



# NEW VISION

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## KEY NOTE ADDRESS AT THE AGM

Nursing Education in the past was limited to a three-year course after which a certificate of proficiency or a diploma certificate was awarded by the Director of Health Services. This award did not entitle the nurses to proceed to any higher education, except for a few courses conducted by the Post Basic School of Nursing of the Department of Health Services.

In the late 1960's as Chief Nursing Education Officer of the Ministry of Health, I had to fight a very hard battle to keep the three year program in tact because there was a very serious effort to downgrade the three year program to two years, a step would have prevented our nurses from obtaining any acceptance and recognition in any foreign country. There was intense official and political pressure for a long time to effect this change, but with the assistance of a few other Nursing Leaders this retrograde step was suppressed, perhaps, forever. Such dangers can arise in the future too. The price, we nurses have to pay, is eternal vigilance, to challenge and suppress any effort to downgrade the Standard of Nursing Education in Sri Lanka.

Time and circumstances have now provided other horizons for nurses in Sri Lanka. In 1994, the Open University with assistance from the Athabasca University, Canada, and funding from the CIDA commenced a degree-awarding program assisted by a few dedicated Sri Lankan Educationists. That programme has, up to now, produced nearly 200 B.Sc (N) graduates and of these 25 have already obtained their Master's degree. Two of them are reading for their PhD. Nurses now are no more satisfied with the



Lighting The Traditional Oil Lamp At The 1<sup>st</sup> AGM By  
Chief Guest Ms. Chandra de Silva (31<sup>st</sup> October 2004)

three year diploma program, which does not permit them to proceed to higher education, a human right denied. Now because of the nucleus of B.Sc.(N) graduates from the Open University of Sri Lanka, the other nurses have opened their vision and are anxious to obtain higher education. This is the trend in most countries.

The opening of a new Gateway to University Education for our nurses has created an urgency to unite, and today, we have an unprecedented agreement amongst all categories of Nurses, Professional Nursing Associations, and Trade Unions of Nurses, for a proposal to provide higher education for our nurses by the Conventional Universities. This is the first time that such a consensus has manifested in the Nursing Service. We should be grateful for the few universities that have come up with the suggestion to provide University Education for Nurses. This unity we have achieved amongst all categories of nurses, should be maintained at whatever cost. All other professions like medicine, law, and engineering etc. have provision to obtain higher education for their members. Now the time has come to rectify this anomaly and for all our nurses to work together to achieve this new dimension in Nursing Education.

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# Coronary Artery Disease

Atherosclerosis is the most common cause for heart disease in the world. This means, accumulation of lipid or fatty substances and fibrous tissue in the vessel wall of the coronary artery that leads to changes in arterial structure, function and reduction of blood flow to the myocardium. This may result in cell damage of the myocardium in varying degrees.

- ❖ Angina pectoris is the ischemia of the myocardium refers to recurrent chest pain, but it is not irreversible damage to the myocardial cells.
- ❖ Myocardial infarction is irreversible damage of the myocardium, and the heart is unable to fulfill the body needs by providing adequate cardiac output.

There are modifiable and non-modifiable risk factors accompany the onset of coronary heart disease. Modifiable risk factors are high blood cholesterol, elevated blood pressure, cigarette smoking, diabetes mellitus, obesity, physical inactivity, stress and geography (higher incidence in industrialized regions). Non-modifiable risk factors are positive family history, increasing age and gender (occurs three times more often in

men than in women). Control and prevention of coronary heart disease is very important. Serum levels of cholesterol can usually be controlled by diet and exercise. Medication can also be used in some conditions to control blood cholesterol levels.

Surgical procedures are also used to treating for coronary heart disease. Percutaneous Transluminal Coronary Angioplasty (P.T.C.A.) or revascularization is considered to correct the basic problem by either improving circulation or bringing a new blood supply to the ischemic myocardium. PTCA enhances blood flow to the myocardium. In this procedure, a balloon tipped catheter is passed in to the affected coronary artery and placed in the atherosclerotic area. The balloon is inflated and deflated rapidly to crack the plaque. This procedure usually carried out in the cardiac catheterization laboratory.

Coronary artery disease has been treated by myocardial revascularization usually on patients with the following conditions. Angina that cannot be controlled by medical therapies, unstable angina cannot be treated by PTCA, a left coronary artery lesion or blockage of more than 60% and individuals who have complications from unsuccessful PTCA.

Coronary Artery Bypass Grafting (C.A.B.G) is performed under general anesthesia and a median sternotomy is made and the patient is placed on cardiopulmonary bypass.

A variety of blood vessels are used to bypass coronary artery lesions. The most common vessel is the greater saphenous vein. The right and left internal

mammary arteries, gastroepiploic artery, radial artery are also used for the CABG.

## Reference:

Smeltzer, S.C.R., & Bare, B.G. (1996). Brunner and suddarth's text book of medical – surgical nursing, (8<sup>th</sup> ed.) Philadelphia : J.B. Lippincott Company.

