# Il-Musbieħ

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

Numru 90 - Marzu 2021

## MUMN applauds all its members for their commitment in this pandemic

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# STOP the Exodus

**More overseas-trained nurses are needed to join the Nursing and Midwifery Council especially with the latest Covid-19 personnel demand for trained staff. At least a temporary register is required as part of 'emergency measures' in such circumstances. Our Health Services are under huge strain, and allowing overseas-trained nurses to register temporarily will help deal with staff shortages. Health and social care services must be supported throughout this pandemic to provide the highest level of care to patients. Vacant nurse jobs in Malta have already been a problem before the pandemic and nursing staff have now been stretched even further in the last 12 months.**

COVID-19 has exposed the vulnerabilities of nurse supply flows, domestically and internationally. Its impact at country level has been to highlight further any existing supply gaps and the effect of staffing shortages.

Malta at present is not only bracing for an exodus of foreign nurses but more than 140 nurses have already left the island. This is a situation poached by the UK as part of its efforts to control the spiralling COVID-19 crisis. This will and has resulted in the shortage of nurses in Malta, therefore creating a considerable amount of 'brain drain'. Qualified nurses from India, Pakistan, the Philippines and some sub-Saharan African countries are being attracted to jobs with favourable economic benefits in other countries such as the U.K.

Malta is failing to acknowledge the importance of having motivated local healthcare workers who feel respected and adequately paid for their important contribution to keep the National Healthcare afloat. Non-Maltese healthcare workers must be treated with the respect and the dignity they deserve.

This is not about money nor about the salary, this is about status. In fact many nurses who are leaving the country claim that they love our beautiful island and they are only doing so for their job safety and a stable future.

To stop the exodus of foreign nurses and other healthcare workers, one of the major issue that is creating severe difficulties to these workers is the yearly renewal of ID cards with ID Malta. In fact this is the toughest of all the difficulties. Another condition is the extra burden of the extra cost for medical imaging procedures that have to be incurred yearly out of their own pocket and with

unnecessary X-ray exposure. Even the yearly renewal fee to ID Malta and the unpractical issuance of the card is an extra unpopular burden. There have been instances that due to unsettled expired ID cards renewals, workers could not travel urgently, not even to attend funerals or other family matters. Even the processing of Residence permit, for children born in Malta, or even spouses of nurses who lost their job, is a lengthy bureaucratic process. Aren't nurses, essential workers after all? In some instances, immigration authorities are treating such workers at par with illegal immigrants, which is not fair at all. We applause the agreement reached between the Government and our Union. Now we need to go from words to action.

Recent talks with the Health Ministry have agreed that certain limitations imposed on foreign nurses need to be rectified if we need to compete with other countries. We need to urgently stop the resignations but Identity Malta must cooperate fully. Stop the exodus.

# President's message

A year has passed since the first case of Covid 19 appeared on the Maltese islands and the situation in our country is still not good at all. The so called third wave has hit us hard, resulting in another partial lockdown being imposed. MUMN was an extremely hard critic both of the Government and of Dr. Gauci on the light measures imposed with little or no enforcement we had in Malta.

This resulted in a situation where all hospitals deteriorated to such an extent that the Prime Minister had no choice but to acknowledge the need of another partial lock down. The warning signs had been very visible since January, but the Health Authorities ignored them and now the situation in MDH (most especially ITU) is in dire straits and overwhelmed with work.

All hospital staff have been vaccinated hoping that vaccination will give us the necessary respite from this pandemic. The pressures, stress and the sheer workload are at their peak and hopefully with the vaccination program and the current covid measures the number of Covid cases will decrease in the community and in hospital wards.

The Government and the Maltese people must realize that we are dealing with a natural phenomenon which is a virus. Viruses can only be controlled through strict covid measures, but enforcement is also especially important since there will always be a section of the people who unfortunately will never abide to any measures. The Government must stop to try to be populistic and should be stringent on any individuals or business who break these measures. It is not fair when as is currently happening restaurants and other businesses are suffering due to the inefficiency and inadequate of enforcement measures of the authorities together with irresponsible people. Let this be a lesson to all, that we as a country can never let our guard down. Lives are being destroyed and people are in dire financial trouble. This needs to stop and we should all act responsibly.

On a different note:

MUMN was instrumental for pressuring the Health Division to issue the call for Third Country Nationals to further increase the nursing work force. With all the different areas opened in MDH, more nurses were needed, and such an intake was more essential than ever.

MUMN has also made progress on the sectoral agreement of the phlebotomists and the Decontamination Sterilization technicians. MUMN is awaiting counter proposals on these agreements.

Progress was also registered for the call of principle for the ECG technicians. The call is expected to be issued shortly.

This year's graduates will be around 150 students coming from both universities, the University of Malta and Northumbria University. Having said that, this does not mean that the nursing work force will increase by 150 nurses since a number will opt to continue studying at the University as medical students or will be choosing to work in the private sector. MUMN has already contacted these students explaining the various sectors the union caters for. The various services offered by MUMN together with the support MUMN gives to all its members was also explained.

This month nurses and midwives will be receiving the shift allowances for the first time. Another important achievement is that the appraisal reports will not be done anymore, and full allowance received. This was achieved by MUMN with your great support. This is the first time that these allowances were ever given to the nurses and the midwives.

Hope that my next article in Musbieh which will be in three months' time, the situation in Malta and in all hospitals would be much better. If we all do our part, summer will be much better for all of us. We do need to be positive and hope to start having a better summer and well-deserved break.

Take care, stay safe.

**Paul Pace - President**

# Kelmtejn mis-Segretarju Ġenerali

**Is-sitwazzjoni tal-covid-19 ilha tagħfas sew fuq il-membri tagħna. Din il-pressjoni qed inħossuha kemm bħala ċittadini normali bħal kulħadd, imma aktar minn hekk, qed tħalli effett negattiv fuqna bħala Health Care Professionals. L-ansjetà li din is-sitwazzjoni qed tħalli fuqna hija enormi.**

Din l-ansjetà qed tagħfas fuqna kemm mill-att personali, meta kull darba qed nirriskjaw ħajjitna meta noffru l-kura tagħna lill-pazjenti, kif ukoll qed insofru mill-biża' li ninfettaw lill-familjari tagħna speċjalment fejn hemm involuti membri tal-familja tagħna li huma vulnerabbli. Din l-ansjetà fuq il-post tax-xogħol ilna nsoffruha 12-il xahar sħaħ u inevitabilment ħalliet, u għadha qed tħalli marka negattiva fuq saħħitna.

Issa, f'dawn l-aħħar ġranet, ġenituri membri, reġgħu ġew darhom mal-ħajt hekk kif għalqu l-iskejjel u l-faċilitajiet taċ-*childcare*, aktar u aktar meta n-nanniet ma jistgħux jgħinu u jassistu fiż-żamma tat-tfal tagħna.

L-MUMN qed tagħmel dak kollu possibbli biex il-membri jiġu megħjuna kemm jista' jkun. Il-Gvern din id-darba naqas bil-kbir għaliex quddiem sitwazzjoni li diġà għaddejna minna f'Settembru li għadda, deher ċar li ma kellu l-ebda pjan ċar sabiex l-impjegati tiegħu jiġu assistiti. Kull ġenitur jidħol fin-nar għat-tfal tiegħu. B'kull rispett lejn kulħadd, l-interessi ta' wliedna jiġu l-ewwel u qabel kollox. Kif tista' tippretendi li l-membri tagħna jibagħtu t-tfal tagħhom ġo ċentri tat-tfal meta dawn ġew iddikjarati mill-Gvern stess li mhumiex *safe*, speċjalment fil-konfront ta' dawn il-varjanti, u għalhekk ġew ordnati biex jagħlqu. Forsi dawn iċ-ċentri tal-Gvern huma speċjali? U jekk hu hekk, għaliex iċ-ċentri l-oħra fil-pajjiż ma jieħdux l-istess miżuri biex huma wkoll jifthu u joffru servizz tagħhom? It-tfal li jridu jsegwu l-lezzjonijiet ta' l-iskola, kif se jagħmlu dan minn dawn iċ-ċentri? Għaliex it-tfal tagħna għandhom ikunu fiż-żvantaġġ fil-konfront ta' sħabhom tal-klassi? Għax huma t-tfal tan-*nurses* u professjonijiet oħra tas-saħħa? Dan għalina ma jagħmel l-ebda sens. Però kif diġà ħabbarna, aħna nifhmu u ma nieħduha kontra ħadd jekk ikun hemm membri li jiddeċiedu li jagħmlu użu minn dawn il-faċilitajiet u s-support tagħna lejn dawn il-membri se jibqa' l-istess.

Din il-ġimgħa l-Institute of Health Care Professionals iddeċieda li se jibda jorganizza *webinars* għall-membri u l-kollegi tagħhom sabiex waqt li naddattaw għas-sitwazzjoni attwali, inkunu qed nilqgħu għat-talbiet kontinwi sabiex jiġu organizzati konferenzi, korsijiet, *seminars* etc sabiex il-membri jkollhom aċċess għal CPDs marbuta mal-professjoni tagħhom.

Punt importanti li xtaqt naqsam magħkom huwa dwar talbiet li ċertu *nurses* u *midwives* qed jirċievu mill-*management* tagħhom sabiex b'mod volontarjat, fil-ħin liberu tagħhom, jattendu *hubs* u ċentri oħra biex ilaqqmu l-vaċċin tal-covid-19. Mad-daqqa t'għajn wieħed jgħid li dan huwa ġest nobbli u jekk wieħed ikun jista', sewwa jagħmel però bħal ma jiġri ħafna drabi fil-qasam tagħna, il-Gvern jagħmel talba nofsa nejja. L-awtoritajiet insew jaħsbu kif ser jipproteġu lil dawn in-*nurses* u *midwives* (volontarjat) minn proċeduri legali li min jirċievi l-vaċċin jista' jagħmel fil-konfront tagħhom. Jistgħu jsiru kemm proċeduri ċivili kif ukoll kriminali. Ma jagħmilx sens li jien immur b'mod volontarju nagħti daqqa t'id u b' ringrazzjament nispiċċa nonfoq eluf ta' ewro f'assistenza legali u nieħu l-battikati tiela' u nieżel il-Qorti snin sħaħ. Allura ngħid jien, min joħroġ b'dawn il-proposti, ma jaħseb xejn fuq il-konsegwenzi tal-ħaddiem?! Jien, f'din is-sitwazzjoni, qabel iserħuli moħħi bil-miktub li se jkun imħares għall-proċeduri ċivili u kriminali, ma mmurx. Però kulħadd jagħmel kif iħoss li huwa l-aħjar.

Għal-llum se nieqaf hawn. Nixtieq lilek u l-maħbubin tiegħek l-aqwa xewqat ta' saħħa.

**Colin Galea**
***Segretarju Ġenerali - MUMN***

Mercy dogs were trained during World War I to seek out wounded soldiers. They carried first-aid supplies that could then be used by wounded soldiers and comforted dying soldiers who were mortally wounded. They have been credited with saving thousands of lives.

# NHS workforce 'on its knees' - without 'recuperation' burnt-out staff will leave, warn leaders

"For too long, the NHS has operated at the top of its capacity, but this strategy is no longer sustainable."

## The Government is being urged to have an "honest" conversation with the public.

The sustained and constant pressure of the pandemic has left the NHS workforce "on its knees" and burnt-out staff will look to leave unless action is taken, warn senior NHS leaders.

In a letter sent to the Prime Minister on Monday by the NHS Confederation, senior leaders from all parts of the NHS have issued several stark warnings alongside calling for a period of "recuperation" before returning to normal operations.

With around 4.46 million patients awaiting routine surgery and up to 20% of the UK population needing mental health support, the Government is being urged to be "honest" about what the NHS can realistically deliver in the coming months to years.

A period of recuperation would allow NHS staff to recuperate and NHS organisations to develop long-term sustainable plans in order to continue with routine work alongside the ongoing burden of COVID-19.

A recent NursingNotes survey reveals a worsening crisis within the nursing workforce – a third were likely to leave within the next 12 months because of a poor work-life balance (15%) and poor mental health (11%).

The letter reads; "With a workforce on its knees and many of the pre-pandemic challenges still very much at play they need your Government both to acknowledge the consequences of the immense pressure their workers have been under so far, and to be realistic and honest with the public about what the NHS can safely deliver moving forward."

> "For too long, the NHS has operated at the top of its capacity, but this strategy is no longer sustainable."

"Our people are the heart of our NHS and are key to its resilience. Their skills, knowledge, compassion and dedication have been witnessed throughout this pandemic but a year of intensive pressure, preceded by a challenging winter, has taken its toll on them, both physically and mentally. Staff vacancies still stand at over 87,200 according to the latest figures and sickness absence rates continue to be higher than normal, while the NHS is expected to do more than ever before."

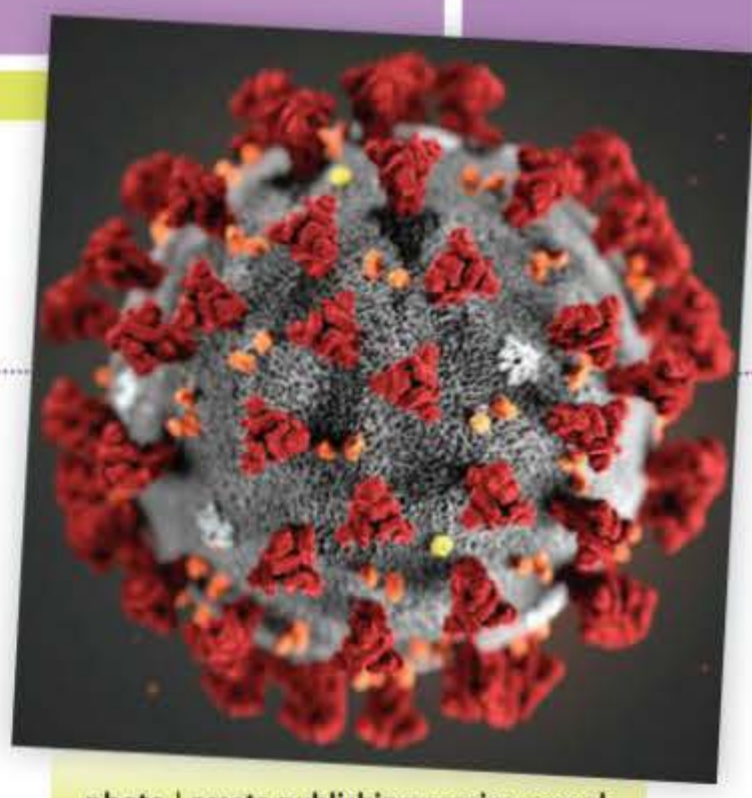
"Our members are very concerned about the wellbeing of their staff and that many will leave the service if too much is expected of them in the aftermath of the pandemic."

