NEW VISION
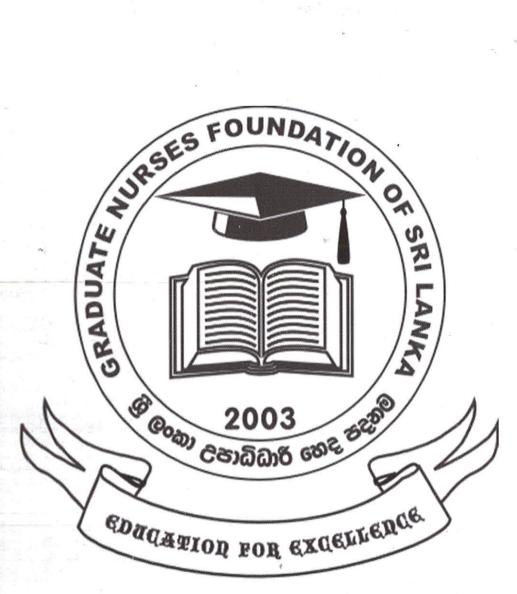
Graduate Nurses' Foundation of Sri Lanka

Annual General Meeting – 17th February 2018

Education and Research in Nursing: The Way Forward to Sustainable Development

Newsletter Editorial Board

Dr.M.K.D.L. Meegoda

Ms.S.M.K.S.Seneviratne

Ms.M.W.Muthucumarana

Ms.W.M.P.D.S.Wijekoon

Content

Message from the President, GNFSL

Dr. MKDL Meegoda
Senior Lecturer, B.Sc.Nursing Programme,
Department of Allied Health Sciences,
Faculty of Medical Sciences,
University of Sri Jayewardenepura.

Dear members and colleagues,

I am honored and privileged to serve as the president of the Graduate Nurses Foundation of Sri Lanka (GNFSL). During the session 2016/2017 with your continued support the Foundation was able to achieve number of its objectives. On behalf of all of us I would like to thank the members for the continuous support they have rendered throughout these two years to achieve our objectives.

At the beginning of the commencement of our session, the executive committee of the GNFSL identified the specialized training, education and services that are needed in order to develop the members to face the future challenges. With the active support of the executive committee, the Foundation strives to promote members to attend several workshops and seminars which were organized specially for the nurses in order to fulfill their needs.

We payed special attention to encourage members to conduct research and we have given opportunity to develop your research skills by providing lectures on research. Finally we gave you the opportunity to present your research findings in front of eminent evaluators and a delightful audience. At the 13th Annual General Meeting of GNFSL we will be conducting inaugural "Academic Sessions – 2018" which is a remarkable event we were eagerly anticipating. Today the GNFSL is celebrating its 14th birthday. At this very special day I am proud to say that the GNFSL was able to achieve this great milestone. It is one of our most highly touted accomplishments.

I would also like to mention our affiliation to the Organization of Professional Associations of Sri Lanka which gives us great pride. Furthermore, its countless support to develop ourselves in holistic way is appreciated. After a wealth of achievements, however, a great deal of work still needs to be done to reach our goal. I would like to propose the new office bearers to continue developing the events we have inaugurated for the future development of the GNFSL.

Thank you!

4

Message from the Patron, GNFSL

Ms. Trixie Marthenesz
Former Nursing Consultant
Open University of Sri Lanka

First and foremost may 1 congratulate you the membership of the Graduate Nurses Foundation Sri Lanka (NGFSL) for inaugurating an Academic Session especially with the scholarly theme "Education and Research in Nursing; the Way Forward for Sustainable Development" and also wish you the best in all your future endeavours.

I feel honoured and pleased for the two definite reasons besides being grateful to the membership. I feel honoured to be invited to contribute a message to this history making publication of Academic Sessions in the wake of establishing a Faculty of Nursing in the University of Colombo. I am pleased to find my students who have been the trail blazing Graduate Nurses qualifying from the first convential university admitting students to read for a B.Sc (Hons) Nursing degree. That is the Sri Jayawardenepura University in the year 2004. Today we are proud to have several capped and gowned with Master and Doctorate degrees from universities abroad too.

As my message to you I wish to quote from Mahathmaji of India.

The Seven Social Sins.

"Politics without Principles.

Wealth without work.

Pleasure without Conscience.

Knowledge without Character.

Commerce without Morality.

Science without Humanity.

Worship without Sacrifice."

Mahathma Karamchand Gandhi
Young India 1925

Nursing is a Noble and Humanitarian Service. Professional Nurses are Humane. Synonymous with the word Humane are Compassionate and Benevolent.

We Professional Nurses strive to "Light the Lamp of Love and Service" Our Motto.

5

Message from Director Nursing Education

Ms. W.M. Ariyaseeli
Director Nursing Education
The Ministry of Health, Nutrition and Indigenous Medicine, Colombo.

The Graduate Nurses Foundation in Sri Lanka is a well-known professional organization which takes series of actions to protect the public by promoting and ensuring better high standards of professional conduct and professional education, training and competence among registered nurses. At the event of Annual General meeting 2018, I am glad to issue this congratulatory note.

Over the past years Graduate Nurses Foundation has gradually expanded its capacity to a remarkable level by taking effort to upgrade nursing services and nursing education in Sri Lanka.

This association is a very good example of other professional organizations in Sri Lanka because of its humanistic approach to fulfill the health needs of the nation, while safeguarding and ensuring the rights of the nursing professionals.

Qualified nurses are the backbone of health care delivery system of any country. The graduate nurses association always strives to achieve its objectives by upgrading the standards of nursing services through national level conferences, scientific paper presentations and helping for continuing education for graduate nurses.

The Academic session 2018 will provide an opportunity for graduate nurses to share innovative ideas and prospects of research in a dynamic, interactive, and supportive way. This forum will also provide an opportunity for graduate nurses to evaluate themselves on how far they have been successful in article writing.

Finally, I would like to commend the Graduate nurses' foundation on this very special occasion of Second Annual General meeting for its accomplishments over the years. I look forward to seeing the coming years being marked by key alliances in education, research and knowledge exchange, particularly those aimed at enhancing the health and well-being of the Sri Lankan people. I am confident that the Graduate Nurses foundation will continue to build upon its legacy and scale new heights in the years to come.

Message from Director Nursing (Public Health Services)

Mrs. R.L.S. Rajapaksha

Director Nursing (Public Health Services)

The Ministry of Health, Nutrition and Indigenous Medicine, Colombo.

It is an immense pleasure for me, writing this article to the New Vision magazine. Graduate Nurses Foundation is one of the leading organizations in Sri Lanka which focus on the professional development of the nursing community. This foundation has done remarkable service to uplift the nursing standards in Sri Lanka in the past few years. The current president and executive committee members have done a great deal of work achieving organizational objectives.

Education is the soul of the society, which passes the knowledge from one generation to the next. The series of workshops organized by Graduate Nurses Foundation can be given as one example among many of such activities. Organizing workshops related to nursing services, seminars aiding resolutions of health-related issues, conferences to raise awareness of the nursing professionals and ongoing researches guarantees a promising future. In addition to that, they provide specialized training of nursing services like palliative care, pain management, and public health nursing which are quite admirable.

As we realized, nursing is a great profession which needs lots of personal commitments, patience and time. Taking care of our patients is the goal. Hence, Graduate Nurses Foundation always aims to grow nursing education and uplift the nursing services to meet the needs of our community. They motivate the nurses to engage in lifelong learning which strengthens them to face global health challenges.

I invite all the nursing graduates to obtain membership and make a difference in the Nursing Profession on our motherland.

Finally, I extend my heartfelt wishes toward the success of Graduate Nurses Foundation in Sri Lanka.

"What we do for ourselves die with us. What we do for others remain and immortal. "

Albert Pike

Message from Director Nursing (Medical Service)

Mrs. M.B.C.Samanamali.
Director Nursing (Medical Service)
The Ministry of Health, Nutrition and Indigenous Medicine
Colombo

It is with great pleasure that I contribute this congratulatory message to the special souvenir which is released on 17.02.2018 on the Annual General Meeting - 2018 Session of the "Graduate Nurses' Foundation" of Sri Lanka. This foundation is a professional Organization which is affiliated to the Organization of Professional Associations of Sri Lanka.

In the today's modern world, Nurses have to acquire more and more knowledge & skill and apply them in to practice to minimize the risk in nursing care process. It is mandatory that a new approach is needed to counter the new challenges in order to sustain the respective Nursing Care.

Nursing researches provide opportunities for nurses to use their scientific skill while continuing to serve the immediate needs of the patients.

In this regard, the Graduate Nurses' Foundation dedicates itself to pave the ways to ensure quality service to the public in terms of Nursing Management and to promote a sense of self esteem and job satisfaction among nurses with the understanding of nursing as a noble and humanitarian service.

Being the Director Nursing (Medical Service), I take this golden opportunity to express my profound thanks and gratitude to the President Dr.M.K.D.L. Meegoda and his whole staff for their valuable contribution in administering the "Graduate Nurses' Foundation" of Sri Lanka facing many challenges with the aim of taking it to the **tower light of the success**.

On this day, when the Annual General Meeting 2018 of Graduate Nurses Foundation of Sri Lanka is celebrated, I wish to convey my best wishes for more and more success and achievements of the Graduate Nurses Foundation of Sri Lanka in the field of Education and Research in Nursing and other curricular activities.

8

Education and Research in Nursing: the way forward to sustainable development

Key Note Speech of 1ˢᵗ Biannual Academic Sessions 2018
By :

Prof. Surangi G. Yasawardene
Senior Professor of Anatomy & Dean,
Faculty of Medical Sciences,
University of Sri Jayewardenepura

Graduate nursing education has a short history of less than 25 years in Sri Lanka. Undergraduate nursing education commenced only in 2005 in Sri Lanka and Masters level nursing education yet to start.