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*Continued from page 1*

## Key Note Address At The AGM

We must be grateful to the Athabasca University and the Open University of Sri Lanka for being the pioneers in providing University Education for our nurses, and I am sure that the Conventional Universities in Sri Lanka will embark on similar programs very soon.

May the Nursing Service of Sri Lanka win its respected position in society by providing it with qualified nurses, who will take Nursing Education to higher levels of intellectual activity like research that will assist our country in its development programs.

And this journal of the Graduate Nurses' Foundation of Sri Lanka, should reflect this development, by containing within its folds, high-class articles on nursing research by Sri Lankan nurses. This change will not be achieved without real hard work. Sincerely hope that our nurses will be equal to this task.

I look forward to the day when this journal will be adorned with research articles, which would add to the quantum of nursing knowledge in the world.

It is my view that all nurses should be grateful to the President, Secretary and members of the Graduate Nurses' Foundation, for functioning as a catalyst to achieve unity amongst the nurses for the purpose of upgrading the standard of Nursing Education in Sri Lanka.

**Chandra de Silva**  
Patron and Advisor-GNF

ශ්‍රී ලංකා හෙද නිලධාරීන්ට විශ්ව විද්‍යාල අධ්‍යාපන අවස්ථා උදාවූයේ මීට දශකයකට පමණ පෙරය. එනම් වර්ෂ 1994 දීය. එදා සිට මේ දක්වා විශාල හෙද නිලධාරීන් සංඛ්‍යාවක්ද උපාධි ලබා ඇති

හෙද උපාධිය සඳහා ඔබ විශාල මුදලක් වැය කර ඇත..පාඨමාලා භාස්තු ලෙස, ලිපි ද්‍රව්‍ය සඳහා, මුද්‍රණ හා ජායා පිටපත් සඳහා, ගමන් වියදම් ආදී ලෙස ඔබ වැය කළ මුදල ගණනය කළහොත් වය විශාල මුදලකි. මෙම වැය බොහෝවිට ඔබ පවුලේ ආර්ථිකයටද

කම්කටොලු අතරින් ඔබ ලැබූ උපාධිය, උපාධියක්ම වීමට නම් අප සියල්ලුම මේ සඳහා වෙහෙසිය යුතුය.

යමක් කිරීමේ අපහසුම කොටස වය ආරම්භ කිරීමයි. අධික වෙහෙසකින් හා කැප කිරීම් අතරින් එම කාර්යයේ අපහසුම

# උපාධිධාරී හෙද නිලධාරීන්ගේ අනාගතය සාර්ථක කර ගැනීමට නම් .....

අතර, තවත් සිය ගණනක් දැනට උපාධිය හදාරමින් සිටියි.

රටේ විවිධ ක්‍ෂේත්‍ර වලින් උපාධිය ලැබූ උපාධිධාරීන්ට රජය විසින් උපාධිධාරී පත්වීම් ලබා දෙමින් ඇති වකවානුවක, හෙද උපාධිය ලැබූ උපාධිධාරී හෙද නිලධාරීන් විසින් හෙද සේවාව තුළ උපාධිධාරී පත්වීම් ඉල්ලා සිටීම සාධාරණ නොවන්නේද?

ශ්‍රී ලංකාවේ විවෘත විශ්ව විද්‍යාලයේ විද්‍යාවේදී හෙද උපාධිය සඳහා ලියාපදිංචි වන හෙද නිලධාරීන් තම දෛනික රාජකාරී ඉටුකරමින්ම අධ්‍යයන කටයුතු වලද යෙදිය යුතුය. අධ්‍යයන නිවාඩු ලෙස ලැබෙන්නේ වසරකට දින 20ක් පමණි. විවෘත විශ්ව විද්‍යාලය අපේක්‍ෂා කරන පරිදි හෙද උපාධිය හදාරන වසර 04 ක පමණ කාලයක් තුළ හෙද නිලධාරීන් දිනකට පැය 2 - 3 ක පමණ කාලයක් අධ්‍යයන කටයුතු වල නිරත විය යුතුය. හෙද සේවයේ ස්වභාවය අනුව වය ඉතා වෙහෙසකර හා ආතතිය ඇතිකරවන සේවයකි. එවැනි රාජකාරීයකට පසු තම විවේක කාලයෙන් දිනපතා පැය කිහිපයක් තම අධ්‍යයන කටයුතු සඳහා කැප කිරීම කෙතරම් අපහසු හා පීඩාකාරී කටයුත්තක්ද යන්න උපාධිය හැදෑරූ ඔබ දන්නවා ඇත. සමහර විට ඔබ මෙලෙස අධ්‍යයනය සඳහා කැපකර ඇත්තේ ඔබගේ දරුවා වෙනුවෙන්, ඔබගේ සැමියා හෝ බිරිඳ වෙනුවෙන් හෝ ඔබගේ දෙමව්පියන් වෙනුවෙන් දුවසේ ගත කළ යුතු පැය කිහිපයක් විය හැකිය. එසේ නම් ඔබට හෙද උපාධිය ලබාදීම සඳහා ඔබගේ දරුවන්, සැමියා හෝ බිරිඳ, දෙමව්පියන්ද කැපකිරීම් සිදුකර ඇත. සිතා බලන්න ඒ කැපකිරීම් සඳහා ඔබට සාධාරණයක් ඉටු වී තිබේද?

