by post or via email and made sure that our patients were following them. As weeks passed by, we became more concerned that our patients were not exercising enough and this would have disastrous consequences on them, their formal and informal caregivers. So in collaboration with the Allied Health Directorate, the Physiotherapy Department, the Malta Association of Physiotherapists and the Malta Council for the Voluntary Sector, we devised short and practical exercises for those older persons who had varying levels of function to be able to follow. These were aired twice daily on TVM2 at peak times, exactly after Mass. The videos of these exercises were shared in all residential care homes, and our housebound patients were encouraged to follow them.

After some time, we were noticing that the number of falls experienced during these unprecedented times increased drastically; the informal

caregivers were put under even greater stress and that patients living with Dementia were unable to understand the situations we were living in. The number of visits had to increase to be able to cater for these demands, to be able to support those older persons who opt to live in the community, as the problems due to co-morbidities were increasing. Our services soon resumed to 'normal' to try and avoid hospital admissions and/or admissions to long-term care facilities.

We had to adapt to a new way of communicating to practice social distancing in offices, and we managed to organize CPDs to keep updated. We also revamped policies and created exercise programs in a relatively short time.

Once again we teamed up with Allied Health Directorate, the Physiotherapy Department, the Malta Association of Physiotherapists and the Malta Council for the Voluntary Sector, to man a helpline for those persons who wanted advice related to physiotherapeutic issues. The interested persons could call 111 and their query was directed to three physiotherapists from the AACCC team. Their queries were dealt with, within 48 hours.

### Child Development & Assessment Unit

#### Physiotherapy Team at CDAU

Following a very abrupt to services due to the Covid-19 pandemic, the team has had to adapt their professional practice. An official CDAU Physiotherapy Team Facebook page was set up and online content is being uploaded weekly, sharing informative/exercise videos, offering advice and tips to service users. All the uploaded content is completely put together by the PT staff.

As front liners all team members also underwent training at MDH on PPE equipment and skills training given by both the Physiotherapy Response Team and the Nursing team, preparing the staff should the need arise for deployment at MDH.

In the interim, each physiotherapist

is still offering support and professional service to their current clients via telephone, email, and/or virtually and as of recently all new patients are also being assessed and guided virtually where possible.

Indeed, this period has given the team a chance to focus on projects that can now be given attention and priority, such as continuing to establish specific treatment and exercise guidelines, new policies, and further research in Cerebral Palsy management. Staff training is also being given attention and team building workshops, online CPDs and webinars are also being organized.

Lastly, as a department, all professions are preparing and strategizing for when the department may host children once again.

### Conclusion

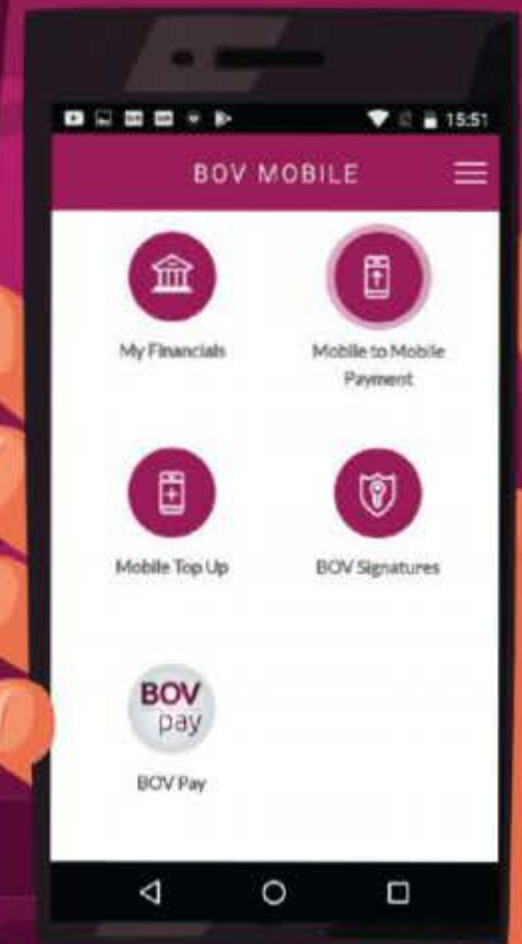
In these summaries one could see how the physiotherapists' role in the Covid -19 had to change and adapt drastically. Some were front liners joining other health professionals, in the direct treatment of Covid cases, however other services had to still be continued as other health issues still were present in the general population and our elderly community, irrespective of the pandemic, and the need for physiotherapy input and expertise remained a necessity especially in view of the fact that the whole population had to be immobilised at home with all the consequences that it brought about. Covid-19 has proven that although fear and uncertainty had hit us all, through proper guidance and adaptable strategies, we were able to control & mitigate the negative aspects of Covid -19 and still provide an excellent service to our patients. We were still able to contribute to the high-quality care that our health system provides, without compromising on the essential aspects of the patient-centred care. Surely such professionals deserve the acknowledgement and praise that one can give.

**Pauline Fenech**  
Chairperson Physiotherapists  
Group Committee

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# An NHS Nurse Tells Us What's Really Been Going On

JESSICA MORGAN

“You never forget that moment you put on your gown and walk into the ward,” an NHS Nightingale nurse tells me. “You think, Holy crap, I could die from this. I was definitely scared. It really hits you.”

