

Il-Musbieh

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

Numru 91 - Ġunju 2021



BOV

Bank of Valletta

the heartbeat of healthcare

www.mumn.org

Tel: 2144 8542 E-mail: administrator@mumn.org





Sterillium®

The classic alcoholic hand disinfection.
Especially skin-friendly.

Effective against norovirus 1) and limited virucidal PLUS.



✓ Comprehensively effective against bacteria, yeasts and enveloped viruses

✓ Norovirus effectiveness within hygienic hand disinfection and limited virucidal

PLUS

✓ particularly skin-friendly and moisturizing

✓ increases skin moisture with regular use 2)

✓ excellent tolerance even with long-term use
excellent immediate effect



Available from all leading pharmacies

contents



- Editorial/President's message
pages 4-5



- From our diary
pages 20-21



- A fruitful participation
pages 34-35

Ħarga nru 91 Ġunju 2021

Group Committees - Chairpersons & Secretaries Mater Dei Hospital:

Emily Galea, Chairperson: 77440050;
Glen Camilleri, Secretary: 79205674

SVP: Therese Decelis, Chairperson: 79809080;
Mario Galdes, Secretary: 79449324

RHKG: Graziella Buttigieg, Chairperson: 79275872;
Vincent Muscat, Secretary: 99455982

Health Centres: Roseanne Bajada, Chairperson:
79671910; Miriam Aquilina, Secretary: 99830893

MCH: Angelo Abela, Chairperson: 79594326;
Malcolm Bezzina, Secretary: 77822561

SAMOC: Ronnie Frendo, Chairperson: 77000919;
Dennis Darmanin, Secretary: 79826533

GGH: Joseph Camilleri: 79485693; Anthony Zammit:
79617531; Jennifer Vella: 79277030

ECG Technicians: Alex Genovese, Chairperson: 79860571;
Charmaine Caruana, Secretary: 99462992

Physiotherapists: Pauline Fenech, Chairperson:
79491366; Luciano Pace Parascandolo, Secretary:
79455083

Midwives: Catherine Bonnici, Chairperson: 99252438;
Abigail Plum, Secretary: 79592466

MUMN Council Members

Paul Pace - President: 79033033

Colin Galea - General Secretary: 79425718

Alex Manche' - Vice-President: 77678038

George Saliba - Financial Secretary: 79231283

Alexander Lautier: 99478982

Geoffrey Axiak: 99822288

William Grech: 79011981

Simon Vella: 79703433

Claire Zerafa: 99217063

Joseph Aquilina: 99467687

MUMN Office: 21448542

Editorial Board

Joseph Camilleri (Editor) CN M1 MDH

Christa Gauci (Member) SN SJ 6 SVPR

Norbert Debono (Member) EN



Pubblikat: Malta Union of Midwives and Nurses

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

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

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

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

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

Ċirkulazzjoni: 4,000 kopja.

Il-Musbieħ jiġi ppubblikat 4 darbiet f'sena.

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

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

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

Ritratt tal-faċċata: MUMN

Euthanasia and Nursing

At present, active euthanasia and assisted suicide are illegal in Malta and is punishable by up to 12 years in prison. On the other hand, the withdrawal of treatment, a form of passive euthanasia, and palliative sedation are legal. Euthanasia is scarcely debated by our politicians in Malta but quite recently a number of individuals have come in favour of this practice.

A reasonable amount of resistance against this practice is obviously expected because we are dealing with the right to give and take away life. This matter is a complex issue which requires in-depth consultation with all stakeholders before authorities make any attempt to change the current laws.

Euthanasia refers to the practice of deliberately ending a person's life to relieve pain and suffering. The three main types of euthanasia, i.e. voluntary, non-voluntary, and involuntary, are distinguished by the extent of their regard for the patient's consent. Non-voluntary euthanasia can happen when the person is not able to give consent, like when the patient is a minor or in a vegetative state. These three types of euthanasia can be further classified into two sub-categories – active, and passive. In passive euthanasia, patients aren't actively killed, rather, they are left to die through the conscious decision to withdraw or withhold treatment. Withdrawing treatment refers to the switching off of a vital machine. Active euthanasia takes place when a medical practitioner administers lethal substances. Interestingly, physician-assisted suicide is not always considered euthanasia because patients themselves administer the lethal drug.

Some may debate this matter as if we're dealing with palliation, a practice of relieving a terminally ill patient's pain through the administration of sedative drugs. But the main moral concern here is the active euthanasia were nursing staff may

have to assist physicians to terminate life. Euthanasia is controversial because it creates ethical and moral dilemmas which deal with the obligation of all healthcare providers 'to save lives' or to 'protect life'.

Nurses' unique relationship with patients create some form of discomfort when dealing with this matter. Do nursing roles make this ethically impermissible for a nurse to aid a patient in committing suicide? What if nurses are alleviating suffering through 'compassionate' and 'dignified' euthanasia? Should nurses take part in euthanasia, would they be perceived as 'killers'? Would nursing's social trust increase if the public interest in euthanasia would be viewed as relieving pain and suffering? Would nurses be resisting social changes if they oppose or are not fluid enough to euthanasia? These are all questions that will haunt us once our politicians start considering to legalise euthanasia.

Philosophical arguments and ethical principles will challenge nurses to look beyond biomedical ethics. For sure, moral acceptability of euthanasia requires further debate in the Maltese nursing fora. This issue is even more of a concern when one realises that nurses, as healthcare professionals, are best positioned to provide care for dying patients. A clearer picture of the nurse's role in this care is definitely required.



President's message

The latest updates regarding Covid shows that the number of cases in all the EU is decreasing and some form of normality is being regained. The pressures and the stress brought about by covid is slowly disappearing and the overwhelming of patients due to covid, swabbing of the staff and quarantine measures have become negligible if not nonexistent.

Are the covid measures really over? Are the measures such as quarantine, swabbing of the staff a thing of the past?

The answer is no. Vaccination has worked well and left a positive impact not just in hospital, homes etc. but in the whole country. What is also going well is the new approach of the Government that finally proper reinforcement is taking place. Vaccination rollout accompanied by good enforcement of the covid measures resulted in low results.

Once the covid measures are removed and tourism starts to pick up, both acceptable scenarios much need for our economy, the country will have an increase of cases for sure. What will become very important is that surveillance on what is happening in other countries still need to be done and measures have to be adopted according to the covid cases of other countries. In the meantime, mass events have to be heavily scrutinized so that no spike of cases occurs.

Why are such measures important as ever?

Such controls will reduce the increase of cases which will result once the measures are removed and tourism starts to pick up. So at least the number of cases which will surely increase will not hopefully result in any spikes of cases. Hospitals and elderly residents are the gauge of the success of such surveillance since once the number in the community increases, the numbers of patients of covid cases

in the hospitals will also increase.

As MUMN, another huge challenge is on the horizon. The number of nurses graduating is far below the usual number graduating from both universities. For two consecutive years less than 100 students will graduate. Not to mention the exodus of the Indian nurses to other countries in Europe. Unfortunately, the Industrial Bargaining Unit in the Office of the Prime Minister seems to be totally oblivious to the fact that the nursing workforce is an international workforce being poached by member states due to better salaries and working conditions. The nursing and midwifery medical professions are the least paid professions and our 'take home' package exceeds that of other professions is only due that nurses and midwives to the 46.6 hours, Sunday and Public Holidays.

Next year a new sectorial agreement will start to be negotiated for the nurses and midwives. A new sectorial agreement will also be negotiated for the ECG Technicians. In the meantime, MUMN is also in the process of discussing the Dental Surgical Assistants' sectorial agreement, the Phlebotomists and Decontaminated Sterile Technicians which will be finalized hopefully this year.

There are always many challenging scenarios present at the Health Sector but MUMN, the strongest voice to all its members, is continuously vigilante on what is taking place in the Health Sector.

Paul Pace - President

photo | recruiter.co.uk

photo | globalwomenconnected.com

Kelmtejn mis-Segretarju Ġenerali

Fl-aħħar bdejna niehdu ftit tar-ruh! Bdejna navviċinaw id-dawl fit-tarf tal-mina. Ma kienx faċli anzi, hallasna prezz wisq għoli. Nisperaw li ma nergħhux ngħaddu minn esperjenza simili. Il-problema hija li ma jiddependiex minna biss. Issa naraw...

L-MUMN f'dan il-mument qed inħossuna l-istess bħal meta tispicċa l-gwerra u qed induru minn fost il-bini mfarrak biex naraw kemm saret hsara. Nista' ngħid li l-membri tagħna speċjalment in-nurses ħadu daqqa kbira, il-ballal sparati lejhom kienu qawwija u kontinwa. Il-feriti huma kbar, l-aktar dawk psikoloġiċi. Il-politiċi taż-żewġ naħat qed jirrikonoxxu dan il-fatt. Il-Ministeru tas-Saħħa huwa interessat ħafna li jorganizza courses speċjalizzati dwar is-Saħħa Mentali. Ser jibdew minn nurses u l-midwives u wara jkompli fuq l-impjegati l-oħra kollha. Se jsiru b'kollaborazzjoni mal-MUMN. Se jiġu uttilizzati l-premises tal-Union biex min jattendi jinqata' ftit mill-post fejn jaħdem u jkun qed jidhol go post sikur biex psikoloġikament jiġi wkoll mgħejjun minn dak l-att.

Tajjeb li niehu l-opportunità sabiex nagħtikom ftit informazzjoni dwar il-premises il-godda tal-MUMN.

Dan jekk Alla jrid, se jkun l-aħħar pass, peress li l-premises huma mdaqqa sew fuq tlett sulari nkluz il-parking. Fuq nett hemm post għall-uffiċini, board room u sala mdaqqa għall-konferenzi. Is-sular ta' taht se jkun Training Centre kif suppost u kif jixraq filwaqt li s-sular ta' taht se jkun addattat għall-parking. Fil-mument qed nistennew li jibda x-xogħol intern li se jiehu madwar 9 xhur biex ikun komplut. Huwa xieraq li fis-sena li l-MUMN tagħlaq il-25 sena anniversarju tagħha tinawgura premises godda li kollha kemm aħna nkunu kburin bihom. Aktar informazzjoni tingħata aktar 'il quddiem.

L-Institute for Health Care Professionals bil-mod il-mod beda reġa' jirranka. Ftit tal-ġimgħat ilu organizza webinar interressanti ħafna. Issa, li s-sitwazzjoni qed taqleb għall-aħjar, qed jippjanaw biex jorganizzaw konferenza 'normali' f'Ottubru.

Aktar dettalji jingħataw aktar tard. Numru sostanzjali ta' membri huma mixtieqa ħafna biex nergħu nibdew norganizzaw konferenzi bl-istil li konna nafuh bih qabel il-pandemija.

Fid-19 ta' Settembru ta' din is-sena l-MUMN tagħlaq il-25 sena anniversarju tagħha minn meta twaqqfet. Għal dawk li jiftakru, l-ewwel Laqgħa Ġenerali fis-sena 1996 saret fis-Sala Parrokkjali ta' Żabbar. Ma kienx hemm fejn toqgħod labra. In-nurses u l-midwives b'saħħa riedu l-union tagħhom, union li veru tħares l-interessi tagħhom. F'dawn l-aħħar 25 sena, għalkemm perfetti m'aħniex u żbalji għamilna bħal ħaddieħor, meta tqies kollox ma' kollox, ħafna jgħidu li allahares ma kinitx hemm għalina l-MUMN għax kieku l-bambin biss jaf kif għaddew romblu minn fuqna u fejn qegħdin illum. Naħseb wasal il-mument li nibda nikteb ftit noti fuq il-25 sena li għaddejna minnhom biex dawk ta' warajna jkollhom tiffkira tal-istorja.

Illum se jkolli nieqaf hawn. Tislijiet mill-qalb lilek u lil dawk qrib tiegħek.