"The NHS cannot recover its services at the same rate of increase when staff are so exhausted and there are over 5,000 more patients with coronavirus in hospitals across the UK right now compared to the peak in hospital patients with coronavirus seen during the first wave."

The letter continues; "For too long, the NHS has operated at the top of its capacity, but this strategy is no longer sustainable."

"At such a critical moment, we urge your Government to support the NHS to recover and thrive. This starts with an honest conversation with the public about what will happen next, reflecting the physical and mental toll the pandemic has had on its 1.3 million workforce and then, allocating resources in the Budget where they are needed most, both this immediate next phase and beyond.

# EFN Report Covid-19 crisis management at national level



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The picture concerning the numbers of nurses infected and died with COVID-19 across the EFN Members is alarming. Accuracy of these date, and consequent policy recommendations, remain challenged by the inadequate collection and reporting of nursing-specific data at national level, as well EFN – European Federation of Nurses Associations

Specifically, earlier EFN analyses in this series of reports concerning the impact of COVID-19 on nurses in Europe, EFN Members expressed grave concerns over the level of preparedness seen at national and European level. Concerns were especially noted around serious lack of personal protective equipment and evidence-informed protocols to ensure nurses caring for patients with COVID-19 are sufficiently protected. This lack of preparedness was generally worse in care homes, which left nurses working in those settings vulnerable to the virus with limited education and protection, especially during the initial surge.

A further challenge faced by nurses in Europe concerns access to testing, which also suggests the true number of nurses infected with COVID-19 is likely to be much higher than what is currently known. While availability of testing continues to improve, EFN Members remain concerned about the level of inconsistency seen within countries concerning access to testing being influenced by the healthcare setting (i.e. acute or residential care) and kind of hospital employer (i.e. large/ small, public/ private) nurses find themselves in. This potentially places some nurses at a more vulnerable state compared to others.

A third challenge which helps contextualise the data presented in the current report is the significant increase in nurses' workload, not only concerning the care to patients with COVID-19 but additionally continuing to provide care to the rest of the population with ongoing conditions such as cancer, diabetes and ischemic heart disease. Nurses have shown unprecedented levels of flexibility and resilience, working above their expected working hours and in settings beyond their usual areas of expertise. However, this has increased reported levels of burnout with nurses feeling physically exhausted and psychologically scarred. This ongoing state of exhaustion leaves nurses more vulnerable to the virus, even as availability of protective equipment, testing and access to vaccines improves.

The current and expected rates of nurses getting infected, living with the long-term consequences of, or dying with COVID-19, in combination with the increase in nurse burnout, worsen the issue of nurse shortage significantly. As a result, many EFN Members are expecting a rise in intentions to quit nursing due to a general feeling among nurses that their contribution is not valued, which will make managing future pandemics highly problematic. Given the difficulties of providing nursing care during the pandemic, with increased workload and rising uncertainty, there is a real risk of a large number of nurses leaving the profession at a time when they are needed most.

## What can be done to protect nurses?

While Europe continues the good fight against COVID-19, to date there has been limited concerted attempt by national governments to engage with nurses and their representative organisations at national level. The data shown in the current report concerning nurse infections and deaths with COVID-19 implicate governments in a collective failure to protect those sent to the pandemic frontline. The nursing workforce will not be able to continue to absorb the hits it receives on a daily basis for much longer. Initiatives are now urgently needed, which should be developed following a co-design approach involving nurses and their representatives as the end users.

It is important to remember that nurse infections and deaths with COVID-19 are but indicators of the significant impact the pandemic has had on nurses and nursing. Further to the physical impact, mental health difficulties among nurses have also been on the rise as a result of their exposure to the virus itself, as well as to the care needs of critically ill patients, devastated family members and high rates of mortality. Moreover, with the majority of nurses being women with caring responsibilities, an infection with COVID-19, and subsequent isolation, has also had significant and negative ripple effects across their family units.

The high number of nurse infections and deaths reported here point to inadequate support for nurses, certainly in some countries more than others. Earlier EFN reports in this COVID-19 series point to nurse concerns about access to protective equipment, testing, psychological support, and safe working conditions. The numbers of nurses infected and died with COVID-19 are conservative estimates, and in many ways represent

a best-case scenario; given some of the data is already dated, and the widespread challenges of incomplete reporting, the reality in Europe is highly likely to be much, much worse. If collective action is not taken soon, the nursing workforce may suffer irreplicable damage, from which it may take years to recover. Such an outcome would damage healthcare across Europe, compromise health system resilience and leave the citizens of Europe vulnerable and exposed to future pandemics.

## What can the European Institutions do?

To protect nurses, and in so doing safeguard the future of healthcare in Europe, the EFN Members implore the European Commission, national governments, and other European stakeholders to take coordinated and immediate supportive action in collaboration with nurses themselves and their representative organisations. In the years to come, as Europe moves from a responsive to a recovery phase, a key challenge for the European Institutions will be how to best incorporate in the design of pandemic recovery planning the experience and expertise of those at the coalface, frontline nurses.

Pandemic recovery planning should begin sooner rather than later, but to do so reliably it is important to have access to reliable data concerning the true impact of the pandemic on the healthcare workforce, and specifically on nurses. It is clear from the EFN series on COVID-19, based on real-world evidence amassed and shared by the EFN Members, that the nursing workforce needs to be better equipped, prepared, and protected if it is to contribute to driving health system resilience in Europe moving forward.

Accurate and up-to-date data about the number of nurses infected and died with COVID-19 must be put in place as a priority. This will not only help with future planning but will also send a strong message to the nursing workforce that nurse lives matter to the European Commission and to their national governments.

Finally, European Institutions are strongly encouraged to increase investment in ensuring safe nurse staffing numbers through recruitment and retention initiatives; allocate dedicated funding for the ongoing provision of protective equipment to frontline nurses; offer psychological, physical, financial and social support services to nurses adversely affected by the pandemic; and ensure a safe workplace through encouraging national governments to implement existing legislation for appropriate health and safety measures and positive work environments for nurses.

## Policy recommendations

Based on the data collected by EFN Members to date concerning the negative impact of the COVID-19 pandemic on nurses and nursing, and in light of the rising figures concerning the number of nurses infected and died with COVID-19, the EFN calls to European and National health stakeholders to:

- Ensure accurate and continuous recording of cases of nurses infected with and died from COVID-19.
- Make data on the impact of COVID-19 on nurses and nursing available to help plan an evidence-informed response and recovery plan moving forward.
- Acknowledge the significant negative impact and risk of COVID-19 to nurses and nursing; and offer support to manage the damage and contain the risk.
- Ensure ongoing and adequate supply of protective and care equipment for healthcare workers and nurses in particular, irrespective of their work setting (public or private, in community or acute care settings).
- Provide freely and easily accessible testing for nurses, regardless of symptoms or exposure to the COVID-19 virus.
- Engage with nurses and their representatives at national and European level to plan the provision of adequate support for nurses, especially those whose health has been negatively affected by COVID-19.
- Plan and initiate measures to protect health systems across Europe from the imminent worsening of the nurse shortage, by focussing on nurse staffing and wellbeing.
- Overcome the variability and inconsistency nurses across Europe experience with regard to pandemic response and recovery planning, working towards a coordinated approach across health settings and countries.

## Conclusion

The devastation witnessed during the ongoing COVID-19 pandemic brings into focus the importance of having strong and resilient healthcare systems in Europe; a key means with which to achieve system resilience is by supporting and protecting the biggest workforce delivering frontline care, nurses. The pandemic poses a significant threat both to those who receive and those who deliver healthcare; both within and across national borders. To ensure the safety of all stakeholders, measures to ensure adequate protection against the transmission of, and recovery from, COVID-19 must be consistently applied across Europe.

As the COVID-19 pandemic continues to ravage through the nursing workforce, and stretching health services across Europe to their limit, the EFN Members plea with the European Institutions and national governments to take action now to protect and support our nurses. Supporting European nurses during the COVID-19 pandemic is vital, not only to protect the current nursing workforce but also to build confidence among would be nurses that nursing is a valued, safe and protected profession in which to invest their future.

While the year 2020 is drawing to a close, the COVID-19 pandemic is far from over. Unless action is taken now, the damage to the nursing workforce will continue to haunt Europe for decades to come.

# The Road of Physiotherapists within MUMN

Pauline Fenech - Chairperson, Physiotherapists Group Committee

**In the recent weeks I have been toying with the idea of writing out the narrative of what it is like to be a physiotherapist working in the public service for the past 18 years.**

Let's be clear, every decision taken wasn't easy or for frivolous reasons. Decisions were taken due to pain, injustices and road blocking, exhibited without any much assistance from powers-at-be.

Whilst some allied health professionals and their union try to picture MUMN as the devil reincarnated, ready to sabotage their work, with much applause from their followers, little do they know what THIS path has been like and how much work has been put into improving the lives of physiotherapists for the better, whilst other unions were unreachable.

Whatever is being written here is the sole truth and as experienced by physiotherapists who lived, breathed, and been present in every step of the way. Such narrative has been witnessed by several different stakeholders throughout the process

## The following article explains the narrative between 2013-2015

So let's start from the beginning ....back in 2013, UHM signed a sectoral agreement and a memorandum of understanding (MOU) on behalf of allied health professionals . Whilst members were given a basic idea of what the agreement entails, no reference was ever made to the MOU during the meetings. Members were not aware of what the MOU entailed when they voted during the voting process. To help readers understand the importance of the MOU, an MOU is what impacts employees within the service bridging from one system to another, whilst the sectoral agreement is more adapted for how new recruits are affected within the system. It was known ever since that the MOU had impacted the majority of allied health professionals badly; those who had several years of experience within the service; those who were caught up in between further studies for a masters; and those who were assistant principals before the assimilation process. It also impacted badly on those managers that were leading their respective services until 2013. The hierarchy was disrupted once and for all. Damage done was irreversible. Even with the recent sectoral agreement and MOU signed in 2020, UHM's representatives themselves declared that such damage is irreversible and what's done is done and this new agreement didn't make up for the damage done in 2013.

So after the publication of the agreement of 2013, which was on the eve of a general election (lost by the Nationalist Government), who had signed such agreement. From the impacted employees, around 40, mostly physiotherapists and some occupational therapists who joined force, wrote a letter to the new minister of health, new prime minister and also UHM with regards to the injustices of this agreement. We didn't have much reply so we asked UHM to address the matter through a side letter, and also asked the Malta Association of Physiotherapists to intervene and speak out officially. Unfortunately we didn't get much support either. Time passed and in 2014, we then had no other option but to seek legal advice. These 40 employees worked through the same channels that the ex-managers were working on. i.e a judiciary protest in court against the government and the UHM. After this, UHM offered to listen, a meeting was held, and all the faults within the agreement and MOU were presented, however they refused to set a task force unless all the impacted employees would rejoin the union, even though the majority were still members by then. Our lawyer guided us not to fall for the trap as through this manoeuvre UHM were not showing any signs of reconciliation but were more concerned about membership fees. By then the ex-managers had started a court case against the government and UHM, however we tried to opt for other alternatives and a few physiotherapists joined force and sought other advice. In the meantime MUMN had voted in their AGM that health professionals outside nursing and midwifery could also join MUMN. We were cautious about such claims and we sought further advice because through the

grapevine we were being told that we couldn't join another union as we were all considered as allied health professionals due to certain union implications and clauses present in the collective agreement of all the public service. So two of my colleagues and myself approached the Centre of Labour Studies at the University of Malta and sought advice about such a claim from experts within employment relations sector in public service. After analysing our situation in depth , they explained to us that every employee had the right to be represented by the union of his choice if such a union opens up the membership to other workers and thus it was safe to seek other unions outside UHM. Up till that time, both major unions UHM & GWU were present for the allied health agreement however UHM was always the signatory of such agreement by default and not because they had ever claimed the sole recognition of this group i.e there was never proof that the majority of allied health professionals were in fact members of UHM. This fact was also declared in court during the court case of the ex-managers against UHM back in 2014. The employees relations experts within UOM explained what the process involves with regards to sole recognition of a group of employees (by gaining 50 % plus one of workers and we being a recognised profession, in this case 50% plus one of physiotherapists). They added that such process goes through the DIER and the possibility that an opposing union would contest such claims and if so, a voting system would be needed amongst members. We also discussed the idea of what it would entail to set up a house union, or an independent union altogether, however under the circumstances this was found to be impractical and highly improbable due to several different factors. After this, I myself took the initiative to enrol on a 13 week module within the University of Malta which looked into Employee Relations matters in detail. Through this module I was exposed to a number of experts within the field and benefited from their direct advice on such a complex topic which is alien to most allied health workers.

> Decisions were taken due to pain, injustices and road blocking, exhibited without any much assistance from powers-at-be.

During that same time frame, we as physiotherapists approached MUMN and presented our issues as well as our aims and targets: to be represented by them on the table of negotiations, and in the long run also consider reformation within the CPCM which was badly needed. We also presented difficulties we were having in our day to day lives, including professional matters within the public service and managerial issues where UHM was practically always inexistent.

MUMN offered their help and free legal advice of how we could set up a physiotherapy group committee, work to increase the memberships and after getting the 50 % plus one of physiotherapists, seek the sole recognition of Physiotherapists within MUMN as advised by DIER itself. Physiotherapists who were involved in this process were adamant that they wanted physiotherapists elected on this group committee to manage the physiotherapy matters, and not nursing staff who wouldn't understand our nitty gritty issues along the way.

During the summer of 2015, UHM ordered further industrial actions , as allied health professionals we thought that such actions would somehow make up for the deficits of the MOU of 2013. However disappointingly only a handful of members of UHM benefited from such a side letter. UHM had yet again lost another opportunity to fix the erroneous matters.