Today all over the world the nursing profession and the academic institutions responsible for preparing the next generation of nurses faces extraordinary challenges and opportunities. Transformations taking place in nursing and nursing education have been driven by major socioeconomic factors, as well as by developments in health care delivery and professional issues unique to nursing.

Changing demographics and increasing diversity, technological explosion, globalization of the world's economy and society, era of the educated consumer, alternative therapies and genomics and palliative care, shift to population-based care and the increasing complexity of patient care, cost of health care and the challenge of managed care, impact of health policy and regulations, growing need for interdisciplinary education for collaborative practice, current nursing shortage, opportunities for lifelong learning and workforce development, significant advances in nursing science and research has made great impact on nursing education.

Nursing research is an integral part of the scientific enterprise of improving the nation's health and achieving sustainable development. Nursing research should provide a scientific basis for patient care. Research concerning health behaviours, symptom management, improvement of patients' and families' experiences with illness, treatment, and disease prevention and research conducted to improve patient outcomes and promote the health and well-being of communities, especially of the most vulnerable populations are of high research priority.

Modern nursing education, professional training and research directing nursing practice towards Evidence-based nursing which is an approach to making quality decisions and providing nursing care based upon personal clinical expertise in combination with the most current, relevant research available on the topic is undoubtedly the way forward to sustainable development.

9

The Impact of Night Shift Work on Women

Dr.S.S.P Warnakulasuriya,
Senior Lecturer, B.Sc.Nursing Programme,
Faculty of Medical Sciences, University of Sri Jayewardenepura.

The Industrial Revolution enhanced the proliferation of the electric lighting and encouraged more people to work at night. Today, working at night has become an essential need of society. Evidently, life style of the modern man expects twenty four hour service in service sector and great societal and economic demands have increased the employee's twenty four hours availability (Norman, 2011). Therefore, in a society where production of goods and services happens during the whole day, night shift work, undoubtedly, has a great significance. In that context, contribution of women to night shift work is of a great weight. But it has been discovered that shift work, particularly, night shift work can have negative impacts on both men and women in terms of physiology, psychology and social relationships but the impact on women seems to be greater than the impact that it can have on men(Costa,2016). Restricting women from night shifts does not seem to be a viable solution and alternatives could be used in order to avoid the adverse effects.

The human body and mind are naturally designed to work during the daytime and sleep at night. In a world where researches and awareness raising programmes play a vital role in conducting health related studies, everyone appreciates the importance of getting enough sleep because sleep is directly connected to the effective function of human body and mind. In this paper, there is an emphasis on 'women', 'night shifts', 'sleep' and health problems associated with night shifts .

It is widely believed that women require more sleep than men. According to the British online newspaper 'The Independent', scientists have discovered that compared to men, women should get twenty minutes more sleep. 'The Independent' highlights the reason for making such a statement as, according to researches done by the scientists, "women tend to multi-task, they use more of their actual brain than men do. Because of that their "sleep need is greater" in comparing to men. Apart from the fact that female brain works harder during the day, women are vulnerable to health related issues by birth due to the way their bodies are made up biologically and the way it functions with a complex process of maintaining hormonal balance. Another reason for women being the main focus of this paper is because there is a tendency for a significant amelioration in the numbers of women working at night. For instance, Mark Ellis for 'Mirror Online', writes, "the number of women working at night is increasing three times as fast as the rate for men" based on a study done by the Trade Union Council in Britain (2015). It cannot be denied that the employment of the female counterpart has grown in numbers in contrary to the past. Unquestionably, it will increase in a considerable amount in the foreseeable future. Therefore, it is worth searching the effects on women's physiology, psychology and social relations which are associated with night shifts.

Individual physiology, psychology and social relationships are three major factors associated with the health and psycho-social well-being of a human. In that context, sleeping is a major determinant of problems related to health and psychosocial well-being. Pallab Ghosh, a science correspondent for the British Broadcasting Corporation, pointed that brain cells connect with the other part of the brain during the day due to new experiences. During sleep those important connections are strengthened and

10

unimportant ones are pruned (Ghosh, 2015).That is why a sound sleep is as important as eating healthy diets and exercising.

According to Institute for Work and Health, being unable to sleep at night directly leads to disruption of body's circadian rhythms. They define circadian rhythms as "body's biological cycles that recur at 24-hour intervals, including sleep-wake patterns, body temperatures and hormone levels" (IWH, 2010). When circadian rhythms lose their control, they clear the path for severe health issues. A few of them may appear as minor issues such as insomnia or non-restorative sleep, which can be eliminated with temporary medications but the adverse health effects of night shifts work need society's attention at a greater scale.

The linkage between night shift work and the circulatory system is well documented which may finally lead to cardiovascular diseases because the rhythmic expressions of circadian clock genes in the heart and blood vessels are altered; "this alteration may disturb the ability of the heart to adapt to external stimuli and may accelerate tissue damage" (Mosendane et al,2008). Giovanni Costa, who works for the Department of Occupational Health, University of Milano, notes that gastrointestinal problem could be another adverse health effect which is linked with night shift work and women. He argues that mealtimes are important synchronizers but the problem night shift workers are having is that they do not give enough attention to their total energy intake, changing the time and frequency of eating and, sometimes, the content of meals (more fats and carbohydrates in many cases) (Costa,2017). He further elaborated on that statement emphasizing on the statistics: "after sleeping, digestive troubles are most frequently complained about by shift workers (20-75% vs. 10-25% of day workers), due to the troubles being connected with phase displacements between mealtimes and normal circadian phases of gastrointestinal functions". Above

mentioned impacts of disrupted circadian rhythms are met with both men and women in general. In exploring on that further, there can be found severe health issues which are associated solely with women.

As the Institute for Work and Health examines, Breast cancer could be another long term effect of night shift work that happens due to "disrupted melatonin levels" which finally leads to tumour growth. To illustrate this further, Melatonin secretion is at its peak at night, but the excessive exposure to light during night hours has the ability to reduce the production of this hormone (IWH, 2010). Likewise, women who work in night shifts are found to be at a great risk of contracting breast cancer. Moreover, the negative impacts that night shift work can have on women's health increase in numbers when taking women's reproductive function into consideration. Costa, 2017 critically explains that the menstrual cycle is the monthly hormonal rhythm in humans. Since it is associated with the circadian rhythms the risk of it being disrupted is at a high level in night shift workers. His findings elaborate that "a higher incidence of altered menstrual cycle, premenstrual syndrome, and menstrual pains have been reported in many groups of women shift workers such as nurses, air crews, and blue collar workers in industry ". Several studies imply that "lower fertility and higher abortion rates" are other problems combined with the pregnancy issues. The reason for this is not only because of the interference on their hormonal rhythms, but also due to personal attitude of limiting or avoiding pregnancies because they may find it difficult to balance their complex life and work (Costa, 2017). This, on the other hand, foreshadows how the role played by woman in a family is affected due to night shifts.

Fatigue and a general feeling of being unwell are two by products of night shift work. As Royal College for Nursing states, going against natural sleep cycle causes fatigue and sleep disorders. They define fatigue as "the decline in mental and/or physical

11

performance that results from long working hours, lack of sleep, poor quality sleep or poorly designed shift work causing disruption of the internal body clock" (RCN,2012). People who are drowsed with fatigue tend to behave in a risky manner which may sometimes results in injuries and accidents, they may not be successful in the decision making process most of the time and they may not communicate as the way they are supposed to do at workplace. It is evident that fatigue and the feeling of being unwell are able to have a negative impact on the person and the organization leading to less productivity because the efficiency of a day time worker cannot be expected from a night time worker due to their anomalous routine.

The way night shifts affect women's social and family relationships is not a topic which is widely discussed in society. But it has been identified that women who work in night shifts face more family issues than day time employees. In his research article, Peter Finn states that the reason for this is "because of the lack of synchrony between their hours on the job and their families' daily routine" (Finn, 1981). On one hand, children, especially younger children seek mother's attention during night time. The absence of mother during night can have an impact on their psychology in a negative manner. On the other hand, the time that shift workers can spend with their spouses can severely be abridged which may ultimately results in family issues, creating an extra burden on the shift worker's mind. Women who work in night shifts often miss social events and family functions. Vitale et al, explains this as "experiencing degrees of social isolation" due to shift work. For example, women who work in night shifts in Sri Lanka experience this type of social isolation where they are unable to conduct the rituals together with family members on the Sinhala and Tamil New Year Day (Vitale et al,2015).

The major claims discussed above regarding physiology, psychology and social relationships of women clearly state the grievousness of night shifts. Since every arguable thesis has an opposite point of view, recognizing and addressing the opponent's point of view is, necessary. Therefore the following section of this paper will focus on the refutations which are possible in an argumentative essay such as 'The impact of night shifts on women'.

Although it has been suggested that night shift work can have negative impacts on women, night shifts are believed to be efficacious with a number of advantages. According to Thomas,2017,night shifts are convenient compared to day time work; the traffic is less and transportation is easy; companies prefer to hold meetings during the day; comparatively there can be fewer meetings and less disruption from the employer and other employees during night which highlights the benefits of having a greater autonomy; because of the less staff during night the night shift worker gets unique opportunities and most companies will pay extra to workers that toil through the night (Thomas,2017). Moreover, flexible schedule, reduced workload, ability to care for elderly parents and being able to spend time with children during the day are other examples that Katherine Reed, who is a Doctor of Philosophy and a graduate nurse, explains in her book 'Night Shift Nursing' (Reed, 2013). Thus, it can be seen that night shift is able of bringing unique and eminent advantages to the worker but the point that its adverse effects on health are capable of fordoing the worker. Neither wealth nor autonomy nor convenience can mitigate the health effects and that is why the point 'the impact of night shift on women's physiology, psychology and social relationships outweighs the advantages of working in night shifts' is still justifiable after exploring on the advantages.