බලපාන්නට ඇත. අධ්‍යයන කටයුතු සඳහා වැඩි කාලයක් යෙදවීම නිසා එම කාලය තුළ අතිකාල වෙනුවෙන් ලැබෙන මුදල පවා ඔබ යොදවා ඇත්තේ ඔබගේ උපාධිය වෙනුවෙනි. ඔබට හිමි වී ඇත්තේ මොනවාද ? ඔබ ලැබූ දැනුමෙන් රටේ ජනතාවට යමක් කිරීමේ අවස්ථාවක් පවා ඔබට මෙතෙක් ලබා දී නැත.

එසේ නම් අප කුමක් කළ යුතුද? උපාධිය සඳහා හිමිවිය යුතු සියල්ල කවුරුන් විසින් හෝ අප වෙත ගෙනවිත් පුජා කරන තෙක් අප එකිනෙකා නිහඬව සිටියහොත් අපගේ අනාගතයද පසුගිය දශකය ලෙසම වනු ඇත. එකිනෙකා අනෙකා කරන තෙක් බලා නොසිට අප සෑම එක්ව දැන්වීන් යමක් කළ යුතුය. අප ලැබූ අධ්‍යාපනයට අපට හිමි විය යුතු ස්ථානය ලබාගත යුතු සේම, එම අධ්‍යාපනයෙන් රටට, ජනතාවට, හෙද සේවාවට යමක් කිරීමේ අවස්ථාවද අප විසින්ම උදා කරගත යුතුව ඇත. අප නිහඬව බලා සිටින සෑම දිනයක්ම අපටත්, රටටත්, ජනතාවටත්, හෙද වෘත්තීයවත් අප කරන බලවත් අසාධාරණයකි. අප රටේ උපාධිධාරීන්ට උපාධිධාරී පත්වීම් ලබාදෙන මෙම වකවානුවේ හෙද නිලධාරීන් සඳහාද උපාධිධාරී පත්වීම් ලබාදීම ඉතාම සාධාරණ හා වහා කලයුතු කාර්යයකි. සියලු දෙනා එක්ව එලදායි හඬක් නැගීමට තරම් ප්‍රමාණවත් හෙද උපාධිධාරීන් සංඛ්‍යාවක් අපට සිටියදීත්, එක්ව හඬ නගනවා වෙනුවට අප නිහඬව බලා සිටිනවා නේද ? උපාධිය වෙනුවෙන් ඔබ සිදුකල කැපකිරීම හා වෙහෙසට වඩා වැඩි වෙහෙසක් හා කැපකිරීමක් මේ සඳහා කිරීමට සිදුවිය හැක. වය කොතරම් වුවත්, අතිවිශාල බාධක හා

කොටස වන 'ආරම්භය' දැන් අපට ලබා ඇත. එනම් "උපාධිධාරී හෙද පදනම" ලෙස හෙද උපාධිධාරීන්ට එකතු වියහැකි තෝකැන්නක්

අප පිහිටුවා ගෙන ඇත. මෙය එහි වත්මන් සභාපති තුමියගේ හා තවත් කීප දෙනෙකුගේ දැඩි පරිශ්‍රමයේ ප්‍රථිඵලයකි. නමුත් ඉතාම කණගාටුදායක කාරණය වන්නේ, මෙම පදනම පිහිටවා වසරක් පමණ ගතව ඇතත් ඒ සඳහා සහභාගි වන්නේ අතලොස්සක් පමණ වන උපාධිධාරීන් පිරිසක් පමණක් වීමයි. අප අතර විවිධ ආකාරයේ අදහස් හා මත තිබිය හැක. නමුත් ඒ සියල්ලටම වඩා වැදගත් වන්නේ විශ්ව විද්‍යාල අධ්‍යාපනය ලැබූ හෙද නිලධාරීන් සාධාරණය ඉටුකරවා ගැනීමයි. හෙද උපාධිය සඳහා තවතවත් හෙද නිලධාරීන් දිරිමත් කළ හැකි ප්‍රධානතම හා එලදායි ක්‍රමය වන්නේ වයයි. කීප දෙනෙකුගේ පමණක් කැපකිරීම මත මෙම උපාධිධාරී පදනමට දීර්ඝ ගමනක් සාර්ථකව යාම ඉතා අසීරු බව ඔබට තේරුම් ගැනීමට හැකිවනු නිසැකය. ආයාසයෙන් ඇරඹූ මෙම පදනම ශක්තිමත් කළ හැක්කේ ඔබගේ සහභාගිත්වයෙන්ම පමණකි. එම නිසා පැමිණ මෙම පදනම රැක ගෙන ඉදිරියට ගෙන යාම සඳහා දායක වන ලෙස මම ඔබට ආරාධනා කරමි. මෙ වන විටත් උපාධිධාරී පදනම ඉතා වැදගත් කාර්යයන් කිහිපයක් සිදුකර ඇත. එහෙත් තවත් කළයුතු දේ අති විශාල බැවින්, ඒ සඳහා උපාධිධාරී ඔබ සැමගෙන්, දැනට උපාධිය හදාරන ඔබ සැමගෙන් ක්‍රියාකාරී සහයෝගය අප පදනම වෙනුවෙන් මම ඔබෙන් ඉල්ලමි.