It's the hospital that was built from scratch in 10 days and designed to take in 4,000 intensive care patients as part of the preparations for a coronavirus surge. The emergency field hospital, now the UK's largest, is located at the 100-acre ExCeL centre in east London and was highlighted by ministers and officials as an “extraordinary achievement”.

The double exhibition halls at the ExCeL were transformed with the framework for about 80 wards, each with 42 beds. When the hospital opened, there were some 500 beds available, fully equipped with

oxygen and ventilators, with space for another 3,500. But since opening on 3rd April, concerns have been raised over staff shortages and lack of admitted patients.

Now, a month later, the NHS Nightingale is reportedly going to be placed on standby and will no longer be admitting new patients.

Jane\*, a registered nurse who asked me not to use her real name, has been working at NHS Nightingale since 1st April and says staff were told last Friday that the hospital would go on standby when admissions decrease. However, she adds that they are expecting a second wave of patients. “When Boris releases the lockdown, we will see a massive increase of second wave infections,” she tells me. “I know the economy needs to improve, but it's too early. I can't imagine getting 1,000 deaths a day again for a period of time. It shouldn't happen.”

Jane, who is in her 30s, worked at a London NHS Trust before she

received her letter asking her to volunteer at the NHS Nightingale at the end of March. “The first week we had training and the next we were treating COVID-19 patients.” It wasn't easy. She describes the scene at the 87,328-square-metre makeshift hospital and says it wasn't suitable to take on intensive care patients. “It's a field hospital with ITU nurses overseeing 4-6 patients. There are no windows. Once you're in, it's like a barn. When you're on a ward, you have no idea what the time is. Patients have no idea what is going on.”

She does say that they were well stocked with PPE at NHS Nightingale although she was uncomfortable during her 13-hour shift. “You'll be wearing these full-length gowns, hair net, visor, and the masks are suffocating. It's horrible. When you're on a ward, it is incredibly hot and sweaty.” However she says she has

• continue on page 35



# Seasonal Influenza Vaccination

As we continue to contend and understand the impact that COVID-19 will have on us, there are several points of discussion that this pandemic has put forward. It is not the intention of this article to focus on COVID-19. Instead a point of discussion recently put forward in the local media and that could potentially gain momentum over the next few months. This is vaccination, and the possibility of having to consider the mandatory administration of the seasonal influenza vaccine to specific groups.

Immunisation of nurses and health care professionals can have a significant impact on preventing nosocomial transmission within clinical settings. The World Health Organisation (WHO), amongst other leading organisations, already recommends that health care professionals as well as individuals who work in health care settings, should be vaccinated every year against the seasonal influenza. This recommendation also applies to individuals who are at risk of developing serious complications if they are infected with influenza. Every year the WHO puts forward its recommendations on the composition of the influenza virus vaccines. This is based on research that indicates which influenza virus will be the most common for the upcoming season. This is typically a trivalent or quadrivalent vaccine.

Great efforts have been put forward globally to flatten the curve as major approach to addressing COVID-19.

One of the main reasons for this has been to ensure that health care services are not overwhelmed and able to meet the health care needs of the population. Recommendations for seasonal influenza vaccine can be viewed as another strategy deemed as crucial in continuing to ensure that all efforts are made to flatten the curve. In addition, individuals who do take the influenza vaccine will possibly be easier to identify as potentially having COVID-19 should they develop symptoms that are similar to influenza.

There are many points that could be put forward, and it is certain that these are being explored by competent authorities and researchers. As nurses we have a responsibility to promote patient safety and therefore this also includes taking the appropriate steps to avoid passing on the influenza virus. The vaccine is reported to reduce this risk significantly. It is also important that health care professionals and workers themselves, as they too are at

risk of contracting the influenza virus, and therefore taking the vaccine reduces this risk and a potentially high number of sick days within the organisation.

Some concerns that could be linked to mandatory vaccination is the possibility of side effects. This is perhaps the main concern of those weary of mandatory vaccination and would prefer to have the chance to develop a natural immunity. This can be linked to the right to choose and autonomy. There are several other ethical principles and aspects that need to be considered. The WHO identifies beneficence, rights, non-maleficence, justice, consent, and research ethics amongst others. Evaluating the best approach to seasonal influenza for the upcoming season is important. Consideration of these ethical principles in the decision-making process to address both individual and communitarian needs is important and an acknowledged public health ethics challenge. Reassuring nurses and health care professionals is vital.

Whatever the way forward, we each have an ethical responsibility to act in the best interest of our patients and the wider population. This includes promoting and implementing important measures such as hand washing effectively. With regards to vaccines, it is important that those who are concerned, identify a competent source to assist in addressing these concerns. The ethical principles and context identified here will be explored further in the next issue.