During all this time, other matters concerning physiotherapists were emerging which needed immediate attention and action: The privatization of St. Luke's Hospital, Karen Grech Hospital and Gozo General Hospital. Workers within such hospitals were concerned about how their livelihood, professional development and work could be impacted. Some physiotherapists approached UHM being their members, for advice and help. However we later got to know that UHM didn't offer such help and guidance and were more concerned about the likelihood of physiotherapy exodus rather than the wellbeing of such professionals themselves. Assistance was asked not only in view of the privatization but also in view of the services being left behind and the shambles state the Physiotherapy Department was left in and forgotten for a number of years! The major Physiotherapy Department in Malta was forgotten along the way when Mater Dei opened.

After yet another lost opportunity for UHM to reconcile their actions, the Physiotherapy Department within St. Luke's hospital set a meeting together and decided to take advice from MUMN. This was a crucial moment to move along definitely from one union to another after several failed attempts and disappointments of our previous Union.

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*The Story continues in the next issue of il-MUSBIEĦ...*

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# Badges fuq l-Uniformijiet tal-Infermiera u l-Qwiebel

**Meta jien dħalt Student Nurse fl-School for Nurses ta' Gwardamangia, lejn in-nofs tat-tmeninijiet, l-użu tal-*badges* tal-Infermiera fuq l-uniformi kien diġà beda' jitlef il-faxxinu tiegħu. Mhux talli ma baqgħux popolari li jintlibsu talli fl-1983 dawn waqfu li jiġu mmanifaturati wara r-ristrutturizzazzjoni tal-*General Nursing Council* tar-Renju Unit u l-bidu tal-United Kingdom Central Council (UKCC).**

Ħafna Nurses kien ddispjaċihom li dawn kienu waqfu u kien sar attentat li dawn jibdew jinxtraw minn min riedhom; esperiment li ma kienx irnexxa. Però kont għadek issib numru sabiħ ta' State Registered Nurses (S.R.N.s) u State Enrolled Nurses (S.E.N.s), u anke Midwives fl-isptarijiet ta' Malta li kienu għadhom jilbsuha fuq l-uniformi l-antika, u donnu li dawn kellhom ċertu preġju. Filfatt kultant żmien kont tisma' lil xi nurses jgħidulek li kienu qed iġeddu r-"registration tal-S.R.N." u b'hekk iżommu l-*badge*. F'pajjiżna din l-użanza kienet ilha li bdiet mal-ewwel S.R.Ns Maltin fis-sena li Malta saret indipendenti, jiġifieri fl-1964 u jidher li l-ewwel żewġ *nurses* Maltin li libsu l-*badges* kienu Sr. Aldegonda Farrugia, Principal Nurse Tutor u Sr. Federica Galea, Assistant Sister Tutor li kienu jmexxu l-iSchool for Nurses li ġiet inawgurata fl-1965.

Il-*badge* tal-iState Registered Nurse li kienet tingħata lin-Nurse kwalifikat, fuq il-wara tagħha kien ikun hemm imnaqqax id-data ta' meta n-Nurse laħqet jew laħaq pereżempju '1966', in-numru ta' reġistrazzjoni u anke l-isem tal-persuna. Ma kull kwalifikazzjoni ġdida, kien ikun jeħtieġ li l-*badge* tiġi kkonsenjata lura għand il-G.N.C. biex il-kwalifika tiġi mnaqqxa u jiżdied numru ieħor speċifiku. Anke meta n-*nurse* kien imut, kien jeħtieg li l-*badge* tiġi kkonsenjata lura, imma mhux dejjem sar hekk. L-ekwivalenti tal-SRN kien l-iScottish RGN (Registered General Nurse) imma minn dawn ma kontx issib wisq. Rarament f'Malta kont ukoll issib il-Queens Institute of District Nursing *badge*, speċjalment jekk in-*nurse* kienet f'xi ħin għexet, studjat u anke ħadmet l-Ingilterra. Kont anke ssib minn jilbes *badges* ta' organizzazzjonijiet professjonali infermeristiċi bħal dawk tal-British Nursing Association (BNA) u tar-Royal College of Nursing (RCN). F'Malta, lejn l-1985, meta Dr. Donia Baldacchino kienet il-President tan-Nurses' Association of Malta, kienet nehdiet kompetizzjoni għall-emblema ġdida bil-motto 'Care & Cure', fejn kienet intgħażel disinn tiegħi. Il-*badge* tal-Malta Midwives Association li twaqqfet fl-1974 fi żmien meta Mary Vella Bondin kienet l-ewwel President, kellha l-motto 'Amor Custos Vitae'. Ma rridux ninsew l-anqas il-*logo* tal-Kunsill tal-Infermiera u Qwiebel-Malta (Council for Nurses and Midwives) li qabel kien magħruf bħala n-Nursing and Midwifery Board-Malta u l-*badge* tal-MUMN (Malta Union of Midwives and Nurses) li mhux neċessarjament dejjem intlibsu fuq l-uniformijiet.

Il-*badge* tal-iState General Nursing Council (GNC), dik magħrufa bħala tal-SRN, kienet bdiet tintlibes fl-Ingilterra sa' mill-1922, jiġifieri mit-


Ħames verżjonijiet ta' *badges* tar-Royal College of Nursing


Badges tal-Queens Institute of District Nursing u tal-iScottish Registered Nurse


Badges tan-Nurses' Association of Malta u tal-Malta Midwives Association


Il-Badges tal-Kunsill tal-Infermiera u Qwiebel-Malta (Council for Nurses and Midwives) Nursing and Midwifery Board-Malta, magħruf qabel bħala n-Nursing and Midwifery Board u tal-MUMN

twaqqif tagħha. Interessanti li l-ewwel infermiera li libset din il-*badge* kienet l-SRN No 1, Ethel Gordon Fenwick. Ethel, imwielda fl-1857 kienet infermiera Ingliża u kienet pedina importanti fl-istorja tan-Nursing fir-Renju Unit. Kienet għamlet kampanja biex jinħareġ ċertifikat għan-*nursing* u jiġi protett l-isem tan-"Nurse", barra li jkun hemm kontroll biex l-infermiera li jkunu "Registered". L-ewwel *badges* kienu tal-fidda u jidher li fi żmien it-Tieni Gwerra kienu bdew isiru tal-kromju. Id-disinn f'forma ta' ċirku huwa bbażat fuq warda, is-simbolu tal-Ingilterra, b'ħames petali; tlieta fin-nofs ta' fuq u tnejn fin-nofs ta' isfel, separati b'ħames blanzuni bejniethom.


Il-Badge tar-S.R.N. minn quddiem u minn wara, immanifaturata minn Thomas Fattorini ta' Birmingham. Biex titwaħħal kellha labra biex tintlibes mal-uniformi u xi kultant katina qasira ma' *name plate*

Fiċ-ċentru hemm il-figura ta' Igeja (Hygieia), l-alla mara tal-Greċja antika li tissimbolizza is-Saħħa, b'żewġ narċisiet ma' kull ġemb tagħha, is-simbolu ta' Wales. Hygieia qed iżżomm serpent, li kultant jidher qed jixrob minn plattin miżmum minnha. Il-plattin ta' Hygieia huwa wkoll s-simbolu użat minn kumpaniji farmaċewtici li beda jintuża fl-1796 u hu magħmul minn żewġ simboli; is-serp jirrapreżenta lill-Aesculapius, alla tal-mediċina u l-plattin jirrapreżenta lit-tifla u l-ajjutanta tiegħu, Hygieia. Il-kliem bl-ittri kapitali "The General Nursing Council for England & Wales" huma miktuba mad-dawra fuq enamel ikħal, kulur assoċjat man-*nursing*. L-ikħal jissimbolizza stabilità, fiduċja, lejaltà, għerf, kunfidenza u ntelliġenza. Il-*badge* kienet tiżen 10 grammi.

Il-Badge tal-SEN

Il-*badge* tal-iState Enrolled Nurses (S.E.Ns) għandha l-istess għamla imma magħmula mill-bronż u għandha l-istess disinn, bl-eċċezzjoni tal-kliem imniżżel fuq l-enamel kulur ħadrani ċar. Xi whud mill-*badges* issibhom magħmulin fil-kromju wkoll.

Il-*badge* tal-iState/Certified Midwife tissimbolizza lil Juno Lucino, l-alla tal-ħlas, li tidher fuq sfond ovali u qed iżżomm tarbija fil-pala t'idha tal-lemin u għasluġ f'tax-xellug. Fuq sfond fiddien hemm il-kliem "State Certified Midwife" fuq sfond ta' enamel ikħal u kultant bil-weraq tar-rand ma' kull ġenb li jissimbolizza is-suċċess. Juno kienet l-alla Rumana tal-familja, protettura tal-istat u reġina tal-allat fil-mitoloġija Rumana. Kienet l-ewwel alla taż-żwieġ imma anke l-alla tal-ħajja, tal-enerġija, taż-żgħożija eterna, simbolu tal-fertilità u s-sovranità tal-poplu. Fl-1967 id-disinn tar-Royal College of Midwives (RCM) kien inbidel u fit-tarka tan-nofs kienet saret l-Istilla ta' Betlehem, li hija wkoll is-simbolu tal-ħlas, u allura assoċjata mat-twelid ta' Sidna Ġesù Kristu. Juno qegħda fuq pedestall għat-tond u hemm il-motto tal-qwiebel: "Vita Donium Dei", "Il-Ħajja hija r-Rigal t'Alla".


Tlett verżjonijiet tal-*badges* tal-Midwives magħmula wkoll minn Thomas Fattorini Ltd, manifattur tal-midalji

Dawn il-*badges* kienu jingħataw lill-iState Certified Midwives (SCM) u fuq wara kien ikollhom ukoll imnaqqax l-isem u n-numru tar-reġistrazzjoni wkoll. L-SCMs kienu bdew fl-Ingilterra meta għaddiet liġi fil-Parlament fl-1902, fejn il-Midwives kellhom jirreġistraw f'bord ċentrali. Aktar tard kienu introdućew eżamijiet, regoli u regolamenti, u anke liċenzji. Dawn il-kwalifikazzjonijiet professjonali kienu ameljoraw mhux ftit l-istatus tal-*midwives*. F'Malta, b'ligi fil-Parlament (Act XVIII) tal-1973 kien twaqqaf in-Nursing and Midwifery Board li kien iżomm ir-Reġistru tal-Midwives u sas-sena 1975 kien hemm 189 *midwife* liċenzjata f'pajjiżna.

Kien hawn ukoll *nurses* f'Malta li kienu jilbsu l-*badge* tal-SRN bl-ittri RMN (Registered Mental Nurse) imnaqqxa fuq il-wara jew dawk tar-Registered Mental Nurse tal-Iskozja u tal-RMPA (Royal Medico-Psychological Association) jekk wieħed ikun studja magħhom. Mill-1940 it-terminu Psychiatric Nurse beda jintuża imma kienet aktar tintuża l-RMN. Fis-sittinijiet u s-sebgħinijiet kellek Nurses Maltin li qagħdu għall-eżamijiet tal-RMN u kienu jilbsu dawn il-*badges*, jekk ikun il-każ. Simili għall-prattika li xi inizjali jitnaqqxu fuq il-wara tal-*badge* tal-SRN kellek dawk tar-Registered Fever Nurses (RFN); tar-Registered Nurses for the Mentally Defective, tal-RNMS (Registered Nurse for the Mentally Subnormal) u tal-RNMH (Registered

• ikompli f'paġna 16

• ikompli minn paġna 15

Nurse for the Mentally handicapped), dejjem għal dawk li kienu għamlu xi kors u kellhom il-liċenzja.

Fl-aħħar, konna nsibu wkoll *badges* li kienu jintlibsu fuq l-uniformi tan-Nurses li kienu jaħdmu fil-kura għall-komunità jiġifieri dawk tal-MMDNA (il-Malta Memorial District Nursing Association) li twaqqfet fl-1945 u spiċċat fl-2015. L-emblema u l-motto huma dawk tal-kunjom Ingham, il-fundatur tal-MMDNA Captain Robert Ingham bil-motto "In Veritate Victoria" jiġifieri "Il-Verità" hija t-Triq tas-Suċċess".


Badges tar-RMN, bl-ewwel eżempju tax-xellug fejn il-kelma 'RMN' hija mnaqqxa fuq il-wara tal-*badge* tal-S.R.N., il-*badge* tar-Registered Mental Nurse tal-Iskozja min-nofsu u l-midalja tar-Royal Medico-Psychological Association tar-Renju Unit fuq il-lemin

Il-Badge tal-MMDNA

Donnhom dawn il-*badges* issa waslu f'fażi li jintlibsu biss minn waħdiet biss, u li dawn forsi waslu biex jirtiraw, jew issibhom f'xi kollezzjoni ta' xi ħadd li jġemmagħhom. Hija ħasra li llum rari għadek issib min jilbes dawn il-*badges*, li barra li kienu forma ta' reġistrazzjoni jew liċenzja tal-individwu kienu wkoll dekorazzjoni ta' identità fuq l-uniformijiet li fiż-żmien kienu ferm isbaħ, imma mhux prattiċi. Mindu l-uniformijiet ma baqax kellhom il-format kważi militari, id-dekorazzjonijiet ma baqgħux jagħmlu sens. Il-fatt li maż-żmien ir-reġimentazzjoni fl-isptarijiet spiċċat, kellhom jispiċċaw ukoll dawn it-tip ta' *badges* u dekorazzjonijiet oħra. Magħhom spiċċat ukoll il-*pride* li tilbishom, l-unur u s-sens ta' identità.

**Joe Camilleri**
***Charge Nurse***

Families and children being forced into the Warsaw Ghetto

# Irena Sendler: The Woman Who Saved 2,500 Jewish Children During The Holocaust

by Katie Serena | Published October 20, 2017 | Updated October 25, 2019

## Irena Sendler even managed to survive torture by the Gestapo and a death sentence.

At the onset of World War II, the Germans outlawed helping Jews, making it punishable by death in Poland. And not only the death of the one offering assistance, but the death of their entire family. Irena Sendler was well aware of the danger, but that did not stop her from risking everything to save the lives of over 2,000 Jewish children.

### A Fitting Heir To A Legacy Of Courage And Sacrifice

Remembered today as "the female Oskar Schindler," Irena Sendler was an activist and outspoken critic of antisemitic policies long before the outbreak of World War II.

Later, she would attribute the values that guided her work to her upbringing: "I was taught by my father that when someone is drowning you don't ask if they can swim, you just jump in and help."