Since it has been suggested that night shifts are capable of affecting the health of women, the reader is inclined to think that restricting women from night shifts could be the suggestion of this paper. But having a general prohibition against the night work of

12

women does not seem to be a viable solution for this problem because a woman's right of earning with her own hard work and dedication and pursuing the life she dreams of, should be ensured in a society. In different circumstances, it may give rise to various social issues such as women who are willing to work in night shifts start protesting, demanding equal rights. For an example, Kumaraswami, 2017 in the e-paper Deccan Chronical criticizes the Karnataka committee's suggestion 'companies should employ men for night shifts and avoid women to ensure safety and security". In such a scenario, the importance of considering the alternatives appears to be the viable solution without having restrictions on working women to mitigate the adversity.

In the task of exercising alternatives, the night shift worker, her family, the employer and the government have to play a role in order to lessen the adverse effects on women due to night shift work. The night worker can avoid permanent shift work and limit weekend work. Furthermore, the institute for Work and Health states that the employer should provide adequate resting time for the employee, a resting time greater than eleven hours (IWH, 2010). Norman's suggestions are, paying attention to social and family relationships, making the family doctor aware of the type of the shift that one is working on and requesting mammogram screening to make sure that the person is not under the risk of contracting breast cancer. Another important strategy pointed out by Norman is "managing normal sleep" in preparing for night shifts (Norman, 2011). He further suggested some steps that a night shift worker can follow in order to get a better sleep before night shift. They are practicing a bedtime ritual before going to sleep such as having a hot bath and avoiding stimulating activities, restricting mind from dwelling in upcoming shift or stressful situations, avoiding caffeine, alcohol, heavy meals and drinking less fluid before going to sleep, exercising regularly to have a better sleeping pattern (Norman, 2011).The

government's responsibility in ensuring night shift worker's health and security should be taken into consideration. The Royal College for Nursing states that the government and devolved health bodies should pay their attention to the health of shift workers in their decision making process and promote the health and wellbeing of the health care workforce and study on the challenges that shift workers may have in accessing opportunities to improve their health (RCN,2012).

The major claims of this paper centered around negative impacts on women's health and social relationships due to night shift work. Majorly discussed negative impacts were disruption of circadian rhythms, cardiovascular disease, gastrointestinal problems, risk of breast cancer, pregnancy issues, fatigue, feeling of being unwell and its effect on the firm and the worker and social and family issues which arise due to absence of the night shift worker during night time. On the other hand, women can have a considerable number of benefits by night shifts. Since restricting women from night shifts is not a viable solution, alternatives such as avoiding permanent night shifts, managing normal sleep, paying attention to social relationships, providing adequate resting hours by the employer to the employee, requesting mammogram screenings from the doctor to make sure that the worker is free from breast cancer and the government and the decision making bodies taking shift worker's health and safety into consideration can be practiced. The number of night shift workers who are women, will rise in numbers in the foreseeable future. It is necessary for them to be aware of the risks which are associated with their work and find ways of mitigating the adverse effects because prevention is better than cure.

References

1. Giovanni, C.2010. Shift Work and Health: Current Problems and Preventive Actions. *Safety and Health at Work*, Occupational Safety and Health Research Institute.

13

2. Ghosh, P. 2015. Why do we sleep?. British Broadcasting Corporation.Accessed 2 April 2017.

3. Mark. E.2015.Number of Women Working Night Shifts Increasing Faster than Men. Mirror, 4 Aug. 2015, www.mirror.co.uk/news/uk-news/number-women-working-night-shifts-6192963, Accessed 6 Apr. 2017.

4. International Labour Organization. 1963. Employment of Women in Industry. Nature, International Labour Organization. Accessed 1 Apr. 2017.

5. Peter, F.1981.The Effects of Shift Work on the Lives of Employees." Monthly Labour Review, vol. 104, no. 10, 1 Oct. 1981, pp. 31–35.

6. Kumaraswamy, S.2017. No Night Shifts for Women in IT, Indian Express.

7. Mosendane,T.Mosendane,T Raal,F.J.2008. Shift Work and Its Effects on the Cardiovascular SystemCardiovascular.Journal of Africa,Vol.19(4). www.ncbi.nlm.nih.gov/pmc/articles/PMC3971766/. Accessed 10 May 2017.

8. Will, W.2011.Rough Nights: The Growing Dangers of Working at Night. The Young Foundation.

9. Thomas, T.2017.10 Advantages and Disadvantages in Working Night Shifts. CareerAddict - Kick-Start and Advance Your Career, 1 Feb. 2017, www.careeraddict.com/10-advantages-and-disadvantages- in-working-night-shifts. Accessed 10 May 2017.

10. Reed, Katherine. 2013. Night-shift Nursing: Savvy Solutions for a Healthy Lifestyle,

11. Sigma T.T. 2013.Shift in the Right Direction for DM Industry. PharmacoEconomics & Outcomes *News*, vol. 355, no. 1

12. Institute of World health .2010.Shift Work and HealthIssue Briefing, Institute for Work and Health (IWH).

13. Worley,W. 2016.Women Need More Sleep than Men Because of Their 'Complex' Brains, . *The Independent*, Independent Digital News and Medi.www.independent.co.uk/life-style/health-and-families/health-news/women-need-more-sleep- Accessed 9 May 2017.

14. Vitale ,S.A.Ganesh,J.V.,Melisa,V.. 2015.Nurses working the night shift: Impact on home, family and social life. Journal of Nursing Education and Practice.Vol.5(10)

15. Ellis ,M,.Number of women working night shift increasing three times as fast as rate for men.Mirror online. Accessed 02 April 2017.

16. Will Norman .Rough Nights growing of growing dangers ofworking at night. Young Foundation March 2011.

Visit us on **Face Book** .   Like us and Follow us!

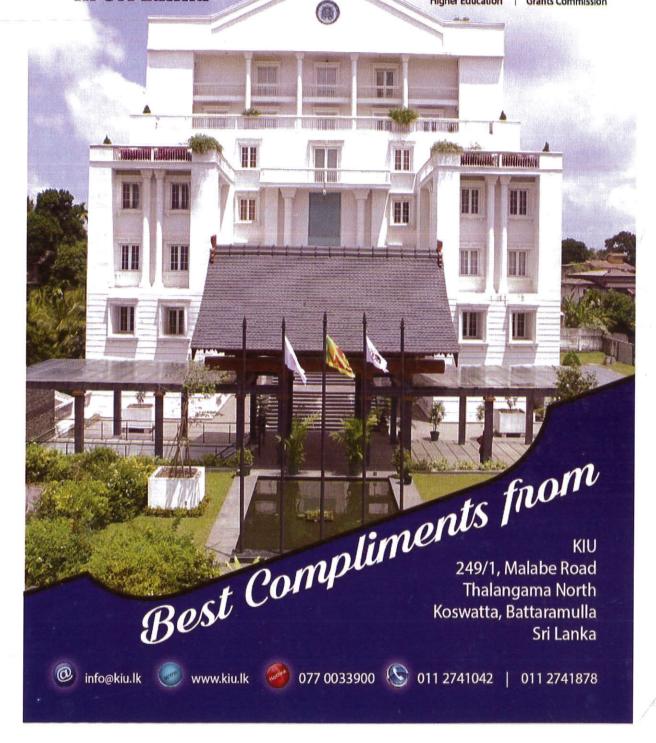https://www.facebook.com/Graduate-Nurses-Foundation-of-Sri-Lanka-921789544538855/

Be updated!

14

15

The role of nursing tutor in the context of changing nursing education in Sri Lanka

Mrs.W.M.S.K.Wijayasundara
Special Grade Nursing Tutor, College of Nursing, Vavunya

The role of the teacher is dynamic, has to play range of key roles in education process (Harrison & Killion, 2007). The twelve role model introduced by Harder and Crosby (2000) described the different views of roles fulfill by the teacher as information provider, role model, facilitator, assessor, curriculum evaluator, planner and resources developer. Various roles of the nurse educator are the foundation of developing competent nurses equipped with knowledge, attitudes and skills necessary to deliver quality care. Nursing education in Sri Lanka is in progressing with new changes of teaching and learning process. Diploma level is to be converted to the baccalaureate level; considerable change among them is to be student centered which gives more responsibilities to the nursing students. In order to facilitate these changes the role of nursing tutor and the nature of their task should be changed. If the nurse educator role is not modified evolving nursing education may be challengeable.

Traditionally students believe teacher knows everything and responsible to give all information in everywhere they teach by providing information. It can be either class room or a clinical setting. Lecturing is popular and efficient way of transmit large amount of facts to the large number at a same time. But lecture method for large group is less efficient and encourages passive learning with less attention. Although the internet has made it possible for the student to access relevant information freely, they need proper guidance on how to make use of this overwhelming information (Indrakumar & Gunathilake, 2010). Nursing tutors' duty is to evaluate the information and analyze the suitability of them to the students and the learning setting. Nursing tutors should utilize relevant and current literature, alert in current global trends and issues, utilize evidence based practice to transfer knowledge in meaningful way to the nursing students. New changes of lecturing such as intersperse lecture with learning activities, engage students in recapping key points are to be incorporated to lecturing. Specialization field of nursing tutors should be established. Information at clinical setting should be improved to create opportunity for learners to develop critical thinking, clinical reasoning and innovation. Nursing tutor's role at clinical setting should focus to minimize theory and practice gap.

As students learn by observation and imitation the good examples among teachers, role model of them is important not only in class room but also in clinical setting. Clinical teachers' awareness of their own manifest professional characteristics, attitudes, and behaviors, could help create better teaching-learning experiences (Ellesinghe et al.,2015). Whatever nursing tutors doing it should be clear impact on students. Teacher's role to be a role model to the students in building future scholars among nurses is current need in nursing education.