Colin Galea

Segretarju Ġenerali - MUMN



ENRF Briefing Note on

“The Horizon Europe for Health”

The European Commission established that Horizon Europe will provide €948 million for the health research across 6 topics, according to the Draft Work Program 2021-2022 published in January.

The final version will be published in April by the Commission with the rest of the Horizon Europe work programmes. The first calls on these 6 topics will open on 22 April and will cover disease prevention, environment and health, fight against major diseases, innovation of health systems, the development of digital health tools and the promotion of a competitive European health industry.

In greater detail, the 6 topics as described in the January work program:

* continued on page 32

NEW

Get ready to be surprised,
little one!



SPECIALLY
DESIGNED FOR
BABIES



Help your child
with a little extra
care & support for
LIFE LONG HEALTH


NANCARE.
Nourish your child's every possible



Press Information
Communiqué de presse
Comunicado de prensa

The COVID Effect: Renewed interest in nursing careers undermined by discontent and disputes over pay & working conditions

Geneva, Switzerland, 28 April 2021 – The International Council of Nurses (ICN) today launched a report on its latest survey of its National Nursing Associations (NNAs) which reveals increasing evidence of disputes over pay and terms and conditions of employment, violence and intimidation, and the lack of personal protective equipment. More than 20% of NNAs surveyed have expressed significant concerns and unrest related to pay of nurses in their countries. In addition, the report shows further effects of the pandemic, including interruptions to the supply of newly qualified nurses and cancelled ongoing professional education for qualified nurses.

During the COVID-19 pandemic, the public has become increasingly aware of the essential work that nurses do and the difference they make. As a result, nursing has never been more highly valued in the eyes of the public. This has also led to a surge in interest in nursing careers, especially in higher income countries. However, warns that ongoing disputes are in danger of putting off the next generation of nurses, especially in the countries that are most in need of expanding their nursing workforce.

The COVID Effect is a growing and far-reaching phenomenon that is having a profound impact on the professional and personal lives of individual nurses. Lack of protection, long and stressful shifts are severely impacting their mental health,

resulting in nurses leaving or planning to leave the profession.

We know from the State of the World's Nursing report and our own Ageing Well report that the world is facing a shortage of at least ten million nurses over the next decade, so it is vital that existing nurses stay in their jobs, and that a new generation can be attracted into the profession.

ICN President Annette Kennedy said: "Nurses have had a terrible year, but perhaps for the first time ever, the public has seen in detail the traumas they have faced and the effects these have had on nurses' health and wellbeing. But despite the hardships on show, many people have realised the importance and true value of nursing and expressed a willingness to join the profession, so that they too can experience what it is like to provide care in the unique way only nurses can.

'Governments should act quickly to ensure that there are well signposted pathways into nursing, so that we can start to recruit the next generation as soon as possible. Being a nurse is the most rewarding job on Earth, but nurses also need to be able to pay their bills and feed and support their families. So, today, I am calling on governments to invest in nurses' pay and education for now and the future.'

The report shows that, in some countries, the COVID Effect is delaying nursing students being able to finish their courses, which is slowing down the supply of newly qualified nurses by between six and 12 months. It is also disrupting essential professional development training for qualified nurses, which they need to be able

to keep up to date with the latest practice.

ICN Chief Executive Officer Howard Catton said: "The COVID Effect is a growing and far-reaching phenomenon that is having profound impacts on nurses across the global, including on their education, their health and wellbeing, and their family lives.

'There is now a chasm between the rhetoric of governments about how they value nurses, and their practical responses to the challenges that nurses are facing every day. This disconnect is resulting in increasing discontent among the world's nurses, resulting in protests and disputes that risk undermining recruitment and retention in the profession. Nursing is the foundation stone of the COVID response, but it also underpins any hope we have that our health systems will be able to be built back stronger and address the enormous and still growing backlog of non-COVID health.

'Every patient and family that has received care from a nurse during this pandemic has personally witnessed the true value of nursing. But the pandemic has also clearly demonstrated that nursing care has an economic impact that is way beyond the value that governments have placed on it. The primary responsibility of elected leaders is to keep people safe, but COVID-19 has shown that you simply cannot do that without real and sustained investment in nurses and the healthcare workforce. This is a commitment that must be written into the heart of the post-pandemic treaty that world leaders are now negotiating.'

WHERE TRADITION MEETS DIGITAL TRANSFORMATION

Introducing our new Card Designs



Talk to us | 2131 2020 | bov.com

Issued by Bank of Valletta p.l.c., 58, Triq San Żakkarija, Il-Belt Valletta VLT 1130. Bank of Valletta p.l.c. is a public limited company regulated by the MFSA and is licensed to carry out the business of banking in terms of the Banking Act (Cap. 371 of the Laws of Malta).

BOV
Bank of Valletta

The Road of Physiotherapists within MUMN

Part 2 - Pauline Fenech - Chairperson, Physiotherapists Group Committee

This article continues with the previous article issued in the March edition. We are here narrating the path of physiotherapists and decision behind joining MUMN, what we have encountered, the work achieved and in unraveling the truth behind certain decisions taken. May we remind our readers that several stakeholders are witnesses to what is being narrated.

2015- 2017

When MUMN accepted our invitation of behalf of physiotherapists

working at KGH hospital, mainly outpatients, to safeguard the working conditions of physiotherapists and the existence itself of the department, the concerned staff decided to enroll enmass with MUMN, presenting all points they wished to safeguard, including to remain government employees, to remain under the responsibility of the government and that they are treated just the same as any other health care worker / professional working within the public service. They also have requested that physiotherapy managerial positions to remain within the government sector (i.e., no parallel managerial grades with the private entity) so as not create parallel lines of responsibilities and that VGH had to respect all the agreements which are attributed to the health professionals' members

of MUMN including collective and sectorial agreements. Other factors that this agreement featured were to safeguard professional autonomic decisions and other work that the physiotherapists were carrying out outside Karen Grech Hospital. This agreement was set up after several meetings and discussions with all authorities and as approved by all members within Karen Grech, St Luke's and Gozo General Hospital and with the guidance of certain elements within the physiotherapy management of that time.

Whilst MAM, MUMN and GWU took all the steps to safeguard their members, UHM decided not to sign any agreements with the government to set criteria for their members, in fact they did the opposite - they tried to encourage the government to go for a setup of private cooperatives implicating that current departments could then be outsourced to such entities. This was presented in the national Annual Budget recommendations for three consecutive years: 2016, 2017, and 2018. The staff working within Karen Grech Hospital found this rather strange as there were never discussions between UHM, and the staff regards such a move and UHM were not acting on behalf of what the employees wanted. However, we then later got a good indication of who were the individuals behind such recommendations and why. At that time, some of these individuals had good reliable connections with UHM. From our members and sources, we had indication that said individuals also approached other entities for outsourcing physiotherapy services to them, including Commcare Unit Mater Dei Hospital amongst others.

By Summer 2015, we needed to establish a more organized role for Physiotherapists within MUMN. We setup a Physiotherapy Group Committee and 5 physiotherapists were nominated to this committee.

Happy Nurses Week



We started meeting on monthly basis to work on the main goals what we wanted to reach: -

1. Justice for the faults done at the 2013 Sectoral Agreement & MOU
2. Get the sole recognition for physiotherapists
3. Push for specialization
4. Set up a new agreement where a fairer distribution method is carried out (not only for closely connected or influential members)
5. Get involved in day to day matters that concern physiotherapists
6. Make sure that all physiotherapists are able to grow professionally and work in a safe and uplifting environment irrespective of entity
7. Safeguard physiotherapists working in private practice as well.

We also had other long-term plans which would enhance the growth and autonomy of physiotherapists as an independent profession at national level.

We started a set of meetings with concerned authorities and stakeholders such as the Health Directorate, CPCM, MAP and later with Ms Joanna Chetcuti who was responsible for the specialization project. In such meetings we presented the concerns of our members and the aims and goals of the Physiotherapy Group Committee hand in hand with MUMN. In the meantime, we started working on matters affecting physiotherapists directly, such as issuing of calls, issuing of CAF, mitigating as need be, including in the directives issued by UHM in view of student supervision.

Under the guidance of MUMN's lawyers, in September 2016 MUMN was granted the sole recognition of Physiotherapists by DIER after we established that the absolute majority of physiotherapists were members of MUMN. UHM did not contest this matter at that point in time. Getting the sole recognition meant that UHM could not sign on our behalf and that we were stakeholders in the

signing of a new sectorial agreement. We started meeting physiotherapists across different entities on our aims and objectives. We also carried out a survey to establish what physiotherapists were looking for to improve within the public service; some points were agreement-related whilst others were professional development and environment-related. We sent a copy of the outcome to all our members, and we started working on how to improve matters. After collating all feedback from our members, as Physiotherapy Group Committee we started working and writing up a new sectorial agreement for Physiotherapists.

We came up with new innovative ideas such as a clinical stream and a management stream, the introduction of specialist physiotherapists, substantial increases in the class premium, substantial allowances to different grades from scale 7 up to scale 5 and other perks in relation to further studying especially in areas needed, on call system, car allowances for CommCare Unit, meal allowances, sabbatical years, substantial allowances for CPD learning against proof of certification etc. We also reduced the years to progress from one scale to another and assimilated the diploma holders into the system at a faster pace.

In November 2017 we presented our draft in accordance with the feedback we had collated and from the information collated from other agreements that were at our disposal such as the nurses & midwives etc. Unfortunately, the authorities started dragging their feet to meet up and MUMN had to threaten with directives to start the negotiations.

Paulfen78@gmail.com

*Part 3 to be continued
in the next edition...*



Illum Mulej agħtini
Ftit dehen, kuraġġ u ħila,
Biex naqdi dmiri sewwa
U ma nsibhiex bi tqila.

Biex nagħmel kulma nista'
Ħa ntaffi ftit id-dieqa
Minn fost il-morda kollha
Li għall-fejqan mixtieqa.

Għinni Mulej nitolbok,
Biex xogħli jkun ta' ġid
Ħa nnissel ħafna tama
Fil-qalb ta' kull marid.

Fuq fommi kliem ta' faraġ
Li jserraħ qalb għajjiena,
F'għajnejja ħarsa ħelwa
Mimlija kollha ħniena.

Agħtini jdejn ġentili
Ħa nwiežen lill-marid,
U qalb mimlija mħabba
Biex ngħinu jqum mill-ġdid.

Agħtini ħafna sabar
Jekk nisma' ħafna krib,
U bi tbissima ħelwa
F'kull qalb, is-sliem ingib.

*Talba miktuba
minn Charles Casha*



NANCARE.

Nourish every possible need

SPECIALLY
DESIGNED FOR
BABIES



EFN Briefing Note on “More women, more nurses in politics!”

On International Women’s Day, the EFN participated in a political event on “For more women (read nurses) in Politics!

Apostolos Tzitzikostas, President of the European Committee of the Regions, stated that in 1 million of EU regional and local politicians only 1/3 are women and, at local level, only 1 in 5 mayors are woman. We need to improve gender equality at local and regional level to have a representative democracy. The covid pandemic changed the world and women are disproportionately affected. Women took a greater risk with important consequences on the career. This pandemic increased the gender inequality. Moreover, during this period, the violence, domestic violence increased. We need to implement multi-level strategies by improving the role of media and social networks. The appeal launched is to work with national delegations to improve gender balance in all Member States, leading to women empowerment.

Ligia Nobrega, Project Manager - Gender Expert at European Institute for Gender Equality, explained that the gender share index was created to explore situations related to health, politics, work, but also to domestic violence throughout the EU. The growth of this index is very slow: 67.9 out of 100, only 4 points more than 10 years ago. At this rate, the European Union is expected to be able to achieve gender equality in 60 years. Sweden has the best score followed by Denmark and France.