Her father lived and died by his philosophy. He was a doctor to the poor, whom he often treated at no cost. It was on an errand of mercy that he contracted typhus from a patient. When he died, his daughter was just seven years old.

The Jewish community that he had so often practiced in offered financial support to his widow, but she turned them down, saying that she and her daughter would manage.

As she grew older, Irena Sendler proved herself a fitting heir to her parents' legacy. At school, she was a vocal critic of the system that segregated Jewish pupils from their non-Jewish counterparts during classes and lectures.

She frequently joined Jewish friends on the other side of the aisle, and when a Jewish friend was beaten, she crossed out the stamp on her grade card that marked her as a gentile and made the move permanent. The administration was not a fan; they suspended her for three years.

# European Basic Principles in Bioethics & Biolaw

**Autonomy, beneficence, non-maleficence, and justice are deemed important and well-established principles in biomedical ethics. While these principles are widely accepted and applied, there were other dimensions, that are important for human protection as well bioethics that were not given due consideration through these principles.**

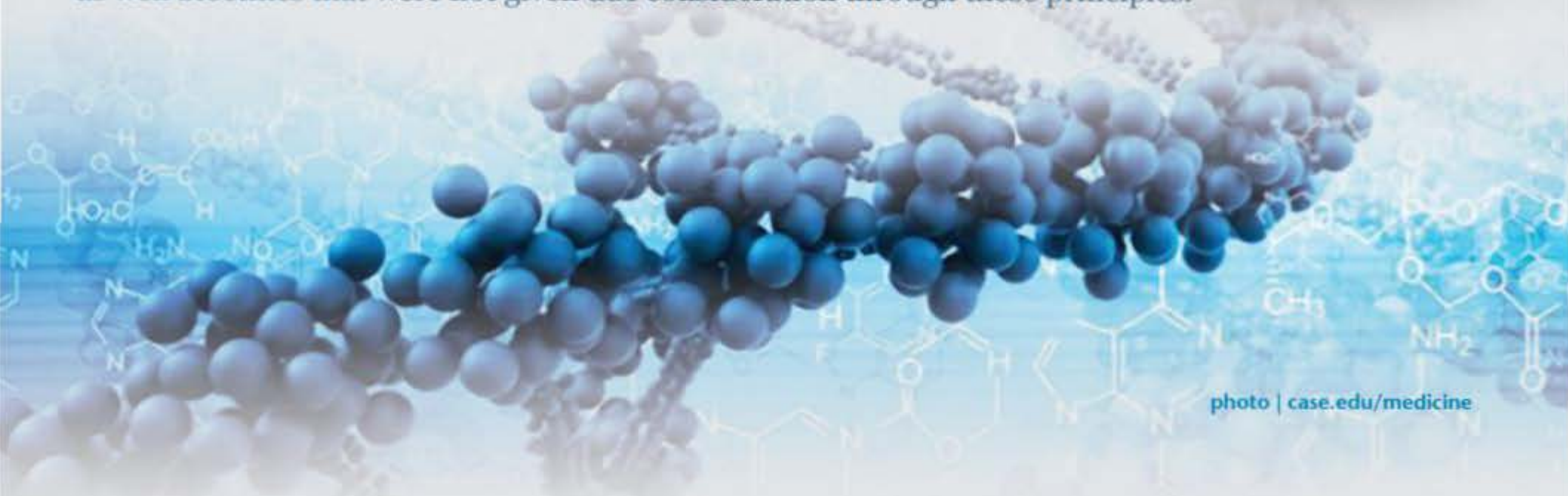

photo | case.edu/medicine

This was a sentiment put forward by European societies and in response to this the European Commission supported the BIOMED project. This included 22 partners from most EU countries to identify ethical principles that represent ideas and values for European bioethics and biolaw. The principles identified were autonomy, dignity, integrity, and vulnerability, within a framework of solidarity and responsibility. Although these principles are not universal, they seek to provide reflective guidelines as well as important values in European culture.

One of the main aims put forward here is that when considering autonomy, it is also important to take into account integrity, vulnerability as well as dignity to ensure the consideration and protection of human beings in both bioethics and biolaw. The principles put forward give high value to the individual as a human being as well as their development in society. This is considered to be the foundation of European Humanistic Bioethics and Biolaw. This is seen as particularly important in the context of human rights and biorights, where the protection of individuals is deemed essential with the ever-evolving development of biomedicine and biotechnology.

The cultural significance of these guiding basic principles originates from French and Italian philosophies as well as the cultural foundations of Northern European countries. This cultural significance is complemented with legal regulation and processes linked particularly to biomedical development. As a result, it is noted that this European framework succeeds in bringing ethics and law closer together as it is believed that these principles can be considered and applied to both perspectives and hence address human rights, legal rights, and political rights more effectively. This is seen as crucial in productively providing human protection.

A move from respect for autonomy to respect for persons can be noted upon further consideration of these principles within the framework of solidarity and responsibility. This is intended to support a human rights-based approach that is ultimately focused on human protection. The relationship between human rights and bioethics has been well established over the past few decades. In addition, bioethics is becoming increasingly significant within the healthcare industry, and this includes nurses as well as allied health care professionals. Therefore, it is noted that there is a responsibility for each professional to ensure they have an understanding on the significance of these principles, and how this can be established in clinical practice effectively. Achieving competence at both a practical and humanistic level is important for implementation in day-to-day encounters.

There are various resources and options available for one to do so. Reading about various ethical theories and frameworks is important as it supports professionals to be well informed and more importantly able to identify the ideal framework to guide decision-making processes. The European Basic Principles will be considered further here, where each principle will be explained further within the framework that they are set in.

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

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# from our diary

25 Years
1996-2021
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MUMN held the first meeting with the Phlebotomists and Dental Sterilisation Technicians


Hon. Dr. Michael Farrugia visited MUMN Premises

Historic moment for the Nursing and Midwifery professions – The Specialist Accreditation Committee met for the first time

Hon. Dr. Michael Farrugia visited MUMN Premises

MUMN met with the third-year students of both the nursing and midwifery professions

For.U.M. met with the Leader of the Opposition Hon. Dr. Bernard Grech

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# Protecting nurses and other healthcare workers tops ICN's agenda after WHO Executive Board meetings

**Geneva, Switzerland, 27 January 2021 – As the World Health Organization (WHO) ends its 148thExecutive Board meeting in Geneva, the International Council of Nurses (ICN) reiterates its calls for nurses to have early access to the COVID-19 vaccination.**

ICN Chief Executive Howard Catton said making nurses and other healthcare workers a priority to receive the vaccine globally will protect them and enable them to continue caring for the sick: not doing so would give an advantage to the virus.

He also called on governments to ensure that the vaccine is distributed equitably to prevent the exacerbation of the already stark health inequalities that exist between rich and poor countries.

Speaking after the meeting Mr Catton said:

"I agree with WHO Director General Dr Tedros when I say that the world is on the verge of a moral catastrophe because of the inequality of access to the COVID-19 vaccine. Last year we called for nurses and healthcare workers to be prioritised for the vaccines once they became available. But we are hearing from our associations that progress has been slow and unequal.

'That's why we are repeating that call for nurses to be a high priority group. Let's be clear: we expect nurses and healthcare workers in low and middle-income countries to receive the vaccine before younger people who do not have underlying conditions in high-income countries. Because we know the huge pressures nurses are under, that infection rates are high and more than 2,200 of them have died from the virus.

'Our recent report highlighted the mass traumatisation of nurses right around the world. And we know that 89% of nurse shortages are in low and middle-income countries, which can least afford to lose any more of their precious nursing staff. And 90% of the world's nurses are women, and access to vaccines is a gender equality issue.

"Nurses and the principle of equality must be at the heart of the reset of our health systems that was called for at the WHO board meeting. If not, the virus will find us out and exploit those inequalities. None of us is safe until all of us are safe."

Earlier ICN made interventions at the WHO board meeting related to the COVID-19 Response, Mental Health Preparedness and Response for the COVID-19 Pandemic, the Immunisation Agenda 2030 and Global Action on Patient Safety.

In its intervention on the COVID-19 response, ICN highlighted its latest report on the psychological distress, abuse and mass traumatisation that nurses are experiencing as a result of the COVID-19 pandemic, and repeated its call for adequate reporting mechanisms to ensure data availability for health workforce monitoring ICN encouraged Member States to establish health, education and retraining opportunity, or "HERO", funds to support people who have lost their jobs in some sectors to retrain to join the healthcare workforce and to prioritise health education in recovery plans.

The ICN intervention on Mental health preparedness and response for the COVID-19 pandemic voiced ICN's concern about the longer-term consequences of the pandemic. ICN urged governments to place mental health at the centre of national COVID-19 pandemic response and recovery plans and called on governments to urgently scale up investment for sustainable community-based mental health services and support services.

> "None of us is safe until all of us are safe

ICN welcomed the Immunisation Agenda 2030, saying that the strong involvement of nurse leaders and the nursing workforce will effectively support the planning, design, implementation, and delivery of immunization programmes at all levels. ICN stressed that prioritising actions that ensure the availability and appropriate distribution of a skilled and motivated nursing workforce will be necessary to achieve IA2030 strategic priorities and will also create resilient health systems able to respond more efficiently to outbreaks and emergencies. ICN strongly recommended including a nurse in the Partnership Council to mobilise nursing partners at country and

regional levels and to support the coordination of technical support.

ICN's intervention on Global action on patient safety welcomed the global patient safety action plan and noted that the designation of World Patient Safety Day had been an important step in gaining global attention on the importance of patient safety and crucial for ICN to highlight the impact of nurses in ensuring patient safety. ICN's September report, Protecting Nurses from COVID-19 a Top Priority, revealed the true extent of the dangers nurses face at work including violence and abuse, unsafe staffing levels, work-related stress, and severe personal protective equipment (PPE) shortages. ICN called on to save lives and create high reliability health systems, by putting healthcare worker and patient safety centre stage in the design and delivery of healthcare services.

The WHO Executive Board, held every January, sets the agenda, and decides on the resolutions to be considered by WHO's governing body, the World Health Assembly, which usually holds its annual meeting each May.

ICN has been in official relations with WHO since its inception in 1948. This means it is one of only a few organisations that can make interventions during WHO meetings.

# MUMN blasts Mental Health Commissioner over statement in defence of migrants at Mount Carmel

**Malta Independent**

## Malta Union of Midwives and Nurses has expressed its "disgust" at the attitude of the Mental Health Commissioner John Cachia regarding the issue of illegal immigrants admitted to Mount Carmel Hospital.

In a statement two days ago, the MUMN ordered its members to refuse admission to illegal immigrants at Mount Carmel Hospital, reporting that nurses and patients are being put at high risk for their safety due to flagrant "abuse" by illegal immigrants in the detentions centres.

Illegal immigrants in detention centres are purposely causing "self-harm" with the intention of being transferred to Mount Carmel Hospital to the detriment of the other patients and staff working there, the union claimed – although it did not present any evidence to back this up.

In reaction, the Mental Health Commissioner had said that persons are only admitted to Mount Carmel Hospital after appropriate assessment indicating a need for treatment.

"Having a Mental Health Commissioner issuing a statement just two hours after MUMN's press releasehidingbehindthepresumption that 'prior to being admitted to MCH, an appropriate assessment of the person is conducted' shows lack of responsibility, lack of investigative work and the laissez-faire of such a commissioner", the MUMN said.

The union said that the Commissioner should "have the decency, to go to MCH and visit the 'Mixed Admission Ward', go through the patient's files, speak and discuss the issues with the doctors and nurses at hand ....then come to a conclusion."

However, they alleged that the Commissioner never left his office and issued a statement without assessing the whole picture.

"If Dr. Cachia would have investigated, he would have seen that doctors have repeatedly refused such patients, and these were only admitted due to medical legal issues. If Dr. Cachia would have investigated, he would have found that such patients are not on any form of oral treatment. Dr. Cachia never even bothered to investigate many other issues which are related to 'illegal immigrants'", the union said.

"Mt. Carmel Hospital deserves better than just a daft statement", they said. The MUMN said that the behaviour of illegal immigrants is jeopardising not just the nursing staff, but also the wellbeing of other patients in the same ward.

"Speaking to the nurses, doctors and the other patients should have been a priority, but it seemed clear that the Mental Health Commissioner decided to issue a statement before the weekend so that the case for him could be considered as "closed" and could enjoy the weekend", the union said.

Reacting to a statement by the EASO, which said that migrants are referred to the hospital because of frequent attempted suicides, the MUMN cited a 2012 Times of Malta article which stated that detainees reported attempting suicide as a form of protest against their detention conditions rather than due to mental health issues.

"In the meantime, nurses and MCH management are seeking legal advice on the situation regarding illegal immigrants since the situation cannot be allowed to continue in Mt. Carmel", they said.

They added that the Mental Health Commissioner should "look into the matter more seriously and not hide behind insignificant statements" and said that they expect him to re-evaluate the situation more seriously.

3 FEBRUARY 2021 **FACT SHEET** INTERNATIONAL NURSES DAY 2021

# COVID-19 INFECTIONS & DEATHS AMONG NURSES AND OTHER HEALTHCARE WORKERS

NURSES
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HEALTHCARE

As of 31 December 2020, the cumulative number of reported COVID-19 deaths of nurses in 59 countries was

**2,262****

More than

**1.6 million**

healthcare workers* in 34 countries have been infected by COVID-19.[1]

**Since May 2020, the International Council of Nurses has consistently called for the systematic and standardised collection of data on HCW infections and deaths. It is evidence that would help protect the safety of patients and HCWs. Regrettably, the continued under-reporting of such information means that the true extent of HCW infections and deaths will be much higher than ICN's data.**

**41%**

In many countries, nurses are the biggest health worker group with COVID-19 infection. For instance, in Mexico, nurses correspond to 41% of confirmed HCW infections.[2]

ICN has seen a significant variation in HCW infection rates across countries. HCW infection rates of up to 30% of all infections have been reported to ICN. The average across the ICN data set is 10%[1] but does vary at different points in time.

**30%**

* The definition of "healthcare worker" (HCW) varies and is not standardised across countries. "Healthcare worker" refers to all staff who work in any healthcare facilities, encompassing but not limited to nurses, midwives, doctors, paramedical staff, healthcare assistant, hospital support staff and community health workers. The definition includes HCWs working in both public and private sectors.