With the shift from teacher centered teaching to student centered learning nurse educator plays important role as facilitator. The transformational teacher's role is not to inform but to encourage and facilitate them to learn by themselves. As nursing tutors prone to be prominent not being a real facilitator they want to improve skills in using Problem Based Learning (PBL), journal club, seminars and clinical teaching sessions which are student centered teaching methods to support students as real facilitator. Facilitating small group teaching should be improved to coach nursing student

16

to be lifelong independent learners Mentoring is about helping students to learn with supportive relationship with the teacher (*Ali & Panther, 2008*). Nursing tutors must have non threatening open approach for student's free expression of their feelings. It is therefore important to play the role of a mentor to discuss whatever difficulties the students may face in the learning environment.

Constantly assessing students' abilities and the course or curriculum delivered is integral part of roles of the nursing tutor. Assessment of the student is an essential part of teaching role to take decision whether the learner fit for the purpose the learning (Prideaux et al., 2011). By considering current trends there are lot of valid and reliable assessment tools lines with course objectives for fair assessment. Therefore nursing tutors expand their role as student assessor to familiar with current trends of assessment such as Objective Structured Clinical and Practical Exam (OSCE an d OSPE), simulation test and work place based assessment such as journaling, mini Clinical Evaluation exercise, portfolio log book and peer assessment tool to assess how well students are performing and give feedback.

As relatively little commitment and preparation on curriculum assessing they need to expand their role to identify the need of curriculum development and the areas deficient in the curriculum. Therefore need to improve the regular basis assessment of students, teaching learning activities and people's perspectives of their need fulfillment and satisfaction (Thomas, & Davies, 2006). As nursing tutors are newer to current techniques on curriculum analysis, they must study and use them such as focus group, the nominal group technique and Delphi technique and engage in research. In order to evaluate the areas to be changed of teaching learning activities they should familiar with assessment such as peer evaluation, student survey, individual student interview, keeping reflective logs and

portfolio. Nursing tutors use curriculum for teaching the student but rarely engage in curriculum planning. When adherence to the emerging role in transformational teacher for student centered learning, the area of curriculum planning in their role should be improved.

Well defined cause objectives are important for effective teaching and learning. Nursing tutors role as planner should be totally improved relating with course planning because of it is essential to link teacher student interaction and easy to fulfill course outcome and lesson outcome (Indrakumar & Gunathilake, 2010). Considering current trends, their skills in incorporating and engage students with the use of appropriate information technology, e-learning, flipped teaching, e-health in teaching learning process should be improved.

With the field of development in nursing education towards student centered, the need of study guides and resource material is improved. Study guide is a method of communicating curriculum to the students through electronic or printed material. While teacher centered instructions where teacher do lot of work move to student centered, should be improved themselves to show the students the expected learning outcome and how it can be achieved through study guides. It is necessary to possess them the required computer knowledge to handle e -learning activities to share instructional web sites with rapidly increasing technology (Harder & Crosby, 2000). Because of nursing education facing evolving era, need to be prepared to create resource materials to initiate and support students in new teaching methods such as PBL, Team Based learning (TBL), blended learning and Flipped learning because students become depend not only teacher but also these materials.

Although these all roles played by teacher discussed separately, they are often interconnected and closely related in nursing tutors' practice. As a teacher in nursing education, should understand teaching

17

involves wearing multiple hats to prepare enthusiastic prospective personals for nursing profession.

References

Ali, P. A. & Panther, W. (2008). Professional development and the role of mentorship. *Nursing Standard* . Available at https://www.uwplatt.edu/files/tlc/Mentoring/Role%20of%20Mentoring.pdf *(13. September 2017)*.

Harden, R. M. & Crosby, J. R. (2000). The good teacher is more than a lecturer. *AMEE Education Guide no 20*; medical teacher 22 (4) pp334-347.

Harrison, C. & Killion, J. (2007). Ten roles of teacher leader. Teacher as leaders, pp. 74-76. Available from http://www.ascd.org/publications/educational-leadership/sept07/vol65/num01(14 September 2017).

Illesinghe, V. J., Nazeer, I., Athauda, L. & Perera, J.(2015). Role Models and Teachers: medical students perception of teaching-learning methods in clinical settings, a qualitative study from Sri Lanka. Available from http://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-016-0576-6 (14 September 2017)

Indrakumar J, Gunathilake S. (2010). *Role* of a clinical *teacher* in the context of changing *medical education* in *Sri Lanka. Available at gmj.sljol.info/article/10.4038/gmj.v15i1.2392/galley/1954/download/ (14 September 2017)*

Prideaux, D. et al. (2011) Clinical teaching: maintaining an educational role for doctors in the new health care environment. *Papers from the 9th Cambridge Conference.* Available at http://www.nvmo.nl/resources/js/tinymce/plugins/imagemanager/files/PMO_Literatuur (14 September 2017)

Thomas, E. & Davies, B. (2006) Nurse teachers' knowledge in curriculum planning and implementation. *Nurse education today*, Volume 26, Issue 7, Pages 572–57. Available from http://www.nurseeducationtoday.com/home (14 September 2017)

Annual General Meeting February 2018

General Article Writing Competition

Panel of Reviewers

1. Dr. M.K.D.L. Meegoda

2. Dr.S.S.P.Warnakulasuriya

3. Dr.K.A.Sriyani

4. Ms.W.M.Ariyaseeli

5. Ms.Sumana Perera

6. Mr.Keerthi Wanasekara

7. Ms.R.A.D.C.Karunaratne

Nurses and Positive Thinking

Ms.K.H.D.Madhuwanthi
B.Sc. Nursing Undergraduate
Faculty of Medical Sciences
University of Sri Jayewardenepura.

Mind becomes powerful, when it is filled with positive thoughts. I always believe that the life will start to change with such a mind. Still I am a nursing student, but one day I will become a good nurse. According to my view, nurse is another word to describe a person strong enough to tolerate everything and soft enough to understand everyone .If we think positively it is a true description.

Nursing is a very stressful job in the world as viewed by many. Nurses' job stress is due to heavy workload, inadequate staff, large number of patients, lack of administrative support, changing health care environment and emotional changes of working with ill and dying patients. Such problems affect the life quality of nurses as well as their job satisfaction, which could ultimately lead them to abandon their jobs in certain situations.

One of the techniques that can be effective in improving the function and reducing job stress of nurse is positive thinking. It encourages people to be persistent, effectively pursue their goals and take steps to optimize the quality of their life. Many research findings show that teaching positive thinking has a positive impact on nurses' work life. They learn to remain hopeful about the future, and this will lead to their job satisfaction and affect actual job performance. Dealing with stressors of the job successfully, crafting creative solutions to problems to managing your interpersonal relationships with co-workers and having a positive demeanor are advantageous at many levels. We tend to be more productive and inclined to do our best when we have a positive attitude.

We encounter many situations in our life that we have to think positively. If we take negative actions in such situations it can affect our own life and others life negatively too.

How we could think positively? Choose to be positive .Wake up every morning with the thought that something wonderful is about to happen.

Monitor your responses and seek to use positive words and phrases. Everyone can cure through our words, thoughts and feelings and our body language. We should allow others to express their feelings specially, patients. We should listen to them. Every good conversation starts with a good listener. Every nurse has a big workload but it is worthy to dedicate one moment to listen to others. Encourage them to express themselves and reduce fear and anxiety.

I like to tell a story that I faced during my training period. My appointment was in Maharagama earlier it was known as cancer hospital. Again because of positive thinking it has been renamed as Apeksha, that means "being positive about hopes on future". I met a patient in his fifties, with a life threatening condition. He has had a brain malignancy for 6 years. Doctors expected that he would die within 3 to 4 years. But that patient was still

alive. Amazingly, because he did not believe he would die. He always tried his best to become recovered. Therefore I believe nurses should instill positive thinking for such patient with patient who are recovering serious illnesses and fighting for their lives. There are such people with very weak bodies but with strong minds. In order to be strong with positive attitudes, we have to stay away from people with negative attitudes too. We may meet many people with negative thoughts in the hospital sector and also in society. There for we should select people who are good to associate.

We should have strength to face any challenge. In the hospital sector we have to face many unexpected situations .Some patient suddenly become severely ill or dead. Therefore, we should be always ready to face that situation and try our best to save their lives. Expect favorable results every moment.

Every human makes mistakes. Nurses are also human beings. They also can make mistakes. They cannot recover all patients, they cannot make everyone happy. Finally nurses will have to face positive or negative feedback of patients, patient's family members or society. At this moment, if you can see the bright side of any situation, you will be a great person in society. Don't repent on mistakes you did. You think "mistakes helped me to improve". In my student life I had to face many failures, but I never gave up. I will use some of the strategies I have learned. I had to write many repeat exams. But I never thought as I am weak. I knew if I tried I could pass. Further I thought, "Ooh it is a good chance to improve my knowledge, I can memories my knowledge again and again. it can help to give a good health services to patient." Therefore, according to

my view, among white keys, black keys make music too.

There are many other supportive factors for positive thinking as well. Ask for help from a trusted peer to give a feedback on your progress. Every time you should try to learn new knowledge and be updated on world happenings. Refresh your knowledge every moment .You should spend your leisure time usefully and joyfully. Read inspiring stories or watch movies with happy endings. Use social media and listen to good motivational speakers. Regularly paste massages of positive thinking and happy songs on notice board. Go on trips with others and work with others cooperatively. Along with above strategies you and your friends can grow the positive thinking within our cultures.

If we become a positive thinker it can affect all society. When you perform at your best, you're able to achieve the ultimate goal in health care – helping your patients for healing and maintaining a healthy lifestyle. It will also reduce unintentional accidents. If you are in a bad mood, you aren't focused, you're more likely to give less than your best care. This can invite errors, injury or even accusations. Positive attitudes are infectious, thus we have to spread it.