Interesting, in the International Women’s Day, Commissioner Vestager, Executive Vice-President of the European Commission for ‘A Europe Fit for the Digital Age’, said to Politico that “the time for a meaningful female quota on corporate boards ‘is now’. If we don’t take action, it will only happen in hundreds of



years.” Vestager continued saying that “applying a gender perspective in regulating Big Tech is a must. Technology influences everything we do in life, now more than ever. And yet it is a very non-diverse community which is building the technology for us. Careful with the data you collect! The Commission’s upcoming proposal on Artificial Intelligence - for “an AI we can trust,” in Vestager’s words - is “big thing” in that regard because if data are biased, there is a risk that the result that AI will give you will also be biased, or even increase that bias. A gender perspective is really important here to make sure we can correct for that.” This is what EFN always advocated for, especially when it comes to nursing: women collect data, but AI algorithms are developed by men! For the coding community to change and become more diverse, it is important for more women “to have relevant educational background - that is improving, but very, very, very slowly”, said Vestager. In order to speed things up, EU countries should figure out “what kind of programs to have for more women to get coding qualifications”, she said, adding the sector needs to “open up” on what it takes to make it in the field.

Evin Incir, MEP, Socialists and Democrats, acknowledged the importance of recognising the reality and change the situation about the

discrimination lived by women at professional level and in the society. She proposed to create a structure to facilitate women to enter into politics.

Hélène Ryckmans, MEP, Greens party, continued saying that there is a need to increase the party commitment to ensure gender equality in every field. She gave an example of how Wallonia, through a quota’s mechanism, has come to have an equal representation of men and women. She stressed the slowness in the process of achieving gender equality. Her party has put in place lots of actions to reach this equality, as for example to pay the babysitter to facilitate women to participate in the evening meetings, training courses for the empowerment of women in politics. She concluded that it is important to create programs and measures to ease women in their career.

Alison Gilliland, City Councillor, Dublin, stated that one of the obstacles encountered is precisely the fact of being able to reconcile work and family. It is important to face the issue in a practical and concrete way. Unfortunately, there is no desire to do something to increase the female presence in politics. Therefore, at local level, she recalled the presence of “Women for Election” a training

• continued on page 33

Epidemiology

of Work-Related Musculoskeletal Disorders



Image 1

Occupation: Healthcare Professionals

Healthcare Professionals (HCPs) routinely perform physically demanding tasks to promote their patient's health and well-being. These tasks often result in HCPs experiencing repetitive movements, deviated postures, and prolonged standing during their shifts and these can contribute to the development of work-related musculoskeletal disorders (WMSDs). The rate of WMSDs within the healthcare field can be similar to, or even greater than, those reported in the construction, manufacturing and mining industries (Abedini et al, 2015). WMSDs in HCPs can have a significant impact on their physical and psychosocial health.

The physical demands experienced by HCPs can result in the development of WMSDs in several anatomical sites. Some of the most at risk sites include the low back, neck, and shoulders (Ellapen et al, 2014).

1) Low back

- Maintaining flexion of their trunk for a prolonged period of time.

2) Neck

- Frequent neck movements such as flexion, extension and rotation can result in discomfort in this region.

3) Shoulders

- Repetitive reaching, holding, and lifting tasks can contribute to the development of WMSDs.

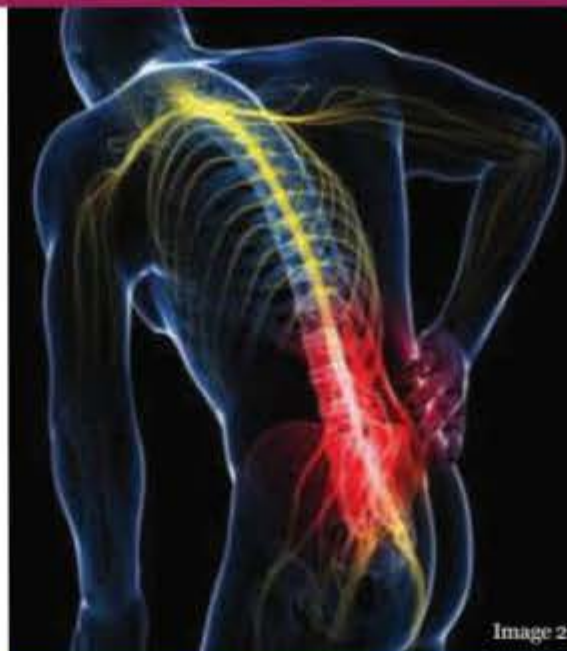


Image 2



Image 3

The prevalence of low back disorders (LBDs) in HCPs highlights the need for interventions aimed at reducing the associated costs. Some of the key goals of these interventions should be to reduce the frequency of less optimal movements and to

Considerations for Interventions:

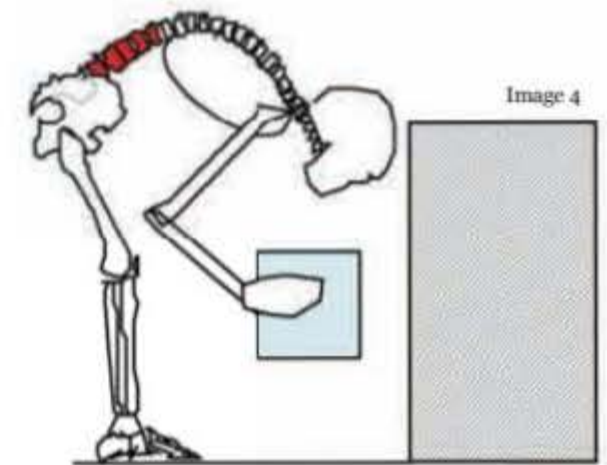
improve the physical capacity of the HCP. Areas of consideration should include:

1) Minimizing the number of trunk flexion movements HCPs experience outside of their occupation

It has been shown that a greater number of trunk flexion movements are associated with a greater likelihood of developing LBDs (McGill, 2016). Trunk flexion movements that occur during the activities of daily living (ADLs) should be modified in a way that promotes spine health.

For example, rather than using trunk flexion when tying your shoelaces, consider placing your foot on a raised surface such as a bench. This will allow you to tie your shoelaces without having to flex your trunk. Other trunk flexion-based movements that may need to be modified, include:

- Brushing your teeth
- Putting your socks on
- Placing and removing clothes from washing and drying machines
- Retrieving items from lower level shelves



The trunk flexion movement normally associated with these ADLs could instead be modified by using a hip hinging motion, or by going down on one knee, to maintain a neutral spine.

Another source of trunk flexion movements could be a person's exercise program. Certain exercises that are trunk flexion-based will need to be modified because they may increase the risk of LBDs. These exercises include:

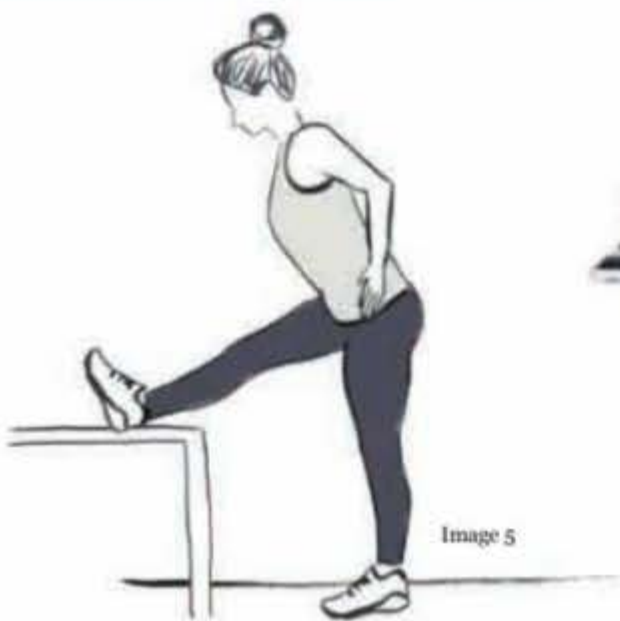


Image 5

- Sit-ups, with both knees bent
- Performing toe touches i.e. hamstring stretch with the spine in a flexed position
- Pulling one's knees to their chest when lying on one's back

The sit-ups, with both knees bent, could be substituted for an exercise that provides an abdominal challenge without trunk flexion, such as the stir the pot exercise. Other trunk flexion-based exercises and stretches should be modified in a way that preserves a neutral spine.

Image 5: A hamstring stretch performed with a neutral spine. The use of a towel or resistance band can be helpful in maintaining a stretch



Image 6

in this position. Image 6: The set-up position for the McGill Modified Curl up, which trains the abdominals while minimizing spine loads.

2) Reducing the number of trunk flexion movement a person does in the first hour after waking up in the morning.

Flexion movements of the trunk have a more deleterious effect on the spine when performed in the morning. This is due to mechanical changes that occur to the spine during the night. While sleeping, the spine absorbs more water causing the intervertebral disc to expand and creating more tension in the ligaments (McGill 2016). This causes the spine to be more resistant to bending and to have less mobility with which to allow for trunk flexion movements.

One study found that avoiding lumbar flexion in the early morning resulted in a notable decrease in pain symptoms (Snook et al, 1998). An implication of this would be to reorganize one's ADLs so that the least amount of trunk flexion is performed in the early morning.

3) Develop core stability

It is vital to develop the muscles that surround the spine in order to ensure adequate stabilization. Spine stability is important for enhancing performance, managing and reducing pain sensations, and for injury resilience. As mentioned, it would be beneficial for the HCP to avoid trunk flexion when possible.

Some exercises are better for sparing the spine of unnecessary loading while helping to build resilience. Research (Mcgill, 2015) has shown the "Big 3" to be especially beneficial in building fitness capacity while promoting spine hygiene.



Image 8



Image 9

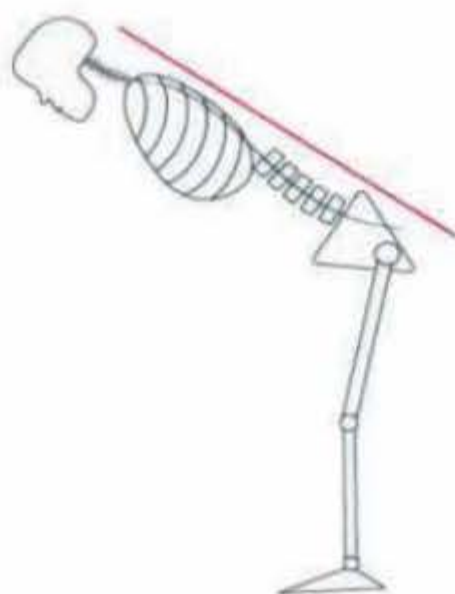
The "Big 3" are:

- 1) Modified curl-up - Anterior compartment of core
- 2) The side bridge - Lateral compartment of core
- 3) The bird dog (aka superman) - Posterior compartment of core

These exercises can help enhance the maintenance of core stability and help to reduce extra movements in the spine that could lead to tissue degeneration.

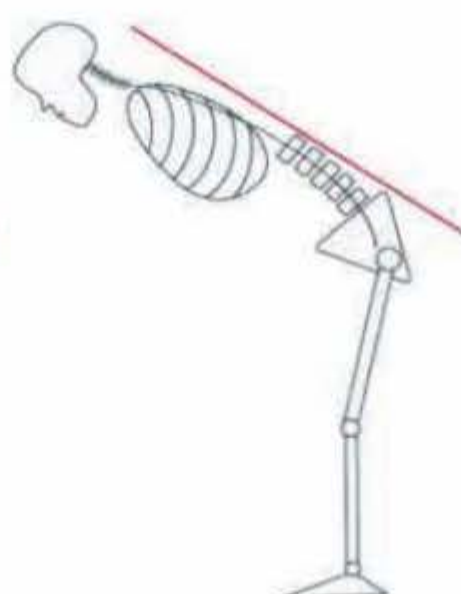


Image 7



CORRECT FORM

The spine maintains a neutral posture and the movement occurs from the hip joints.