**Marisa Vella**

photo | [medicalnewsbulletin.com](http://medicalnewsbulletin.com)

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# Magnesium and Potassium: Boost your Vitality

The importance of magnesium (Mg) and potassium (K) is often underestimated. Magnesium intervenes in many processes in the body, including regulating muscle and nerve function, concentration, learning, and memory. Magnesium also reduces tiredness and fatigue and contributes to maintaining blood pressure, protein, bone, and DNA synthesis, whilst potassium regulates fluid balance, and is therefore involved in blood pressure regulation and hence, controls the electrical activity of the heart and other muscles. The amount of magnesium you need depends on your age and gender but the RDA (recommended daily dosage) for adults is 320 mg(1) for women and 420 mg(1) for men. With regards to potassium, the RDA is 3.1-3.5g per day(2).

## What foods provide magnesium and potassium?

Magnesium is found in a variety of foods, including legumes, nuts, seeds, whole grains, and green leafy vegetables. Important potassium sources include potatoes, fruit and berries, vegetables, milk products (excl. cheese), and nuts. However, many people struggle to reach the adequate amounts due to their lifestyle (for instance active people need more Mg and K) or their diet. Therefore, in such cases, it may be necessary to use Mg & K supplements.

## What kinds of dietary supplements are available?

Magnesium and potassium are customarily available in multivitamin-mineral supplements. Forms of Mg and K in dietary supplements that

are more easily absorbed by the body are magnesium aspartate, magnesium citrate magnesium lactate, and magnesium chloride, potassium chloride, potassium citrate, potassium gluconate, potassium bicarbonate, potassium aspartate.

## Am I getting enough Mg&K?

The western diet tends to provide less than the recommended amounts of these electrolytes. Men older than 70 and teenage girls and boys are most likely to have low intakes. In the short term, getting too little Mg&K does not show obvious symptoms, as the kidneys help retain them by limiting the amount lost in urine. However low intakes for long periods, can lead to Mg and K deficiency. Furthermore, some medical conditions and medications interfere with the body's ability to absorb Electrolytes or increase the amount that the body excretes, which can also lead to deficiencies. Symptoms of Mg & K deficiency include loss of appetite, nausea, vomiting, fatigue and weakness, constipation, and abdominal pain. Extreme magnesium deficiency can cause numbness, tingling, muscle cramps, seizures, personality changes, and abnormal heart rhythm. Moreover people with certain health conditions are more likely to develop Mg & K deficiencies, such as gastrointestinal diseases (such as Crohn's disease and celiac disease), type 2 diabetes hepatic problems, and ageing.

Metabolism and body functions change with age, for instance oxidative stress increases with age and when our cells are exposed to a high volume of exercise.

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nutrients to support neural functions and muscle contraction and provides overall health and well-being of active adults, at the same time it is rich in Antioxidants (Coenzyme Q10, resveratrol and lutein) and a selected compound of minerals and vitamins (Zinc, Selenium, Vitamins B2, and C) that help to protect cells from oxidative stress. With a refreshing citrus taste, one sachet provides a delightful way to start your day. Its composition is unique and easily absorbed in our gut. Make Meritene® Magnesium & Potassium part of every day. It easily dissolves in a glass of water (200 ml). Enjoy 1 sachet per day.

## What is Coenzyme Q10?

Also known as ubiquinone is a molecule present in all cells of the human body. While the body can synthesize Coenzyme Q10, it will also source some Coenzyme Q10 from the diet.

Examples of foods rich in Coenzyme Q10 are fish (e.g. salmon, sardines), nuts & seeds (e.g. almonds or peanuts), and meats (e.g. beef). It has been shown that the body's ability to produce Coenzyme Q10 decreases with aging. There is also an important interrelationship between Coenzyme Q10 and Selenium, as Selenium is involved in Coenzyme Q10 conversion to its active form. Selenium contributes to the protection of cells from oxidative stress.

## What is Resveratrol?

Resveratrol is a polyphenol compound naturally produced by several plants, including grape, to fight environmental stresses.

## What is Lutein?

Lutein is a carotenoid present in the human body and specifically concentrated in the eye's retina. Lutein cannot be synthesized by the body and thus needs to be sourced through one's diet. It is naturally present in green vegetables such as broccoli, spinach, peas, lettuce, cabbage ... as well as in corn/maize and eggs albeit with a low concentration.

Ask your doctor, pharmacist, and other health care providers about any dietary supplements and prescription or over-the-counter medicines that you take, and they can advise you if the dietary supplements might interact with your medicines or if the medicines might interfere with how your body absorbs, uses, or breaks down nutrients. Meritene® Magnesium & Potassium is not intended to substitute main meals and should be consumed as part of a balanced and varied diet and a healthy lifestyle.