Finally I like to say, "your tears are very expensive do not waste them. But your smile is very cheap, use it always."

References:
01. www.emergingrnleader.com
02. International Scholarly Research notices Volume 2017

21

Simulation in Nursing Education

Ms. Esini Thilanka Jagoda
Nursing Training School , Galle

Simulation is an innovative educational strategy that fills the gap between class room teaching and bed side nursing without harming to the real patient. It is more practical owing to dealing with all the domains of teaching and learning; thus cognitive, psychomotor and behavioral aspect(1). Simulation facilitates to achieve multiple teaching and learning objectives such as assessment and clinical decision-making skill with incorporating skills like team work, communication and management of the patient (2).

It is imitation of real life in a recreated environment similar to work environment where the participants have to work (2,4). Simulation has been defined as, "The technique of imitating the behavior of some situation or process (whether economic, military, mechanical, etc.) by means of a suitably analogous situation or apparatus, especially for the purpose of study or personnel training" (3). Simulation facilitates meeting the challenges in complex health care settings by incorporating technology to education (4).

A study on simulation emphasized that participants had good theoretical knowledge, but difficulty in putting the knowledge while responding in practical assessment (5). However, with educational exposure through simulation, they gained significant improvement in clinical emergencies. Moreover, simulation based learning develop health professionals' knowledge, skills retention, confidence, leadership roles in emergencies, and attitudes(5–7). Furthermore, it exposes rare events in the clinical setting and clinical training experience without affecting any risk to real patients (6,8). Simulation is an immensely effective means of adult teaching and learning(3,9). Rather than reading a note or listening to a lecture, it facilitates the learner to think in an interactive environment (3).The students described it as a learning opportunity; especially reflections and feedback on the scenario were described as a crucial chance (9). Furthermore simulation improves quality of health care(4).

Theoretical influences on simulation

There are many theoretical frameworks that have been applied to simulation, for instance, Benner's model of skill acquisition(10–12) and Kolb's experiential theory (10,12–14).Experiential Learning Theory (ELT) provides a holistic model of the learning process and a multi-linear model of adult development (9). It is believed that the critical thinking skills necessary for practice are best acquired through experience(9). Based on ELT, Cooper et al (2012) incorporates five components in their simulation; developing core knowledge, assessment (learning stimulus), simulation, reflective review and performance feedback(5). Benner's skill acquisition model describes five levels of competency which can be integrated into simulation; novice, advanced beginner, competence, proficiency, expert (10). Furthermore, both constructivism and behaviorism that are philosophies of education providing foundations for simulation(10,15). Behaviorist based simulation is more effective in the development of psychomotor skills and learning of factual knowledge while constructivist based simulation is considered more valuable in developing clinical judgment skills, problem-solving, collaboration, and group process(10). The constructivist approach is based on the concept that learners create their own meaning through interaction with the environment with the help of clinical

22

judgment skills and meaningful decision making (10). That idea is especially true when integrating simulation. A behaviorist approach has much appeal as a simple skill acquisition model which is based on repetition and reinforcement(10).

Advantages of Simulation

Simulation facilitates vast verities of areas in health education. Clinical skill ability is one of the major gaining by the simulation based education (9,16–19). Liaw et al (2014) proved by a randomized control trial that clinical performance has improved in assessing and managing clinical deteriorations with virtual patient simulation and manikin based simulation(20). Managing deteriorating patient has also showed favorable results through a systematic development and implementation of simulation based education(21). Simulation education has positive impact on knowledge enhancement and knowledge retention(4,9,18). A study in 2014 emphasized through evidence from meta-analysis of 609 studies that simulation in medical education leads to increase knowledge(18).Scenario of the simulation serves for upgrading individual nurses' technical skills as well as improving teamwork when providing health care to patients (9).

Systematic review of literature up to the year 2012 revealed that crisis resource management (CRM) is integral achievement in simulation which facilitates safe practice of non-technical skills such as communication, team work and leadership (22). Gillman et al (2015) also stated through simulated trauma and resuscitation training that CRM is improved in the training(23). It facilitates team work(4,16,17) and allows learners to accept leadership roles in emergencies (6). It also enhances problem solving(16,19), decision making(4,16,19) and communication skills (16,17). Behaviors of nurses in practice also upgrade in this training (18).

Simulation enhances learner's confidence and preparedness for complex clinical situations (4,24). Student nurses' confidence is also increased by repeated simulation experience (25). Swamyet al (2013) stated by a crossover study , confidence is improved through addressing the gap between theory and practice (17). Ma (2013) explained by descriptive study that simulation is a source to improve student satisfaction in learning and confidence in practicing (26). Furthermore there are positive impact on critical thinking(4,16,19) and patient safety (4,9,16).

Simulation Session

Simulation has different phases: thus preparation for the simulation (orientation to environment and simulator, roll introduction), actual practice, and debriefing (16).Scenario in the practical phase is a tool facilitating the students to work through a clinical event(3,10).

Simulation debriefing is the purposeful reflection and discussion that occurs after a simulation that allows to think critically for effective learning(8,27). It improves technical and nontechnical skills while facilitating self-reflection(28).Debriefings are typically facilitated by instructors, or rarely it may be a peer group debriefing (27). It helps to develop students' abilities to transfer new knowledge to real-life settings(27). The diamond method of debriefing is a popular method using in debriefing. It is based on the technique of description, analysis and application (DAA model).Description means discussing what has happened during the scenario. It is initiated from the candidate of the simulation session followed by rest of the team without going through emotions and analysis. In analysis phase, clinical aspect and non-technical facts are analyzed, and interpreted. Application phase is designed to encourage the participant regarding the way of using the knowledge during real clinical practice (8).

References

23

1. Kuznar KA. Effects of High-Fidelity Human Patient Simulation Experience on Self-Efficacy, Motivation and Learning of First Semester Associate Degree Nursing Students. 2009;

2. Wilford A, Doyle TJ. Integraging simulation training into the nursing curriculum. Br J Nurs. 2006;15(11):604–7.

3. Rauen CA. Simulation as a Teaching Strategy for Nursing Education and Orientation in Cardiac Surgery. 2011;(800):46–51.

4. Maurya A. Effectiveness of Simulation Teaching on Neonatal Resuscitation Skill Procedure among Nursing Students. 2015;4(1):2506–11.

5. Cooper SJ, Beauchamp A, Bogossian F, Bucknall TK, Cant R, Devries B, et al. Managing patient deterioration: a protocol for enhancing undergraduate nursing students' competence through web-based simulation and feedback techniques. BMC Nurs [Internet]. 2012;11(1):18. Available from: BMC Nursing

6. Lathrop A, Winningham B, VandeVusse L. Simulation-Based Learning for Midwives: Background and Pilot Implementation. J Midwifery Womens Health [Internet]. 2007 Jan [cited 2015 May 19];52(5):492–8. Available from: http://linkinghub.elsevier.com/retrieve/pii/S1526952307 001043

7. Lateef F. Simulation-based learning: Just like the real thing. J Emerg Trauma Shock [Internet]. 2010 Oct [cited 2015 Mar 25];3(4):348–52. Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?arti d=2966567&tool=pmcentrez&rendertype=abstract

8. Jaye P, Thomas L, Reedy G. " The Diamond ": a structure for simulation debrief. Clin Teach. 2015;12:171–5.

9. Sundler AJ, Pettersson A, Berglund M. Undergraduate nursing students' experiences when examining nursing skills in clinical simulation laboratories with high-fidelity patient simulators: A phenomenological research study. Nurse Educ Today [Internet]. 2015 Apr 25 [cited 2015 May 16]; Available from: http://www.ncbi.nlm.nih.gov/pubmed/25943280

10. Humphreys M. Developing an educational framework for the teaching of simulation within nurse education. Open J Nurs [Internet]. 2013;3(4):363–71. Available from: http://www.scirp.org/journal/PaperDownload.aspx?DOI= 10.4236/ojn.2013.34049

11. Berragan L. Conceptualising learning through simulation: An expansive approach for professional and personal learning. Nurse Educ Pract [Internet]. 2013 Jul [cited 2015 May 6];13(4):250–5. Available from: http://www.ncbi.nlm.nih.gov/pubmed/23402772

12. Waldner MH, Olson JK. Taking the patient to the classroom: applying theoretical frameworks to simulation in nursing education. Int J Nurs Educ Scholarsh [Internet]. 2007 Jan [cited 2015 May 18];4:Article18. Available from: http://www.ncbi.nlm.nih.gov/pubmed/17910532

13. Campbell RJ, Gantt L, Congdon T. Teaching workflow analysis and lean thinking via simulation: a formative evaluation. Perspect Health Inf Manag [Internet]. 2009 Jan [cited 2015 May 19];6:3. Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?arti d=2671290&tool=pmcentrez&rendertype=abstract

14. Hall RM. Effects of High Fidelity Simulation on Knowledge Acquisition , Self-Confidence , and Satisfaction with Baccalaureate Nursing Students Using the Solomon-Four Research Design. 2013;

15. Parker BC, Myrick F. A critical examination of high-fidelity human patient simulation within the context of nursing pedagogy. Nurse Educ Today [Internet]. 2009 Apr 4 [cited 2015 Nov 19];29(3):322–9. Available from: http://www.nurseeducationtoday.com/article/S02606917 08001561/fulltext

16. Saaranen T et al. Simulation in Nurse Teacher Education - Preservice Teachers' Experience of basic structures and utilization of Simulation-Based Learning. Open Educ J [Internet]. 2013;6:8–17. Available from: http://www.benthamscience.com/open/toeduj/articles/V0 06/TOEDUJ130828002.pdf