POOR FORM

The lower spine rounds forward as motion occurs at the lower back instead of only at the hips joints. This will create stress on the lower back.

Manraj (Raj) Sandhu
 LinkedIn Profile:
<https://www.linkedin.com/in/manraj-sandhu-7a290998/>
 Manraj Sandhu
 msandhu93@gmail.com



Babylino
Baby diapers

Sensitive
with chamomile

Certified & Recommended

OEKO-TEX®
CONFIDENCE IN TEXTILES
STANDARD 100
64660/GR OETI
Tested for harmful substances.
www.oeko-tex.com/standard100

Recommended by the
Hellenic Midwives
Association

Recommended by
Hellenic Society
of Paediatric
Dermatology

Dermatologically tested

TESTED BY DERMATOLOGISTS
AND PEDIATRICIANS
CLINICALLY PROVEN
EXCELLENT
BY DERMATEST

Your baby's safe protection is your most important concern. So is ours!

The Babylino Sensitive diapers improve their Sensitive design on sizes 1 and 2, for newborn babies. Thanks to their new special topsheet with softness capsules, they touch the newborn sensitive skin like a caress.

SOFTNESS CAPSULES

The Maltese Association of Psychiatric Nurses



The Maltese Association of Psychiatric Nurses, or as it is better known, MAPN, is a Maltese voluntary organization that represents the nursing profession in Mental Health. It was founded in 2006, and since then it had a representation of 6 different councils, last council being elected in 2020.

The MAPN is about the advancement of the nursing profession in mental health. It is involved in the development, recognition, training and promotion of mental health nurses in Malta. The MAPN has organized a number of conferences, festivals and seminars about mental health and in 2017 has published the professional standards of psychiatric mental health nursing (MAPN, 2017). The members of the MAPN council are nurses and psychiatric nurses who have a vested interest and a passion for their profession. The council meets on a regular basis to discuss issues and plan ways to promote the agenda of psychiatric mental health nursing in Malta. They are a vibrant and energetic group of people whom are dedicating a portion of their life to the mental health nursing profession.

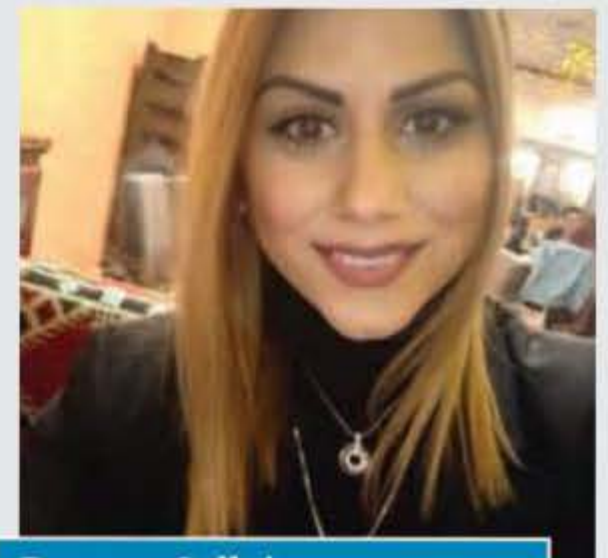
Meet the new MAPN council below



Christopher Pace

graduated as a Mental Health Nurse in 2020. He is currently working in the community and was elected in the MAPN's council as vice-treasurer. Chris is also interested

in incorporating technology with psychological treatment. Apart from mental health nursing, he is also a video gamer and a fan of comic books. May the force be with you!



Doreen Calleja

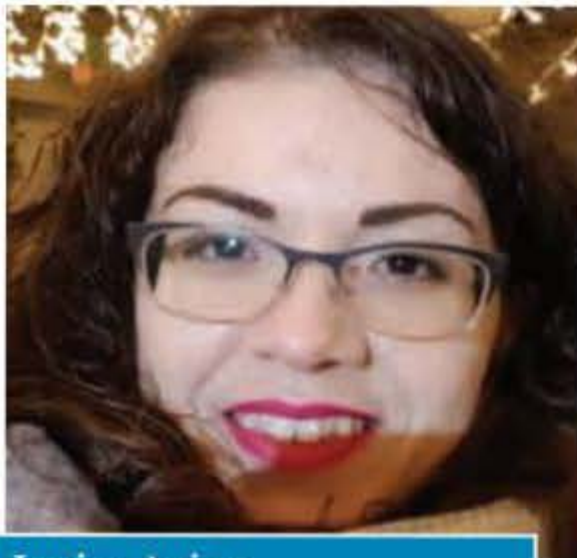
has been working as a nurse in mental health care for the past 14 years. She worked in old age psychiatry, learning disability and is currently a charge nurse in the community. She is currently reading

• continued on page 18

The Maltese Association of Psychiatric Nurses

• continued from page 17

a Master of Science in Nursing with the University of Derby, UK and is also a visiting lecturer at the Faculty of Health Science. She was elected in the MAPN's council in the "general nurse working in a psychiatric setting" role. Doreen is also a passionate historical reader, love to travel and explore other cultural traditions and have a love for music, especially after playing the clarinet for the local brass band for many years.



Janice Agius

is a mental health nurse and has been working in mental health for the past 9 years. She graduated from the University of Malta, with a BSc (Hons) in Mental Health Nursing in 2012 and in 2020 she obtained a Masters degree in Mental Health

Nursing. She is also a clinical mentor and dissertation supervisor and examiner with the Faculty of Health Sciences. Janice is a newly elected council member. Janice embraces a plant-based diet, stemming from her passion to protect all living beings. She also has a love for travelling and reading.



Mark Vassallo

has been working in the mental health setting for the past 23yrs. He graduated as a Psychiatric Nurse in 2012 and is currently reading a Masters in Counselling. Mark is currently working as a practice nurse in the community with the Dementia Intervention Team. He was elected in the MAPN's council as a treasurer in 2014 to 2016 and secretary from 2016 till present. Mark also enjoys travelling, scuba diving and fishing.



Sharon Cuschieri

is a newly graduated Mental Health Nurse and works at the acute admission ward Mount Carmel Hospital. She is currently reading for a Master of Science in Mental Health Nursing and aims to continue advancing academically to increase her professional expertise. Sharon is a mother of an 11-year old child and is passionate about nature and animals, especially cats.

She is an avid reader of both fiction novels and academic literature on the field of medicine, genetics and psychiatry. In her free time, Sharon also enjoys writing short novels for her own personal viewing. Sharon is a newly elected member of the MAPN Council.

Life is like a camera

Focus on what's important,
Capture the good times,
Develop from the negatives,
and if things don't work out,
Take another shot

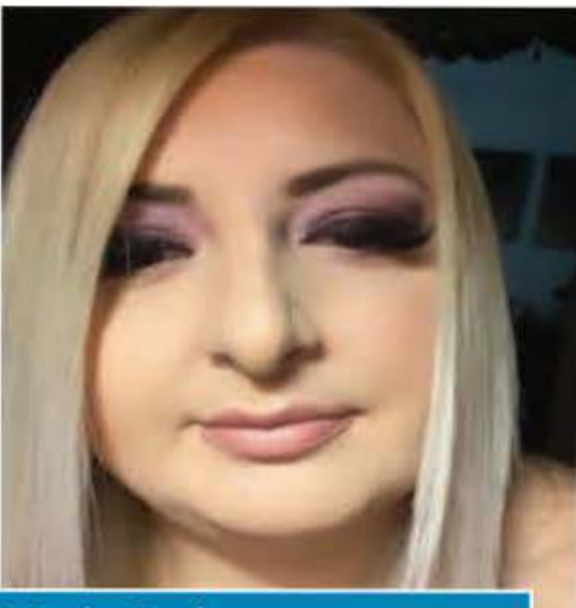


The Maltese Association of Psychiatric Nurses



Alexei Sammut

is a Lecturer with the Department of Mental Health at the University of Malta. Previously he worked in the public sector as a Mental Health Nurse. He holds both general and mental health nursing qualifications. Alexei Sammut completed his Doctorate in Philosophy at Kingston University and St George's University of London. Dr Sammut is an elected board member of Horatio, European Psychiatric Nurses, representing psychiatric and mental health nurses across Europe and the Vice-President of the MAPN. In his free time Alexei enjoys listening to music, traveling and also is passionate about guitars.



Maria Sapiano

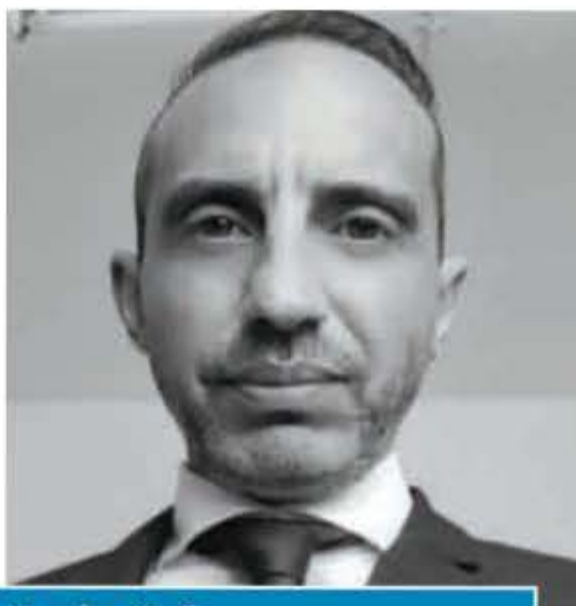
is a senior staff nurse and a registered mental health nurse working in an acute admission ward and in 2020 she completed her Master's Degree in Mental Health Nursing. Maria's passion for clinical education and practice development influenced her dissertation to focus her thesis on improving the learning experience

within a mental health setting. In 2016 Maria became an active member in the MAPN occupying the post of treasurer. Maria is passionate about makeup, enjoys travelling, exploring the history of other countries and experiencing new traditions, customs and culture.



Pierre Galea

works as a community psychiatric nurse and is currently a charge nurse of a community mental health team. He is the current president of the MAPN and was instrumental in publishing the standards for Psychiatric Mental Health Nurses in Malta. When he is not working Pierre enjoys running, swimming and cooking. He likes reading, listening to alternative and classical music and is a film buff. He plays chess, almost every day and at home he is bossed around by 2 little chipmunks.



Kevin Gafa

has been working within the Mental Health Services for the past 21 years and currently he holds the

position of Practice Nurse in In-Patient rehabilitation. Kevin was instrumental in the setting of the MAPN and served as a president of the association between 2006 and 2016. He is an elected member in the Council of Nurses & Midwives, representing the Nurses in the special part of the registry. Kevin is married to Marcia who also is a Psychiatric Nurse and has a 20 year old son. In his free time Kevin is a long distance runner, passionate Juventus supporter and his hobbies include reading and music.



Jodie Grech

is a psychiatric nurse who has been working in mental health for nine years and is currently working in an acute ward at Mount Carmel Hospital. Jodie is a new elected member of the MAPN council and would like to utilise her position to bring positive change in the mental health. Jodie's future goals include sitting for a Masters in Family Therapy and achieving her diploma in Aromatic Candle Making. Her other interests include upcycling old furniture, reading fictional novels and going for long walks in the countryside to explore new breathtaking sites in Malta.

from our diary



MUMN



The Malta Associations of Psychiatric Nurses have elected a new Committee. Christopher Pace, Kevin Gafa', Alexei Sammut, Mark Vassallo, Jodie Grech, Maria Sapiano, Janice Agius, Sharon Cuschieri, Doreen Calleja and Pierre Galea.



MUMN organised its annual meeting for all the third-year students who are about to graduate and start delivering care to our patients.



After MUMN Monument was crushed down, it is beginning to gain its glory once again.





On. Health Minister and MUMN Officials have addressed a joint press conference to commemorate the International Days of the Midwives & Nurses and also to launch the marketing campaign for recruitment. Photo: DOI - Jason Borg



First photo of the façade of the new MUMN premises. Work in progress. More details in the next editions.