**R.A.D. උපුල් කොස්මන් (BSc.N)**  
මානසික රෝහල - හැදල

## Mission Of The Healthy Newborn Partnership

Mission of The Healthy Newborn Partnership is an interagency group formed to promote newborn health in developing countries, particularly in setting where newborn deaths are common.

- The Partnerships works to ;
- Promote attention and action to improve newborn health and survival (first 28 days of life)
  - Provide a forum for information exchange on programmatic, research, training, and communication issues directly and indirectly related to newborn health.
  - Partner with organizations on collaborative activities.

Policy Perspectives On Newborn Health – 2004 USA

හෙද උපාධි පාඨමාලාව පැවරුම් විශාල සංඛ්‍යාවකින් යුත් ඉතා සංකීර්ණ පාඨමාලාවකි. පැවරුම් නියමිත දිනට භාරදීම, අවශ්‍ය ප්‍රමිතියට අනුව ඉදිරිපත් කිරීම, විශේෂයෙන්ම අපට ආගන්තුක භාෂාවක් වන ඉංග්‍රීසි භාෂාවෙන් ඉගෙනීමට සිදුවීම ආදී කරුණු නිසා හෙද උපාධිය සඳහා ගෙවන වසර 4 ක පමණ කාලය පිවිහයේ ඉතා වෙහෙසකර හා පීඩාකාරී කාල පරිච්ඡේදයක් වූ බව ඔබට මතක ඇත. ඔබගේ මේ සියලු කැප කිරීම් සඳහා ඔබට ලැබී ඇත්තේ උපාධි සහතිකය පමණක් නේද?

## OPPORTUNITIES FOR INTERNATIONAL POSTGRADUATE SCHOLARSHIPS IN AUSTRALIA

There are 44 self-accrediting

higher education institutions in Australia and 40 of these are universities. Mainly, two types of scholarships can be identified for international students: Australian Government funded scholarships (Australian Regional Development Scholarships (ARDS); International Postgraduate Research Scholarships (IPRS) and Australian University Scholarships (AUS).

### Australian Regional Development Scholarships (ARDS)

Australian Regional Development Scholarships (ARDS) provide opportunities to people from some developing countries to study at selected education institutions outside Australia. The purpose of these scholarships is for people to gain knowledge and skills, which will help the development of their home country. Australian Regional Development Scholarships are now available in Sri Lanka. Enquiries about scholarships should be made with the Australian High commission in Sri Lanka. (<http://www.srilanka.embassy.gov.au/>). AusAID program currently provides 7 ARDS scholarships each year, to the Sri Lankan Government, as part of its official development assistance program to Sri Lanka. Half the number of scholarships on offer will be granted to women. Scholarships are for long-term tertiary studies at Masters level in Australia. Those interested in applying for ADS must forward their applications through their respective Ministries to the Department of External Resources (DER) Ministry of Policy Development and Implementation. (<http://www.mpdinor.org/>) Scholarships are awarded on a competitive basis to individuals with a minimum qualification of a first degree from a Sri Lankan or recognised foreign university. The current agreed criteria requires that applicants have worked for a minimum of two years in a relevant area of the Sri Lankan public sector and that the area of study be one of those identified as being of high developmental priority.

In March/April of any year, DER will send a circular to Secretaries of Ministries/government departments involved with Australia's development cooperation program advising them of the availability of ADS. Each Ministry/department will be invited to nominate only 2 candidates, preferably one male and one female. Application Forms and details including selection criteria can be obtained from the Secretary of the applicant's Ministry. Scholarship entitlements vary between countries and institution of enrolment. Generally entitlements cover a return airfare from your home country to the country of study, academic and other compulsory fees, an establishment allowance and a living allowance paid fortnightly.