17. Swamy M, Bloomfield TC, Thomas RH, Singh H, Searle RF. Role of SimMan in teaching clinical skills to preclinical medical students. BMC Med Educ [Internet]. 2013 Jan [cited 2015 May 22];13:20. Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?arti d=3572432&tqol=pmcentrez&rendertype=abstract

18. Peterson DT, Wheeler JT. Repeated Versus Varied Case Selection in Pediatric Resident Simulation. 2014;(June):275–9.

19. Moule P. Simulation in nurse education: Past, present and future. Nurse Educ Today [Internet]. 2011;31(7):645–6. Available from: http://dx.doi.org/10.1016/j.nedt.2011.04.005

20. Liaw SY, Chan SW-C, Chen F-G, Hooi SC, Siau C. Comparison of virtual patient simulation with mannequin-based simulation for improving clinical performances in assessing and managing clinical deterioration: randomized controlled trial. J Med Internet Res [Internet]. 2014 Jan [cited 2015 Dec 6];16(9):e214. Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?arti d=4180357&tool=pmcentrez&rendertype=abstract

21. Liaw SY, Rethans J-J, Scherpbier A, Piyanee K-Y. Rescuing A Patient In Deteriorating Situations (RAPIDS): A simulation-based educational program on recognizing, responding and reporting of physiological signs of deterioration. Resuscitation [Internet]. 2011 Sep [cited 2015 Oct 28];82(9):1224–30. Available from: http://www.ncbi.nlm.nih.gov/pubmed/21664026

22. Boet S, Bould MD, Fung L, Qosa H, Perrier L, Tavares W, et al. Transfer of learning and patient outcome in simulated crisis resource management: a systematic review. Can J Anaesth [Internet]. 2014 Jun [cited 2015 Dec 6];61(6):571–82. Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?arti d=4028539&tool=pmcentrez&rendertype=abstract

23. Gillman LM, Brindley P, Paton-Gay JD, Engels PT, Park J, Vergis A, et al. Standardized Trauma And Resuscitation Team Training (S.T.A.R.T.T.) Course – Evolution Of A Multidisciplinary Trauma Crisis Resource Management Simulation Course. Am J Surg [Internet]. 2015 Oct 24 [cited 2015 Oct 23]; Available from: http://www.ncbi.nlm.nih.gov/pubmed/26507290

24. King J. No Title. 2012;(December).

25. Cummings CL, Connelly LK. Can nursing students' confidence levels increase with repeated simulation activities? Nurse Educ Today [Internet]. 2015 Nov 11 [cited 2015 Nov 18]; Available from: http://www.ncbi.nlm.nih.gov/pubmed/26599594

26. Ma X. BSN Students ' Perception of Satisfaction and Self-confidence After a Simulated Mock Code Experience : A Descriptive Study. 2013;

27. Ertmer P a., Strobel J, Cheng X, Chen X, Kim H, Olesova L, et al. Expressions of critical thinking in role-playing simulations: Comparisons across roles. J Comput High Educ. 2010;22(2):73–94.

28. Ryoo EN, Ha E-H. The Importance of Debriefing in Simulation-Based Learning: Comparison Between Debriefing and No Debriefing. Comput Inform Nurs [Internet]. 2015 Nov 19 [cited 2015 Dec 5]; Available from: http://www.ncbi.nlm.nih.gov/pubmed/26587701

24

Self-care of nurses

Ms.Suthatharan Krishna
Eastern University, Sri Lanka

Save one life; you are a hero. Save hundreds of life; you are a nurse. This is a well-known saying of our ancestors and it is obviously true. Is there any profession that is more giving than the nursing profession? Nurses are the unsung heroes who improve the lives of others every minute of every day. Nurses work hard every day spending most of their shifts on their feet and making important decisions both small and large that affectthe care of their patients. This line of work can be very personally gratifying, but at the same time it can take a physical and mental toll if they are not careful.

Caring for patients, coping with the stress of the job, and managing long shifts can all affect their own health-physically, emotionally and mentally. To stay healthy, they need to attend their own needs with as much as care as they offer to patients. Recognizing all the needs, the American Nursing Association designated 2017 as "year of the healthy nurse "and the theme for national nurses' week (May 6 – 12) is "nursing; the balance of mind, body and spirit"

No one can pour from an empty cup. If your own cup is empty because of unhealthy eating, lack of exercise, excessive amounts of stress and other unhealthy lifestyle factors, get into the habit of filling your cup daily with health promoting activities. Caring for yourself is not selfish and in fact it is necessary to give top-notch care to others. Fill up your cup so that you can share the overflow with others.

So, from all these we can come to a conclusion that self-care to nurses is a vital thing to maintain the well-being of the nurses for an optimized care. So what is self-care? It is imperative to personal health, sustenance to continue to care for others and professional growth. Self-care for nurses looks different from one nurse to the other, depending on personal preferences and needs.

There are many stressors in the field of nursing. The self-care should be implemented to maintain the stressors. Some of the stressors to practicing nurses are protecting patients' rights, autonomy, and informed consent to treatment; staffing patterns, advanced care planning, surrogate decision making, unpredictable and challenging work spaces, violence, increased paper work, reduced managerial support, and role based factors such as lack of power, role ambiguity, and role conflict, threats to career development and achieve being undervalued, and unclear promotion, prospects were also reported as stressfulment, including threat of redundancy. If we consider the stressors for nursing students we can include "seeing the pain and suffering of patients and relatives ,being unable to provide appropriate responses to doctors', teachers and patients 'questions, not knowing how to help patients with bio psychosocial problems.

So, in order to overcome all these stressors we need the ideas of self-care to each and every

25

nurse in the nursing field. These self-care ideas can be categorized into several domains. If we consider the physical domain self-care ideas we can say some. First they should choose the right shoes and socks. Nurses who are on their feet all day can develop issues with their feet, legs, and backs overtime.Then they should take stretch breaks. During the break time or even during the walk between patients be sure to give your muscles a stretch. Then they should practice stress relievers at work and at home. This can be done by deep breathing exercises, finding something to laugh every day, get adequate sleep, good nutrition and regular exercises. Talk with other nurses about your stressors, focus the positive not the negative. The next idea is to stay at a healthy weight and stock up on healthy food, practice good sleep hygiene, and make time for exercise.

If we see the tips in the intellectual domain then we can add some. Treat your brain like a muscle that needs regular workouts to stay strong. So keep up on nursing journals and magazines and attend in service training. Then if we consider the emotional domain it is a vital part in self-care. So share your special moments, be empathetic. These can improve the level of self-care.in spiritual domain .Engage in faith or spiritual community, encourage others to be themselves and to respect the culture religious affiliation and gender identity of others. In personal domain of self-care, explore a hobby or passion, be a volunteer in the professional domain of self-care always remain calm and collected. Show respect to the people around you, help your colleagues to overcome obstacles, remember for every failure there is a lesson. Take that failure and learn from it. In the social domain

of self-care if you are an introvert make sure to schedule time alone each week .If you are an extrovert make sure to have adequate socializing set-up.

Finally, nurses' self-care is different for each nurse. For some time at church is a balm for the soul along with pastoral counseling; for others a hike and a picnic is like medicine. Here are some important steps in realizing that self-care is important and then actualizing that awareness into action. The first one is doing a self-assessment. The nursing process begins with assessment. So one of your first actions is conducting an assessment of how you care for yourself. What type of activities do you engage in on a regular basis to wellbeing? Then the second one is diagnose a self-care deficit. Before you begin to up your self-care game you need to admit that you have a problem; honestly and transparently examine how you do and don't care for yourself as well as your level of burnout and exhaustion. Next plan a course of action. If your assessment revealed that exercise is in deficit mode then this may be a part of your action. Then implement and finally when you've initiated your interventions then evaluate them. So all the nurses should get-together to improve their own self-care.
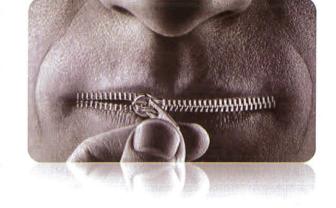
The nurse must always protect client confidentiality/ information security.

Ms. A D N M Nissanka,
Grade 1 Nursing Tutor
School of Nursing Colombo.

In the health care system, confidentiality/ information security refers to the protection of privacy of the client's Personal Health Information (PHI). Clients have a right to privacy in the health care system. A special relationship exists between the client and nurse, in which information discussed, is not shared with a third party who is not directly involved in the client's care. Violations of privacy occur in various ways.

- Taking photograph of the client.
- Release of medical information to an unauthorized person, such as a member of the press, family, friend, or neighbor of the client, without the client's permission.
- Use of the client's name or picture for the health care agency's sole advantage.
- Instruction by the healthcare agency regarding the client's affairs.
- Publication of information about the client or photographs of the client, including on a social networking site.
- Publication of embarrassing facts.
- Public disclosure of private information.
- Leaving the curtains or room door open while a treatment or procedure is being performed.
- Allowing individuals to observe a treatment or procedure without the client's consent.
- Leaving a confused or agitated client sitting in the nursing unit hallway.
- Interviewing a client in a room with only a curtain between clients or where conversation can be overheard.
- Accessing medical records when unauthorized to do so.

Nurse's responsibility

Nurses are bound to protect client confidentiality by most nurse practice acts (bill of rights), by ethical principles and standards and by institutional and agency policies and procedures. Disclosure of confidential information exposes the nurse to liability for invasion of the client's privacy. The nurse needs to protect the client from indiscriminate disclosure of healthcare information that may cause harm.

Maintenance of confidentiality can do by,

- Not discussing client issues with other clients or staff uninvolved in the client's care.
- Not sharing health care information with others without the client's consent (including family members or friends of the client).
- Keeping all information about a client private and not revealing it to someone not directly involved in care.
- Discussing client information only in private and secluded areas.
- Protecting the medical record from all unauthorized readers.