** There is significant underreporting of HCW infections and deaths across countries and as a result ICN figures are highly likely to under report the true extent of HCW infections and nurses deaths.

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# Nurses' union threatens industrial action after COVID-19 vaccine 'chaos'

**MUMN says it will work to rule unless Primary Health Care CEO addresses administrative shortcomings that saw Floriana Health Centre alone treat 220 Covid vaccine appointments yesterday,**

**Other health centres faced many no-shows because the list of patients was out of date and featured many elderly patients who had since died.**

MUMN President Paul Pace has explained his union's disappointment at seeing its members' concerns about disorganisation in the Covid vaccination programme being dismissed by the Primary Health Care (PHC) CEO as "unfounded," despite reports of chaos.

Pace said the union had flagged up serious administrative issues with the logistics of distributing the vaccine but had been ignored.

The primary problem faced by healthcare professionals administering the vaccine is the fact that the 3-minute gap between time slots is proving to be insufficient. "We told them this was going to happen," Pace said. "Yesterday was chaos. We were going to throw away 50 vaccines at Cospicua because the lists were outdated. We had to take them to Floriana. Floriana was so overwhelmed – through no fault of the people- that social distancing went out of the window." Floriana Health Centre alone saw 220 Covid vaccine appointments yesterday, he said. Other health centres had many no-shows because the list of patients was out of date, with many elderly patients having since died.

The Pfizer vaccine needs 15 minutes to be prepared and this appears to have not been taken into account when allocating appointments. There are other problems too. Some health centres have no lift and elderly patients must climb stairs. The winter weather also means that the elderly patients would have to take off several layers of clothes before being able to be vaccinated. "We are talking about patients 85 years old and above…the process is much longer than a simple influenza vaccine."

"Yesterday we had a disaster. After vaccination patients must be observed for 15minutes, but the crowded lists meant that social distancing was not observed. We had elderly patients queuing outside in the cold and rain. We almost had to throw away vaccines due to no-shows, people waiting for over 2 hours. Frustrated patients were throwing chairs in the Floriana Health Centre at a point and the police had to be called to assist."

Pace said that the issues had been raised two days before, but he was ignored and told not to be so concerned with the "nitty gritty," by the Primary Health Care management.

Pace accused the PHC CEO of having "no intention of hearing the issues of her nurses let along addressing them."

"PHC was just looking at numbers without going into the logistics of each and every Health Centre. Having angry clients putting pressures on the nursing when such vaccine needs to be prepared in a quiet calm atmosphere shows how detached PHC management is from the clinical aspect. Not to mention that elderly people were left in the rain, crowded together with no ways to maintain social distance shows again another failure of PHC."

The union announced that it will be declaring an industrial dispute unless several conditions are met immediately.

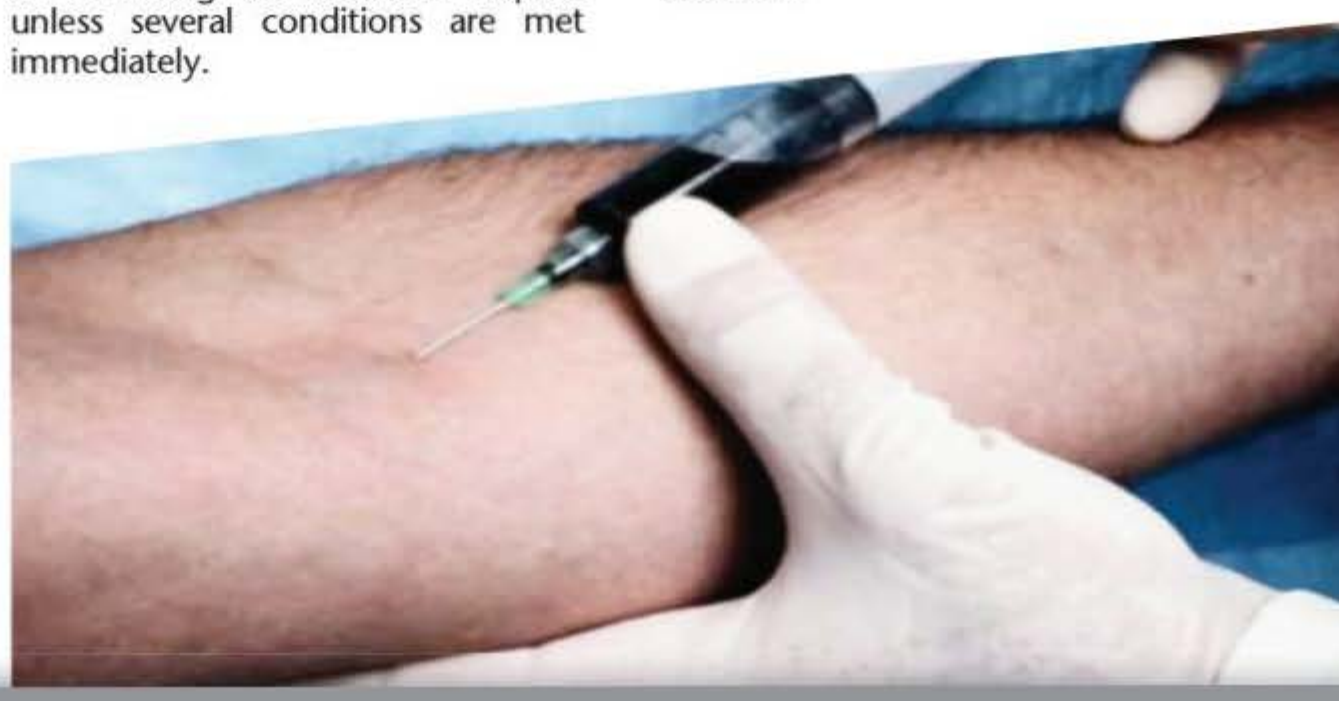
The conditions include, more security guards stationed at every health centre and all vaccination lists given to Health Centre to be verified by phoning all patients to check if they are alive, willing to come and inform clients to adhere to their time slot. In addition, time intervals needed to be more spread out more, it said. Currently nurses are vaccinating 5 patients every 15 minutes.

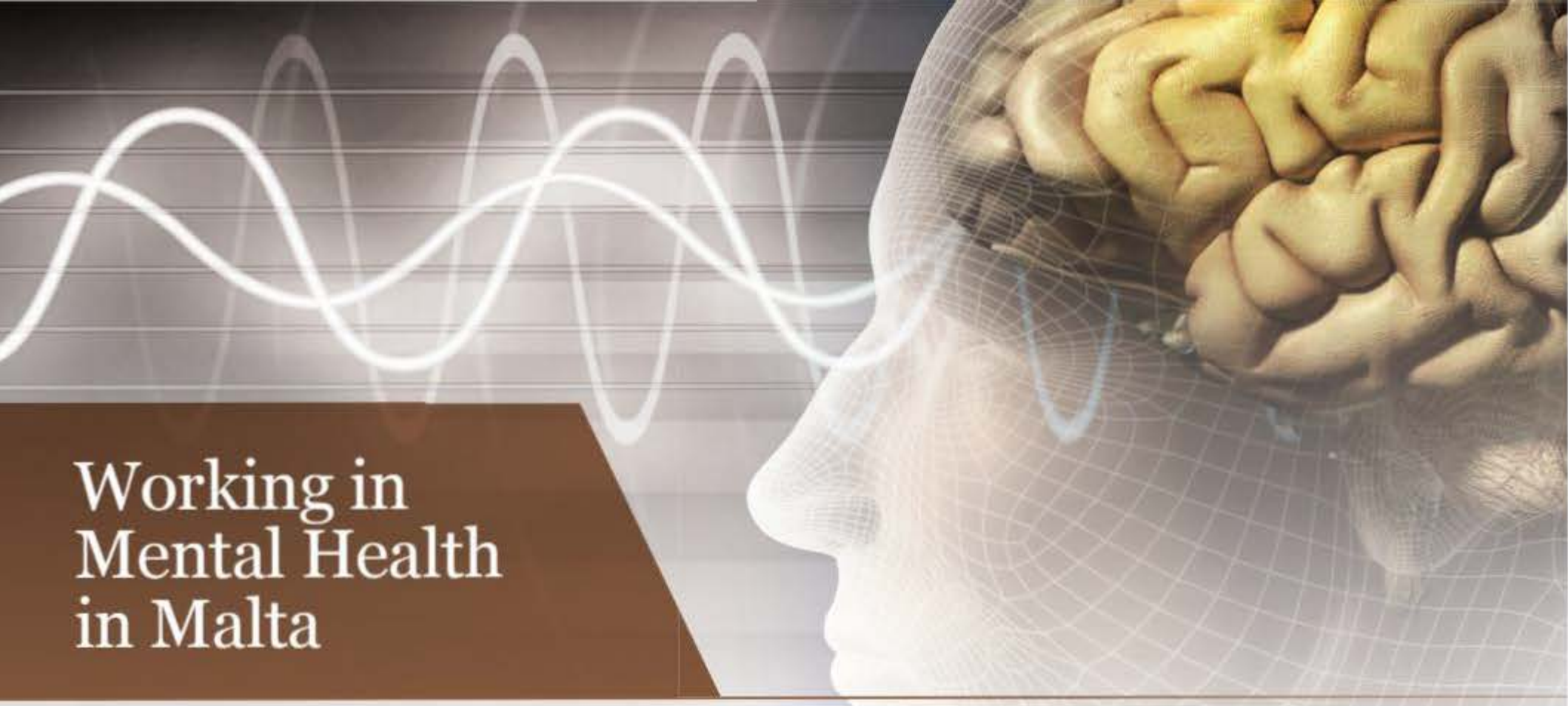
Nurses also needed breaks, Pace said. "These factors are not taken into account." Nurses complaints were ignored by PHC management, he said –being told that it was "your problem." The union was later given an appointment with the PHC on the 21 January, explained Pace.

"We can only cater for so much. We have to be professional; this can't be rushed. We know our input so don't press us with a huge number of appointments." Failure to listen to the union would lead to industrial action, Pace said. "We will work to rule."

"If such claims are ignored, MUMN will be safeguarding the health and safety of its members by other ways within the law. It is clear that Primary Health Care Management failed to address these issues due to a CEO who would not even consider consultation prior starting the vaccination programme," Pace said.

MUMN said it will be meeting nurses working at the Primary Health Care to investigate this and other difficulties being faced by the nurses "since it is clear that the issues of the nurses have always been ignored by Primary Health Care Management," it added.





# Working in Mental Health in Malta

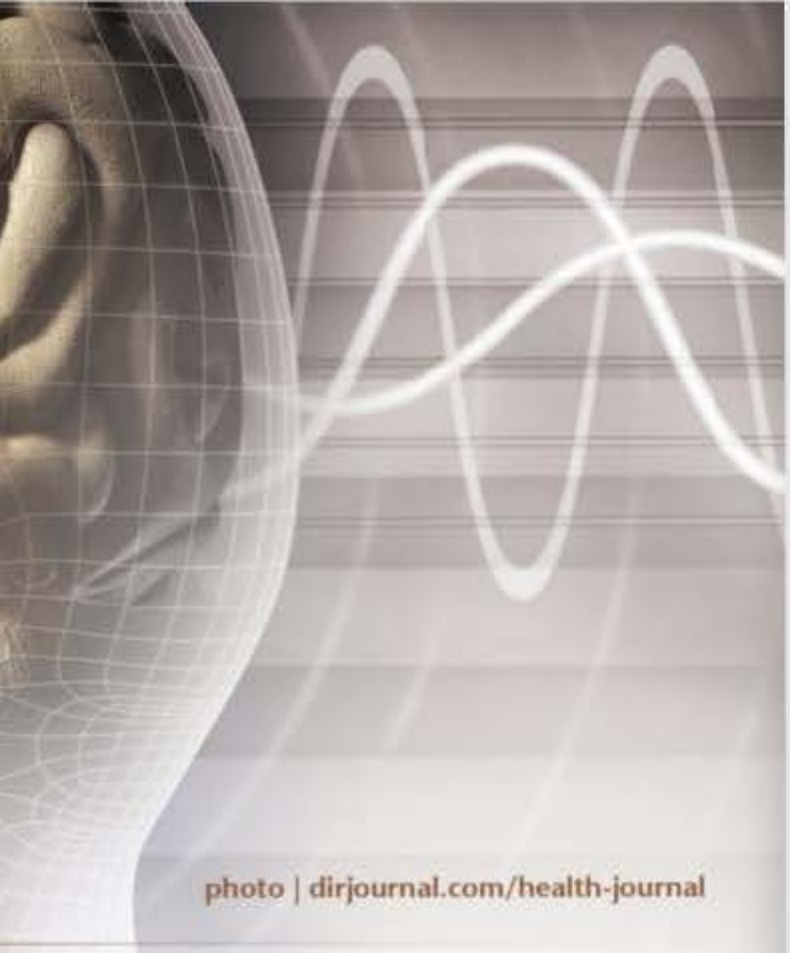
My journey in becoming a healthcare professional in Mental Health started on a wintery day back in November 2016, whilst facing a major life-changing event... my retirement from the Armed Forces of Malta after over 25 years of service. I cannot say it was during a mid-life crisis or a decision taken in desperation.

It was actually something that I knew I had to do immediately after leaving the AFM. During my military years, I was trained as a combat medic so I did not have to ponder about which course I wanted to take. Deep down I knew the answer without one hint of a doubt. Everything inside me screamed Mental Health Nursing because although as an army medic we treated mostly medical ailments and injuries on duty, throughout my army service I had encountered so many cases of psychological and psychiatric strife that I always knew that was a field of nursing that intrigued me and that I intended to study further on. Losing more than one comrade to suicide was one major reason why. Back in those days the army needed external help in dealing with such cases. We did not have a psychologist or a psychiatrist on base so the cases who were courageous enough to come forward and seek help were referred to Mater Dei or Richmond Foundation. Sadly many soldiers went undiagnosed because they did not wish to speak up and as I once heard a young soldier say "I am afraid to air my dirty laundry because I am a soldier first and foremost". This was, unknowingly my first encounter with stigma, albeit hidden behind an army uniform. Fortunately, this situation is slowly being remedied by the introduction of Mental Health Professionals on the army payroll. Having very minimal knowledge and insight about Mental Health in those days, I knew something was amiss and thus my decision to extend my education in such a specialised area began.