MUMN organised a very interesting webinar on Mental Health issues. Geoffrey and his team, through the IHCP organised this webinar. Paul Pace delivered the opening speech.

Defining the Basic European Principles of Bioethics & Biolaw

The BIOMED II project aimed to identify the values and ideology for European bioethics and biolaw. This required the need to establish the definition for the basic European principles identified. Following three years of research and preparation these defined principles were put forward and established in the Barcelona Declaration. This document was then set forth to the European Commission. The Barcelona Declaration is a document that provides conceptual clarification as well as articulation of the basic European principles. It is the intention that these principles serve as reflective guidelines and important values that reflect European culture. The four basic principles are: autonomy, dignity, vulnerability, and integrity.

The understanding of autonomy should focus on self-legislation of rational human beings. It is important that autonomy is considered in a broad sense, acknowledging that there are differing perceptions as to what is good. This considers the vision of living a good life with others in fair establishments. Autonomy is in fact put forward as five important aspects

1. Autonomy as capacity of creation of ideas and goals for life
2. Autonomy as capacity for moral insight, self-legislation, and privacy
3. Autonomy as capacity of decision and action with lack of outer constraint
4. Autonomy as capacity of political involvement and personal responsibility
5. Autonomy as capacity of informed consent.

Cognizant of the limitations put forward with the ideal of autonomy to ensure the ethical and legal protection of those who are dependent leads to the second principle, dignity. In this framework, dignity goes beyond autonomy. Here dignity

recognizes that the ability to assume responsibility or maintain health may be absent or lost, such as is the case with minors and in certain states of illness. The focus is on dignity being seen as an intrinsic value, focusing on the value and inviolability of human life. Another important aspect of this principle is the concern of oneself but of others too, and therefore places value of every human being and their encounters with others.

Integrity, similarly, to dignity, has been universalised as it also accounts for the inviolability of human life. Respect for integrity is respect for privacy and personal environment. Here, notable emphasis is on the patient's understanding of their own life and illness in both body and soul. In the context of nurse-patient relationships, integrity is seen as the most important principle in establishing a trusting relationship. It requires that we, as health professionals, listen to the patient telling the story about their life and illness. In the context of bioethics and



biolaw, there is a close link between respect for identity and respect for integrity, as it is where a personal narrative expresses the life context of the individual and this needs to be accepted and protected.

Linked to integrity is vulnerability. Vulnerability concerns integrity as a basic principle for respect and protection of human and non-human life. Vulnerability notes that all life can be compromised. The aim of this principles is to create a bridge in a pluralistic society, where respect for vulnerability should be essential to policymaking. Respect for vulnerability recognises the boundaries of life and in particular the suffering living beings may face. Respecting the vulnerability of the other is seen as a paramount realisation in ethics.

These principles must be promoted in the context of solidarity and responsibility. The framework aims to promote global justice. These four principles contribute to a hermeneutical circle of wide reflective equilibrium and considerate judgement. They can also be applied within phenomenological contexts as well. Reference can be made to the Barcelona Declaration on Policy Proposal to the European Commission on Basic Ethical Principles in Bioethics and Biolaw. Jacob Dahl Rendtorff and Peter Kemp have also made several contributions on the subject.

photo | morgridge.org

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

29 March 2021

Stop Cancer at Work Campaign calls on European Commission to get on with including hazardous drugs in legislation now

Inclusion of hazardous drugs in EU legislation supported by the European Parliament, majority of Member States and consensus of stakeholders and responses to independent report published by the European Commission today

The Stop Cancer at Work Campaign believes that the European Commission should now get on, without any further delay, including hazardous drugs in the Carcinogens and Mutagens Directive (CMD) - as outlined in the independent report published today. Legislation to include hazardous drugs is not only supported by the European Parliament but also, according to the report, the majority of the Member States that make up the European Council.

The independent report is based on consultation over the last year with Member States, experts, professionals, patients, industry and employers and trades unions in healthcare, and confirms that the vast majority support the only legislative option in the report to include hazardous drugs, or hazardous medicinal products (HMPs), in Annex I of the CMD, in combination with new non legislative guidance and a regular review of a list of HMPs based on an agreed definition. The independent report provides the necessary scientific evidence, stakeholder consultation and consensus, impact assessment and justification for the co-legislators to proceed now to approve this legislative option.

The European Parliament overwhelmingly voted on 25

March to support the Stop Cancer at Work campaign's demands for legislative action now – not just guidance – to include hazardous drugs (HMPs) in Annex I of the CMD. Inclusion of hazardous drugs in the CMD is the only legislative option outlined in the independent report published today to prevent exposure of workers to deadly hazardous drugs.

Legislation is the best and only way to deliver the necessary certainty and, as the report says, to strengthen compliance with the CMD. The Parliament also supported the Campaign's demands to extend the CMD to include reprotoxins, and other improvements, and the report makes clear that half of the identified HMPs are only reprotoxic so would not otherwise be covered.

Inclusion of hazardous drugs in Annex I and reprotoxins in the title of the CMD will prevent the occupational exposure of workers and patients in healthcare to carcinogenic, mutagenic and reprotoxic drugs, which cause workplace cancer and reproductive problems and result in their unnecessary deaths and harm to those exposed.

ENDS

Pablo SÁNCHEZ (+ 32 4 74 62 66 33) psanchez@epsu.org

STOP CANCER AT WORK

Study supporting the assessment of different options concerning the protection of workers from exposure to hazardous medicinal products, including cytotoxic medicinal products – March 2021
<https://ec.europa.eu/social/main.jsp?catId=148&langId=en>
The Stop Cancer at Work Campaign:

The Standing Committee of European Doctors (CPME),
European Association of Pharmacy Technicians (EAPT)
European Biosafety Network (EBN)
European Cancer Patient Coalition (ECPC)
European Federation of Nursing Associations (EFN)
European Public Service Union (EPSU)
European Specialist Nurses Organisation (ESNO),
The European Trade Union Confederation (ETUC)
The European Trade Union Institute (ETUI)

As a coalition of essential workers, professionals and cancer patients, the Campaign is demanding action from policymakers and political leaders to stop further preventable deaths. The European Commission's own research shows that at least 40% of cancer cases are avoidable - but we have yet to see meaningful change and very little on preventing workplace cancer in Europe's Beating Cancer Plan.

The scale of the problem is vast: it is estimated that 100,000 new deaths each year of work related cancer from occupational exposure to hazardous substances, the biggest killer in the EU. The European Commission's own research shows that at least 40% of cancer cases are avoidable. The protective equipment, safer technology and proper practices are available and not costly but employers are unlikely to universally introduce them unless they are required to do so.

In Memoriam: ICN remembers former President Kirsten Stallknecht

Geneva, Switzerland, 5 May 2021 – The International Council of Nurses (ICN) sadly announces the passing of Kirsten Stallknecht, former ICN President (1997-2001), Second Vice President (1985-1989) and member of the ICN Board of Directors (1981-1985).

Annette Kennedy, ICN President said: "It is with great sadness that we bid farewell to Kirsten Stallknecht. A true inspiration to nurses around the world, Kirsten was known as a formidable force in nursing and public life, not only in her native Denmark but throughout Europe and internationally."

Mrs Stallknecht was elected ICN President in 1997 at the 21st ICN Congress in Vancouver, Canada, where she selected the watchword "humanity". During her tenure she led nurses' condemnation of lethal injections and torture, advocating that health professions join together to move governments to stop such practices. She initiated many programmes and partnerships to help nurses and their associations hard hit by war, financial difficulties and catastrophes and those in lower income countries. Among her many achievements during her term as President, the revision of the ICN

Code of Ethics for Nurses, expansion of ICN's International Classification of Nursing Practice, and development of the ICN Advanced Practice Network continue to be widely used today.

Throughout her career, Kirsten Stallknecht dedicated more than 50 years to improving working conditions for nurses. At ICN, she led programmes to provide nurses with negotiating skills in regions worldwide and lobbied for the ILO Convention on Nursing Personnel, for maternity protection, socio-economic welfare, career mobility, migration, occupational health and policies on violence against nurses.

An inspiration to many nurses around the world, her enthusiasm and passion for her work has encouraged nurses to strive for excellence in nursing. In 1999, Mrs Stallknecht presided over the ICN centennial celebrations in 1999 where colleagues fondly remember her walking into Westminster Abbey holding the Nightingale lamp and dancing at the Royal Albert Hall during the Opening Ceremony.

Mrs Stallknecht served as President of the Danish Nurses Organisation for 28 years (1968-1996), the Nordic Nurses Federation (1989-95) and the European Federation of Nurses Associations (1991-1995). In 2001, she was named Commander of Dannebrog by

Queen Margrethe II of Denmark for spearheading numerous beneficial programmes for Danish and Nordic nurses that serve as models for other nurses' organisations. In 2004 she received the CGFNS International Distinguished Leadership Award, and in 2013 she was awarded ICN's Christiane Reimann Prize, nursing's most prestigious international award.



This past year has shown us that more than ever, we need to stop and take care of ourselves.

Happy Mother F'n
NURSES' WEEK

@nursesofinstagram

Investing in a Resilient Nursing Workforce Equates to Future Preparedness

At the Global Health Summit, co-organised by the Italian G20 Presidency and the European Commission, politicians collectively agreed on the Rome Declaration highlighting the principles and joint action to strengthen health systems and improve preparedness for future health crises. Evidence-based recommendations for action, strengthened by civil society and frontline expertise and experiences, informed the political discussion to build future health system resilience.

Following Prime Minister Mario Draghi, President Ursula von der Leyen and Peter Piot and other experts, the EFN President, Elizabeth Adams, and Bill Gates, presented to the G20 heads of states and governments. This G20 Summit provided the opportunity for EFN to mark the significant contribution of nurses (EFN President speech at G20) to the health and well being of society and to reflect on their vital daily work. The COVID-19 pandemic reaffirmed the value of well prepared and educated nurses which equate to lower mortality rates and better patient outcomes.

COVID-19 is an ongoing challenge to an already fragile health system. We all witnessed the devastating suffering of individuals and their families with some health systems being overwhelmed, inequality of access to care, equipment, vaccines, and other infrastructure challenges including the stark digital divide between countries and within countries. Technology is the change agent and nurses problem-solving expertise needs to be incorporated



into the co-creation and co-design of digital solutions as the end-users who will translate the technology solutions into practice.

“ COVID-19 is an ongoing challenge to an already fragile health system. We all witnessed the devastating suffering of individuals and their families with some health systems being overwhelmed

Nurses through their relentless commitment, expertise, professionalism, bravery, care for our most vulnerable, preserve millions of lives on a daily basis and provide comfort and dignified care at end of life.

G20 needs to invest in nursing and strategies for recruitment and retention which is a vital pillar to ensuring the building of a healthier, safer, fairer, resilient and more sustainable health systems with capacity for any unexpected crises that will protect the G20 pillars, namely the people, the planet and the prosperity of our world.



Press Information
Communiqué de presse
Comunicado de prensa

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 and 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



photo | nursingtimes.net

three or four years to make a novice registered nurse, and the outlook is bleak.

'The COVID Effect on the global 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.'

L-infermiera huma fost is-super eroj tas-soċjetà

Il-Kap tal-PN Bernard Grech isellem lill-infermiera



ritratt | newsbook

L-infermiera huma fost is-super eroj tas-soċjetà. Hekk iddeskriva lill-infermieri l-Kap tal-Oppożizzjoni u tal-Partit Nazzjonalista Bernard Grech meta sellmilhom fil-Jum Internazzjonali ddedikat lilhom, li jiġi mfakkar kull sena fit-12 ta' Mejju.