### International Postgraduate Research Scholarship (IPRS)

IPRS programmes are administered on behalf of the Australian Government by individual higher education providers. The providers are responsible for conducting their own application and selection procedures, in line with guidelines issued by the Department of Education, Science and Training, Australia (DEST). Potential applicants need to direct their enquiries on application procedures, deadlines, etc to the higher education providers. IPRS was established to develop international research linkages and aims to attract top quality international postgraduate students to areas of research strength in Australian institutions. IPRSs are open to international students of all countries (except New Zealand) and are available for a period of two years for a Masters by research degree or three years for a Doctorate by research degree. The Scholarship covers tuition fees and health cover costs for scholarship holders, and health cover costs for their dependents. In addition, some universities may offer a stipend, which provides a tax-exempt living allowance, which is indexed annually. Applications for a scholarship should be made directly to the universities. Each institution has responsibility for determining the selection process by which scholarships

are allocated to applicants. Applications are ranked in

order of academic merit by universities, taking into account the eligibility criteria. (Formoredetails,<http://www.dest.gov.au/archive/highered/research/documents/iprs2000.htm#4.1>

### Australian University Scholarships (AUS)

Australian universities offer a range of postgraduate scholarships to international students predominantly targeting Doctoral and Masters Degrees by research. The course of study and financial support is determined by the university. Applicants should contact the relevant university or go through the following links to obtain further information on the scholarships available. Several Australian universities offer scholarships schemes for international students undertaking postgraduate study in 2005. The selection for scholarships is extremely competitive. Recent successful applicants for the research awards have usually had a research Masters, or a coursework Masters with a substantial research component, outstanding academic performance at an internationally recognized university, and publications in internationally refereed journals. Scholarships will be awarded strictly on academic merit. The scholarships' benefits are payment of full tuition fees, health cover costs for scholarship holders, and health cover costs for their dependents. Several universities provide an annual living allowance for the normal duration of the program.

### Recommendation

It can be recommended that Australian Regional Development Scholarships (ARDS) are more suitable for the applicants who intend to undertake a master degree in nursing and they should have at least a B.Sc. Nursing (first or second class) degree. However, the nursing leadership in Sri Lanka should negotiate with the Health Ministry for allocation of ARDS for nursing officers in the future. In addition, every effort should be kept to implement the WHO funded master

*Continued on page 5*

Continued from page 4

degree program which was discontinued after the second group. The selection for IPRS and AUS is extremely competitive, however postgraduate qualified officers are encouraged to apply for these scholarships through relevant universities. The potential applicants are motivated to: (01). conduct individual or joint research in their relevant field that may lead to their PhD or master degree by research, (02) publish research papers in locally and internationally refereed journals, (03) submit research papers and participate to local and international research conferences. In addition, the applicants should improve their English proficiency to get IELTS (academic) overall band score of 6.5 or better (Australian High Commission may accept only IELTS to determine English language proficiency). A basic knowledge of computer operating and information technology are an essential requirement of higher education in Australia.

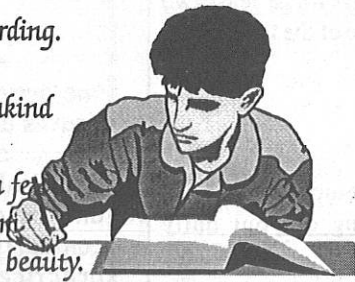
**අපගේ සංවේගය .....**

**Rasika S. Jayasekara,**  
PhD Candidate,  
The University of Adelaide

2004. 12. 26 දින අපි එක්ව හැඳුවෙමු. දහස් ගණනකට පිවිසි අහිමි කළ, ලක්ෂ ගණනකට උන්හිටි තැන් අහිමි කළ, එම ජාතික ව්‍යසනයට ගොදුරු වූ සියලුම ලාංකික හා ලෝක ජනතාව වෙනුවෙන් අපි සංවේගයට පත්ව සිටීමු. එම කනගාටු දායක, උද්වේගකර අවස්ථාවේ විපතට පත් වුවන්ට සහන සැලසීමට එම මොහොතේ සිටම සියළුම හෙද විදුහල්වල සිසුන්, ආචාර්ය මණ්ඩලය, හෙද නිලධාරීන් හා හෙද නිලධාරීන් නියෝජනය කරන වෘත්තීය සංවිධාන, වෘත්තීය සංගම් හා සියලුම සෞඛ්‍ය සේවකයින් පුද්ගලිකවද, සංවිධාන ලෙසද දායක වූ බව අපි දැනීමු. යළි ඔබට නැගීසිටීමට, අත හිත දෙන්නට අපගේ උපරිම ශක්තියෙන් ඉදිරියේදීද කටයුතු කරන්නෙමු.