My meeting with Dr. Paulann Grech on that morning in November clarified all my queries and in October 2017 I was accepted as a student on the mental Health Nursing course. Against all odds, even from a personal point of view, I graduated in July 2020. As a student, I faced stigma from those dearest and closest to me about why I am opting to work in such a dilapidated and run-down hospital with 'dangerous' and 'criminal' people around me. I was told that being surrounded by such 'negativity' on a daily basis would finally 'get to me' because these patients at 'Frankuni' never get better. Even the jargon used made me realise how uninformed we still are. Words like "looney bins, imgienen, ittikkjati" are still used so loosely. When asked about which course I am reading for, I noticed the blank looks and 'praising' me for being so 'brave' for accepting to work in Mount Carmel Hospital. This did not, however, ever phase me out, even for a second. All I knew was that I was entering a challenging field of nursing and just like any other condition, mental health patients needed specialised care too. It was not their pancreas, colon, heart or kidneys that was giving them trouble, it was the whole biopsychosocial aspect. To be fair, I felt that being a mature student and with my past experience in the army, I was more prepared to the experience. Yes I knew MCH is in a dire state, yes I knew the sensitive needs and vulnerability of the patients I will be working with, yes I knew that I had not even scratched the surface by studying mental health for three years and yes I knew that by working in such a sensitive setting I will be learning new things every single day and face difficult and even perilous situations.

> "My journey from a mental health nursing student to a registered mental health nurse has been one full of hope and determination... not to change the situation from day one but to start by making that tiny difference every single day.

However, that did not deter me. What hurts me most is the fact that in 2021 Mental Health is still on a back burner compared to other medical specialities. As a newly enrolled psychiatric nurse, these are questions I have asked for years and



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years and (although maybe in a little more subtle way) we are still being set aside. When something is amiss or needed at MDH, everyone seems to trip over themselves to get things done and yet Mount Carmel Hospital seem to be forgotten...deep in the hearts of Attard.

However, I wish to end this article on a positive note. My journey from a mental health nursing student to a registered mental health nurse has been one full of hope and determination...not to change the situation from day one but to start by making that tiny difference every single day. I was offered continuous support both from the Department of Mental Health and from the mentors assigned to me during my placement hours. And as a new nurse this support is ongoing. I am supported both by staff and preceptorship mentors alike and I know that if I ever falter and step back I am not alone. Inside the halls of the 'hell' they described in the latest articles I have found a camaraderie and bond like no other. Where I to be given the chance to change my nursing profession in Mental Health would I take it? I will give that answer in a heartbeat....no. It takes dedication and vocation to work with mental health patients and although we can be considered not a priority in the healthcare system, that does not make us any less courageous or willing to walk that extra mile in our patient's shoes.

**Sharon Cuschieri**

*Is a Registered Mental Health Nurse and is a MAPN council member.*



# Who releases Global causes of death 2000-2019

**The World Health Organisation (WHO) has released the leading causes of death globally 2000-2019. While there has been some good news (deaths from HIV and AIDS are no longer in the top ten), there are also figures which should make the world community reflect on their response to the pandemic with 1.5 million deaths globally to date.**

The WHO consider it 'good news' that only 2 million new-borns and young children died in 2019, 1.2 million fewer than in 2000. Of course, this is good news but not when you consider that the majority of new-born and infant mortality is preventable.

The WHO data also reports on global deaths by income group which makes very interesting reading.

The top global causes of death, in order of total number of lives lost, are associated with three broad topics: cardiovascular disease (ischaemic heart disease, stroke), respiratory disease (chronic obstructive pulmonary disease, lower respiratory infections) and neonatal conditions – which include birth asphyxia and birth trauma, neonatal sepsis and infections, and preterm birth complications.

At a global level, 7 of the 10 leading causes of deaths in 2019 were non-communicable diseases. All non-communicable diseases together accounted for 74% of deaths globally in 2019.

The leading cause of death globally is ischaemic heart disease, responsible for 16% of the world's total deaths. Since 2000, the largest increase in deaths has been for this disease, rising by more than 2 million to 8.9 million deaths in 2019. Stroke and chronic obstructive pulmonary disease are the 2nd and 3rd leading causes of death, responsible for approximately 11% and 6% of total deaths, respectively.

Lower respiratory infections remained the world's most deadly communicable disease, ranked as the 4th leading cause of death. However, the number of deaths has gone down substantially: in 2019 it claimed 2.6 million lives, 460 000 fewer than in 2000.

Neonatal conditions are ranked 5th. However, deaths from neonatal conditions are one of the categories for which the global decrease in deaths in absolute numbers over the past two decades has been the greatest: these conditions killed 2 million new-borns and young children in 2019, 1.2 million fewer than in 2000.

Deaths from non-communicable diseases are on the rise. Trachea, bronchus, and lung cancers deaths have risen from 1.2 million to 1.8 million and are now ranked 6th among leading causes of death.

In 2019, Alzheimer's disease and other forms of dementia ranked as the 7th leading cause of death. Women are disproportionately affected. Globally, 65% of deaths from Alzheimer's and other forms of dementia are women.

One of the largest declines in the number of deaths is from diarrhoeal diseases (now the 8th leading global cause of death), with global deaths falling from 2.6 million in 2000 to 1.5 million in 2019.

Diabetes has entered the top 10 causes of death, following a significant percentage increase of 70% since 2000.

Kidney diseases have risen from the world's 13th leading cause of death to the 10th.

Mortality has increased from 813 000 in 2000 to 1.3 million in 2019.

The WHO will consider the impact of COVID-19 on global deaths in a follow-up report.

# New Nestlé NANCARE range of products for infants and young children

During the first years of life, every child, experiences many moments of joy as well as the occasional instance with minor ailments that can cause distress. It is particularly common for babies to suffer minor digestive problems such as diarrhoea or constipation because their digestive and immune systems are still maturing. New Nestlé NANCARE dietary supplements contain active compounds known to help resolve specific issues related to these problems in babies that are breastfed or formula fed. The New Nestlé NANCARE range of dietary supplements were recently introduced to the local market and comprise of 5 different products.

**NANCARE Flora Protect+.** Taking antibiotics early in life may severely disturb the developing gut flora, causing microbiota disbalance by killing both pathogenic and beneficial bacteria. The young child's immune system needs extra protection during early life, given that it's still immature. NANCARE Flora Protect+ with L. Rhamnosus and two predominant human milk oligosaccharides known as HMO's, help build a strong immune system.

Nestlé NANCARE

Nourish every possible need

These active compounds present in New Nestlé NANCARE FLORA -PROTECT+ support a healthy gut microbiota and a strong immune system, even during antibiotic treatment.

**NANCARE Flora Equilibrium** is a supplement for children, that improves mild constipation by improving stool frequency and softening stool consistency. Nestlé NANCARE Flora Equilibrium contains FOS (fructo-oligosaccharides) and GOS (galacto-oligosaccharides). These compounds provide a prebiotic action that improve intestinal well-being and promote digestive health in children. Prebiotics are defined as 'non-digestible food ingredients that beneficially affect the host by selectively stimulating the growth and/or activity of one or a limited number of bacterial species already resident in the colon and thus attempt to improve host health through this action.

**NANCARE Vitamin D** and NANCARE DHA, Vit. D & E. Several studies have demonstrated that serum levels of Vitamin D experience marked seasonal changes with a significant decline during the winter months. Both an impaired cutaneous synthesis of vitamin D and an inadequate dietary supply seem to be responsible for vitamin D insufficiency. Thus, particularly in winter, vitamin D supplementation may be an alternative solution to increase vitamin D levels. The new Nestlé NANCARE range offers two formulations that provide this indispensable vitamin, namely NANCARE Vitamin D and **NANCARE DHA, Vitamin D & E**. In addition to Vitamin D, the latter also provides DHA and Vitamin E. DHA is a special fatty acid found in breast milk that plays a critical role in brain and visual development. Vitamin E helps protect cell components from oxidative damage. The role of vitamin E in protecting against oxidative damage applies to all ages, including infants and children.

**NANCARE Hydrate.** Diarrhoea is a very common health problem in infants and children. This condition may occur due to viral pathogens (e.g. rotavirus) as well as bacterial causes (e.g. Salmonella, Shigella and E. Coli.). Recent guidelines suggest use of reduced osmolarity oral rehydration solutions (ORS) as first line treatment in young children. Nestlè NANCARE Hydrate is a reduced osmolarity ORS, designed to replace electrolytes and water lost during diarrhea and vomiting that supports rehydration.


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Nestlé

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## SPECIALLY DESIGNED FOR BABIES





# St. Dorotheos' Discourse of Healing

**Some time ago I had the joy of reading on St. Dorotheos of Gaza and his Discourse of Healing within the Gazan Monasticism context. I must say that I really enjoyed myself reading about this sixth-century saint and the way he viewed healing. But who was precisely Dorotheos of Gaza? What was his contribution concerning the art of healing? And what kind of healing are we talking about? Let me say something about his life to better introduce him into the powerful discourse of healing.**

Dorotheus of Gaza (in Greek *Dorotheos tes Gazes*; 505" 565 or 620) or Abba Dorotheos, was both a Christian monk as well as an abbot. He entered the monastery of Abba Serid (or Abba Sveridus) near Gaza thanks to the direction of the famous elders Barsanuphius and John. It was around the year 540 when, Dorotheos, founded his own monastery in the neighbouring area and became its abbot. He composed teachings for his monks. A great number of them have, which have fortunately remained with us, have been compiled into a publication called *Directions on Spiritual Training. *This work was originally written in Greek and later translated into medieval Syriac, Arabic, Georgian and Church Slavonic. Abba Dorotheus (or, as he also was known as St. Dorotheus the Hermet of Kemet) is acknowledged as a saint by the Roman Catholic Church, the Eastern Orthodox Church, and the Oriental Orthodox Church. In the Roman ChurchâĐ™s liturgical calendar his Feast Day falls on June 5 whereas in the Churches of the Eastern Orthodox tradition his feast is celebrated on June 18, which is June 5 old style calendar).

**Is not Dorotheos way of viewing the body as a dignified servant of the soul, is a reminder of the biblical idea that, although the human body is good, at the same time, it needs to be taken care of materially and, since it houses our soul, even more spiritually?**

Dorotheos contribution for the monastic tradition is a three-fold one. First, for Dorotheos Christian life implied a healing vision that knows its genesis from the drama of salvation. Thus, for this great monk, fallen humanity can only be saved if it returns back to Christ's teaching that will impart on it that salvific condition it enjoyed in the beginning. In his own words, *[**Christ] has given us the cure for the cause [of sin], so that we shall be able to obey and be saved ... Here, briefly, in one word, he has shown us the root and cause of every evil and the treatment for it and also the cause of every good. *In this perspective, the role of Christ is that of being our Physician and Teacher in order that we might live a healthy life.

In Dorotheos' view, Christ came *to heal like with like; the soul by the soul and the flesh by the flesh. *Since the consequence of the fall badly affected the whole body and the entirety of the human person so Christ's actions healed the soul and the body of the person too. By becoming our new Adam, in other words, *a perfect man without sin*, Christ has restored our natural human state which was initially deteriorated by sin. Dorotheos demonstrated that Christ *has assumed our essence, the first fruit of our nature and He became a new Adam according to the image of Him who created him' (Col 3:10). He renews human nature and makes our senses perfect again, as they were at the beginning. He renewed fallen man by becoming man. *Therefore,

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in Dorotheos' perspective, the incarnation of Christ restored humanity and made it return to its original created state of health, namely the state of humanity in paradise.

Such a perception of healing aided me to appreciate more and more the role of the sacraments, especially those of reconciliation and the anointing of the sick, which people in general and, particularly, those who are hospitalized, tend to benefit from. Let us remember that the sacrament of reconciliation permits spiritual healing and absolution to be effected for people who have greatly distanced themselves from God by sin. On the other hand, the Sacrament of the Anointing of the Sick brings about that physical and spiritual healing of the person who is sick. As the Letter of James suggests when one falls seriously ill a church minister is to be called to anoint and pray on that person by calling Christ to empower and heal him or her.

The second contribution offered by Dorotheos for the monastic tradition is that he understood the habituation of virtue as basic for the healthy life. According to Dorotheos, *virtue is a natural innate condition for us since the seeds of virtue are indelible. I said therefore that as far as we do good we become accustomed to virtue. That is to say, we rediscover our natural state and our own health. *In Dorotheos' teaching, virtue and healthy life go hand-in-hand. In fact, within the monastic context, when one cultivates virtue one is erecting a dwelling place for the soul which is a house built of virtues. That is why for Dorotheos it was important that *we must practice each virtue in such a way that we reach it and it becomes a habit for us. Thus, as we have said, we are a good and skilled builder, able to build our house securely. *Furthermore, virtue heals us from the destructive power of vice. To this end, Dorotheos speaks of the fact that when one serves the sick one is being healed. He observed: *I myself knew a brother who was battling with an evil desire and, because he served a sick person suffering from dysentery with knowledge, he was freed from the struggle. *Within this perspective, Dorotheos was able to correlate the *good and skilled builder *to one who compassionately serves the sick people. Through the safety of the soul's construction and by the means of compassion the monastic brother of Dorotheos could manage to keep his healthy state amid a pest of evil desires. Hence, from this we can conclude that a virtue became the main instrument through which a person's health is restored.

> In this perspective, the role of Christ is that of being our Physician and Teacher in order that we might live a healthy life.

This powerful insight greatly helped me and sharpened my Spirit-given motivation to work more generously and diligently with the sick at the hospital. In his *Testament* Saint Francis confessed: *This is how God inspired me, Brother Francis, to embark upon a life of penance. When I was in sin, the sight of lepers nauseated me beyond measure; but then God himself led me into their company, and I had pity on them. When I had once become acquainted with them, what had previously nauseated me became a source of spiritual and physical consolation for me. *In simple words, this means that for me, Fr Mario Attard OFM Cap, working with the sick is of a great help for my continual purification from sin. Working with the sick hastens and facilitates my progress in my lifelong conversion. As the First Letter to St Peter says: *Above all hold unfailing your love for one another, since love covers a multitude of sins *(1 Pet 4:8).