Bernard Grech faħħar il-ħidma u r-rwol tal-infermiera partikolarment f'dawn iż-żminijiet tal-pandemija. Il-Kap tal-Partit Nazzjonalista qal li għandna naħdmu għal soċjetà li tapprezza iżjed il-karrieri vokazzjonali permezz ta' kundizzjonijiet aħjar tax-xogħol u paga aħjar.

Għalhekk, Bernard Grech għadda grazzi speċjali lill-infermiera li kuljum ipoġġu l-bżonnijiet tal-pazjenti qabel tagħhom stess. Huwa qal li Malta tibqa' tafulkom.

OPTIFAST®

Helping you achieve a better version of yourself!



We all have a goal in life that we'd like to achieve. Some of us might want to run an extra mile, while others want to lower their blood pressure. Some would like to shed a few kilos, and perhaps others want to improve their cholesterol levels. No matter what you're trying to achieve, OPTIFAST is the best choice for you!

OPTIFAST is a worldwide brand that produces low-calorie and nutritionally complete meal replacement products. It has also developed a scientifically formulated weight-loss program for individuals who are medically at risk due to obesity.

We understand that losing weight and staying fit is not easy, but thanks to our OPTIFAST Fighters Malta community you will now be getting inspiration and motivation every single day! On our page, you'll find recipes, exercises and meal plans that will make your entire journey stress free.

So, what are you waiting for? Try out our refreshingly tasty shakes and our wholesome bars and get ready to start off a journey to a better version of yourself.

The OPTIFAST products can be bought from any local pharmacy. For more info contact us through our FB page OPTIFAST Fighters Malta, or call us on 2338 9000.

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



OPTIFAST®

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

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



**YOUR STRENGTH,
OUR PLAN.**

In-Nursing fid-Dinja tal-Qedem u fl-Ewropa Medjevali

Il-kelma *nurse* li originarjament ġejja mill-Latin *nutrire*, tfisser 'it-treddih' b'riferenza għall-imreddgħa (*wet-nurse*). Kien biss fl-ahħar tas-Seklu 16 li l-veru tifsira tan-nursing kienet attribwita għal persuna li tieħu ħsieb l-infermi.

Charaka Sanhita, kittieb Indjan tas-sena 100 QK kiteb li prattika medika tajba tirrikjedi fost kollox, infermier, li jeħtieġ li jkun struwit, u mħarreg biex jipprepara l-kura u wkoll li jkun nadif u simpatetiku.

L-ewwel infermiera Kristjana, magħruf bħala Phoebe, tissemma fir-Rumani 16:1, fl-ewwel żminijiet tal-Kristjaneżimu (c 50 QK), meta San Pawl kien bagħat 'il din id-Djakoressa f'Ruma bħala infermiera u kienet tagħti kura lill-istranġieri, orfni u vjaġġaturi f'dara stess. Anke fil-Greċja tal-qedem il-kura infermeristika kienet issir minn nisa msejġha Djakonessi u kienu jieħdu ħsieb pazjenti ħielsa u skjavi, f'qar u priguniera.

L-ewwel Kristjani, segwaċi ta' Sidna Ġesù Kristu, kuntrarju għat-twemmin tal-pagani, kienu dejjem lesti li jaqdu l-morda u jipprovduhom l-ikel, speċjalment waqt epidemija tal-ġidri tas-sena 168-180 WK u tal-ħosba tas-sena 250 WK.

Wara l-Ewwel Kunsill ta' Nicaea fis-sena 325 WK, il-Kristjaneżmu kien sar ir-religjon uffiċjali tal-Imperu Ruman u għalhekk kienu estendew il-postijiet għall-kura, fosthom dawk mibnija minn San Basilju l-Kbir fis-sena c.370, Santa Fabiola f'Ruma fis-sena c. 390 u l-Isptar ta' San Basilju f'Kostantinopli. Il-Kristjani, li kienu jħaddnu l-karità fost virtujiet oħra, żviluppaw n-*nursing* u l-isptarijiet u kienu ndividwi bħal San Benedettu ta' Nursia u ordnijiet tad-Dumnikani u Karmelitani tat-12-il Seklu li komplew jagħtu spinta lill-



Phoebe

kura tal-marid. Li l-pazjent ikun ikkurat fi sptar kienet invenzjoni tal-ħniena Kristjana u innovazzjoni Bizantina. Fi sptarijiet Bizantini saħansitra kellek *nurses* professjonali msejġha hypourgoi.

Fil-bidu tas-Seklu 7, Rufaida Al-Aslamia saret l-ewwel infermiera Musulmana. Hi kienet tmexxi grupp ta' nisa, bl-approvazzjoni tal-Profeta Muhammed innifsu, biex tikkura

minn Joe Camilleri CN

ġellieda feruti fuq il-front tal-battalja.

L-isptarijiet Medjevali fl-Ewropa komplew fuq sistemi Bizantini u kellhom komunitajiet religjużi bil-kura pprovduta minn patrijiet u sorijiet fi sptarijiet imsejġha hôtel-Dieu (il-hostel t'Alla). Xi wħud kienu jaħdmu f'monasteri waqt li oħrajn kienu ndipendenti. Xi sptarijiet kellhom funzjonijiet diversi waqt li oħrajn kellhom funzjoni speċifika bħal sptarijiet għall-lebrużi, għar-refuġjati f'qar, jew għall-pellegrini. L-ewwel sptar fi Spanja imwaqqaf mill-Isqof Kattoliku Masona fis-sena 580 WK kien jikkura l-marid irrelevanti l-pazjent kienx skjav, ħieles, Kristjan jew Lhudi.

L-Imperatur Charlemagne lejn l-aħħar tas-sena 700 WK u l-bidu tas-sena 800 WK irrestawra xi sptarijiet li kienu ġġarrfu u dawn bdew jaħdmu flimkien ma' katidrali jew monasteri. Il-monasteri kienu saru fattur dominanti fejn tidhol ħidma ta' sptar. Il-famuż Abbey ta' Cluny tas-sena 910 WK kien beda sistema msejġha 'eleemosynarium' (elemosina, il-ħniena ta' Alla (S 24,5; Is 59,16) jew l-għoti tal-karità) fejn l-aktar li kienu



Rufaida Al-Aslamia



famuži kienu l-Benedittini bħal dawk ta' Corbie f'Picardy, Volkenrode u Walkenried.

L-istess ġara fejn jidhol il-kleru djoċesan bi ftehim mal-Kunsill ta' Aachen fejn fis-sena 817 WK l-isptarijiet kellhom konnessjoni ma' knisja kolleġġjata u għalhekk insibu sptarijiet imwaqqfa f'Cologne, f'Constance u fi Trier. Fil-Ġermanja biss f'370 sena twaqqfu xejn inqas minn 155 sptar. L-ewwel sptar tal-komunità twaqqaf f'Milan, jiġifieri dak ta' Ospedale Maggiore, l-akbar wieħed li qatt inbena f'dik il-ħabta tal-1456 fil-Lombardija.

In-Normanni użaw sistema ta' sptarijiet meta ħakmu l-Ingilterra fis-sena 1066. Dawn kienu jgħassmu l-karità u l-medicina u kienu

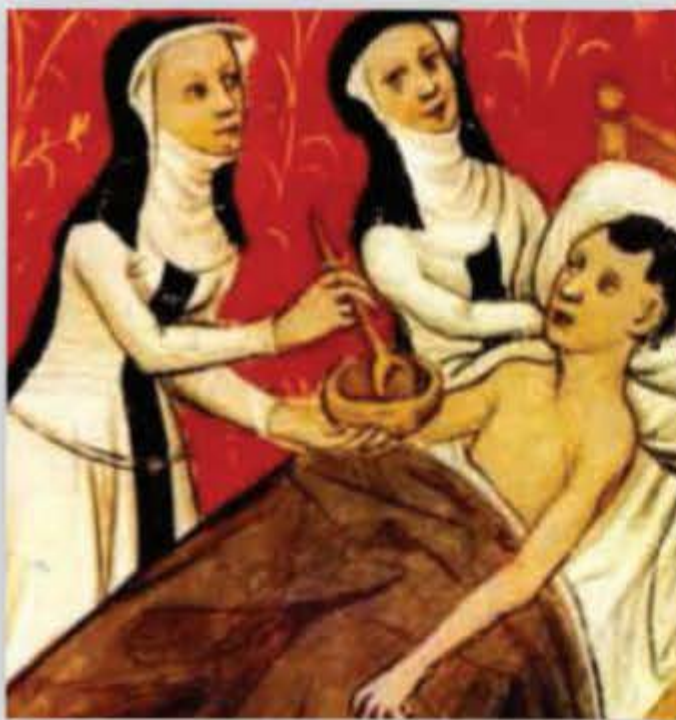
jiddependu mill-ġenerożità tan-nobbiltà u l-aristokrazija. Il-Knisja Kattolika fl-Ewropa kienet ikkunsidrata bħala dik li tipprovdi servizz ta' *welfare state* għaliex kienet tipprovdi sptarijiet kullimkien u għal kull età, postijiet għall-lebruži, hostels u dverni għall-pellegrini. Kienet tipprovdi sodda b'irħis u ikla, u kienet titma' l-popolazzjoni waqt żmien l-għaks u l-ġuħ.

Ir-rwol tan-nisa Kattoliċi bħala sorijiet fl-era medjevali kien rwol prestigjuż, fejn familji għonja kienu jipprovdu d-dota għat-tfal tagħhom, li permezz t'hekk kienu qed jgħinu l-kunventi, waqt li s-sorijiet kienu jipprovdu kura nfermeristika b'xejn għall-fqar. Sa dik il-ħabta n-*nursing* kellu rwol reliġjuż u ma kienx

ikkunsidrat bħala xjenza.

Il-Knisja Ortodossa tal-Lvant kienet ukoll stabbiliet ħafna sptarijiet fil-Lvant Nofsani, imma meta twaqqaf l-Islam, il-medicina Għarbija ġiet żviluppata, saru avvanzi mportanti u kien hemm tradizzjoni lżlamika tal-infermiera fejn dawn l-ideat kienu anke nfluwenti għall-Ewropa kollha. Meta l-famuži Knights Hospitallers (l-Ospedallierital-Ordni ta' San Ġwann) ġew imwaqqfa fl-isptar Amalfitan ta' Ġerusalemm, kienu jieħdu ħsieb il-fqar, il-morda u l-pellegrini Kristjani tal-Art Imqaddsa. Wara li l-Krusadi ħadu f'idejhom lil Ġerusalemm, l-Ordni saret waħda kemm militari kif ukoll għall-kura tal-infirmiti. Anke l-Ordni Kattoliċi Rumani, bħal dawk tal-Frangiskani, kienu jinsistu li għandhom jieħdu ħsieb il-morda, speċjalment dawk milquta bil-pesta. Barra Ordni Kattoliċi Monastiċi kellek ukoll Ordni ta' infermiera sekulari li komplew żviluppaw in-Nursing għall-era moderna Ewropea.

lkompli...



Sorijiet infermiera jieħdu ħsieb il-marid



L-Imperatur Charlemagne

Riferenzi

- Portelli, Sandra (2017), THE Women: Pregnancy and Childbirth in Gozo, 1867-1914, GOZO OBSERVER (No. 36) - Summer 2017
- McGrew, Roderick E (1985), Encyclopaedia of Medical History <https://onlineprograms.sacredheart.edu/resources/article/the-origins-and-meaning-of-nursing/>
- http://internationaljournalofcaringsciences.org/docs/31_Theofanidis_special_8_3.pdf
- <https://www.oocities.org/hasanayobel/laudufour/laudufour08.htm>
- <https://blog.uniformadvantage.com/2020/04/24/the-history-of-nursing/>

1. Staying Healthy

This pillar focuses on promoting greater investigation into the causes that lead to diseases and better prevention of them. For 2021, more in-depth studies are expected on diseases related to obesity, aging, mental health, prevention and digital health literacy. In addition, the European Commission plans to support and implement the use of AI to predict and prevent the risk of chronic diseases. The budget made available for this year is €69 million, of which €60 million to investigate the molecular and neurobiological basis of mental health and disease, €9 million will go to finance 3 projects in support of digital empowerment and health literacy. For 2022, a budget of 220 million is planned for this pillar. €170 million will be allocated for proposals on improving mental health and the development of AI tools to predict and prevent the risk of chronic diseases and obesity. Another €50 million, due on 21 April 2022, will fund projects that develop personalized schemes on chronic inflammation in the transition from health to disease.