This article has been brought to you by: Mirko Cirolli  
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## Aħna li għexna l-80's



Anaesthetic machine u l-ewwel monitors tas-CCU



L-uniku *chiropracist* f'pajjiżna flimkien ma' ieħor; Fl-1982 bdiet tevolva l-Ginekologija fuq linji moderni; Il-Mental Health Association of Malta (MHAM) bdiet ukoll tiffunzjoni fl-1982 u giet imwaqqfa mill-Professor Abram Galea. Intużat l-ewwel *kidney machine* għall-*haemodialysis* f'April tal-1983 fl-ewwel Renal Unit fi hdan l-M7 u lejn l-aħħar ta' dan id-deċennu rajna t-tobba li kienu jaħdmu barra l-pajjiż minħabba l-istrakj tat-tobba, jirritornaw lura b'esperjenzi varji li taw spinta kbira fi proċeduri ġodda, kardjologija, operazzjonijiet, *management*, u mentalitajiet aktar friski. Fl-1987 jew ftit wara bdejna naraw *anti-psychotics* ġodda u rajna żvilupp sostanzjali f'dan ir-rigward. Lejn l-aħħar tal-80s kien ingiebb il-Cardiac Surgeon Yates u saru l-ewwel 5 CABGs f'Malta. Kien ukoll popolari wkoll ix-xogħol tal-Professor Fara fil-Kirurgija Plastika. Sa dik il-ħabta kien għadu jintuża l-Iron Lung, apparat li kien ingiebb mill-Isptar tal-Imtarfa.

Fl-1987 infetaħ l-Angio Suite waqt li fl-1989 infetaħ il-Burns Unit, il-Hyperbaric Unit, infetħet estensjoni ġdida tal-Casualty u Helicopter Pad ġdida mhux 'il bogħod mill-*iSchool for Nurses*.

Kont ninnota li l-pazjent kien jaqra' aktar il-gazzetti, forsi minħabba l-interess fil-politika partigġjana jew in-nuqqas ta' teknologija tal-informatika. Kull sala kien ikun hemm televiżjoni wieħed u xi wħud mill-pazjenti kienu jgħibu permess biex idahħlu *portable television*. Immaġinaw x'kakofanija ta' storbju minn TVs u radijiet kollha jaħdmu f'daqqa.

L-ikel mit-tubu għall-pazjent kien *rudimental* bis-siringa u mhux bil-*feeding pump*: tferra' l-brodu jew ikel mithun (*liquidised* ippreparat minn nurses permezz tal-*liquidiser*) minn bekk ġo siringa tas-60cc u titma (bolus) permezz tar-Ryle's Tube (Nasogastric Tube) bil-gravità jew bil-*plunger*. Moribondi li ma kienux jieklu ma kienux jaqbdu u jagħmlulhom NG tube u ħafna minnhom kienu jmutu l-*"mewta naturali"* tagħhom. L-ikel *"normali"* tal-pazjent kien permezz tat-*trolley* tal-ikel, fejn l-*in charge* u l-kumplement tal-istaff kien iqassam u jitma', mingħajr eċċezzjoni, irrelevanti kemm għandek x'tagħmel.

Mhux l-ewwel darba li xi koxxa ta' tigieġa kienet *"titwarrab"* minn xi *staff* u xi ngħidu għal dawg il-

### • ikompli minn paġna 19

kienu jintużaw fl-ITU mis-sebghinijiet tad-ditta Honeywell bdew jinbidlu flimkien ma' *ventilators* fl-ITU u t-*theatres* għal dawg aktar moderni; saru avvanzi kbar fil-medicini speċjalment fl-antibijotiċi (bħall-Augmentin) u għat-trattament tal-*heart failure* (*statins*); fil-kardjologija speċjalment fl-anġjografija; żdied it-trattament għall-pazjenti li kellhom bżonn kura f'Londra; sar avvanz fir-Radjologija; bdew jiffunzjonaw n-Neurosurgical u l-Cardio Thoracic Unit; infetaħ l-Endoscopy; bdew jintużaw aktar *cannulas* għall-IVs; bdew deħlin aktar l-użu tad-disposables; kien l-ewwel pajjiż li daħħal Policy fuq l-ikel u Nutrizzjoni; rajna l-ewwel *speech therapist* fl-1980; Bdew il-Polyclinics għall-ħabta tal-1980; fid-19 ta' Novembru 1981 infetaħ is-CCU u l-Cardiac Lab; ġie inawgurat l-Isptar Karen Grech fl-1981 li kien mgħammar b'Teatri, swali speċjalizzati, Special Care Baby Unit b'20 cot, Obs & Gynae eċċ; rajna l-ewwel *social worker* fl-1981; bdew l-ewwel *pharmacy technicians* fl-1982; beda n-National Diabetes Programme; l-ewwel grupp ta' *podiatrists* daħal fl-1982, bis-saħħa tal-Professor John Buontempo, li kien



L-ewwel ventilators Manley li użaw l-ITU li wara nbidlu m'ohrajn tad-ditta Radcliff/Cape