Finally, Dorotheos managed to reconstruct the positive role of the body within the monastic life. He wisely taught that bodily needs need to be responsibly attended to so as the body and spiritual health are guaranteed. A case in point would be that of fasting. Here, Dorotheos makes it clear that fasting is restorative because it was necessary to feed the body according to its needs while annihilating a gluttonous desire. In an appropriate fast a monk, according to Dorotheos, *rightly searches out his need and receives exactly what is necessary, not for pleasure, but for the strengthening of his body. *This is so because the health of both the soul and the body is one and the same thing. Moreover, the body helps the soul to improve spiritually. Thus, bodily work helps the soul to attain humility. In reality, Dorotheos writes: *Hard work, therefore, humbles the body and when it is humbled, the soul is likewise. *Let us not forget that the body was so much important for the soul according to Dorotheos that he declared: *Through the body the soul escapes from her passions and is comforted. *

Is not Dorotheos way of viewing the body as a dignified servant of the soul, is a reminder of the biblical idea that, although the human body is good, at the same time, it needs to be taken care of materially and, since it houses our soul, even more spiritually?

St. Dorotheos of Gaza and his Discourse of Healing within the Gazan Monasticism made me realize that, as a hospital chaplain, it is Christ himself the prime actor of every healing, including mine and the patients whom I serve. Secondly, to put it in Aquinas' words, *c**harity is the form, mover, mother and root of all the virtues. <https://www.azquotes.com/quote/758805>* Hence, if I want to let the Holy Spirit help me grow in my priestly and consecrated life path of holiness, I must urgently roll my sleeves and keep working with the sick till the very end of my days on earth. Thirdly, when my body is controlled by God's Spirit it becomes the faithful helper of my soul. Thus, the more I serve the sick through my hard work the more my soul can attain that communion with God for which it was essentially created.

**Fr Mario Attard OFM Cap**

25 FEBRUARY 2021 **IND FACT SHEET 2** INTERNATIONAL NURSES DAY

# STRESS & BURNOUT IN THE NURSING PROFESSION

NURSES
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HEALTHCARE


Close to 80% of ICN's national nursing associations (NNAs) that responded have received reports of mental health distress from nurses working in the COVID-19 response.

**In January 2021, the International Council of Nurses (ICN) drew the world's attention to the evidence showing mental health issues and physiological impacts on nurses as a result of responding to the COVID-19 pandemic. ICN called this phenomena the "mass traumatisation"[1] of the global nursing workforce and called on governments to act now to support nurses and address these issues. The COVID effect is real and risks damaging the nursing profession for generations to come.**

ICN estimates the COVID-19 Effect, added to the current shortages and ageing of the nursing workforce, could lead to a potential shortfall of up to

**13 million**

nurses by 2030.

The longer-term impacts of COVID-19 including PTSD and long COVID are currently unknown but could be extremely significant.

NNA reports highlight that the causes of mental health distress are complex and varied and include inadequate PPE, the fear of spreading the virus, high workloads, increase in violence and discrimination against nurses, post-traumatic stress symptoms, etc.

About 20% of nurses in Japan reported they had experienced discrimination or prejudice amid the spread of the virus.[2] In the US, 64% of nurses felt overwhelmed and 67% reported difficulty in sleeping.[3]


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# ICN condemns over 400 incidents of pandemic-related violence and threats against health workers

5 March 2021 – A new interactive map, the Violence against Health Care Related to COVID-19 and Conflict Map, and an accompanying research brief highlights 1,172 attacks and threats against health workers, facilities and transport around the world during 2020, as the COVID-19 pandemic pushed health systems to their limits and sparked widespread violence against frontline health workers.

The map - developed by Insecurity Insight with support from MapAction and the Safeguarding Health in Conflict Coalition (SHCC) - displays information about attacks on healthcare drawn from credible media reports as well as reporting by intergovernmental organisations, states, and NGO partners. In addition to data from public sources, confidential contributions from aid agencies and professional bodies are included in the figures.

Some 412 of these 1,172 incidents were directly related to the COVID-19 pandemic and response measures, such as the arson of COVID-19 testing facilities, the targeting of health workers on their way home from clinics, and violent responses to mask requirements. The COVID-19-related attacks reveal a disturbing new dimension of violence against health care, which has in the past related primarily to attacks on health care amid armed conflict or routine health services provision.

ICN, a founding member of the Safeguarding Health in Conflict Coalition (SHCC), contributed significantly to this work. Howard Catton, ICN's Chief Executive Officer said: "Health workers are being put at increased risk at a time when their communities need them more than ever. The fact that they fear violence and abuse while on the front lines carrying out essential work is completely unacceptable and is adding to the mass traumatisation that they are experiencing. Governments and all stakeholders must do their part and take immediate action to stop this violence. As with COVID-19 infection rates amongst health workers, it is essential that we have data on all threats and violence because without the data we cannot create effective strategies to prevent them."

Erica Burton, ICN Senior Advisor on Nursing and Health Policy, said: "The fact that we have an entire map of data of COVID-19 related attacks against health workers is a devastating reality. At a time when nurses and health care workers are under immense psychological and physical pressures and are essential in ending the COVID-19 pandemic, they must be protected and supported. This is a structural problem and we need to focus solutions on the root social, economic, organisational and cultural factors. The research brief has laid out clear recommendations and governments, civil society and health professional organisations and health care organisations should take urgent action to protect our health workforce."

Because not all attacks on health are publicly reported by media, documented by NGOs, or acknowledged by governments, the map likely represents a significant underestimate of the total violence and intimidation suffered by health workers in 2020. The map and the 1,172 incidents highlighted are not comprehensive, representative, or complete, but rather they represent a minimum estimate of the number of attacks and threats against health in 2020.

Since the beginning of the pandemic, ICN has called for protection of nurses and other health care workers against violence and abuse. In April 2020, ICN called for government action to stop attacks on nurses. InMay 2020, Howard Catton co-authored an article published in The Lancet, calling on governments to act swiftly to protect front line nurses from violence and abuse and makes concrete recommendations. And in June ICN wrote to the President of Mexico asking him to protect his country's nurses and other frontline health staff following an attack on 47 healthcare professionals.

# In-Nurse

**Tifla staqsietha: "Inti Nurse? Kemm hi ħaġa sabiħa. Jien dejjem xtaqt insir Nurse, minn meta kont tifla. Xi kemm tagħmel flus?"**

In-Nurse wieġbet: "Kemm nagħmel flus? Li nżommlok idek meta tkun imwerwra jew beżgħana nista' nagħmilha l-aktar ħaġa importanti fid-dinja. Nista' nagħmel lit-tarbija tiegħek tieħu n-nifs meta tkun qed tifga... Nista' nagħmel mod li missierek ma jmutx b'attakk tal-qalb... Nista' nagħmel sagrifiċċju u nqum fil-ħamsa ta' filgħodu biex niżgura li ommok tieħu l-mediċina meħtieġa biex tibqa' ħajja.

Naħdem il-ġurnata kollha biex insalva l-ħajja ta' nies li ma nafhomx. Inħalli lill-familja tiegħi tistenna għall-ikel biex inkun ċerta li xi ħadd tal-familja tiegħek ikun ħa l-kura li jeħtieġ. Nista' nibqa' bla *break* u bla ikel biex nilħaq nirreġistra x'medikamenti ħadet martek u fi x'ħin. Nidħol għax-xogħol is-Sibt u l-Ħadd u fil-btajjel pubbliċi għax in-nies ma jimirdux biss matul il-ġimgħa. Illum stess għandu mnejn insalvalek ħajtek ukoll.

Kemm qed naqla' b'dan kollu? Nammetti li ma nafx. Naf biss li qed nagħmel differenza.

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# COVID-19 pandemic one year on

## ICN warns of exodus of experienced nurses compounding current shortages

**Geneva, Switzerland, 11 March 2021 – The pandemic has put nurses under enormous pressure and there has been a huge increase in the number intending to leave the profession. But even if governments invest in training more new nurses now, it will take at least three years for them to become registered nurses, and they will be novices who will need time to be able to step into the shoes of their more experienced colleagues who are leaving right now.**

A year on since the World Health Organization (WHO) declared COVID-19 a global pandemic, a new International Council of Nurses (ICN) survey reveals that nearly one in five of its National Nursing Associations (NNAs) surveyed report an increase in the number of nurses leaving the profession. 90% of them are 'somewhat or extremely concerned' that heavy workloads, insufficient resources, burn-out and stress are the factors that are driving that exodus. WHO has confirmed the mass trauma of healthcare workers, highlighted by ICN in January.

The world entered the pandemic with a shortfall of up to six million nurses and an additional four million expected to retire by 2030, which puts the global nursing workforce under an intolerable strain. ICN says large numbers of experienced nurses are leaving the profession or considering calling time after the pandemic, which should be a wake-up call for governments to invest in nursing jobs, education, and leadership before it is too late.

Healthcare systems were shown to be woefully unprepared for such a global emergency, with many countries lacking sufficient intensive care beds, ventilators and other technology, and a worldwide shortage of personal protective equipment.

Many nurses contracted the virus and ICN is aware of 3,000 nurse deaths related to COVID-19 but believes that is a gross underestimate due to a serious lack of data, an issue first raised by ICN a year ago.

ICN President Annette Kennedy said: "I am deeply concerned about the state of the nursing profession, the mental and physical trauma nurses have endured over the past year and the many who may suffer post-traumatic stress.

'The strain that nurses are under is unacceptable, and it is no surprise that so many are feeling the pressure and deciding that they can no longer continue in the jobs they love. When dedicated and experienced nurses call time on their profession, it is a clear indication that something is seriously wrong. Nurses cannot be expected to continue if they are overworked and under-valued. Our nurses have gone way beyond the call of duty this past year: governments must now repay their dedication and commitment with the support nurses need to carry on their vital work for the patients, families and communities that they serve so well."

ICN Chief Executive Officer Howard Catton said the new data shows that difficulty in retaining experienced senior nursing staff, an effect of the pandemic that was expected to occur in the long term, is happening right now.

Mr Catton said:

"This unwelcome anniversary should be a line in the sand that marks a fundamental change in how healthcare services are funded and organised. One year on, the nursing workforce is looking over a precipice: the COVID Effect on nursing is real, it's an imminent threat to the security and strength of our healthcare systems, and it might get even worse.

'ICN has been reporting on what has been happening with the global nursing workforce over the past year, and we have seen how the COVID Effect has severely damaged our nurses' physical and mental health. ICN has called it a mass trauma and WHO Director General Dr Tedros has confirmed it as such.

'Now we are seeing a perfect storm caused by the mismatch between increasing healthcare needs and the supply of experienced nursing staff. Add in the pent-up demand from untreated non-COVID conditions, and the fact that it takes three or four years to make a novice registered nurse, and the outlook is bleak.

'The COVID Effect on the global

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nursing workforce, coupled with the current shortage of six million nurses and a further four million heading for retirement by 2030, could see the global nursing workforce of 27 million nurses being depleted by ten million, or even halved. With growing healthcare demands waiting in the wings, we cannot allow the number of experienced nurses to continue to dwindle. We are hearing of governments' good intentions to recruit new nurses for the future, but it takes three or four years to train them, and many more years to build up the experience necessary to become nursing leaders and experts. Hence the urgent need to support and retain our current workforce.

'Retaining our most experienced nurses will require bold actions from governments, including making improvements to pay and working conditions, enabling older nurses in particular to have flexible working arrangements, and providing appropriate mental health support to help them deal with the traumas of the past year.

'We have pushed world's nursing workforce to close to breaking point throughout this pandemic. We still have a chance to protect them, but time is short: we are at one minute to midnight and the clock is ticking."

# Pandemic leaves nurses feeling depressed, unappreciated and looking to leave the profession

**A third of nurses were drinking more and 13 percent had admitted to having suicidal thoughts.**

**NursingNotes**

Nurses said they had often lost sleep, felt depressed or isolated, and had been driven to tears over the past year.

A new survey has revealed that nearly 8 out of 10 nurses believe the pandemic has had a damaging impact on their mental health with many considering leaving the profession.

The poll, carried out by NursingNotes and Nurses United UK on behalf of Channel 4's Dispatches asked over 3,000 frontline healthcare workers about their experiences during the pandemic and their mental health and wellbeing.

The majority of nurses said they had often lost sleep, felt depressed or isolated, and had been driven to tears in the past year.

Nearly half (43%) who responded to the online survey said they had considered leaving the profession, with 11% saying they intended to quit. 1 every 2 nurses said they felt less appreciated now than before the pandemic.

## Nothing to look forward to

The poll also revealed more than a third of nurses were drinking more and 13 percent had admitted to having suicidal thoughts.

One nurse said; "I feel there is no escape, there is nothing to look forward to, constant messages from work to do extra shifts because of dangerous staffing levels, finishing work extremely late because I haven't had time in the day to get all my jobs done, the pressures from work are brought home affecting sleep and rest.

"I have never struggled with mental health but I feel depressed, incredibly anxious and very low as a direct result of the pressures I'm facing at work every shift."

A massive 76% of all NHS workers also said they had experienced negative reactions or abuse from the public during the last year, mainly around enforcement of social distancing and other rules around the NHS's COVID-19 response. That increases to 86% of black, Asian and ethnic minority nurses.

## Unsurprising

The poll comes out only days after a Tory MP said that recent calls for a significant pay rise for nurses was "one for the fairies".

Jemma James, a Nurses United member who works in a Covid High Dependency Unit said the results were unsurprising.

She said; "Nurses across the UK are doing the best we can, but it's like trying to stop a tsunami with a sieve. Not just in hospitals, but in the community, care homes, GP practices, prisons and beyond – we are all drowning.

"Whether we are working directly with Covid or keeping the many other vital services running, the workload is relentless.

"I don't know how much longer we're expected to keep going like this. Calling us the front line implies that there is a second or a third. There is not, we are it. There are no reinforcements coming if we fall.

*The project QualMent has been founded with the support from the European Commission. This publication (communication) reflects the views of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.*

# Quality Mentorship for Developing Competent Nursing Students

## Promising updates from project partners!

The course of advanced mentorship competences that the project has developed for nurses' clinical mentors started to be tested across the partners' universities. This is a great milestone in the project's history, which has been achieved despite the ongoing pandemic.

In the following section, an update from each project partner is presented. They all explain how the testing of the course has gone at their countries.