2. Environment & Health

This pillar was born out of the need of the European Commission to clarify a better understanding of the environmental impacts on people's health, investigating the effects of pollution, chemicals, climate and other factors. For 2021, the European Commission has set up a budget of €130 million for projects that will investigate: the effects produced by electromagnetic fields on health; on the relationship between health and air quality; and on the impact of climate change on health. Another

€200 million planned to facilitate public-private partnerships on the measurement of risks deriving from chemical products. For 2022, a €20 million call is foreseen, expiring on 21 April 2022, to finance 5 projects, developing new methods for assessing the costs of environmental stress factors related to health.

3. Tackling Disease

For this pillar, the European Commission plans to allocate €262,5 million, in 2021, to finance the improvement of care for cancer patients, the enhancement of research on poverty-related diseases in Africa, the implementation of related care tools to AI and understanding the patient's response to the virus that attacks it. For 2022, the disbursement of €227 million is planned, divided into two calls: the first of €160 million will support the preclinical development of next generation immunotherapies, the development of new vaccines and new therapies for rare diseases; the second of €37 million will concern projects aimed at better preparedness to face future pandemics and at reducing the risks of non-communicable diseases in young people. It is expected that an additional €30 million will be made available for the creation of public-private partnerships in the field of health research.

4. Innovative Healthcare

The objective of the calls allocated to this pillar is to modernize health systems by improving their quality and developing new effective and efficient tools and methods for the benefit of all. For 2021, the planned

budget is €70 million. It will be used to finance projects dedicated to improving the quality of care and safety of the people and the creation of a supply network. Another €70 million will be allocated for 2022.

An additional €100 million will be made available to facilitate the creation of public-private partnerships for the transformation of health and care systems.

5. Digital Tools

In 2021, the European Commission plans to launch a tender of €115 million for projects that will develop digital medical devices; therapies to treat highly prevalent diseases with unmet needs; and tools for the use and reuse of health data. The goal is to accelerate the development and digitalisation process of health systems. For 2022, a budget of €155 million is foreseen: €95 million for projects that will focus on optimizing drugs using biomarkers and discovering new methods for efficient use of data; €60 million

for 19 projects. Analysis on the implementation of new strategies for patient stratification.

6. Competitive Health Industry

For 2021, the European Commission plans to allocate €44 million to make the healthcare industry innovate by making it more resilient and competitive. The allocated budget will go to projects that tackle the problem of pollution caused by drugs. For 2022, the planned budget is €69 million and the aim is to support projects aimed at improving the cybersecurity of digital health tools.

• continued from page 13

program for women to run for political positions.

Elisabet Nebreda Vila, Secretary for Foreign Action and the EU, Government of Catalonia at Generalitat de Catalunya, explained that in the last elections 47% of the seats were taken by women. Having women in power encourages other women to do the same. 44% of the municipal councils are occupied by women. Other positive changes adopted by Catalan Parliament is the timetable of reform to overcome the barriers linked to the time and to facilitate the right balance between private and professional life. She urged to have more data to understand what the barriers are and find solutions to tackle them and allow women to cover important role in the society.

Ines Maxi Carl, Municipality

Member of Hannover, talked about her political experience and her participation to the EU program for young elected. She explained that in Germany they do not have a law on gender equality. The party program they want to implement is a "women make democracy or empower democracy" counselling program. It is a one-year program which has to start 2 years before the elections composed by training module and mentorship activity, in which mentors explain important features on the local politics, accompany participants to specific meetings and consultations. The training course includes the development of soft skills such as managing social networks, learning to speak in public and simulation of city council meetings.

Moreover, there is a self-evaluation

system through surveys to understand strengths and weaknesses. The final part of the program is represented by the creation of networking.

Jasna Gabric, Member of European Committee of Regions in Slovenia, highlighted her career in politics. She became deputy mayor at the age of just over 25 and then Mayor. She explained how it is difficult to be women in politics and how many obstacles she overcame during her career. Her final message was that "you do not have to give up, and maybe one day there will not be a gender gap anymore".

The European Federation of Nurses Associations (EFN)

Registration Number 476.356.013

Clos du Parnasse 11A, 1050 Brussels, Belgium

Tel: +32 2 512 74 19 Fax: +32 2 512 35 50

Email: efn@efn.be Website: www.efnweb.eu



BioGaia Protectis Drops

Small drops Big difference

- Recommended dose of 5 drops daily;
- Can be given from day of birth and is safe for long-term use;
- Proven clinical effects in preventive use in healthy infants*;
- Proven clinical effects in infants with colic, constipation and regurgitation.



www.pemix.com.mt | +356 21 437 926 | info@pemix.com.mt

References*: Indrio F et al. Published online 13 January 2014 in JAMA Pediatrics.

A fruitful participation in the EPICC project

On Wednesday 26 September 2018 I have been graced of being invited to participate in a Forum entitled: *The cultural, spiritual/religious impact of the EPICC Spiritual Care Matrix*. The forum was part of a teaching and learning event wherein spiritual leaders/religious leaders, nurses, midwives, students, educators, curriculum developers regulatory bodies and health service users were invited to support the EPICC project.

The acronym EPICC stands for Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovation, Education and Compassionate Care. The EPICC that covered the time frame 2016 till 2019 was co-funded by the European Union's Erasmus Programme. It was led by nurse and midwife educators from six universities in the United Kingdom, the Netherlands, Norway and Malta. The pioneer of the project was the late Prof. Donia Baldacchino who sadly passed away the year before, namely 2017.

The project's aim was to build a European network of midwife and nursing educators to review good practice and develop new resources that can be supplied to nursing and midwifery education in Higher Education Institutions across Europe, in order to share knowledge and skills in spiritual compassionate care. The project had the potential to generate a rich insight into current educational practice, enable the sharing of best practice and the development of a uniform approach to how holistic, personal, religious and spiritual beliefs are incorporated into nursing/midwifery curricula through the generation of guidance.

Following the development of the Educational Matrix and tool kit for Spiritual Care by the project partners and participants from 14 European countries, comprising: Belgium, Croatia, Czech Republic, Denmark, Germany, Ireland, Norway, Poland, Portugal, Spain, Sweden, Turkey, Ukraine and the United Kingdom. Then, the subsequent step of this journey to be completed was for the matrix to be tested and implemented.

From this important teaching and learning event I must say that the first one to benefit was, first and foremost, myself as a hospital chaplain. In fact, by

participating in a half-day seminar of these 5 day teaching and learning event, I was greatly helped to see what is my role as chaplain in the hospital.

To begin with, this learning and teaching event aided me to realise the enormous dynamic of spirituality, namely that dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred. Faced by this huge life programme I genuinely asked myself: How am I, as a chaplain, really helping the people I serve at the hospital to experience, express and seek meaning, purpose and transcendence? How am I easing their way of connecting to their present moment and, in that sacredness of the ever eternal present, am helping them connect with themselves, others, nature and the sacred?

As a pastoral carer my half-day teaching and learning participation made me more aware that the spiritual field is, indeed, multidimensional. As a matter of fact, the spiritual domain of the human person is replete with existential challenges. Each and every person carries within himself and herself those agonizing yet beneficial questions regarding identity, meaning, suffering and death, guilt and shame, reconciliation and forgiveness, freedom and responsibility, hope and despair, love and joy. In being a chaplain, am I a genuine server of these challenging dyads?

In this learning and teaching event I was invited to recognise more the importance of the spiritual dimension of the people I am called to serve since, this dimension, powerfully sustains their physical as well as mental well-being. But do I really understand the concept of spirituality?

Can I explain the impact of spirituality upon the physical and mental health of the people I minister to? Do I listen and interact with them authentically?

Am I recognising the unique spirituality of each patient I come across? Am I open and respectful to the diverse nature of spirituality? Or am I imposing my own spirituality on them?

Being a chaplain means valuing knowledge and experience of chaplaincy as important elements in dealing with the patients and their families' existential questions. Am I familiar with and do I understand ways that patients and their families adopt in order to express the important life questions? Do I recognise and respond sensitively and compassionately to important life questions? And I appreciating what is really important for the person I am actually serving?

Being a chaplain also means being aware of my own spirituality and use of self as a resource for spiritual care. That is why the great parish priest of all times, Saint John Mary Vianney, wisely said: 'How consoling this thought is, my dear children, for him who has sought only God throughout his life! But what a despairing thought for him who has lost sight of God and of the salvation of his soul' In view of this telling quote am I understanding my own values and beliefs, my own strengths and limitations, and be aware of the impact of this on my own pastoral practice with patients? Do I nurture the ability to reflect meaningfully upon my own values and beliefs? Do I recognise that my personal beliefs may be different from those of others? Do I really show a willingness to explore beyond my personal comfort zone?

The chaplain is the one who acknowledges and respects the patient's diverse cultural world views, beliefs and practices in relation to his own spirituality. Do I know the philosophy of different world views and cultures in relation to health? Do I have a knowledge of the main aspects of common religious world views and their dynamics? Am I able to interact with the patient about his and her related expectations in meaningful dialogue? I am truly open, approachable and respectful?

A caring chaplain is the one who demonstrates availability, authenticity and presence throughout the patient's journey within a caring and compassionate relationship. Do I understand the concept

of availability, authenticity and presence with my patients? Do I comprehend the concept of caring and compassion? Do I listen and interact authentically to the patient language? Do I create and foster a caring relationship with the patient? Do I build on trusting relationships? Am I harbouring a caring compassionate and empathic presence? Am I being respectful, non-judgmental, inclusive, open, approachable, welcoming and accepting?

Furthermore, the chaplain respects the patient's right to make informed decisions about their care and treatment in line with their spirituality.

Am I capable enough to explain the ethical aspect of informed decision making and the client's autonomy? How am I helping the patient to uphold a conscientious objection especially when facing certain procedures in his and her care that run counter to his and her faith principles? Am I acquitting and reflecting knowledge to respond appropriately in relationship with the person in need? Am I showing respect to the patient by being non-judgmental?

Finally, the chaplain provides appropriate spiritual care and, when necessary, makes timely referral for additional support to relevant others if opportunity calls for. Do I know what limitations or barriers exist for spiritual care, be it personal, professional or organizational? Do I know what others or resources exist to refer to? Do I reflect on and respond to limitations or barriers, and communicate with other disciplines? Do I gather information on additional patient support? When fulfilling all these tasks do I not show professional humility and willingness to collaborate with other health professionals? Do I not show trustworthiness in seeking additional help for patients?

When couched with patient discernment, that is in itself a very valid form of action, this long series of questions is helping me to address what, according to Martin Luther King, Jr, is 'Life's most persistent and urgent question, 'What [am I] doing for others?' *Personally speaking, the very fact that this teaching and learning event made me ask all these questions and, perhaps, much more, my participation in the EPICC project can be rightly qualified as a very fruitful one indeed.

Fr Mario Attard OFM Cap



Press Information
Communiqué de presse
Comunicado de prensa

photo | womenofegyptmag.com

Gender inequalities exposed by COVID-19

International Council of Nurses challenges gender bias against nurses

ICN releases e-report on its work during COVID-19



Geneva, Switzerland, 17 March 2021 – Annette Kennedy, President of the International Council of Nurses (ICN), has spoken out against the unacceptable inequalities exposed by the COVID-19 pandemic, for the nursing profession, as well as women in general.