**What A Writer Requires.....**

*What does a writer require to fulfill his mission?  
He must possess five absolutely necessary attributes  
He should have Diction, that is, a choice of words  
And Grammar to express his views with clarity.  
Knowledge to communicate something worthwhile  
And Emotion to make such thoughts beautiful;  
Emotion will humanize the other factors  
And function as the thread that will weave  
All the facets into an integrated pattern  
To please the eye, and bring solace to the heart  
Then, finally, Wisdom which is ultimate  
Wish fulfillment of any writer worth recording.  
The paramount duty of any good writer  
It is to produce Wisdom that would help mankind  
A writer to be involved in his mission,  
Needs the un-patronizing appreciation of a few  
That would act as a stimulant to enable him  
To produce more provocative and evocative beauty.  
By enlisting the services of his fertile imagination  
History condenses the writer to a time-capsule  
To conserve for the future, the wealth of contemporary experience.*



P.L.N. de Silva

**62 වන සංවත්සරය සමරන ශ්‍රී ලංකා හෙද සංගමය**

ශ්‍රී ලංකා හෙද සංගමයේ 62 වන සංවත්සරය, 2005.02.26 දින පෙ.ව. 9.00 සිට ප.ව. 4.00 දක්වා කොළඹ හෙද විදුහල් ප්‍රධාන ශාලාවේදී පැවැත්වීමට කටයුතු යොදා ඇත. එම අවස්ථාවට සහභාගි වීමට ඔබ සැමට කෙරෙන සුභද ආරාධනයයි මේ. ලේකම්, ශ්‍රී ලංකා හෙද සංගමය.

**කොළඹ හෙද විදුහල**  
**වයස 65 ක් සැපයීම**  
කොළඹ හෙද විදුහලට හා විවිධ හෙද අධ්‍යාපනයකට වසර 65ක් පිරීම නිමිත්තෙන්, හෙද විදුහල් බෞද්ධ කමිටුව විසින් සංවිධානය කරන ලද සර්වරාත්‍රීය පරිත්‍යාග ධර්ම දේශනයක් සහ පසුදින දානය පිත්තමක් 2004. 12. 24. හා 2004. 12. 25. දින කොළඹ හෙද විදුහලේදී පැවැත්විණි.

**ඔබ ගැන්වියක් විය.....**

2004. 12. 26. දින මුහුදු ගොඩනැඳීම නිසා විපතට පත් වූ තම සොහොයුරියන් නැවත නගා සිටුවීමට කොළඹ හෙද විදුහල් සුබසාධක සංගමය ක්‍රියාකල ආකාරය සැබැවින්ම ප්‍රශංසනීයයි. තමාගේ කාලය, ශ්‍රමය මෙන්ම ධනයද වැයකරමින් දැක්වූ අමිල සහයෝගය විපතට පත් වූ දරුවන්ට සැබෑ ශක්තියක් වූවාට සැක නැත.

**ගාල්ල හෙද විදුහලේ දු පුතුන්ට .....**

ප්‍රශ්න හමුවේ නොසැලෙන සවියක් දකුණු ලක දු දරුවන්ට තිබෙන බව අපි දැනීමු. එවන් වූ ඔබ 'සුනාම්'යෙන් නොසැලී ඉදිරිය ජයගත යුතුව ඇත. අපි ඔබ සමග සිටීමු. ඔබට ශක්තියක්ම වෙමු. අපි කිසිවිටෙක ඔබ හැර නොයමු. ඉදිරිය ජය ගැනීමට අවශ්‍ය ශක්තිය, දෛර්‍යය නිරතුරුවම ඔබට ප්‍රාර්ථනා කරමු.

ශ්‍රී ලංකා උපාධිධාරී හෙද පදනම

ශ්‍රී ලංකා හෙද සංගමයේ, ශ්‍රී ලංකා උපාධිධාරී හෙද පදනමේ එක්ව සංවිධානය කරන ලද සෞඛ්‍ය වැඩසටහනක් 29.01.2005 දින මොරටුවේ දී පැවැත්විය.

# Depression

Dark days can bring darker moods. Find out if you have a seasonal affecting disorder, and what to do about it.

## What is Depression ?

Depression is a mood disorder that causes symptoms such as low energy, prolonged sadness or irritability, and lack of interest in daily activities. It can be triggered by a chemical imbalance or stressful, emotional situations. Depression is a psycho-medical condition, not a character flaw or weakness. Many people with depression do not seek treatment because they are embarrassed or think they will get over it on their own. If you feel you have depression or have been diagnosed with depression, there are many successful treatments available to help you. You do not have to line with depression.

## What Causes Depression ?

The causes of depression are not entirely clear. It is thought to be caused by imbalance of certain brain chemicals (neurotransmitters). Depression seems run in families and may be triggered by stressful life events and lack of social support, and it tends to recur.

## Who Gets Depression ?

Anyone can develop regardless of age, race or social status. Women experienced depression twice as often as men, although men are more likely to commit suicide as a result of depression. One out of every 10 people who visit a doctor has depression, but it goes unrecognized or under treated in about half of those with the disorder. If left untreated depression can lead poor quality of life and increased risk of suicide.