famuži pulpetti! Kien hemm anke kompetizzjoni min se jirnexxielu jigbor l-ikel li jkun baqa' jew intrema "għall-klieb". L-istaff kien jitla' jiekol il-canteen ukoll (fejn kien hemm is-Salarji u l-Blood Transfusion Department) fl-ewwel break, f'nofsinhar u fl-erbgħa ta' wara nofsinhar, ma mmorrux nitilfu l-cake! L-ikel ma kien xejn speċjali imma għall-anqas konna niltaqgħu fil-break u ngħidu kelma bejnietna. Minn jgħid iċ-ċuċati, minn jigdeb, minn jirraġuna u minn jorqod (u jonħor). Uħud kienu jdabbru rashom f'xi store mibdul f'kamra għall-irqad, bil-lockers u xi żewġ showers ukoll. Xi wħud kienu jippreferu jieħdu bela' kafè mill-canteen "ta' barra" għand George jew minn xi hwienet tal-viċin. Il-ħalib fis-swali kien jiġi fil-fliexken bil-crate titkaxkar mal-kuritur kollu sal-pantry. Fil-pantry l-istaff kien ikollu sensiela ta' lockers żgħar jissakkru biċ-ċavetta biex wieħed ipoġġi l-affarijiet personali tiegħu, apparti li kellna locker mit-twal fl-istaff quarters. F'ta' bil-lejl l-istaff kien jew iġib miegħu ikel lest jew kien hemm minn isajjar xi platt għaġin tajjeb. Xi wħud kienu jiltaqgħu għand xulxin fil-pantry "jgħidu kelma" sakemm jibda' jdur l-SNO ta' bil-lejl. Xi SNOs ta' billejl kienu strict u kulhadd kien iċempel lil xulxin biex javżaw li jkunu "bdew iduru", waqt li oħrajn kienu OK u wara li jieklu xi ħaġa f'xi pantry f'xi sala, jiddubbaw xi żewġ fliexken ħalib, xi biċċa ġobon u naqra ħobż u "jirtira" f'kamartu.

Sodod tal-hadid, żgambelli u bedtables ta' dik il-habta



Fil-bidu tat-tmenijiet il-kelma professjonalizmu fl-istudji jew ix-xogħol tagħna ma kinitx għadha dahlet fil-vokabularju tagħna, għalkemm lejn l-aħħar tat-tmenijiet, wara r-riforma fin-Nursing School din bdiet tinħass għall-ewwel darba. Fil-bidu l-frazi "a learning organisation" ma kinitx teżisti. Meta bdiet ir-riforma ma kienx faċli tħarreġ l-ewwel grupp ta' nurses, inkluż N.Os in charge minn swali, biex jattendu lectures għal granet sħaħ, tul 4 snin u jħallu s-swali waħedhom. It-tmeninijiet għalhekk kienu żminijiet ta' bidliet importanti kemm fil-karrieri tagħna u anke bħala pajjiż. Konferenzi u seminars ma kienux għadhom popolari dak iż-żmien u qabdu jirrankaw sew fid-disgħinijiet. Ma kienx hemm CPDs u perkaċċi oħra biex nattendu.

Il-patrijiet Kapuċċini minn dejjem kienu jaħdmu fl-isptarijiet magħna u dejjem għamlu xogħol mal-morda u l-batuti b'żelu kbir. Niftakru lil Patri Rafel jintona waqt il-Quddies, u kappillanioħragħaddejjin mill-kuritur tal-isptar bil-Vjattu u l-qanpiena ddoqq kullimkien minn fejn jgħaddi. Patri Vitor kien iħobb iżomm ġongol f'idejh biex qabel jidhol hdejn xi mara

iġenġlilha waħda biex ma tinħasadx. Il-xogħol tagħhom ma kienx faċli lanqas. Kienu (u għadhom) jiġu għall-grizma tal-morda u dlik biż-żejt imqaddes f'kull hin tal-ġurnata jew lejl. Kienu jdur għall-qrar ħafna aktar mil-llum. Il-pubbliku kien juri ħafna aktar rispettt lejn is-sacerdoti u speċjalment meta jkun għaddej il-Vjattu. Kien isir il-Quddies fis-swali u kulhadd kien iżomm għall-lest il-paramenti kollha li jinħtieġ. Konna nisimgħu wkoll quddies fil-Kappella ddedikata lil San Luqa u ġieli niżżilna xi pazjenti magħna. Meta kienet taqa' Ostja kkonsagrata fl-art il-patri kien jgħidilna npoġġuha f'qasrija u nitfawla l-ilma. Niċeċ u statwi kien hemm ma kull rokna tas-sala u fil-Milied u l-Ġimgħa l-Kbira kienu jintramaw bil-kbir u jekk mhux b'xi esaġerazzjonijiet ukoll. Kien hemm staff iddedikat aktar minn oħra biex jarmaw, inaddfu, ipinġu, jinnavigaw fid-dawl, jiżirgħu l-ġulbiena u mitt haġ'oħra. Ġorg tal-Mużew jew l-Għannej tal-Mulej kien jiġi kuljum iżur il-morda, xemx u xita, u kulhadd jgħidlu: "Qabilna waħda, Ġorg". Kien persuna ta' konfort kbir għall-ħafna u bħalu kienu jiġu wkoll tal-Legion of Mary u saħansitra ta' denominazzjonijiet oħra. Kienu wkoll bdew iduru tax-xieda ta' Jehova imma hawnhekk inqala' furur sħiħ

• ikompli f'paġna 34



## Aħna li għexna l-80's

Sodod fil-korsiji



Il-mejda tal-fondut bil-wiċċ tal-irham f'nofs il-big ward tal-isptar San Luqa

### • ikompli minn paġna 33

u ma baqgħux jithallew iduru mal-morda.