27

Specific social networking sites can be beneficial to Health Care Providers (HCP) and clients; misuse of social networking sites by the HCP can lead to accountability violations and subsequent termination of the employee. Nurse need to adhere to the code of ethics, confidentiality rules, and social media rules. Standards of professionalism need to be maintained and any nurse-client relationship cannot be shared. The nurse is responsible for reporting any breach of privacy or confidentiality.

Medical records are confidential. The client has the right to read the medical record and have copies of the record. Only staff members directly involved in care have legitimate access to a client's record; these may include HCPs and nurses caring for the client, technicians, therapists, social workers, unit secretaries, client advocates, administrators (e.g. for statistical analysis, staffing, quality care review). Others must ask permission from the client to review a record. The medical records is sent to the records (record room) or the health information department after discharge of the client from the health care facility.

Information technology / computerized medical records.

Health care employees should have access only to the client's records in the nursing unit or work area. Confidentiality/information security can be protected by the use of special computer access codes to limit what employees have access to in computer systems. The use of a password or identification code is needed to enter and sign off a computer system. A password or identification code should never be shared with another person. Personal passwords should be changed periodically to prevent unauthorized computer access.

When conducting a research, any information provided by the client is not to be reported in any manner that identifies the client and is not to be made accessible to anyone outside the research team.

Importance of Gerontological Nursing Care in Health System.

Mr. Mohommad Nazmil,
B.Sc. Nursing Undergraduate
Faculty of Medical Sciences
University of Sri Jayewardenepura.

Gerontological Nursing is one of the latest trends in nursing. The term "Gerontological Nursing" is new for some of us. We all have the major responsibility regarding development of gerontological nursing in this modern era.

The knowledge regarding the gerontological nursing is so much important for all of the nurses. So, let see, "What is meant by gerontological nursing?" The word "Gerontology" implies that the study of factors that affect aging on a patient. Based on this statement we can say gerontological nursing is the specialty of nursing care pertaining to older adults to support healthy aging, maximum functioning and quality of life. And, it has the broader focus on health and wellness, in addition to illness.

Ageing is a biological process that starts from the date of conception and goes on until the death. It occurs due to changes in the physical areas of an individual. A person who has completed 60 years of age is considered an elderly. According to the survey of World

Health Organization (WHO), following key points are indicated regarding elder population,

➤ Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.

➤ By 2020, the number of people aged 60 years and older will outnumber children younger than 5 years.

➤ In 2050, 80% of older people will be living in low-and middle-income counties.

➤ All counties face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.

We can get a clear idea of elder population by these statements. Elder population has a great peak on world's population growing rate and it is increasing in an accelerated mode. So, we have to be aware on this problem and have to get the knowledge regarding the problems which can occur by increases elder population. Elder people are the ones who have to face physical, mental, social and psychological problems. As nurses, we have to help them to overcome these problems. Following are the some examples of problems which are faced by elder people.

➤ Visual and hearing problems, smell and taste losses, susceptibility to illness (chronic diseases – Ischemic heart disease, Hypertension, Diabetes mellitus, Chronicobstructive airway disease, degenerative disease), poor nutrition and cosmetic changes are some of physical problem.

➤ Decline mental process, disorientation, depression, loss of self -esteem, empty nest syndrome (feel lonely) and memory losses are some of cognitive problems. Mainly elder people are more prone to develop **ALZHEIMER's Disease.** It is progressive irreversible brain disorder. (WHO reports as of 2009 that almost 35 million elderly suffers from this disease)

➤ Social isolation, abuse/exploitation, social discriminations, financial dependency, no social security and medical negligence are some of social problems.

But, we concentrate their medical conditions only. Beyond the medical problems, they have various problems. Therefore, we have to give a holistic care to them and that should be included interventions to promote physical wellbeing, mental wellbeing and social wellbeing. We can predict that elder population will increase in future Based on unpredictable development of technology and medical development. Therefore, we have to be ready to face the challenges regarding Gerontological complications. It is our duty to make people aware regarding the problems which can occur in our elder population. Elders are our precious human being because, they have more experiences.

All the countries in our world promote Geriatric care now. Specially they establish elder's home with proper care givers, providing Geriatric care nursing training, arranging the scholar for elders and conducting the awareness programs at the base level of health systems. These are showing the healthy improvement in Gerontological nursing. It is our vital responsibility to look after our pioneers. Every house has at least one elder person, so, get the knowledge and experiences from them. They are equal to thousands of books.

29

How our elderly people maintain their health related quality of life

Ms.K.D.S.Fernando and Dr.M.K.D.L.Meegoda
B.Sc.Nursing Degree Program, University of Sri Jayewardenepura

The increasing aging population creating new challenges to management practice in different aspects including nursing perspectives. Internationally, the labor force has increasing percentages of older workers. The aging population will challenge social norms of fairness and equity. Countries should have variety of national policies to cope with an aging population (Kulik et al., 2014) while allowing them to maintain their quality of life, because this particular age group is an asset in maintaining the national characteristics.

Everyone has an opinion about their quality of life (QOL), but no one knows precisely what it means in general, because quality of life is subjective. What is quality of life? Why we should talk about elderly people's health related quality of life? Is it maintaining among our elderly people? Are the questions discussed in this paper? In 1995 the World Health Organization (WHO) recognized the importance of evaluating and improving people's QOL. WHO definition of quality of life is as, individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (WHO, 1997).

Health related quality of life goes beyond the direct measures of health and focuses on the quality of life consequences of health status. When the QOL is considered in the context of health and disease, it is commonly referred to as health-related quality of life (HRQOL) to differentiate it from other aspects of quality of life. Life expectancy and causes of death have traditionally been used as key indicators of population health. These two indicators provide critical information about the health status of population but they do not offer any information about the quality of physical, mental and social domains of life. Increasing of the aging population is a major demographic trend. As they become older, the factors of physical, mental and psycho social health is decreasing. These factors affect their life style, QOL and life expectancy. Therefore, it is important to maintain quality of life of elders (Senol, et al. 2013). However, the importance of elderly people's Health Related Quality of Life (HRQOL) becomes more apparent.

The quality of life of elderly people is improved by providing palliative care which is a new concept to Sri Lanka to provide care for elderly people and for the patients who have life limiting illnesses. WHO defines palliative care as, an approach that improves the quality of life of patients and their families facing the problem associated with life threatening illness through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO, 2011). Palliative care unquestionably helps to maintain the quality of life of elderly people, because a holistic way of satisfaction is needed to maintain their quality of life.

However, according to the social and economic status of our families and our family system go towards the nuclear family system, physical and emotional satisfaction and required care from the family members received by elderly people in the past cannot be expected to continue in the future. Most of the family care givers in the homes are females. Meegoda, et al. (2015) showed, the

30

percentages of female domiciliary care providers (DCPs) were higher than that of the males. According to their study female DCPs were 70% and male DCPs were 30%. Simultaneously females have to continue earning money to maintain economic status of the family. Therefore, the families may require formal support if they need to provide elderly care continuously. As a result, elderly care homes have been established. With the increasing of the population aging, the number of elderly people who receive care from Elderly Care Homes (ECH) has increased. Therefore, it is important to know how they maintain the QOL and their life style both in care homes, and at their own. Results of the study done by Heydary, et al (2012) have shown that residents at home have better QOL than residents in nursing home. Similarly, Fernando, et al. (2016) found that overall HRQOL was higher in elders living in their own home (OH) than those who are living in ECH. The questionnaire of that survey almost covers four dimensions of QOL, physical, psychological, social and some aspects of spiritual.

Physical function refers to an individual's capacity to carry out the usual activities of daily life (Drewnowski et al, 2001). Elderly people have different kind of physical deterioration such as, auditory, visual, and difficult in moving, keeping balance and diminished strength. Summary of Physical Component (SPC) of SF –36 included domains of physical function, body pain, role physical and general health. The physical functioning domain includes items related to mobility and impact of physical disability on the individual's. According to the findings of the research study done by Fernando et al (2016) mean values for those four domains, elders live in their own home was better than elders who live in elderly care homes. There was statistically significant difference between two groups of participants (Own Home (OH) and Elderly Care Home (ECH)) on domains of SPC. Mental health is one of main factor influencing QOL of elders. Depression, anxiety, Alzheimer disease are common mental problems in elderly (Xie et al, 2014). Summary of Mental Component (SMC) of the SF 36 containing four domains. They are; vitality, social functioning, role limitation due to emotional problems and mental health. To get the results for SMC, some of the questions were,

- Have you cut down the amount of time you spent on work or other activities?
- Have you been a very nervous person?
- Have you felt so down in the dumps that nothing could cheer you up?
- Have you felt calm and peaceful?
- Have you felt down hearted and blue?

SMC is having significant difference between two groups of elders live in their OH and elders live in ECH of the study done by Fernando et al (2016). In terms of maintaining quality of life the above aspects were considered. Comparatively these aspects were covered well and in a positive manner in their own homes than in elderly care homes. Therefore, caring them while in their own home is effective if adequate family members are available to look after them. Moreover, maintaining their life as independent as possible is also important as our family system in Sri Lanka goes towards the nuclear family system. Required resources such as walking aids, safe transport system, well developed health care system, maintenance of nutrition and financial aids are needed to be independent for elderly people. Further, they may need aids for hearing and eye sight. Especially as their physical health if continuously deteriorating these resources are essential. The problem we have as members of a public is we neglect the holistic way which is needed when caring them. There should be further improvement and measures to strengthen formal care in community and homes for elderly. There is a need to design programs to increase elderly people's interaction with others and establish social networks for them and these may enhance a sense of positive self - concept among the elderly.