Depression is a growing problem and is often under diagnosed in children and in adults. In children and adolescents, depression might be mistakes for hormonal "moodiness". Older adults may think it is normal to experience feelings of depression along with ageing. Depression is not normal at any age, and treatment is important.

## What Are The Symptoms Of Depression ?

Depression is more than just the normal, temporary feelings of sadness associated with difficult life events. Symptoms of depression include depressed mood and inability to enjoy activities, which persist for at least two weeks and are associated with four or more of the followings.

- ❖ Problem concentrating
  - ❖ Poor memory
  - ❖ Difficulty in making decision
  - ❖ Changes in sleeping habits
  - ❖ A loss of interest in things you once enjoyed
  - ❖ Difficulty going to work or taking of your daily responsibilities
  - ❖ Feelings of guilty and hopelessness, it is common for depression to make you wonder if life is worth living
  - ❖ Slowed thoughts and speech, or no speech
  - ❖ Preoccupation with thoughts of death or suicide
- Atypical or uncommon symptoms of depression can also include;

- ❖ Complaints (such as headache and stomachache) with no physical cause
- ❖ Weight gain instead of weight loss
- ❖ Sleeping too much



All of these symptoms can interfere with your ability to function in day-to-day activities and create difficulty going to work or taking care of your daily responsibilities.

## How Is Depression Treated?

Depression is often treated successfully with professional counseling and medications such as antidepressants. Let your health professional know if you suspect you have depression, as it is often overlooked or under treated. Once diagnosed, you and your health professional can decide how to best treat your depression. The earlier you are treated, the more quickly you will recover.

## Different Types Of Depression

Depressive disorders are classified according to their severity and duration. Depression may be mild, moderate or severe. It may start suddenly (acute) or be long-lasting (chronic). "Dysthymic disorder" for example, is chronic mild depression.

Dysthymic disorder or dysthymia, is a mood disorder that cause symptoms of depression. Dysthymia is diagnosed when the depressed mood has lasted for at least one year in children and two years in adults. Dysthymia often occurs in people who have poor personality, anxiety, and substance abuse disorders. Symptoms of dysthymia include interruption in sleep, loss of interest in activities, feelings inadequacy or guilt, social withdrawal, and decreased productivity. Dysthymic disorder symptoms are less than symptoms of major depression but can last longer and may progress to major depression.

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## Gender Inequalities In The Fight Against HIV/AIDS

Africa is the only part of the world where the prevalence of HIV and the number of AIDS deaths are higher for women than men.

Gender and women's heightened vulnerability to the disease are vital to understanding how HIV is spread and how to control it. They contend that most harmful sexual practices have their origin in societies that promote the superiority of men over women and in which national legislation is not sensitive to gender.

The AIDS epidemic cannot be halted unless women have better legal protection.

*Bulletin of the WHO - 2005 November*

## Role of the Nurse Manager in Budgeting and Fiscal Management

Nurse managers play an important role in influencing budgeting and fiscal management in the health care sector. Because they act as key persons in all units, responsible for planning, monitoring, and controlling health care resources as well as staffing and scheduling for providing care for patients. In fact the nurse manager is responsible for guiding her staff to provide optimum care to patients by using minimum resources at maximum level. To reach that level she need to acquire skills and knowledge to play her role efficiently in budgeting and fiscal management.

The nurse manager is the best person who can predict trends in censuses and acuity as well as supply and equipment level, because she/he control and monitor the resources include men, money, material, machines, and time in the unit or the ward. Although the nurse managers are already familiar with the budgeting process, they do not have enough skills essential to project costs based on current and anticipated needs. This situation affects waste, and purchase of unnecessary, low quality supplies for patient care. In addition, they are also responsible for not only ordering but also keeping records on supplies and expenses. Therefore, they should be aware about preparing budgets, and establish goals and set policies that will influence and help identify the ways in which money to be spent. Further, budgets help to stimulate cost consciousness of staff

to prevent wasting of resources and to provide continuous checkup.

Then nurse managers must attempt to plan for the best use of resources by eliminating waste, improving efficiency and reducing cost of care in units. They need to provide their assistance and continuous supervision in monitoring resources to get maximum benefits for patient care. Supervision also promotes the avoiding waste of time by workers because time is also an important resources as other human resources to provide optimum care by monitoring working hours of employees.

It is essential to increase productivity of workers. Nurse managers can motivate workers to make maximum efforts by developing their performances and giving opportunity for self-development at unit level. Because they give satisfaction and motivation to them.

In addition, nurse managers need to communicate the input of employees and consumers to top management (Elliot, 1994) for seeking necessary actions to enhance employee performances, and to reallocate resources according to demands of the increasing patients populations.