Fir-rigward tas-*social cases* bħal-donnu kien beda jirranka dak iż-żmien li kien ikollok xi każi ta' anzjani li ma jkollomx fejn jingabru wara li jfiequ jew jiġu abbandunati minn qrabathom, partikolarment fi żmien ta' festi tal-Milied eċċ. Li hu żgur hu li ma kienx komparabbli għaż-żminijiet tal-lum. Fl-1988 minhabba *heavy load* kbira ta' pazjenti f'San Luqa li konna qed ninnutaw, biex tissolva l-kongestjoni, l-anzjani li ma kienux jirrikjedu trattament speċjalizzat intbghatu San Vincenz għar-rijabilitazzjoni. Interessant li miżuri simili kienu ttieħdu fl-1957 u l-1969.

It-tmexxija tal-isptar kienet il-famuża *hierarchical top-down approach-management*. Niftakru diversi *Supers* (Superintendi), kollha bil-karattru tagħhom, fejn it-tmexxija kienet tirrifletti x'tgħid

il-professjoni medika, aktar milli x'jgħidu n-*Nurses* u l-*Midwives*. Maż-żmien din bdiet tinbidel. Il-progress li rajna f'dan id-deċennu kien wieħed sostanzjali tant li baqa' paripassu mal-modernizzazzjoni fid-dinja tal-medicina. Kien importanti li nibqgħu aġġornati mal-proċess evoluzzjonarju xjentifiku ta' kull qasam biex nissalvagwardjaw u nirrispettaw id-dinjità tal-vulnerabbli, tal-batut u tal-marid. Kien u għadu responsabbiltà

tagħna li dawn in-nies li huma fil-kura tagħna, noffrulhom support u fejqan f'kull aspekt, minn mindu nibdew bħala studenti sakemm nilhqu tal-post. J'Alla l-istudenti tal-lum jiġu illuminati minn dak li ġara fil-passat, jevitaw l-iżbalji li setgħu ġraw u jkunu entużjasti biżżejjed biex joffru hidmiethom fil-qasam tal-kura b'dedikazzjoni u żelu.

**Tmiem is-sensiela  
Joe Camilleri**



Sala tipika tal-Medicina, qabel saru l-cubicles, pultruni tar-rexin u statwa tal-Madonna f'nofs is-sala



It-tmigh tal-pazjent permezz tat-tubu



• continue from page 27

been very lucky, as other healthcare workers across the country have been unable to access PPE.

Jane says that over her time at NHS Nightingale, just 54 patients have been admitted. Most of them were male, overweight and from a black, Asian, or ethnic minority background. "A lot of them were key workers, Uber drivers, teachers and receptionists who were more exposed to the virus." Not everyone recovered.

Last week, sources told the BBC that London's NHS Nightingale treated 51 patients in the first three weeks, 13 of whom died at the hospital. The NHS would not confirm those figures and an NHS spokesperson said it would be a "mark of success" if the hospital "continues not to operate at full capacity".

Jane says: "I'm very much used to looking after patients, seeing them



recover in normal hospitals and watching them go home." But with patients dying regularly, she admits it's been "very emotional".

She says staff at NHS Nightingale allowed one visitor to access the ward if their family member was dying. "In the patient's last moments, we would read out a note from their family member. It was absolutely heart breaking."

Jane believes that the mental repercussions of the pandemic will see a lot of nurses leave the profession altogether. "There's going to be huge amounts of people suffering from PTSD and depression. Lots of people will leave nursing because

they've been pushed to the bone."

Despite the challenges, Jane commends the hard work of the NHS and echoes the praises of the government, describing the last six weeks as nothing short of phenomenal. "Massive amounts of teamwork went into this. Your team become your friends and family, especially at a time when so many cannot visit their own. What we created at NHS Nightingale is phenomenal. We are proud of it."

And what does she make of the nation clapping for the NHS every week? "We've really felt the love and the amount of support. Bring on the claps, pots and pans."



# Is Florence Nightingale still relevant today?

By Professor Anne Marie Rafferty, Professor of Nursing Policy, Florence Nightingale Faculty of Nursing and Midwifery, King's College, London & Christophe Debout, General Secretary, European Federation of Nursing Educators (FINE)

Florence Nightingale was a complex character. Born to a life of privilege, she benefitted from the liberal, free thinking values of her parents, and a family tradition of campaigning for humanitarian causes. She was educated by her father who exerted a profound influence on her intellectual and moral development. Her polymathic gifts meant she could access data and works of reformers from a range of European sources.

She was also blessed by her family's support of women's education, which enabled her to network with the intellectual and political elite, using them as an audience for her reforms. Leading thinkers passed through the Nightingale household and it was here that the young Florence was introduced to some of the best minds of the Victorian era. It was partly through such networks, that Nightingale was able to visit the hospital in Kaiserwerth, Germany, which spurred her decision to enter nursing, an unusual decision for a woman of her birth and standing.

The interdependence of her theological and scientific thinking led her to regard statistics as key to understanding the 'laws of nature'. This was all important in the context of the social upheaval, urbanisation and industrialisation of Victorian Britain where randomness seemed to rule the human condition. Statistics became a vehicle for targeting intervention, reducing risk and combatting poverty and deprivation. Her quest to do something practical was not only driven by her empathy for the human condition and a moral compulsion to act, but also by frustration with the role of women. Nightingale

railed against gender as a barrier to participating in public life. Her mode of nursing relied upon working to the authority of one female leader in an institution as well as affording the opportunity to women of earning their living and forging independent careers.