“The lack of investment in, respect for, and abuse of nurses can no longer be tolerated.” said Ms Kennedy. “As we look back on the past year of the pandemic, we see call after call for protection, decent pay and acceptable working conditions for this 90% female workforce being ignored by governments and policy makers all over the world.

“Women, and especially nurses, have shouldered the majority of the care of the ill and dying, along with increased childcare, yet we see rates of violence and abuse against women are on the rise, and nurses are continuing to put their lives at risk for a low-paid, undervalued job. It is time for our demands to be taken seriously.”

“I am also concerned about the impending exodus from the profession of nurses who have been traumatised by caring for patients with COVID-19. There is a worldwide shortage of six million nurses, and a further four million are due to retire in the next decade. If we factor in the COVID Effect in addition that could leave health services with

only half the nurses they currently have if drastic action is not taken. The consequence of this on health systems and economy around the world could be even worse than the pandemic.”

ICN has released an online publication detailing the work it undertook in 2020 to advocate and lobby for the support and protection of nurses during the COVID-19 pandemic. From the early days when the virus started in China through to the deaths of 1.7 million people worldwide by the end of 2020, the report provides a month-by-month diary of this extraordinary year when nurses faced unbelievable hardships and were simultaneously praised and abused for their work. Now the applause has faded, and governments have made no moves to reward nurses with more than words.

Taking up the theme of this year’s International Women’s Day, #ChooseToChallenge, Ms Kennedy said:

“Over the past year, ICN has called for adequate supplies of protective equipment, for the virus to be

considered an occupational disease, for governments to speak out against attacks on nurses, for nurses to be part of pandemic taskforces and decision-making, and for nurses and other healthcare workers in every country to be prioritised for the vaccine. Yet these calls are still not always being heeded. ICN is challenging this inherent bias against the female dominated profession of nursing.”

The e-publication honours the thousands of nurses who have died as a result of COVID-19. ICN has also released reports on the mass trauma experienced by the nursing profession as a result of the pandemic, and on the nursing shortage including the increase in nurses intention to leave the profession due to burnout and distress.

Since the start of the pandemic, ICN has drawn unprecedented media attention to the plight of nurses, raising the profile of the profession, and demanding governments protect and support nurses. With links to ICN reports, press releases and videos, this e-publication is illustrated by inspiring photographs of nurses in action and brings personal stories from nurses on the frontlines across the globe. It is a reminder of everything the members of this incredible profession have gone through and how much more remains to be done.

Greening up your Lifestyle

The pandemic changed the world and ushered with it a strong call for action in favour of the environment. Today, more people are aware of the importance of a more sustainable earth and are actively searching on how they can reduce their negative impact on the planet by greening up their lifestyle.

But turning our homes into environment-friendly hubs may well turn out to be an expensive investment as it is a long-term investment. This will call for a considerable financial outlay that could act as a barrier for a green and sustainable lifestyle. Understanding the importance of affordable financing to support the transition from carbon dependence to greener alternatives, at Bank of Valletta, we recently launched two low-cost energy loans.

The BOV Personal Energy Loan and the BOV Home Energy Loan can cover the costs of installation and external connectivity of equipment and fixtures that generate renewable energy and promote energy efficiency such as PV panels, solar water collectors, space heating and cooling, as well as numerous measures including insulation and EV charging stations.

Both loans provide green-conscious consumers with low cost financing namely through zero processing fees, low variable interest rates, an interest rate subsidy for the first three years, and best of all easy loan repayments designed to reduce energy bill payments. Once the repayment programme is concluded, this green investment should lower one's carbon footprint and help



to reduce energy bills.

Every little action helps in this fight for protecting our planet. Let us work together – you choose the renewable energy and energy efficiency products that are right for you and we will help you

overcome that financial barrier. Our loan specialists will guide you in choosing the energy loan that is best for you and how to go on about it. Simply request an appointment via this online form <https://www.bov.com/Assistants/set-an-appointment>; send an email on info@bov.com or call us on 2131 2020.

Together we can green up your home and lifestyle in favour of a more sustainable tomorrow.

More information is available on <https://www.bov.com/content/bov-personal-energy-loan> and <https://www.bov.com/content/bov-homeenergy-loan>

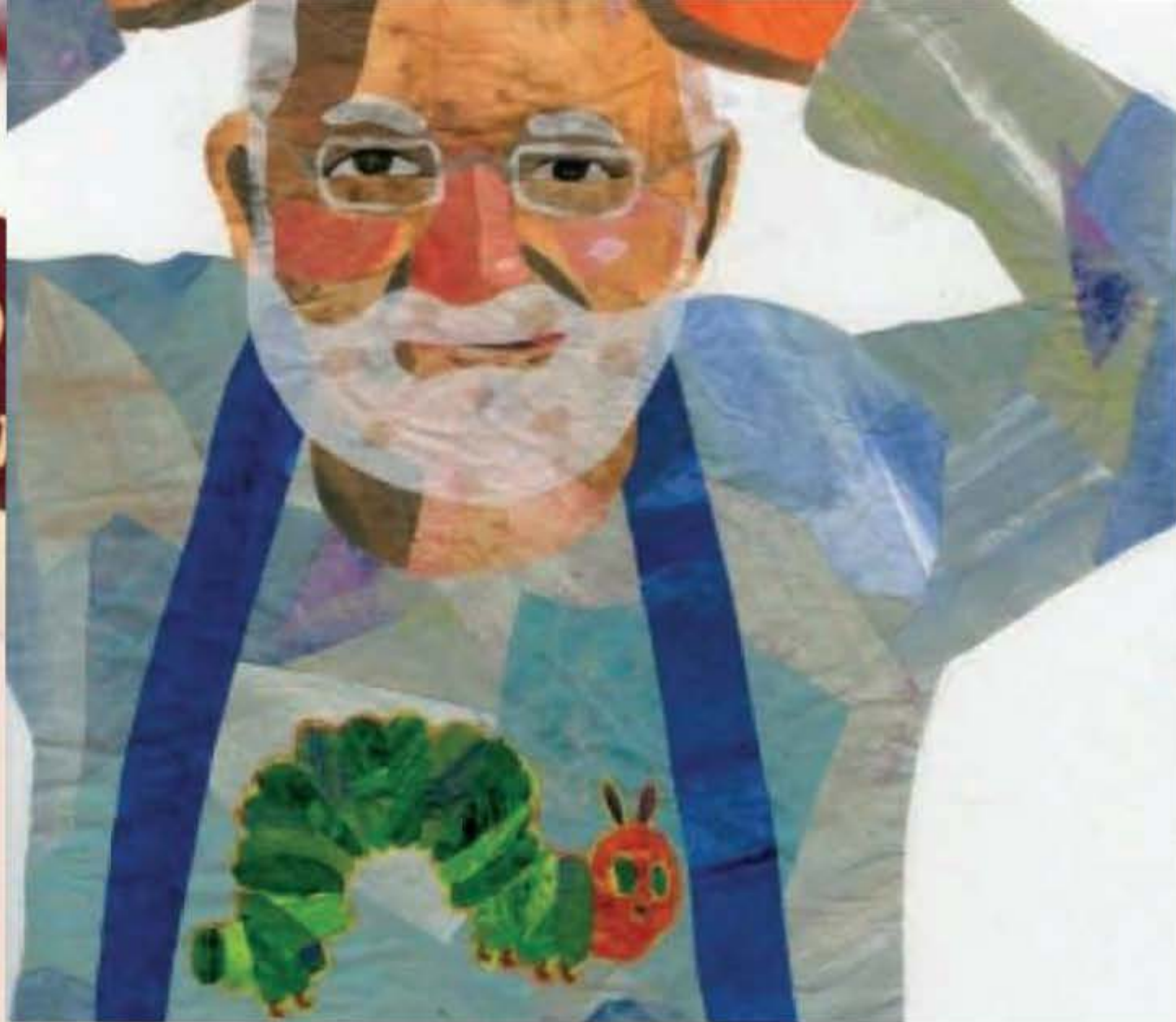
The BOV Personal Energy Loan and the BOV Home Energy Loan are financially supported by the Energy Efficiency and Renewable Energy Malta Fund (EERE) which is co-financed by the Republic of Malta and the European Union under the European Regional Development Fund (ERDF).

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



Operational Programme I – European Structural and Investment Funds 2014-2020
"Fostering a competitive and sustainable economy to meet our challenges"
Project part-financed by the European Regional Development Fund
Co-financing rate: 80% European Union Funds; 20% National Funds





The **SIX** most important words:
“I admit I made a mistake”

The **FIVE** most important words:
“You did a good job”

The **FOUR** most important words:
“What is your opinion?”

The **THREE** most important words:
“If you please”

The **TWO** most important words:
“Thank you”

The **SINGLE** most important word:
“We”

The **LEAST** important word:
“I”

When a fictional caterpillar munches through one apple, two pears, three plums, four strawberries, five oranges, one piece of chocolate cake, one ice cream cone, one pickle, one slice of Swiss cheese, one slice of salami, one lollipop, one piece of cherry pie, one sausage, one cupcake and one slice of watermelon, it might get a stomach ache.

Isn't this music for your ears?

Eric Carle, the beloved author and illustrator, innovator, storyteller and inspirational of many classic children's books including "The Very Hungry Caterpillar," has sadly died at the age of 91 last week. Eric Carle's vibrantly coloured collage illustrations appeared in more than 70 books including "The very hungry caterpillar," "Brown bear brown bear what do you see?" and "the tiny seed". In his most popular book "The Very Hungry Caterpillar, Carle believed that "The Hungry Caterpillar" is a book of hope, as children need to have an expectation of positive outcomes and as an insignificant caterpillar, children can grow up into a beautiful butterflies that fly into a beautiful world with their talent. The appeal of the book is all about the reassurance that children can do it in life and can make a difference.

Eric Carle's picture books were often about insects. Spiders, lady bugs, crickets and of course, that famous caterpillar, all as colourful and

friendly as Carle himself. He often used nature themes to help children overcome anxiety about new things in life. In his books he tried to counteract the fear of the unknown by replacing it with positive messages. He believed that children are naturally creative and eager to learn. His aim was to show them that learning is both fun and fascinating..

Throughout his life, Eric Carle showed a deep understanding of the way children integrate what they see and hear into their lives and how they react to art and words. His picture books are first and foremost beautiful and entertaining. That they also seamlessly give a child the tools they need to grow was Eric Carle's unique gift. While we mourn the loss of this creative genius and wonderful man, we celebrate his life and extraordinary work. R.I.P Eric Carle. Thank you for expanding our hearts inch by inch.

Charmaine Attard Borg
Senior Staff Nurse
Mater Dei Hospital

BUILT ON LEGACY, UNFOLDING THE FUTURE

Celebrating 25 years of
Vilhena Maltese Opportunities Fund

25
YEARS



Talk to us | 2131 2020 | bovassetmanagement.com

Formerly known as La Valette Malta Fund. Investments should be based on the full details of the Prospectus, Offering Supplement and the Key Investor Information Document which may be obtained from BOV Asset Management Limited, Bank of Valletta plc Branches/Investment Centres and other Licensed Financial Intermediaries. The investments underlying in this financial product do not take into account the EU criteria for environmentally sustainable economic activities. BOV Asset Management Limited is licensed to provide Investment Services in Malta by the MFSA. The Vilhena Funds SICAV plc. is licensed as a Collective Investment Scheme, pursuant to the Investment Services Act and the UCITS Directive. Issued by BOV Asset Management Limited, 58, Zachary Street, Valletta, VLT 1130, Malta. Tel: 21227311, Fax: 22755661, Email: infoassetmanagement@bov.com, Website: www.bovassetmanagement.com.mt. Source: BOV Asset Management Limited

BOV

ASSET MANAGEMENT

A MEMBER OF THE BOV GROUP



**WITH TRIPLE
EFFECT PAIN
RELIEF**



1 Relieves pain

2 Fights inflammation

3 Speeds natural healing