31

As a new trend, evidence-based practice is more effective in taking decisions regarding elderly people and arranging health and entertainment programmes for them, encouraging researchers and measuring HRQOL through researches identify strategies to improve the elderly person's health related QOL. HRQOL is related to both self-reported chronic diseases (Diabetes, breast cancer) and their risk factors (body mass index, smoking)(Kempen et al , 1997). Measuring HRQOL can help determine the burden of preventable diseases, injuries and disabilities and it can provide valuable new insights into the relationships between HRQOL and risk factors.

Measuring HRQOL will help to monitor progress in achieving the elders' health objectives. Analysis of HRQOL surveillance data can identify subgroups with relatively poor perceived health and help to guide interventions to improve their situations. Interpretation and publication of these data will help to prepare or change health policies and allocate more resources based on elderly people's unmet needs, guide the development of strategic plans and monitor the effectiveness of broad community interventions.

References

- Andreckon, M.I., Papadopoulos, A.A., Panagiotakos, D.B. &Niakas, D., Assessment of Health related quality of life for caregivers of Alzheimer's disease patients. International Journal of Alzhiemer's disease, vol. (2016).
- Drewnoski, A. & Evans, W.J., (2001). Nutrition, Physical activity & quality of life in older adults: summary. *Journal of Gerontology*. Vol. (56A), pp.89 '-94. Available at 2 http://biomedgerontology.oxfordjournals.org/content/56/suppl_2/89.ful
- Fernando, K.D.S., &Meegoda, M.K.D.L., 2016. Assess and compare the health related quality of life of elders who live in their own home and elderly care homes, Sri Lanka.
- Heydari, J., Khani, S. &Shahhosseini, Z., 2012. Health related quality of life of elderly living in nursing home. *Indian Journal of Science & Technology*, vol. 5(5). Available through;http://www.indjst.org/index.php/indjst/article/view/30464
- Kempen, G. I. J. M., Jelicic, M., & Ormel, J. (1997). Personality, chronic medical morbidity, and health-related quality of life among older persons. Health Psychology, 16(6), 539-546. http://dx.doi.org/10.1037/0278-6133.16.6.539
- Kulik, Ryan, Harper & George., 2014. *Academy of Management Journal*. Vol. 57 (4), pp.929-935.
- Meegoda, L., Fernando, S., Sivayogan, S.G., Atuloraah, N.O. &Jayasiri, J., 2015. Percieved palliative care needs of cancer patients, nurses, and domiciliary care providers at a national cancer referral facility, Sri Lanka, vol. 5(2), pp. 46-50.
- Senol, V., Suyeur, F. and Argan, M., 2013. Quality of life of elderly nursing home residents and its correlates in Kayseri. *Journal of Medicine and Health care*, vol.5 (2), pp. 212-221. Available at: http://www.scirp.org/journal/PaperInformation.aspx?PaperID=28410#.VYr74Buqqko
- World Health Organization, 1997, quality of life. Geneva. Available at: http://www.who.int/mental_health/media/68.pdf
- World Health Organization, 2011, palliative care. Geneva. Available at: http://www.euro.who.int/__data/assets/pdf_file/0017/143153/e95052.pdf

32

Membership Activities

Dr. S.S.P Warnakulasuriya, executive committee member and senior lecture at University of Sri Jayewardenepura, delivered a guest speech on "Quality Management Services Towards Holistic Reproductive Health available in Sri Lanka" at the international conference on "Voice of midwives – Revitalizing the reproductive health" at Kasturba Gandhi Nursing College in the Sri Balaji Vidyapeeth University at Puducherry India on 18th & 19th, January, 2018.

GNFSL successfully conducted 2nd General Meeting for the commitee year 2016/ 2017 on 30th September 2017. Two lectures on "Stress Management of Nurses" and " Staff Retention of Nurses" were conducted along with the General Meeting. An interactive session on stress management was conducted by Dr.S.S.P.Warnakulasuriya (Senior Lecturer, University of Sri Jayewardenepura) and valuable factors on how to improve staff retention of nurses were provided by Dr.Lalitha Meegoda (Senior Lecturer, University of Sri Jayewardenepura).

Dr.M.K.D.L.Meegoda, President of GNFSL made a presentation for career guidance officers of Department of Education of Sri Lanka, at Oraganization of Professional Associations (OPA) on "Career opportunities in Nursing Field"

33

Membership Activities

Members Publications and Communications :

Abhayarathna W. L. K & **Warnakulasuriya S. S. P**. Prevalence of Musculoskeletal Problems and Associate Factorsamong Gem Mining Workers in Sri Lanka.International Conference on Non Communicable Diseases 2017(ICNCD - 2017).28th – 29th July, 2017. Kuala Lumpur, Malaysia : **Oral Presentation**

David Coggon, Georgia Ntani, Karen Walker-Bone, Keith T Palmer, … M Masood Kadir, **Sudath SP Warnakulasuriya,** KoMatsudaira, Busisiwe Nyantumbu, Malcolm R Sim, Helen Harcombe, Ken Cox, Leila MM Sarquis, J Miguel Martinez, …. Victor CW Hoe, Donna M Urquhart, Peter Herbison, , Eduardo J Salazar Vega. (2017) *Epidemiological differences between localized and non-localized low back pain*.Juornal of Spine .Vol.02(10).Page- 740-747. : **Journal Publication**

Dodangoda, TC and Meegoda, MKDL (2017). Attitudes, willingness to undergo a Pap Smear test among married women in Ingiriya MOH area. National Health Research Symposium (NHRS-2017) 4th December BMICH, Sri Lanka.

Meegoda L, Fernando S, Sivayogan S, Atulomah NO, Marasinghe, R.B. (2017). Needs and satisfaction on palliative care among cancer patients with regard to quality of life.Conference Proceedings.Worldwide Nursing Conference, Singapore. ISSN:2315-4330. Doi: 10.5176/2315-4330_WNC17.113

Meegoda, MKDL, Fernando, DMS, Sivayogan,S. Atulomah, NOS, Marasingha. R. B. (2017). Self-reported palliative care skills (SRPCS) of nurses following a hybrid delivery model educational intervention. Congress 2017, The International Council of Nurses (ICN), Convention and Exhibition Center - Barcelona – Spain from May 27th to June 1st, 2017.

Meegoda, MKDL, Fernando, DMS, Sivayogan,S. Atulomah, NOS, Marasingha. R. B. (2017). Evaluation of palliative care skills of nurses following and educational intervention.12th Asia Pacific Hospice Conference.Singapore from 26th – 29th July.

PROFESSIONAL NURSES
Do Professional Nurses possess **Aims** and **Qualities** to us profess?

1. He or she is of age an Adult,
   State Registered to serve any cult.
   Female heads are donned with white caps.
   All render care to those with mishaps.

2. Aims
   They Prevent Disease Life Conserving,
   Promote Health, Pain Alleviating.
   Restore to Normalcy, offering
   " The Lamp of Love and Service"
   Lighting.

3. Qualities
   Of Qualities twelve, first their own Health
   To enable teaching health is wealth.
   Patience, Tact, Reliability,
   Observation, Punctuality.

4. It is a comfort measure indeed
   When a Nurse to Empathy pays heed.
   Gentleness with encouragement due
   Gives the sick and well a brighter hue

5. Not only the ailments of the patients
   But Patients themselves with their
   ailments
   They bear in mind at every bedside
   And help, to help themselves their woes tide.

6. A Nurse's sense of Economy
   Of finances, time and energy,
   Circles around the patients' comfort
   And safety from injury and hurt.

7. Hospitals provide the practice field.
   Resourcefulness there, is well revealed.
   On principles of art and science
   They work with Technical Competence.

8. Last but not least is the twelfth laid
   Renounced from which their service will fade.
   Thus their Personal Satisfaction
   Does get crowned with every one action.

Written By :
Mrs.Trixie Marthenesz
Patron, GNFSL

Office Bearers and Members of the Executive Committee 2016/ 2017

Dr.M.K.D.L.Meegoda
President

Ms.P.W.G.D.P. Samarasekara
Secretary

Ms.Y.Madarasinghe
Treasurer

Ms.R.A.D.C..Karunarathna
Vice President

Ms.W.M.P.D.S.Wijekoon
Assistant Secretary

Ms.K.D.R.Layangani
Assistant Treasurer

Ms.G.T.Anuruddhika
Media and Public Relations
Officer

Ms.Sumana Perera
Executive Committee
Member

Ms.S.M.K.S.Seneviratne
Executive Committee
Member

Dr.S.S.P.Warnakulasuriya
Executive Committee
Member

Mr.W.A.Keerthiratne
Executive Committee
Member

Mrs.R.L.S.Rajapakshe
Executive Committee
Member

Ms.T.L.C.Lasanthika
Executive Committee
Member

Dr.K.A.Sriyani
Executive Committee
Member

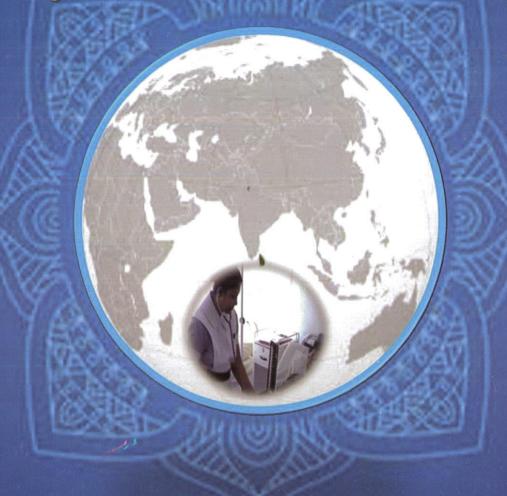Ms.B.M.D.C.Banneheka
Executive Committee
Member

Graduate Nurses' Foundation of Sri Lanka (GNFSL)

1st BIANNUAL ACADEMIC SESSIONS

Education and Research in Nursing : The Way Forward to Sustainable Development

17th February 2018
At Post Basic College of Nursing, Colombo.