## 200 years later, does Florence Nightingale speak to us today?

Nightingale's nursing intersected with a broader set of interests in public health, advancement of medicine, hygiene, epidemiology, statistics and military health. In that sense, her vision was thoroughly modern: intersectoral, interdisciplinary and global. Her understanding of the physical and psychological environment of the hospital and home reveal not only a deep scientific understanding of hygiene, but health and healing, details of care that added to comfort as well as nourishment of the human spirit.

Nightingale's statistical and analytical skills formed the bedrock of her international and comparative statistics, anticipating the development of International Classification of Disease (ICD) codes today. Her research on hospital outcomes finds echoes in the work on staffing by Aiken et al.<sup>4</sup> She was, above all, a brilliant communicator both visually, through data, and verbally, through the power and epigrammatic prose style.

*Miss Nightingale with her tame owl Athena, circa 1850 after a drawing by Parthenope Lady Verney*



She was adept at presenting data in a graphic form to dramatize her message and move her audience to action. She understood the power of statistics to change minds and encourage politicians to implement reform. Her clear, persuasive style and proactive approach to policymaking made her a skilled policy entrepreneur—putting the evidence in the hands of

policy makers via her networks; communicating it in an easily digestible format, then lobbying her case with every tool she had at her disposal.

The rise of random controlled studies and evidence-based practice is now common currency in nursing and healthcare practice. Indeed, Nightingale's very definition of nursing, both sick and health nursing, resonate with our approaches today: "What is nursing? Both kinds of nursing are to put us in the best possible conditions for nature to restore or preserve health—to prevent or to cure disease or injury." Her teaching on hygiene remains exemplary as we battle with sepsis, excess mortality attributable to hospital acquired infections: MRSA and *C. difficile*. Added to that, antimicrobial resistance (AMR) is poised to be one of the leading causes of mortality by 2050, in which handwashing and hygiene may be some of the most potent defences against transmission. AMR forces us to fall back on practices of the pre-antibiotic period.<sup>6</sup> Hospital scandals are not a thing of the past and recent experience in the US, UK and elsewhere demonstrate many of the underlying causes are staffing shortages and the want of good quality nursing.<sup>7</sup> Her support for nursing as a secular occupation; a means to enable women to be trained, educated and pursue an independent living has amplified

the impact of education on the health of the population, both indirectly and indirectly. Evidence demonstrates that investing in the education of nurses delivers a health dividend for the community in terms of its health literacy.<sup>8</sup>

Nightingale would undoubtedly be shocked by the scale of global health inequalities today; the nursing shortage; the threat of AMR, resurgence of infectious disease such as tuberculosis and emergence of new threats such as HIV, Ebola, cholera, to our health security. She would put her righteous indignation to work, call time on the nursing shortage and escalate it up the international political agenda by declaring it an interna-

tional emergency.

She would rally support for a global nursing summit at the 2020 World Health Assembly; marshal all her networks and political resources to lobby governments and nongovernmental organisations to commit to a treaty compelling governments to take action by putting a legal framework in place to ensure sufficient supply of nurses to speed up progress on the SDGs and UHC for underserved populations.

She would convene a follow-up summit with finance ministers at the World Economic Forum meeting in Davos to create a new global Nightingale Fund to deliver the biggest ever investment in nursing and midwifery in history. She would call on all nurses to take leadership of hygiene and antibiotic stewardship. Notes on Nursing would be relaunched as an online platform to empower patients and their families in the 21st Century in how to keep healthy and look after themselves, targeting those with chronic disease and mental health problems in the first instance.

She would train a new breed of digital nurse designers to produce solutions for care delivery and patient safety systems as well as engage with innovations such as blockchain. She would remind us that globalisation is an opportunity to connect with our values, each other and set out a bold manifesto for change. This would require a power shift from 'old' to 'new power'<sup>9</sup> and new ways of collaborative working. Nursing associations would need to adapt and work together to form a super collaborative to use their collective organising power to mobilise on a scale as never before, working closely with the public, patients, and families.

Finally, she would urge an inter-generational approach, with young and older leaders trained together in organising methods and political influencing skills. Together, they would act as the new generation Nightingales who would lead the charge and create nursing as a global social movement for social good.

“ She was also blessed by her family's support of women's education, which enabled her to network with the intellectual and political elite, using them as an audience for her reforms. Leading thinkers passed through the Nightingale household and it was here that the young Florence was introduced to some of the best minds of the Victorian era.



inews

## “Aħna l-aktar f’riskju imma mhux se naqtgħu qalbna li negħlbu dan il-virus ... se nibqgħu hemm għalikom”

Il-biza’ jew aħjar thassib dwar kif wieħed jista’ jippreveni mill-coronavirus hija xi haġa li tinsab madwar id-dinja kollha.