Grant & Massey (1995) suggest "level of patient acuity is critical determining the number and type of staff needed to ensure quality care" (p.97). Therefore the

nurse manager is responsible in securing adequate staffing for her respective unit to enhance quality of care. Further, she/he must be able to develop proper work schedules to take maximum benefits from the staff for patient care. Effective work schedules enhance job satisfaction, because they provide equitable distribution of duties, overtime, vacation and days off while weak schedules leads to decrease job satisfaction due to increasing workloads and overtime shifts. Likewise nurse managers must be aware of the labour regulations and be familiar with collective agreements, because collective agreements provide guidelines in scheduling staff according to labour regulations.

The nurse manager is responsible in implementing cost avoidance and cost reduction measures when managing staff. Therefore, she/he should decide on quantity of staff and controlling their hours for containment of cost while increasing their productivity. She/he must be careful when taking strategies which affect to increase workload of staff. This negative effect is decrease quality care, because increased workload really

reduces the amount of time that can be spent for each patient, and also may cause mistakes due to tiredness, stress and dissatisfaction. This must be avoided to reduce risks for the patients which can occur, such as giving wrong drugs, doing low quality observation and so on.

According to above discussion, the nurse manager is the person who can take responsibility to guide staff towards quality patient care while spending budgeted money in the proper way. Hence she/he will enable to take optimum benefits by using minimum resources at maximum level while reducing cost of care at the unit or ward level.

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## ICN CODE OF ETHICS FOR NURSES (1973)

We are all aware that we nurses in Sri Lanka still do not have our own code of ethics. But as members of the International Council of Nurses (ICN) we are bound to follow the ICN code of ethics. I believe that you learnt the code during your training period. I would like to go through it briefly and request you to follow the provisions of that code as nursing professionals. We know that there are four main nursing responsibilities.

They are;

- To promote health
- To prevent illness
- To restore health
- To alleviate suffering

The need for nursing is universal. Inherent in nursing is the respect for life, dignity and upholding of human rights. It is unrestricted by consideration of nationality, race, creed, age, sex, politics or social states. Nurses render health services to individuals, the family and the community and coordinate their services with related groups.

### Nurses and people

The nurses' primary responsibility is providing care for sick. When we provide care we respect the values, customs, and spiritual needs and belief

of the individuals. We should protect personal information of the patients and use judgment in sharing this information for benefit of the patients.

### Nurses and practice

As nursing professionals we have personal responsibility towards professional practice, maintain competence by continuous learning. When we provide nursing care, we maintain the highest standards as much as possible within the given situation. When accepting and delegating responsibilities, we use judgment in relation to individual competence because it is our duty to protect the patient. As nurses we maintain our personal and professional life in such a way so as to reflect credit on the profession.

### Nurses and society

As part of the society, we should initiate and support to meet the health and social needs of the public. When there is a crisis or disaster there is a highly significant role for us to play.

### Nurses and co-workers

It is necessary to develop and maintain cooperative relationships with members of the health team. The nurse should take appropriate action to safeguard the patient if he or she

endangered by a coworker or any other person.

### Nurses and the profession

We have major responsibilities to maintain desirable standards of nursing practice and nursing education. Therefore it is necessary to be active in developing core of professional knowledge. Actively participating in professional activities through professional organizations and developing and maintaining socially and economically sound working conditions are essential.

As nursing professionals it is necessary to identify our responsibilities towards the profession as well as the public. The code of ethics should guide us to achieve these objectives effectively. So let us be familiar and conversant with the code of nursing ethics and use it to work towards professional development.

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Infectious diseases are caused by a wide variety of organisms ranging from multi-cellular parasites and fungi to unicellular bacteria to non-cellular virus. What all have in common is the possession of nucleic acids (DNA or RNA molecules), their hereditary material. This DNA or RNA forms the basis of their individuality. Unlike other diagnostic methods, molecular diagnostic seeks evidence of a disease at the key basic causative level by detecting the nucleic acid on Polymerase Chain Reaction (PCR) technology.

### **What is PCR ?**

The technique can be made more sensitive by using a method for amplifying the amount of DNA or RNA. This technology very firstly used in forensic medicine in the early 1900s.

Species of pathogens has their own DNA sequences, it is possible to select

## Molecular Diagnosis



### Rules of Sample Collections

PCR primers that specifically identify the infectious agent.

**Benefits of the PCR based diagnostic is**

- ❖ Specific
- ❖ Sensitive
- ❖ Rapid
- ❖ Cost effective

In this technology amplified DNA is "sized" by electro-phoresing it through an agarose polyacrylamide gel. The distance that amplified DNA frequent migrate through the gel is compared with a standard molecular weight mark, and there by a molecular weight is assigned to the amplified DNA fragment.

### **A few general rules of sample collection**

- ❖ PCR base diagnostic tests are very sensitive and specific.
- ❖ Always use a new sterile container for collecting samples. Keep container securely closed.
- ❖ Label accurately
- ❖ Always keep samples at low temperature conditions to reduce DNA and RNA degradation.
- ❖ Do not use any preservatives other than what has been specified. Sample collectors provide sample collection tubes and media if necessary.

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