## College of Nursing in Celje, Slovenia

At the College of Nursing in Celje mentor's education started in February 2020 with topics of Module 1. The education was conducted face-to-face and 73 mentors attended. Because of this high number of attendance, they decided to divide mentors in two different groups, since they wanted to enable everyone that expressed an interest to be part of the programme. Within these two groups, they formed smaller groups of 4-5 participants each. This allowed actively involvement of mentors in education and made education more effective. The first part of education had positive feedback from both lecturers and mentors. They planned to continue the education in March and April 2020, but unfortunately, that was not possible due Corona virus epidemic. Hoping to continue with face-to-face education in September 2020, the conditions due to COVID-19 in Slovenia forced them to do the course online. They also faced cancellations of attendance of the mentors since this was the time that they faced enormous challenges at their workplaces.

They met on-line eight times during November and December 2020, with the first online meeting held on 6th of November and the last one on 15th of December 2020 with the final lecture and second fulfilment of the MCI questionnaire. In the end 33 mentors continued the education online covering the topics of the Module 2 and Module 3. All of them finished all courses successfully.

They are very satisfied with the active participation of the mentors and their positive feedback. According to the evaluation of the education done with Mentimeter on the last meeting, 87% of the mentors were very satisfied, 19% were somewhat satisfied and 4% were somewhat dissatisfied, none of them were dissatisfied with the education. It was also interesting to see their opinion on online education versus face-to face one. 61% of them expressed that they would rather have only face-to-face meetings, while 29% would like to combine the two approaches, and only 11% would prefer online education over face-to face one. In terms of content of each Module, the results show that for Module 1: 29% of the participants of the course found the content of the education very useful, 68% found it useful, and only 4% said that it was somewhat useful. For Module 2: 29% answered that the content of the education was very useful, 54% answered that was useful and only 18% said that it was somewhat useful. For Module 3: 50% found the content of the education very useful, 46% found it useful, and only 4% said that it was somewhat useful. And what is very important is that 69% of the mentors think that the knowledge and skills that they gained will be fully applicable for mentoring students, 31% think that it will be somewhat applicable and none of them think that it will not be applicable. These results show that we are on the right path with forming the final version of the educational programme for mentors.

The whole educational programme was also accredited by the Slovenian Nurses and Midwives Association (Chamber) and the mentors will receive license points for their attendance.

Since there was a great interest in the education and that unfortunately many mentors could not continue the education in the autumn, Slovenia partner is planning to conduct another round of education in the autumn 2021.

Now they are starting the next phase of the project and mentors are implementing mentoring process in clinical environments empowered with new knowledge and skills. They will meet them again in April 2021 when they will be implementing another evaluation and fulfilment of the MCI and MCCI questionnaires.

See here a short video showing how the testing of the course have been.

## University of Oulu, Finland

At the University of Oulu, a total of three rounds of the mentoring education developed was implemented based on the course content development within the project. During the first round in spring 2020, quick changes had to be made to the original plan and the last contact teaching day had to be conducted online. Despite these changes, mentors were extremely satisfied with the education and almost all mentors finished the education. Additional time was provided to complete the assignments and mentors were thankful for this opportunity.

In fall 2020, they rolled out the second round of the mentoring education and were able to meet clinical mentors in person on the first contact teaching day, which was a great opportunity to get to know each other and create a good learning environment. The second and third contact teaching days were held online. They integrated all the planned group work assignments and simulation exercises into their online teaching. To their surprise, the online teaching days went extremely

well. Mentors jumped into different roles and played out different mentoring situations very nicely. They integrated several different online platforms to improve interaction and learning amongst participants (Flinga, AnswerGarden, Zoom polling questionnaires). They had great discussions and got great feedback from mentors.

Currently, they are in the middle of round three of their mentoring education which will be conducted from January to March 2021. Unfortunately, they will not meet the mentors in person during this final round. Instead, the education will be conducted entirely online. Some videos have been created to help the mentors orientate to the education and understand how to overcome possible technical issues. They are highly optimistic that this round will be as successful as the previous ones.

The importance of structured mentoring education for clinical mentors in healthcare is clearer than ever. They have been living interesting and difficult times due to the global corona pandemic. The need for securing a competent nursing workforce has been brought up in discussions and in the news throughout the year. They have also been pleasantly satisfied by the fact that the issue of securing safe clinical learning environments for nursing students has also come up in these discussions.

Their mentoring education has been a success and they can see that the word has spread about it on a national level. They have had an abundance of applicants to our education and, unfortunately, they have not been able to take everyone in. They have future plans to integrate project outcomes into the further development of mentoring education in Finland.

## Alicante University, Spain

After having to suspend the course scheduled for March 2020 by indication of the health authorities, due to the COVID-19 situation, Alicante University have been able to successfully implement it in the months of October and November 2020. They have followed the compulsory dual teaching mode at the University of Alicante in this academic year.

The teachers have been Rosa PŽrez-Ca–averas and Maria Flores Vizcaya-Moreno – project partners themselves.

## Lithuanian University of Health Sciences, Kaunas

The training course for mentors and pilot of the newly developed QualMent program was organized by project partner – Lithuanian University of Health Sciences. The course was registered at the Postgraduate Study Center of the university to provide the certificates after completion.

The first course was arranged at the end of August 2020 and has had 6 face-to-face sessions during two weeks of the period. Nurses from University and city hospitals were enlisted to the course. Several nurse managers, usually enrolled in the clinical training of nursing students, also participated. The second course was held in October-December 2020 and has had one full day of face-to-face sessions and two days of online live teaching.

Additionally, according to the mentor course content, the participants studied some lectures individually on the course platform. The course was available on the University platform. The course material was prepared, and teaching was provided by prof. Olga Riklikiene and assistant professor and clinical nurse Erika Juskauskiene.

In total 43 clinical nurses and nurse mentors completed the course. As it was agreed, all the participants filled in the survey to measure their mentorship competence before and after the course. The prompt feedback provided by participants revealed that the content of the program is novel and covers many important aspects of the everyday practice of mentoring nursing students.

Mentors in the course very much appreciated the discussion on generation differences, the use of e-tools in mentoring, the need for the development of cultural competence in care and mentoring, providing effective feedback, and stimulating student reflection. It was recognized that the program reaches an advanced level of mentoring and should be provided for nursing mentors on a constant basis.

## European Federation of Nurses Associations, Belgium

The European Federation of Nurses Associations has, over the last months, focused on COVID-19 pandemic, with 4 reports published, showing how it is important to support the nurses and the nursing profession at all levels. This crisis has demonstrated how nurses are key in any health system and how crucial it is to have high quality education to the development of a competent workforce of nurses able to deliver safe patient care. The Directive 2013/55/EU can help foster consistency, reliability and validity in approaches, which should ultimately help ensure the development of high-quality, highly competent, professional nurses. It is also key to empower, through policy initiatives, the development of competent frontline nurse teachers and clinical mentors to assure quality mentorship for quality learning outcomes.

## Achieving a European Education Area by 2025 and resetting education and training for the digital age

The European Commission adopted two initiatives aiming to strengthen the contribution of education and training to the EU's recovery from the COVID-19 crisis and help build a green and digital Europe. Setting out a vision of the European Education Area to be achieved by 2025, the Commission proposes new initiatives, more investment and stronger cooperation of Member States to help all Europeans, of all ages, benefit from the EU's education and training offer. The new Digital Education Action Plan is reflecting on lessons learned from the pandemic crisis, and devising a plan for a high-performing digital education ecosystem with enhanced digital competences for the digital transformation.

## Next meetings

Due to the ongoing COVID-19 pandemic, the next transnational meeting will be held virtually on 2 February 2021. The partners will discuss the next phase of the project and fine-tune the framework of the three educational modules, as well as agreeing on a selection of training materials for those. The mandatory course materials will also be made available in all the EU languages (Mid-2021).

*More information on the project meetings is available on QualMent Website.*

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# Act now and reset our health systems:

## ICN calls for nurses to be the catalyst for the reset and a litmus test for its success

**Geneva, Switzerland – An interim report from the panel assessing the world's response to the COVID-19 pandemic has praised nurses but raised concerns about what their efforts will cost the profession in the long run.**

The Independent Panel for Pandemic Preparedness and Response reported its findings to the World Health Organization (WHO) Executive Board on 19 January 2021.

The central message of the report is that the world was not ready for the pandemic and it must do better in the future.

It includes information from the International Council of Nurses' (ICN) December 2020 webinar, in which nurses from around the world shared their experiences with one of the panel's Co-chairs, the Rt Hon Helen Clark, who is a former Prime Minister of New Zealand.

The report acknowledges the dire shortage of nurses world-wide, and highlights worries about so many nurses being burned out and planning to retire from the profession earlier than planned, directly as a result of the impact of the COVID-19 pandemic.

Speaking to the WHO Executive Board at the meeting, the other Independent Panel Co-chair, former President of Liberia Ellen Johnson Sirleaf said: "We need to listen more to healthcare workers and heed their advice. Draw on the knowledge of those who manage local responses."

Ms Clark said: "The world needs to do two things: Act more decisively now to stem the pandemic, and fundamentally reset preparedness and response systems to help ensure that this can't happen again."

ICN Chief Executive Officer Howard Catton said the Independent Panel had understood just how vital nurses have been during the pandemic, the terrible strains they are under and their crucial roles in the future.

"Clearly Ms Sirleaf and Ms Clark understand the fault lines that the pandemic has exposed: the global shortage of nurses is emblematic of the world's lack of preparedness for a pandemic. The world will need an additional ten million nurses by 2030, otherwise a deeper chasm will appear between the healthcare available in affluent countries and low and middle-income countries. And WHO Director General Tedros Adhanom Ghebreyesus has this week described the current situation as the world being on the edge of a catastrophic moral failure with the overwhelming number of vaccines delivered so far being in higher income countries. ICN has called for the prioritisation of healthcare workers globally for vaccines. But our National Associations report slow progress and an unequal start. With 90% of the global nursing workforce being women, and 89% of shortages being in low- and middle-income countries, we are deeply concerned that we might be continuing on a path that exacerbates inequalities, rather than eradicates them.

'Nurses are at the heart of the pandemic response: they are central to the future management of COVID-19 and to the restoration of health services that have been neglected during the pandemic. Governments must do whatever it takes to invest in the recruitment and retention of nurses to give us a chance of delivering the global ambition of accessible and affordable health services for all.

'Resetting our health systems will require governments to invest in nursing jobs, education and leadership, as outlined in last year's WHO/ICN State of the World's Nursing (SOWN) report. The experiences of the nursing profession will provide a litmus test of governments' delivery on their commitments, and a catalyst for the changes required in health systems everywhere."

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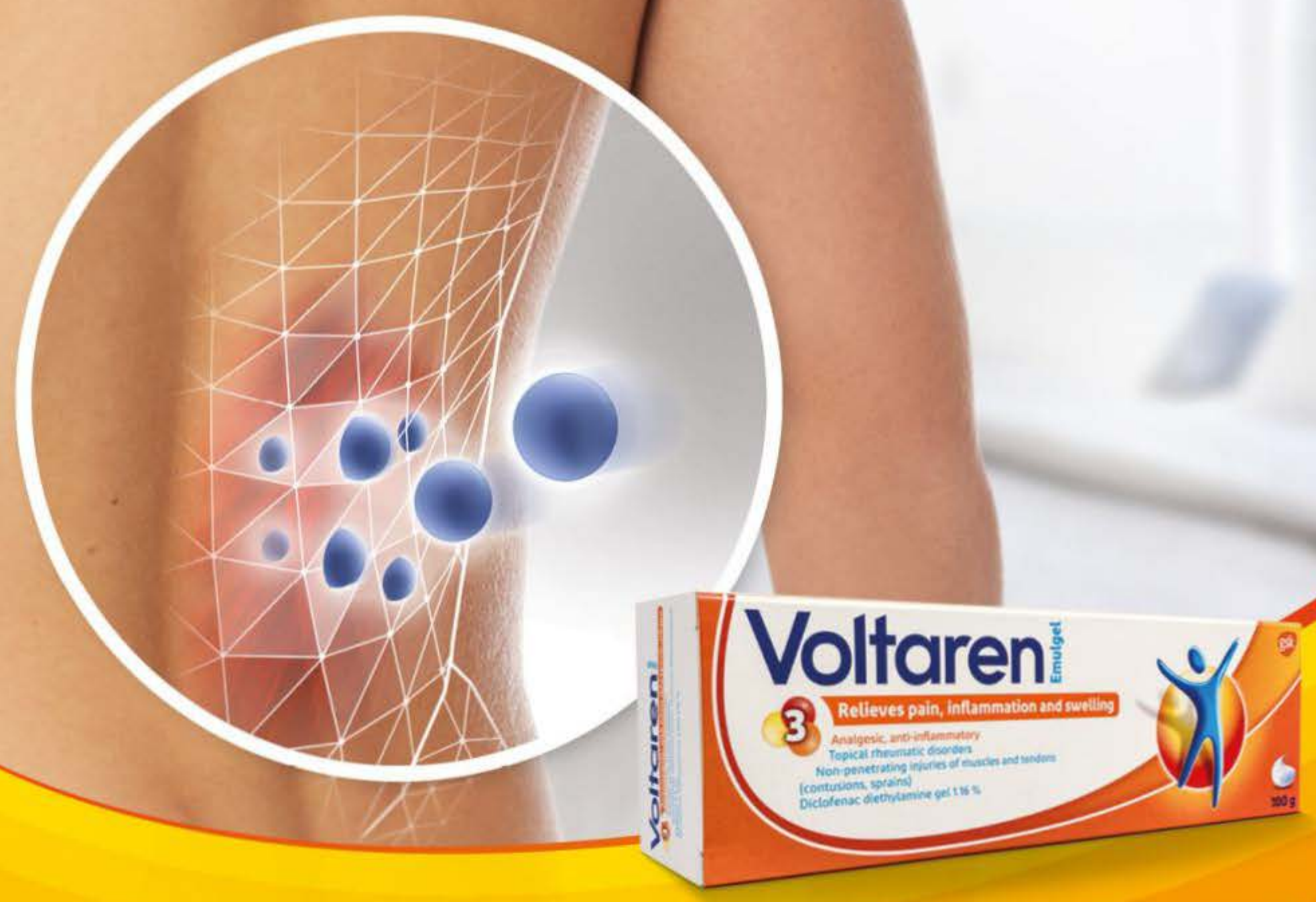


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