F’messaġġ ta’ kuraġġ mill-paġna ta’ Facebook ‘Nurses Inspire Nurses Worldwide’ intqal li minkejja li hafna mill-attivitajiet f’diversi pajjiżi jinsabu weqfin, żgur ma jistax jingħad l-istess għall-isptarijiet imxerrdin madwar

id-dinja.

L-għan ta’ dan il-grupp hu li l-infermiera jwasslu messaġġi ta’ kuraġġ lil infermiera oħra u lill-pubbliku li jsegwihom. Fil-kitba tagħhom huwa qalu li minkejja li hafna nies qed jibzghu iħarsu lejn xulxin aħseb u ara jagħmlu kuntatt, fl-isptarijiet għad hemm nies bħalhom li se jibqgħu jagħtu l-massimu biex tingheleb din il-pandemija.

“Aħna xorta se nibqgħu nagħmlu

kuntatt mal-pazjenti biex niċċekjawhom il-polz u neżaminawhom ... b’dan il-ħsieb tad-dover tagħna f’moħħna lanqas m’aħna se noqogħdu tliet metri bogħod mill-pazjenti tagħna”.

Huma temmew jgħidu li minkejja li huma l-aktar komunità ta’ persuni li jinsabu fl-akbar riskju, KBURIN li mhux se jaqtgħu qalbhom għax “flimkien nistgħu negħlbu dan il-virus”.





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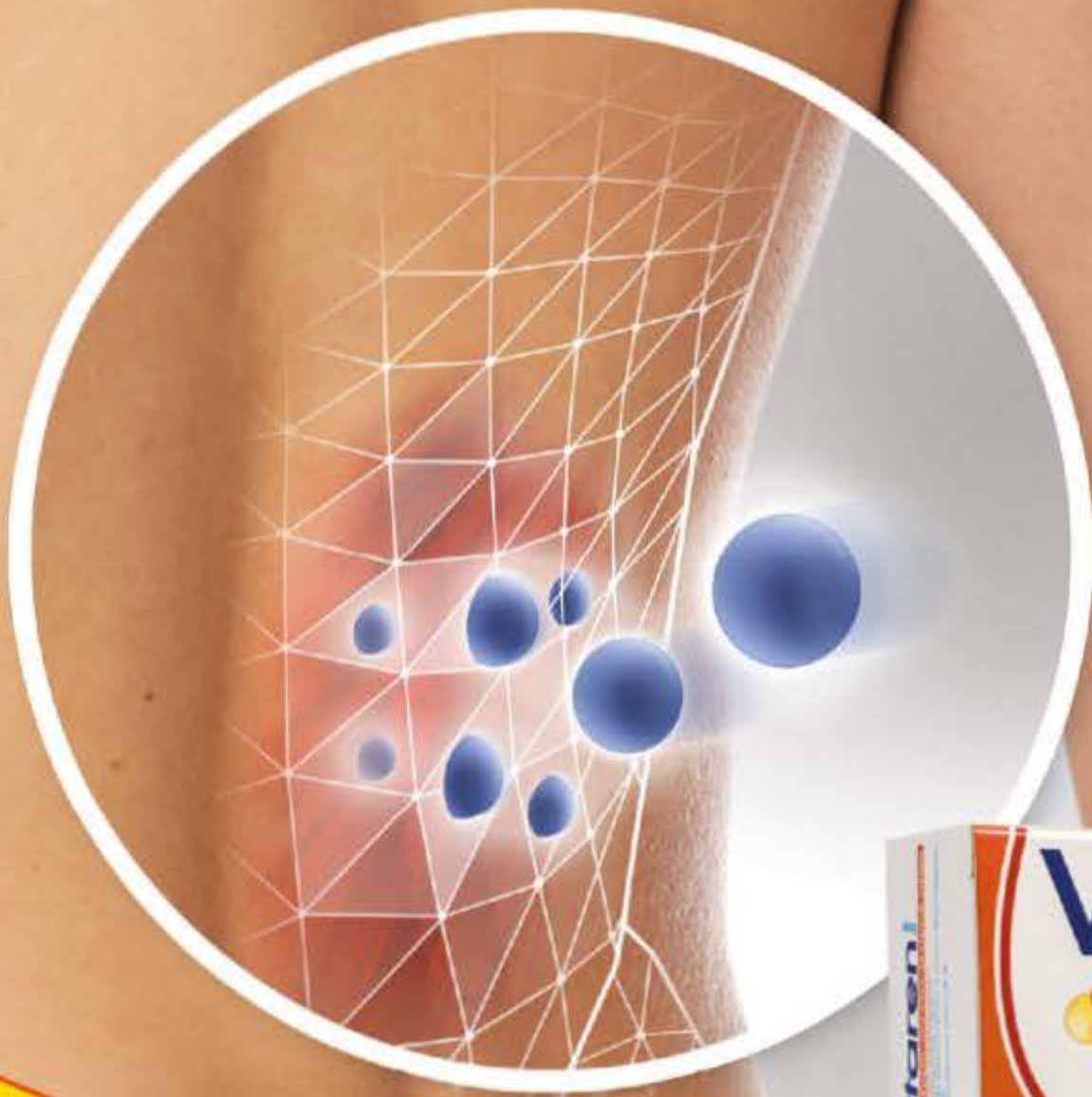
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